

# NEW RESUSCITATION MEDIA RESOURCE

## INCORPORATING NEW ARC GUIDELINES 2006

### Video and DVD

#### About the Media Resource

Premium Health's resuscitation resource incorporates the latest Australian Resuscitation Guidelines 2006. This resource demonstrates the delivery of cardio-pulmonary resuscitation to adults, children and infants.

Careful attention is given to teaching rescuers how to manage the airway, rescue breathing and the new hand positioning for compressions.

The Health Professional section discusses and demonstrates single and double operator basic and paediatric advanced life support in a community/health practice setting.

The resource will prove useful when training people learning these skills for the first time and those wishing to maintain current competencies through personal review or as part of scheduled annual refresher training.

#### Preview Available Online

Preview this valuable resource (Windows Media File) by visiting:  
<http://www.premiumhealth.com.au/shop/index.html>



#### Cost

\$150 including GST – Wholesale price available for purchase of 10 or more.

#### Other Resources Available

- Emergency Life Support Workbook (\$15 each)
- Cardiopulmonary Resuscitation Handbook (\$3.95 each)
- First Aid Kits, Resuscitation Masks, Wall Charts and many more – visit <http://www.premiumhealth.com.au/shop/index.html>

### Media Resource Order Form

	<b>Resource Name</b>	<b>Cost</b>	<b>Quantity to order</b>
<input type="checkbox"/>	<b>PRIORITY:LIFE</b> CPR DVD A Resuscitation Media Resource	\$150.00	_____
<input type="checkbox"/>	<b>PRIORITY:LIFE</b> CPR VHS A Resuscitation Media Resource	\$150.00	_____

**Please provide the following information:**

Title: Miss/Ms/Mrs/Mr/Other: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Given name: \_\_\_\_\_  
 Employer (if applicable): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Suburb/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

**Payment Arrangements:** (Please include \$8.00 postage for all orders)

Please find enclosed a cheque/money order for the sum of \$ \_\_\_\_\_  
 OR

Please charge my credit card for the sum of \$ \_\_\_\_\_

Card Type: Bankcard  Mastercard  VISA

Card Holder: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send or fax completed form and payment to:**

## PREMIUMHEALTH

FIRST IN FIRST AID™

**PO Box 142 St. Kilda VIC 3182**  
**Ph: 1300 72 12 92 Fax: 03 9596 1766**