

# Online Basic Dysrhythmia



Training Center

## PROGRAM DESCRIPTION and OBJECTIVES

Learn: Rhythm Adult is an online, self-directed course that introduces healthcare providers to normal cardiac rhythms and prepares them to recognize basic cardiac arrhythmias in clinical practice.

This course features a combination of audio, animation, interactive activities, and self-assessment portions. The course is self-paced and is completed entirely online. This course assists healthcare providers improve their skill in ECG rhythm recognition, which is a key skill required to successfully determine a patient's condition, know which algorithm to apply, and provide better patient treatment.

At the conclusion, participants should be able to:

- Summarize basic anatomy of the heart;
- Identify components of the cardiac cycle, Identify correct electrode placement; Calculate heart rates
- Recognize normal sinus mechanism; Differentiate arrhythmia from NSR; Sinus Bradycardia; Sinus Tachycardia
- Recognize premature beats: PAC, PJC, PVC
- Recognize core arrest arrhythmias
- Recognize core periarrest arrhythmias
- Describe and distinguish between the heart blocks

**Target Audience** Healthcare professionals and telemetry staff who need basic rhythm recognition skills; Students preparing for ACLS, such as paramedics/EMTs, nurses, physicians, clinical pharmacists, and respiratory therapists;

**Learn: Rhythm Adult is a continuing education activity**

**Cost** **Health First Associate Fee: \$50.00**  
**Public Fee: \$60.00**  
**Pre-registration and Payment Required**

**Registration Form** Please see reverse of this flyer. You may visit [www.health-first.org/training](http://www.health-first.org/training) or Inside Health First>Education>Center for Learning>Training Center for Online Dysrhythmia Course Registration Form

**Registration Confirmation** Registered students will receive e-mail confirmation of their enrollment, which contains their individual online program "access key" and instructions.

**Contact Information** Phone: (321) 434.1972 [barbara.couch@health-first.org](mailto:barbara.couch@health-first.org)  
Fax: (321) 254.0795 Inter-Office Mail: Training Center, Rivercrest

**Cancellation** By signing this form I acknowledge that my registration fee is forfeited immediately upon issue of the "online" access key.

**CME/CE Credit** Please visit [www.health-first.org/training](http://www.health-first.org/training) or Inside Health First>Education>Center for Learning>Training Center for Online Dysrhythmia Course for CME/CE Credit Information

[www.health-first.org/training](http://www.health-first.org/training)



# TRAINING CENTER Registration Form

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Professional License #: \_\_\_\_\_

Work phone # - Dept: \_\_\_\_\_ Home or cell phone #: \_\_\_\_\_

**Required for non-associates** (information used for data-basing purposes only):

**Birth Month** \_\_\_\_\_, **Birth Day** \_\_\_\_\_, **Last 4 digits of SSN** \_\_\_\_\_

COURSE	COURSE FEE (Check One)	COURSE DATE
<b>Online Basic Dysrhythmia (eLearning Course)</b>	Health First Associate \$50.00	Open Enrollment
	Public (non-HF Assoc.) \$60.00	

**Send form and payment to Barbara Couch:**

E-mail address: [barbara.couch@health-first.org](mailto:barbara.couch@health-first.org)

Inter-Office: Training Center, Rivercrest

Mailing Address: Health First Training Center  
3470 N. Harbour City Blvd.  
Melbourne, FL 32935

Phone: (321) 434.1972

Fax: (321) 254.0795

**Payment options are as follows and payment must be submitted with registration form:**

- 1) Cash or money order
- 2) Personal check payable to HF Training Center
- 3) Attach completed payroll deduction form
- 4) Credit card – MC, Visa, Discover

# \_\_\_\_\_

Expiration date: \_\_\_\_\_

- 5) Cost center transfer-not available for CPR or ACLS

Manager signature: \_\_\_\_\_

Cost center number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

By signing this form I acknowledge that my registration fee is forfeited immediately upon issue of the "online" access key.

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_