

ATCN COURSE DESCRIPTION

The Advanced Trauma Care for Nurses (ATCN) Provider Course is taught concurrently with the Advanced Trauma Life Support (ATLS®) for physicians. This program has been sanctioned by the Washington Committee on Trauma of the American College of Surgeons. This course was developed to teach established standards of trauma care and practical, life-saving skills.

National Oversight Organization: Society of Trauma Nurses. This ATCN course is designed for the experienced nurse working in the ED, ICU, surgical department and pre-hospital setting who wishes to increase knowledge and practice skills.

The course includes didactic presentations on initial assessment, airway management, abdominal trauma, thoracic trauma, shock, head and spinal cord trauma, burns, extremity trauma, pediatric trauma, trauma in pregnancy, and stabilization and transportation by ATLS® physician instructors. Nursing skills practicum stations and moulage assessment stations are conducted by ATCN instructors for integration and application of didactic information.

OBJECTIVES

Upon completion of this program, the nurse will be able to:

- Demonstrate concepts and principles of primary and secondary patient assessment.
- Establish management priorities in a trauma situation.
- Demonstrate management priorities of the multiple traumatized patient.

CREDITS

The Society of Trauma Nurses (STN) is a licensed continuing education provider in the State of California Board of Registered Nursing. Provider No. CEP 11062. **This course has been approved for 19 credit hours and is accepted by the State of Washington Board of Nursing.**



SOCIETY OF TRAUMA NURSES



ADVANCED TRAUMA CARE FOR NURSES®



2014 COURSE SCHEDULE

PROVIDER COURSE

January 24-25, 2014
March 7-8, 2014
May 30-31, 2014
September 26- 27, 2014
November 7-8, 2014

Harborview Medical Center Seattle, WA
Contact: Clinical Education 206.744.6396

FEES

\$325.00 Per Participant

Business/Personal check or Credit Card

Fees include manuals, continental breakfast and lunch both days.

Registration Confirmation

Registrations accepted on a first-come basis. Class space held only for paid registrations.

Confirmation of enrollment provided by e-mail.

ATCN COURSE REGISTRATION FORM

Please type/print legibly to ensure prompt processing

Name: _____

Place of Employment: _____

Degree(s)/Title: _____

Last 4 digits of Soc. Sec# : _____

(Address for Delivery of Course Materials)

Address: _____

City: _____

State: _____ Zip Code: _____

(Phone): _____

(E-Mail) _____

For class confirmation

Date of ATCN Course Desired:

Payment Method:

- **CHECK PAYABLE TO**

Harborview Medical Center Clinical Education

MasterCard VISA Discover Amex

Cardholder Number:

_____/_____/_____/_____

Exp Date: ____/____

V-Code (3-digit # on signature strip): _____

Signature: _____

Email, USPS Mail or FAX REGISTRATION/PAYMENT TO:

Harborview Medical Center

ATTN: Clinical Education

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Seattle, WA 98104

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