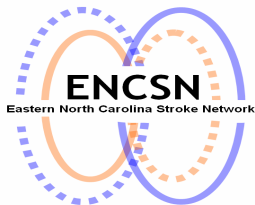


# ***ADVANCED STROKE LIFE SUPPORT (ASLS)***



**Saturday June 5, 2010  
9:00 am – 5:00 pm**



Hosted By

**GATES COUNTY EMS**

At The

**Merchants Millpond State Park Visitor Center**  
(176 Millpond Rd - Gatesville, North Carolina)

### **TARGET AUDIENCE**

This program will benefit EMS personnel, first responders, nurses, and physicians who provide stroke care.

### **PROGRAM PURPOSE**

This is a high quality, hands-on curriculum developed by the University of Miami Center for Research in Medical Education to educate pre-hospital providers on the management of the acute stroke patient. The program is also encouraged for use by hospitals, allied health professionals, and Emergency Medical Dispatch programs.

### **COURSE DESCRIPTION**

This course addresses the prehospital, emergency department, and stroke unit management of patients with acute stroke, using interactive discussions, hands-on workshops, multimedia (computerized video clips) and simulated patients. The course includes a discussion of the differential diagnosis of stroke rapid recognition of five major stroke syndromes, training in the use of the Miami Emergency Neurologic Deficit (M.E.N.D.) exam, education regarding the use of thrombolytic therapy in acute ischemic stroke patients, and a detailed discussion of the acute care of stroke patients in the hospital, including prevention of medical complications, rehabilitation in the acute setting, the diagnostic evaluation, secondary stroke prevention strategies, and discharge planning for the patient and family. This course specifically has been modified to specifically address the need for stroke care in Northeastern North Carolina and to address the NCCEP Protocols for stroke care.

### **CLASS FEE**

This course is offered at **no cost** to the provider.

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Register **no later than Friday, May 25<sup>th</sup>** by sending the following information one of the following ways:

Mail to: Gates County EMS - 016 Hwy 158 East - Gatesville, NC 27938 / Attn: Jack Boyce

Fax to: (252) 357-0141

Email to: [jack.boyce@gatesrescue.org](mailto:jack.boyce@gatesrescue.org)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LAST 4 OF SS# or CERTIFICATION NUMBER: \_\_\_\_\_

EMPLOYER / AGENCY: \_\_\_\_\_