THE S.T.A.B.L.E. Program

step 1
Submit instructor application with processing fee of $20*
www.stable-instructors.com
Receive approval within 7 days

step 2
Enter your upcoming courses in the CEU tracking system
www.stable-classes.com
Remind your co-instructors (Support and Lead) to complete their instructor application.

step 3
Provide students who earn a course completion card with your course’s unique link

step 4
Student completes online course evaluation and submits payment of $20*, at which point they can download their CEU certificate

Questions:
For questions, contact:
Kathi Randall
ceu-provider@nursekathi.com

CEU Provider Process

For full details go to: www.nursekathi.com/stable-ce-provider
Prices effective as of January 1, 2015
*Fees subject to change
OUR NEW CONTINUING EDUCATION PROGRAM FOR S.T.A.B.L.E. INSTRUCTORS

This program is 100% optional, but for those instructors who have been unable to offer CE credits to students in the past, we are excited to offer you a low-cost and no-stress option.

To become an accredited Instructor follow the steps outlined below.

INSTRUCTIONS:

STEP 1. As a Lead Instructor, if you wish to award Continuing Nursing Education (CNE) credits to students using our new program, you must first be approved by our CNE Provider, gRN NICU Consulting, Inc. The approval process may take up to 7 days, so please plan ahead. An administrative review fee must be submitted with your application; and will need to be renewed approximately every two years.

To register as an Instructor with our CNE Provider, go to: www.stable-instructors.com

STEP 2. After you have received approval from the CNE Provider, you can begin to register your upcoming Learner courses. Register one or several classes at a time. Please register your courses at least 7 days in advance. All Lead and Support Instructors listed on your course application must also become approved instructors prior to your class (They must complete step 1 above). To add your S.T.A.B.L.E. class to the CNE system, go to: www.stable-classes.com

STEP 3. The CNE Provider will send you a unique link and access code for each course. You will share these with students who successfully complete the Learner Course.

Requirements for Students to Earn Continuing Nursing Education (CNE) Credits:

1. Pre-testing is not mandatory, but is strongly recommended.

2. The instructor must follow the approved agenda for the course.


4. The student must attend the entire course and complete all modules.

5. The student must have a non-expired learner card to be eligible to take the short-course.

6. The student must complete all 32 quiz questions and must pass the Mixed Module post-test (8 questions) with a score of 75% or better.
   a. One re-test is allowed if the first score was greater than 50%.
   b. Scores of less than 50% require that the course is repeated and no CE credits will be awarded for that course date.

7. The student must complete an online course evaluation within 90 days after the course.
**PROGRAM INFORMATION, AGENDA, AND OUTLINE**

**Course Title**  
The S.T.A.B.L.E. Program Learner Course (Short-Length Renewal)

**Target Audience:** Nurses, Physicians, and Respiratory Therapists who work with neonates (sick or well); and other maternal child health care providers including nursing assistants, corpsmen, pre-hospital providers – Emergency Medical Technicians and Paramedics

**Program Description:**

The S.T.A.B.L.E. Program is designed for the period following resuscitation of the newborn or neonate until care is transferred to the neonatal transport team or members of the neonatal or pediatric ICU team. The Program is also useful for maternal/child healthcare providers who care for well newborns or newborns who may become ill. This mnemonic based tool focuses on the post-resuscitation care of sick neonates including physical assessment, problem recognition and patient management. The S.T.A.B.L.E. Program is a concise, directive tool to assist healthcare providers to organize the myriad of details and interventions necessary to provide care to a sick and/or premature infant. The program has also evolved to serve as an orientation tool for the neonatal ICU and neonatal transport teams.

**S.T.A.B.L.E. Program Goals:**

This program is designed to provide important information about neonatal stabilization for maternal/infant healthcare providers in all settings – from community hospitals and birth centers, to emergency rooms and more complex hospital environments, including level 4 neonatal intensive care units.

**Goal 1:** Organize this information using a mnemonic to assist with retention and recall of stabilization activities that are important for the post-resuscitation / pre-transport stabilization care of sick infants.

**Goal 2:** Improve patient care and safety for vulnerable neonates by (a) standardizing processes and approach to care, (b) encouraging teamwork, (c) identifying areas where medical errors can and do occur, and (d) reducing and eliminating preventable adverse events.

**S.T.A.B.L.E. Course Objectives, Outline & Approved Agenda**

As evidenced by completion of all 32 module quiz questions and a passing score (greater than 75%) on the mixed module post-test, the participant will be able to:

1. **Sugar** – Identify neonates at risk to become hypoglycemic; and initial steps to treat hypoglycemia (i.e. with IV fluids, initial IV therapy and safe use of umbilical lines).

2. **Temperature** – Describe the normal response to cold stress and at least one of the detrimental effects of hypothermia; list at least one technique to prevent hypothermia; identify appropriate candidates for therapeutic/neuro-protective hypothermia.

3. **Airway** – Recognize at least one sign and one cause of neonatal respiratory distress and/or respiratory failure; list the supplies required to assist with endotracheal intubation and securing an ET tube; interpret blood gases and identify at least one appropriate treatment option for an abnormal blood gas.
4. **Blood pressure** – List one cause and one treatment for each of the following - hypovolemic, cardiogenic and septic shock; describe at least one abnormal feature of the physical exam that may be indicative of shock.

5. **Lab work** – List at least one bacterial and/or viral pathogen that may infect the neonate; describe two or more signs of neonatal sepsis; discuss one significant finding on a CBC for an infant suspected of sepsis; and list at least one antibiotic therapy that could be used to treat a suspected neonatal infection.

6. **Emotional support** – Identify potential emotions that parents might experience when their newborn requires intensive care and/or transport; and list at least one intervention to support parents during a crisis.

7. **Quality improvement** – Identify at least two elements of effective “SBARR” communication; describe one or more ways that simulation training can help to create expert teams; describe how to use the PSSAT (pre-transport stabilization self-assessment tool).

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### S.T.A.B.L.E. Program: Short-Length Learner Course (Renewal Only)

**Approved Agenda**

This course is approved for 6 Contact Hours of Nursing Continuing Education

Credit by gRN NICU Consulting, Inc – CA BRN CEP#15417

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic / breaks / adjournment</th>
<th>No. of Slides</th>
<th>TEACHING TIME (minutes)</th>
<th>CUMULATIVE TIME (minutes)</th>
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<tbody>
<tr>
<td>0800</td>
<td>Self-grade pre-test (if given) and self-review&lt;sup&gt;a&lt;/sup&gt;,&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>15</td>
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<tr>
<td>0815</td>
<td>Sugar and Safe Care Module</td>
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<td>Temperature Module</td>
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<td>Module quizzes</td>
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<td>0930</td>
<td><strong>Morning break 1</strong></td>
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<tr>
<td>0945</td>
<td>Airway Module &amp; quiz</td>
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<td><strong>Morning break 2</strong></td>
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<tr>
<td>1130</td>
<td>Blood pressure, Lab work, Emotional support, Quality Modules &amp; quizzes</td>
<td>88</td>
<td>105</td>
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<td>1315</td>
<td>Administer mixed module post-test questions and review answers</td>
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<td>1330</td>
<td>Collect test answers sheets&lt;sup&gt;c&lt;/sup&gt; / Adjourn</td>
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<sup>a</sup> The pre-test answer slide is in the Practice Session and Case Studies slide folder. Launch this slide before opening the Sugar and Safe care module. Remind students to not change any answers, but make a mark over any questions answered incorrectly. Ask students to review any incorrectly answered questions, then collect their pre-test and answer sheet.

<sup>b</sup> If the pre-test was not completed before the course, then there will not be enough time to give the test on the day of the course, unless an additional 45 to 60 minutes is allowed for testing.

<sup>c</sup> The answer sheet needs to be fully completed. This includes the Quiz questions (administered throughout the course) and the mixed module questions. Students are permitted to change their answers on the quiz questions, as it is expected they will more fully understand the material as the questions are discussed during class.

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Note: breaks are not included in cumulative teaching time

300 min = 6 contact hours of CNE credit
Sugar and Safe Care
1. Issues of patient safety and error reduction in the delivery of health care to infants.
2. Infants at increased risk for developing hypoglycemia, including preterm and small for gestational age infants, infants of diabetic mothers, and sick, stressed infants.
3. The impact of late-preterm birth on increased morbidity and mortality.
4. Screening recommendations for gestational diabetes.
5. The physiologic basis of aerobic and anaerobic metabolism.
6. The initial intravenous fluid therapy to provide to sick infants.
7. Recommendations for monitoring the blood glucose.
9. Indications for placement of umbilical catheters.
10. The principles for safe use of umbilical catheters.
11. Surgical and medical abdominal conditions that present as bowel obstruction.

Temperature
1. Infants at increased risk for hypothermia.
2. The normal physiologic response to cold stress for term infants.
4. The physiologic response to hypothermia for term and preterm infants.
5. Candidates for therapeutic neuroprotective hypothermia.
6. Methods to rewarm hypothermic infants and how to monitor hypothermic infants during rewarming.

Airway
1. Labs and tests to obtain during the post-resuscitation / pre-transport period.
2. Signs of neonatal respiratory distress and how to distinguish between mild, moderate, and severe distress.
4. Signs of respiratory failure.
5. Principles of assisted ventilation, including candidates for continuous positive airway pressure (CPAP), bag and mask or T-piece resuscitator positive pressure ventilation (PPV), assisting with endotracheal (ET) intubation, securing the ET tube, chest x-ray evaluation for ET tube position, and initial ventilatory support.
6. Respiratory illnesses and airway challenges that present in the neonatal period.
7. Identification and treatment of pneumothorax.
8. How to safely use analgesics to treat pain.

Blood Pressure
1. The difference between compensated and uncompensated shock.
2. The principles of cardiac output and heart rate as they relate to shock and factors that can impair cardiac output.
3. The physical examination to evaluate for shock.
4. The causes and initial treatment of the three major types of shock seen in infants: hypovolemic, cardiogenic, and septic shock.

Lab Work
1. Perinatal and postnatal risk factors that predispose infants to infection.
2. The clinical signs of neonatal sepsis.
3. Bacterial and viral organisms that may cause infection.
4. Laboratory tests to obtain in the pre-transport / post-resuscitation period.
5. White blood cell (WBC) development, how to calculate and interpret the absolute neutrophil count and immature to total ratio.
6. The initial antibiotic treatment of an infant with suspected sepsis.

**Emotional Support**
1. The crisis families experience when an infant requires transport to, or care in, a neonatal intensive care unit.
2. Ways healthcare providers can support parents of sick infants.
3. Methods neonatal healthcare providers can use to facilitate parenting in the NICU.

**Quality Improvement**
1. Concerns regarding patient safety and methods to reduce medical errors and preventable adverse events in this vulnerable population.
2. The importance of effective communication and teamwork to prevent harm and to improve patient safety.
3. Simulation-based education as a strategy to improve patient safety.
4. The importance of self-assessment and debriefing to evaluate care provided in the post-resuscitation/pre-transport stabilization period.