

The Firefly Vein Light® in person training course is a valuable investment in the quality of care provided by your staff to the children they serve in your communities. Pediatric patients are not little adults. They are an entire specialty and require different assessments, skill sets, and approaches. By having a pediatric nurse teach these specialty skills your staff will approach the pediatric population with confidence and execute faster and higher quality care.

The course includes a classroom lecture followed by a variety of skills stations.





| Vascular Access  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Reduce Delays  | <ul> <li>Increase 1st attempt IV success w/ Firefly</li> <li>Increase code sepsis compliance with punctual antibiotic administration</li> <li>IV fluids vs PO fluids</li> </ul>  |  |  |  |  |  |
| Decreased<br>Bouncebacks/Admissio<br>ns                      | <ul> <li>More efficient care when IV therapy is successful vs PO options         <ul> <li>Meds</li> <li>Hydration</li> </ul> </li> <li>Rapid treatment = decreased decompensation/admissions</li> <li>Reduction in bounceback ER visits if care 1st visit care is efficient</li> </ul> |  |  |  |  |  |
| Safe/Family<br>Satisfaction                                  | <ul> <li>Increased confidence in staff's infant IV skills</li> <li>Patient satisfaction scores increase when trauma is reduced in parents' children (multiple missed IVs)</li> </ul>   |  |  |  |  |  |
|  | Special Needs  |  |  |  |  |  |
| Autism/Special Needs<br>Assessment                           | Family self assessment of their child's needs:  Sensory Communication Rewards  |  |  |  |  |  |
| Special Needs Cart Sold separately Fully stocked Coming soon | The above assessment will determine tools to assist with the special needs patient's care while on the unit.  Communication Tools Distraction/Comfort Tools Post care rewards  |  |  |  |  |  |
| Outcome  | To not only create a positive experience for the special needs patient and family but to execute care with less resistance and trauma for the patient while administering needed medical interventions.  |  |  |  |  |  |
|  | Respiratory  |  |  |  |  |  |
| Triage   | How to use the pediatric assessment triangle for your first impression as the child is checking in:      Work of breathing     Age appropriate behavior     Skins  |  |  |  |  |  |
| Suctioning   | How to efficiently suction patients with URI symptoms.  Nasal  Nasal Trachial Holding techniques   |  |  |  |  |  |
| Work of Breathing  | How to conduct a detailed assessment on a child's work of breathing.  • Ascending retraction assessment  • Croup: Emergency vs Routine   |  |  |  |  |  |
| Misc.  |  |  |  |  |  |  |
| General Peds<br>Knowledge                                    | <ul> <li>LET application (cotton vs gauze)</li> <li>Syringe PO w/ a fighting child.</li> <li>Holding techniques</li> <li>Positioning for chin lacs</li> <li>Swaddling</li> <li>Monitor equipment application</li> </ul>  |  |  |  |  |  |

## **Education Pricing**

| Type of training | Including   |  |  |  |
|------------------|---|--|--|--|
| Virtual          | <ul> <li>Live virtual training with a pediatric ER nurse.</li> <li>PDF education materials provided.</li> <li>2 Firefly Vein Lights shipped to facility.</li> </ul>   |  |  |  |
| In person        | <ul> <li>A pediatric ER nurse will come to your facility to teach the course.</li> <li>Classroom lecture with powerpoint presentation and handouts.</li> <li>Peds skill station for hands on application.</li> <li>2 Firefly Vein Lights provided to the facility.</li> </ul> |  |  |  |

| Number of Days         | Price  Up to 8 hours per day.  May split into multiple units and/or day/night shift. |
|------------------------|--|
| 1 day (virtual class)  | \$1,500.00   |
| 2 days (virtual class) | \$2,000.00   |
| 3 days (virtual class) | \$2,250.00   |
| 1 day (in person)      | \$4,500.00   |
| 2 days (in person)     | \$5,250.00   |
| 3 days (in person)     | \$5,750.00   |

## **Education Request**

| Facility | City/State | Class(es)<br>Size | Number of<br>Days | Virtual or<br>In Person | Date(s) |
|----------|------------|-------------------|-------------------|-------------------------|---------|
|          |            |                   |                   | R                       |         |

Please email us at <a href="mailto:information@fireflyveinlight.com">information@fireflyveinlight.com</a> for more information.

Thank you for allowing Firefly Vein Light® LLC to be a part of the care you provide to the children in your community!