

Philips Children's Medical Ventures

Infant Waveform Analysis

Day 1 – Event Recording

7.0 Contact Hours

Morning Session: 8:00 AM – 12:30 PM	
8:00 – 8:30	Sign-In (Continental Breakfast)
8:30 – 11:30 Introduction to Infant Event Monitoring	
8:30 – 9:15	Key Terms and Definitions, Event Monitoring
9:15 – 10:00	Types of Physiological Testing
10:10 – 10:15 Break	
10:15 – 10:35	Candidates for Monitoring, Monitoring Intervals
10:35 – 11:30	Signal Process of the Event Monitor
11:30 - 12:30 Scoring Event Monitor Downloads	
11:30 – 12:00	Identifying Normal and Abnormal Waveforms
12:00 – 12:30	Identifying Quality Waveform Patterns

Afternoon Session: 1:30 PM – 4:45 PM	
1:30 – 3:00 Scoring Analysis and Reporting	
1:30 – 2:00	Independently Scoring Waveform Data
2:00 – 2:30	Discuss and Review Reporting Options in SynergyE® Software
2:30 – 3:00	Understanding Scored Data Through Reports
3:00 – 4:00 Equipment Demonstration and Troubleshooting	
3:00 – 3:30	Review Basic Monitor Setup
3:30 – 3:45	Electrode Placement Discussion
3:45 – 4:00	Identify Different Means of Retrieving Data
4:00 – 4:30 Written Competency	
4:30 – 4:45 Wrap-up and Course Evaluations	

If participants have studies / downloads they would like to share during class, they are welcome to bring those on a removable media such as a memory stick or a laptop computer.

Day 2 – Continuous Multi-Channel Recording

7.0 Contact Hours

Morning Session: 8:00 AM – 12:30 PM	
8:00 – 8:30	Sign-In (Continental Breakfast)
8:30 – 11:30 Introduction to Infant Event Monitoring	
8:30 – 9:15	Key Terms and Definitions, Multi-Channel Recording
9:15 – 10:00	Types of Physiological Testing
10:10 – 10:15 Break	
10:15 – 10:35	Candidates for Monitoring, Monitoring Intervals
10:35 – 11:30	Signal Processing
11:30 - 12:30 Scoring Event Monitor Downloads	
11:30 – 12:00	Identifying Normal and Abnormal Waveforms
12:00 – 12:30	Identifying Quality Waveform Patterns

Afternoon Session: 1:30 PM – 4:45 PM	
1:30 – 3:00 Scoring Analysis and Reporting	
1:30 – 2:00	Independently Scoring Waveform Data
2:00 – 2:30	Discuss and Review Reporting Options in Sleepware Software
2:30 – 3:00	Understanding Scored Data Through Reports
3:00 – 4:00 Equipment Demonstration and Troubleshooting	
3:00 – 3:30	Review Basic Multi-Channel Study Setup
3:30 – 3:45	Electrode Placement Discussion
3:45 – 4:00	Identify Different Means of Retrieving Data
4:00 – 4:30 Written Competency	
4:30 – 4:45 Wrap-up and Course Evaluations	

Fax registration and credit card payment information to: 781-871-2928

or

Mail registration and check to:
 Philips Children's Medical Ventures (Attn: IWA)
 275 Longwater Drive, Norwell, MA 02061

Participant is responsible for meals (excluding the provided continental breakfast), travel and hotel accommodations.

Philips Children's Medical Ventures

INFANT WAVEFORM ANALYSIS REGISTRATION FORM

SELECT WHICH COURSE- \$250 FOR ONE OR BOTH DAYS

EVENT RECORDING

CONTINUOUS MULTI-CHANNEL RECORDING

BOTH DAYS

COURSE DATE/LOCATION:

KENNESAW, GEORGIA

PHILIPS HOME HEALTHCARE SOLUTIONS, 175 CHASTAIN MEADOWS COURT, KENNESAW, GEORGIA 30144

TUESDAY, MARCH 24, 2009 EVENT RECORDING

WEDNESDAY, MARCH 25, 2009 CONTINUOUS MULTI-CHANNEL RECORDING

TUESDAY, NOVEMBER 10, 2009 EVENT RECORDING

WEDNESDAY, NOVEMBER 11, 2009 CONTINUOUS MULTI-CHANNEL RECORDING

PITTSBURGH, PA

PHILIPS CHILDREN'S MEDICAL VENTURES, 191 WYNGATE DRIVE, MONROEVILLE, PENNSYLVANIA 15146

TUESDAY, MAY 12, 2009 EVENT RECORDING

WEDNESDAY, MAY 13, 2009 CONTINUOUS MULTI-CHANNEL RECORDING

TUESDAY, SEPTEMBER 29, 2009 EVENT RECORDING

WEDNESDAY, SEPTEMBER 30, 2009 CONTINUOUS MULTI-CHANNEL RECORDING

CARLSBAD, CA

PHILIPS CLINICAL CARE SYSTEMS, 2271 COSMOS COURT, CARLSBAD, CALIFORNIA 92011

TUESDAY, APRIL 21, 2009 EVENT RECORDING

WEDNESDAY, APRIL 22, 2009 CONTINUOUS MULTI-CHANNEL RECORDING

TUESDAY, DECEMBER 1, 2009 EVENT RECORDING

WEDNESDAY, DECEMBER 2, 2009 CONTINUOUS MULTI-CHANNEL RECORDING

PARTICIPANT NAME:	PARTICIPANT E-MAIL:
INSTITUTION/EMPLOYER:	PHONE: FAX:
STREET ADDRESS:	CITY, STATE, ZIP:
PHILIPS CHILDREN'S MEDICAL VENTURES SALES REPRESENTATIVE:	CREDENTIAL (RT, RPGST, RN, MD, OTHER) AND LICENSE NUMBER:

PAYMENT METHOD: <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK	CREDIT CARD INFORMATION: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS
CREDIT CARD NUMBER:	CREDIT CARD EXPIRATION DATE:

DESCRIBE YOUR EXPERIENCE RELATIVE TO THE USE OF THE SMARTMONITOR2: <input type="checkbox"/> NOVICE/NO EXPERIENCE <input type="checkbox"/> INTERMEDIATE/SOME EXPERIENCE
DESCRIBE YOUR EXPERIENCE RELATIVE TO THE USE OF SYNERGY-E SOFTWARE: <input type="checkbox"/> NOVICE/NO EXPERIENCE <input type="checkbox"/> INTERMEDIATE/SOME EXPERIENCE