

# Cardiopulmonary Resuscitation (CPR)

FOR GPs & ALL PRACTICE STAFF



## DATE

Wednesday 29<sup>th</sup> Nov 2017  
6:00 pm - 9:40 pm

## VENUE

GP Plus Health Care Centre  
16 Playford Blvd  
Elizabeth, SA 5112



## REGISTRATIONS

**\$40.00** (inc. GST)  
per person

Email the form below to  
**RSVP@northernhealth.net**

This CPR course provides the knowledge and skills required to maintain the life of an unconscious patient until medical aid arrives. As an assessment requirement, this course requires participants to be able to competently perform two minutes of continuous adult CPR on the floor. Upon successful completion of this course, a Statement of Attainment is issued for the unit of "HLTAID001 : Provide cardiopulmonary resuscitation".

## LEARNING OBJECTIVES

- DRSABCD Action Plan.
- Legal issues and infection control.
- Management of the unconscious, breathing patient.
- Management of the unconscious non-breathing casualty, using cardiopulmonary.
- Resuscitation (CPR) on an adult and infant; and the use of an Automated External Defibrillator (AED).
- Managing a choking casualty.

## AGENDA

6:00 pm - 6:30 pm	<b>Registration &amp; light meal</b>
6:30 pm - 9:30 pm	<b>Presentation</b> "Cardiopulmonary Resuscitation (CPR)" conducted by St John Ambulance Australia
9:30 pm - 9:35 pm	<b>Questions &amp; evaluation</b>
9:40 pm	<b>Close</b>

Please note that places are limited to 20 participants per session. Please ensure payment details are provided below to complete your registration - registration fee is non-refundable.

## REGISTRATION

Please email this form to **RSVP@northernhealth.net** or fax to 8252 9433 by **22<sup>nd</sup> Nov 2017**

Name \_\_\_\_\_ QICPD No. \_\_\_\_\_  
 Organisation \_\_\_\_\_ Position \_\_\_\_\_  
 Address \_\_\_\_\_  
 Mobile \_\_\_\_\_ Email \_\_\_\_\_  
 Dietary needs      Vegetarian       Gluten Free       Other

## PAYMENT

EFT **Bank:** NAB    **BSB:** 085-458    **Account no:** 246878833    **Account Name:** ANDGP    **Reference:** Your surname  
 Credit Card    Mastercard  Visa  (MasterCard and Visa Cards only)  
 Card Number                  Expiry: \_\_\_/\_\_\_ CW: \_\_\_  
 Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_