

EMS REGION III "PARTNERS FOR LIFE" CONFERENCE

Core Conference Session Descriptions

Friday, April 29 – Sunday, May 1, 2011

Friday, April 29, 2011

OPENING KEYNOTE ADDRESS: 9:00AM – 10:00AM

C01 – (PART I) INTO THE LOOKING GLASS - "WHY WE DO WHAT WE DO"

Steve Murphy, EMT-P, Battalion Chief - University Place Fire Department, Tacoma, WA



Why are you involved in EMS? Certainly not the money! What motivates you to continue in a profession that can tear at your very soul one day and provide ultimate joy and satisfaction the next? Why do you continue with your insatiable desire to learn? In this session, Part 1 of a two-session lecture, Steve will change the way you view your reasons to continue, and help you take an honest look at "why we do what we do." During this conference you will learn, both formally and informally and leave with a strengthened desire for the pursuit of excellence in this profession you have chosen. Steve will challenge you to make your life a "masterpiece." After Part I, you will join the ranks of those people, who live what they teach, who walk their talk. Steve's motivational conference opener will have you committed...to a cause, to

making a difference and to improving lives. We hope that after attending this session, you will see the potential in any given moment, realize how the small things really do matter, and have the confidence to unleash. **What would happen if...** "to be continued" on Sunday, May 1st. **It's a conference closer you don't want to miss!**

(1.0 hour CE – Preparatory)

BREAKOUT SESSIONS: 10:30AM – 11:30AM

C02 – "THE SUM OF ALL FEARS" - 10-KILOTON IMPROVISED NUCLEAR DEVICE (IND) DETONATION

Mike Richards, MD – Chief of Staff, UNM Hospital, Albuquerque, NM

For most emergency responders, the worst case scenario is a bus load of pregnant females that has just hit a gasoline tanker head on in front of a grade school at noon. This session will take you well beyond your greatest fears to the unimaginable. Improvised nuclear device (IND) detonation, Homeland Security Council's National Planning Scenario #1, is "The Sum of All Fears", a 10-kiloton detonation in a large metropolitan area. The effects of the damage from the blast, thermal radiation, prompt radiation, and the subsequent radioactive fallout have been well modeled. So have the required actions of the initial first responders. However, some of these actions may be contrary to your natural instincts. Come and learn the five things every first responder should know about the unthinkable.

(1.0 hour CE – Preparatory)

C03 – "PSYCH" – UNDERSTANDING PSYCHOTIC BEHAVIOR AND TREATMENT

Heather Davis, MS, NREMT-P - Paramedic Education Program Director, UCLA-Daniel Freeman, Los Angeles, CA

"There's something strange about our patient, but I can't quite put my finger on what it is". Over thirty percent of the population has some psychiatric pathology, which means that psychiatric or behavioral issues surface regularly on EMS calls. The inability to distinguish one condition from another, limits providers from predicting a patient's behavior. This session offers a unique perspective on mental issues, reviews the pathophysiology of common behavioral disorders and how they manifest in our patients. In this informative, but entertaining session, treatment strategies, both chronic and acute, will be discussed and visualized through popular media examples.

(1.0 hour CE – Medical Emergencies)



C04 – ARE YOU "BAGGING THE LIFE" OUT OF YOUR PATIENTS?

Jon Politis, MPA, NREMT-P - Chief of Colonie EMS, Latham, NY

We used to think the basic skill of ventilation was simple and uncomplicated...or, just "bag'em". Come to find out successful ventilation and oxygenation is deceptively complicated in how it can impact blood flow, blood chemistry, cerebral perfusion and ultimately patient outcomes. This presentation is a "back to basics" presentation on the "ABCs" of ventilation and oxygenation based upon current resuscitation science.

(1.0 hour CE – Patient Assessment)

C05 – EMS: THE "X" FILES



John Todaro, BA, REMT-P, RN - Executive Director, Low Country Regional EMS Council, Charleston, SC

"Imagine if you will a life of waiting... waiting for the unknown. Knowing that sooner or later, it will happen...And it will happen to you". Sounds like EMS to me. For educational purposes, the seal on the EMS "X" Files will be broken in this out-of-the-ordinary session, giving the program participants a glimpse into the bizarre and unusual, and for many of us...the "unknown". Using a grand rounds approach each "X" file will be reviewed and analyzed. The truth is out there. Can you handle it?

(1.0 hour CE – Medical Emergencies)

BREAKOUT SESSIONS: 1:00PM – 2:00PM

C06 – "STUPID HUMAN TRICKS" - TYPES OF RECREATIONAL TRAUMA

Deb Von Seggern-Johnson, NREMT-P - UNMC EMS/Trauma Coordinator, Omaha, NE

Always and inevitably each of us underestimates the number of "Darwin Award" candidates there are in circulation. A person is deemed stupid if they cause damage to another person or group of people without experiencing personal gain, or even worse, causing damage to themselves in the process. Non-stupid people always underestimate the harmful potential of stupid people; they constantly forget that at any time anywhere, and in any circumstance, dealing with or associating themselves with stupid individuals invariably constitutes a costly error. This session will show a humorous side of when "fun" goes bad. Deb will discuss treatment modalities for the management of these adventurous patients caught up in "abnormal, and sometimes humorous," situations.

(1.0 hour CE – Trauma Emergencies)

C07 – "BEYOND THE BASICS" - TRENDS AND CHALLENGES IN PEDIATRIC TRAUMA

Julie Bacon, RNC, BA, CPEN, N-CPT, Flight Nurse – All Children's Hospital, Oakland, FL

"Our children are threatened by a killer that strikes without warning. It attacks anywhere and everywhere, the moment your back is turned, in the blink of an eye. The killer's name is Trauma". Trauma is the most common cause of mortality and morbidity in the US pediatric population, more than all other causes combined! Are there patterns in pediatric trauma that might give us a clue to injury? What are the differences in pediatric and adult anatomy and physiology that effect trauma in children? This lecture focuses on the most common presentations in head, abdominal and thoracic trauma.

(1.0 hour CE – Special Consideration - Pediatric)

C08 – "CRUSH INJURY VS CRUSH SYNDROME" - WHY IS IT IMPORTANT TO KNOW?

Jason Dush, CCEMT-P, FP-C, Arlington Fire Department, CareFlight, Arlington, TX



Two hundred six bones, countless muscles, nerves, blood vessels, and supporting structures weave together to form the musculoskeletal system. Although injuries to this system are common and rarely fatal, they often result in severe pain, blood loss and potential long-term disability. Adverse outcomes can often be prevented with prompt temporary measures, but which ones? This lecture is designed to discuss commonly misdiagnosed and mistreated injuries in the field. Full of visuals and simple definitions, this session will offer all EMS providers a better understanding on crush injuries.

(1.0 hour CE – Trauma Emergencies)

C09 – DIFFICULT AIRWAY MANAGEMENT - "A PHILOSOPHY OF SUCCESS"

Rommie Duckworth, EMT-P - Ridgefield Fire Department, Ridgefield, CT

With an enthusiastic and "real world" approach to fundamentals, this presentation evaluates new, upcoming devices and techniques in airway management, as well as novel ways to use the tools that we already have in place to manage the difficult airway. In this

session you will learn that less is more, as BLS techniques are used to improve ALS airway management in even the toughest of airway emergencies. If you are serious about airway management, this is a class is a must. (1.0 hour CE – Airway Management)

BREAKOUT SESSIONS: 2:30PM – 3:30PM



C10 – HOW TO WIN EVERY "FIREHOUSE" ARGUMENT

Rommie Duckworth, EMT-P - Ridgefield Fire Department, Ridgefield, CT

"The hardest thing to learn in life is which bridge to cross and which to burn." It is a fact that Americans spend 68% of our day bombarded by people trying to influence our decisions. Likewise, we spend another 52% trying to persuade others. This presentation will help you learn to quickly identify myths and factual errors (like the one above) and improve your critical thinking skills to avoid falling victim to logical fallacies and other arguments that sound good, but don't hold water.

(1.0 hour CE – Preparatory)

C11 – "A THOUSAND WAYS TO DIE" (Kinematics of Trauma)

Heather Davis, MS, NREMT-P - Paramedic Education Program Director, UCLA-Daniel Freeman, Los Angeles, CA

"What the....? Now how in the world did that happen?" Sound serious? The forces involved in traumatic injuries are serious, and are often the single biggest determinate of outcome for these patients. If you reach the patient's side and do not know from how far they fell or if the steering wheel is bent, you are already behind the eight-ball in trauma patient assessment! In this thought provoking session, attendees will learn about the deadly forces involved in trauma and how to predict injuries before they are noticeable for major trauma patients.

(1.0 hour CE – Trauma Emergencies)

C12 –SYNCOPE - "A WOLF IN SHEEP'S CLOTHING"

Jon Politis, MPA, NREMT-P - Chief of Colonie EMS, Latham, NY

"I'm not sure what happened. I think she just fainted." Syncope or fainting is perhaps one of the most under assessed and minimized complaints that many EMS providers see. In fact, syncope is a potentially lethal chief complaint and needs to be worked up with the same sense of urgency as chest pain, breathing difficulty and other serious complaints. In this interactive case study based presentation, the major causes of syncope will be discussed along with assessment and treatment of the various causes.

(1.0 hour CE – Medical Emergencies)

C13 – "TALES FROM THE CRYPT" - (Teenage Drunk Driving Prevention)

John Todaro, BA, REMT-P, RN - Executive Director, Low Country Regional EMS Council, Charleston, SC

"That was the worst accident that I have ever been too. They were just kids. And the thing that sticks in my mind was that it could have been prevented". This shocking and eye-opening program is designed to teach public safety agencies to develop and present a program which uses a dramatic recreation of a motor vehicle accident to expose teenagers to the consequences of drunk driving. Learn to present a recreation that exposes the teenagers to all the aspects of how fire rescue, EMS, law enforcement and the medical examiner's office interact during this type of incident. This is a program that our kids deserve.

(1.0 hour CE – Preparatory)

GENERAL SESSION: 4:00PM – 5:00PM

C14 – "LEADING WITH THE HEART"

Heather Davis, MS, NREMT-P - Paramedic Education Program Director, UCLA-Daniel Freeman, Los Angeles, CA

"It takes courage not only to make decisions, but to live with those decisions afterward." – Coach K

How did Coach K make the Blue Devils one of the most successful basketball teams in history? How did Jack Welch lead General Electric to be one of the most diverse and profitable companies in the world? They lead with their heart (and sometimes their gut!), that's how. Heather will explore styles of power, influence, and persuasion through the leadership role of basketball coach Mike Krzyzewski, setting the stage for a discussion of how different styles are appropriate for different people and different situations. Come learn how humanity and genuinely caring about people can produce extraordinary results for your team and your patients by leading with heart! (1.0 hour CE – Preparatory)



Saturday, April 30, 2011

GENERAL SESSION: 9:00AM – 10:00AM



C15 – "THROUGH THE EYES OF A RESCUER"

Jason Dush, CCEMT-P, FP-C, Arlington Fire Department, CareFlight, Arlington, TX

"I looked and there before me was a pale horse. Its rider was named Death!" It happens so fast you don't have time to think about it...until later. Public service providers always see ourselves as the helper, but what happens when we become the ones needing to be helped? Jason will take you through a journey of challenges facing his own mortality as a public servant provider. Are you prepared to face your own mortality?

(1.0 hour CE –Preparatory)

BREAKOUT SESSIONS: 10:30AM – 11:30AM

C16 – THE SILENT MAJORITY - "GERIATRICS IN THE NEW MILLENNIUM"

Rommie Duckworth, EMT-P - Ridgefield Fire Department, Ridgefield, CT

The baby-boomers are retiring! The proportion of the elderly in America is greater today than ever before and will continue to grow even larger. What's more, the elderly tend to be our sickest and most challenging patients. What signs and symptoms may indicate common disease processes, the normal signs of aging or special needs of the geriatric patient? With a focus on every aspect of caring for your patient, this presentation answers your questions so that you'll love what you learn.

(1.0 hour CE – Special Considerations – Geriatrics)

C17 – "HOW GENERAL CAN WEAKNESS BE?"

Jerry Allison, MD, Elk Grove, CA

Weakness is a very common, but often vague chief complaint encountered in the pre-hospital setting. There are numerous differentials that can range from minor to life-threatening problems. The role of the emergency provider is to quickly assess the patient, identify high probability differentials, and methodically rule them in or out, in just a few minutes. Using the concept of "History is King" this presentation will discuss the assessment of general weakness and how to simply and systematically rule in and out the various causes so that you can begin treating the appropriate problems as quickly as possible.

(1.0 hour CE – Medical Emergencies)

C18 – "LITTLE BOY BLUE, WHAT DO I DO?"

John Hill, EMT-P - Director of Emergency Medical Services, Spirit Lake, IA

Patient assessment is, without a doubt, the most important skill that you will learn. It **IS** the basis from which ALL other decisions will be made. Add pediatrics into the equation and your heart rate just doubled. In this session, John will cover a "rapid first impression" assessment along with the why, how and when to perform a two part non-threatening physical examination; the initial assessment and the detailed physical exam. You should leave this session with a clear understanding of this unique pediatric assessment, and the specific communication and assessment techniques that alleviate children's fears in the face of any sort of emergency.

(1.0 hour CE – Patient Assessment - Pediatrics)



C19 – CHEST TRAUMA - "NOT JUST ANOTHER HOLE IN THE WALL"

John Todaro, BA, REMT-P, RN - Executive Director, Low Country Regional EMS Council, Charleston, SC

"The steering wheel is missing. I think we have a problem." Chest trauma is a significant source of morbidity and mortality in the United States. It is often sudden and dramatic. It accounts for 25% of all traumatic deaths and can present with a dozen immediate and potentially life-threatening injuries. Plan to join John for this "chest opening" session that presents a new look at an "age old" trauma, including a review of the pathophysiology of potential devastating injuries and current treatment of common, but life-threatening conditions.

(1.0 hour CE – Trauma Emergencies)

Register Smart and Save with the Squad Rate Discount! We know budgets are tight, so prices are the same this year – and, even more affordable pre-conference workshops!
Why pay more for your education, so register today and save!

BREAKOUT SESSIONS: 1:00 PM – 2:00 PM

C20 – “SICK TO DEATH” – HOW SEPSIS KILLS

Heather Davis, MS, NREMT-P - Paramedic Education Program Director, UCLA-Daniel Freeman, Los Angeles, CA

More Americans die annually from sepsis than from prostate cancer, breast cancer and AIDS *combined*! Think sepsis is a hospital problem? Think again! Sepsis affects patients in the places we find them; at home, in nursing homes, and care facilities. Come find out what you can do to detect and treat this deadly illness in the field.

(1.0 hour CE – Medical Emergencies)

C21 – “STUPID IS AS STUPID DOES” - STUFF WE THOUGHT WE KNEW

Jon Politis, MPA, NREMT-P - Chief of Colonie EMS, Latham, NY

“We have to stop, even if we aren’t on duty”. “High flow oxygen is beneficial”. “EMTs work under the Medical Directors license”. As Forrest Gump said “stupid is as stupid does”. There are many things that are routinely taught in EMS instruction that are just mythology. Find out the truth in this revealing “evidence based” session that will provide you with a list of the “top ten” myths of EMS clinical care and operations.

(1.0 hour CE – Preparatory)

C22 – “OBSTETRICAL EMERGENCIES”

Jason Dush, CCEMT-P, FP-C, Arlington Fire Department, CareFlight, Arlington, TX

“Now be honest. How many babies have you really delivered in the field? Are you ready if it happens during this shift?” This exciting lecture is geared for all fire-based EMS, third city EMS services, private EMS providers, and educators. This presentation will cover the nuts and bolts of obstetrical emergencies, which can seem like routine and boring medicine most of the time. How many people are prepared and knowledgeable of the “Real Deal” obstetrical emergency? This presentation is filled with great educational slides and cases of real obstetrical emergencies and delivery complications that pre-hospital providers may be faced with.

(1.0 hour CE – Medical Emergencies)



C23 – “GIVE ME FIVE” - PERILS, PITFALLS AND CONTROVERSIES

Deb Von Seggern-Johnson, NREMT-P - UNMC EMS/Trauma Coordinator, Omaha, NE

We just arrived on scene and found our patient. The call came in as “Man Down”. Down from what? We look at our patient and he sure looks down... and unconscious too. No one around to tell us what happened. Well I guess we better get started and find out what we need to do to get our patient “un-down.” Let’s start with assessment. Assessment is the most important skill in your “EMS Tool Box”. It is the foundation of patient care. This session will take you through an easy way to memorize and then apply your assessment to almost every aspect of taking care of your patient, beyond the physical exam. Attendees will leave with a better understanding of the importance of an Initial/Primary Assessment and the “SAMPLER” history.

(1.0 hour CE – Patient Assessment)

BREAKOUT SESSIONS: 2:30PM – 3:30PM

C24 – “THEY’RE NOT DEAD, THEY’RE ONLY MOSTLY DEAD!”



Rommie Duckworth, EMT-P - Ridgefield Fire Department, Ridgefield, CT

Do some cardiac arrests make you feel like you’re just going through the motions? If we got into EMS to save lives, then why doesn’t it work that way in real life? Can we really save MOST of the people in V-Fib? When should we “call” the code? Most importantly, how are the 2011 changes supposed to work in the real world? Using his insight as AHA National Faculty Rom Duckworth presents an entertaining and energetic debate about how, when and why resuscitation should be run in 2011, connecting the latest research with the way things are really done on the street.

(1.0 hour CE – Medical Emergencies)

C25 – HISTORY IS “KING”, PHYSICAL IS “QUEEN”

Jerry Allison, MD, Elk Grove, CA

Are we clinicians or technicians? How do we make the best “diagnosis” or consider alternative diagnoses? History-taking is the most frequent skill we use in medicine-and pre-hospital care. It is a basic skill and it is also an advanced skill as it is something that we

should get better with time. What makes us a better clinician? Is it knowing what to ask, when to ask it, how it should be asked, and why we are asking it? A proper assessment is not just to identify the diagnosis, but to help us navigate through all the possible (usually serious) differential diagnoses as well. Using the concept of "History is King", "Physical is Queen" (and labs may or may not help you), this presentation will start with a "Back to Basics" approach and then expand to a more advanced discussion on a systematic approach used by physicians in obtaining a quick, concise, thorough and accurate history every time.

(1.0 hour CE – Patient Assessment)

C26 – "WHERE'S THE PLUG?"

John Hill, EMT-P - Director of Emergency Medical Services, Spirit Lake, IA

In this presentation, John will review the components of the circulatory system. We will discuss the physiology of the blood and examine the different types of injuries that often lead to challenges in hemorrhage control. We examine the normal volumes and the different signs and systems as the blood volume is depleted. Various treatment modalities are also reviewed. This presentation contains awesome visual examples and contains valuable information for all levels of providers.

(1.0 hour CE –Trauma Emergencies)

C27 – THE "HARD DRIVE" HAS CRASHED (Head Trauma)

John Todaro, BA, REMT-P, RN - Executive Director, Low Country Regional EMS Council, Charleston, SC

Every year, millions of people experience a head injury. Most of these injuries are minor because the skull provides the brain with considerable protection. The symptoms of minor head injuries usually go away on their own, but more than half a million head injuries a year are severe enough to require hospitalization. Learning to recognize a serious head injury and providing proper management can make the difference in saving someone's life. Join us in this graphic, interactive, and very informative session.

(1.0 hour CE – Trauma Emergencies)



BREAKOUT SESSIONS: 4:00PM – 5:00PM

C28 – "MAKING TOUGH CHOICES" - THE CODE OF ETHICS

Heather Davis, MS, NREMT-P - Paramedic Education Program Director, UCLA-Daniel Freeman, Los Angeles, CA

This session promises to be thought provoking and probably controversial! Standards of conduct for EMS professionals are not well defined. Intentional or not, breaches of ethical behavior seem to happen frequently in EMS. The consequences of these acts can be detrimental to patients, morale, career longevity, provider agencies, and the profession altogether. We will examine real cases in an effort to discover a consensus on behavior the audience believes to be appropriate for EMS professionals.

(1.0 hour CE – Preparatory)

C29 – "ALL TIED UP" - RESTRAINING THE OUT OF CONTROL PATIENT

Jon Politis, MPA, NREMT-P - Chief of Colonie EMS, Latham, NY

Restraining patients is "risky business" for all EMS Providers. Often the request to restrain a patient is in the context of a police incident where a patient must be transported for evaluation after being "tased". Sometimes, restrained patients die while in restraints enroute to the hospital. This presentation reviews the common causes of "excited delirium", how tasers work, risk factors for sudden death while restrained and the EMS "restraint continuum". This presentation also discusses NAEMSP guidelines for EMS restraint.

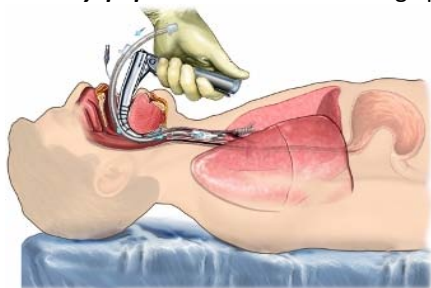
(1.0 hour CE – Operations)

C30 – AIRWAY CASE STUDIES - "WHEN THE SIMPLEST THING MADE THE BIGGEST DIFFERENCE"

Jason Dush, CCEMT-P, FP-C, Arlington Fire Department, CareFlight, Arlington, TX

Back by popular demand! Ensuring quality in pre-hospital airway management is challenging because the generally fast-paced process occurs in a less-than-ideal setting with bad lighting, limited space, and under demanding circumstances. Research increasingly suggests that pre-hospital intubation may be non-beneficial and perhaps even detrimental to the care of some trauma patients. In a case study format, we will highlight core measures of patient safety, timeliness, oxygenation and ventilation. Our biggest challenge as providers, is deciding when airway skills are right for the patient. When you pull out your "airway bag" or "tool box" what are you going to do?

(1.0 hour CE – Airway Management)



C31 – "KIDZ PLAY" - PEDIATRIC PATIENT CARE

Deb Von Seggern-Johnson, NREMT-P - UNMC EMS/Trauma Coordinator, Omaha, NE

"Grandpa lived a long, full life. He even had a happy look on his face when he went. It was a blessing". Sounds good for Grandpa, but those are not the kinds of words you hear when you encounter "Little Johnny". In fact, we want all of our kiddos either yelling or crying when we arrive, don't we? Pediatric emergencies are, without doubt, some of the most emotional type of cases we can experience in our careers as an EMS provider. In this session, we will discuss the importance of conducting certain aspects of your assessment prior to even touching your patient, and when it all goes wrong, dealing with the loss of a pediatric patient. If you are serious about your approach to pediatric patient care, join Deb for this informative class. For "Little Johnny's" sake, you'll be glad you did.

(1.0 hour CE – Patient Assessment - Pediatric)

BONUS CE GENERAL SESSION: 5:15PM – 6:15PM

C32 – SAVING LIVES - "ONE COMMUNITY AT A TIME"

Jerry Allison, MD, Elk Grove, CA

You want to make a career in EMS? As the frontline health professionals in our community, the EMS team is in an ideal position to participate with public health programs in recognition, screening, education, treatment, and referral of high risk patients to appropriate resources. With disasters, Infectious diseases, obesity, physician shortages, and budget cuts, EMS is faced with more and more challenges and responsibilities each year. To reduce the demand on the system and to maximize resources the EMS of tomorrow will have to focus as much on prevention as it does on saving lives. In this presentation, we will discuss the future of EMS, and the call for integration of EMS in public health.

(1.0 hour CE – Preparatory)



Sunday, May 1, 2011

GENERAL SESSION: 9:00AM – 10:00AM

C33 – WHY WE LAUGH!

Craig Rhyne, MD FACS, EMS Region III Medical Director, Lubbock, TX



The things we laugh at reveals a great deal about ourselves. Laughter is more complicated -- and bizarre -- than you might think. It is inherent in our nature to laugh. But a close look at what we find funny actually reveals many of the inherent characteristics of human emotions and fears. Humor in the workplace can be either a constructive exercise in team building, or can adversely affect our relationships with others. Understanding the difference can be vital to the morale of your EMS family. Humor brings the balance we need to get through the turbulence of life comfortably, and **"You don't stop laughing because you grow old. You grow old because you stop laughing."** This is a general session you don't want to miss!

(1.0 hour CE – Preparatory)

BREAKOUT SESSIONS: 10:30AM – 11:30AM

C34 – "EENIE MEENI MINEE MOE"

Deb Von Seggern-Johnson, NREMT-P - UNMC EMS/Trauma Coordinator, Omaha, NE

Eenie, meeni, minee, moe,

Pick which patient needs to go.

If he hollers tell him no,

It's the quiet ones that steal the show!

Wish it was that simple? Well you just arrived on the scene of an **"Oh My Gosh-What are we going to do-What do we do first- Somebody tell me they are in charge!"**



situation. Time to shout out that comfortable word you learned in EMS school. TRIAGE, in the simplest of terms, helps you determine the patients who are likely to live, regardless of what care they receive; those who are likely to die, regardless of what care they receive; and those for whom immediate care might make a positive difference in outcome. Join Deb in this interactive session that will take you through the very initial steps of being a triage officer and show you what it takes to be a good one.

(1.0 hour CE – Patient Assessment)



C35 – YIKES! - "I SHOULDN'T HAVE GOTTEN OUT OF BED THIS MORNING!"

Julie Bacon, RNC, BA, CPEN, N-CPT, Flight Nurse – All Children's Hospital, Oakland, FL

EMS is always challenging - but some days our skills are put to the test! This lecture will focus on some of the "common uncommon" found in the pediatric/neonatal population that will make your toes curl". Are you ready for – “This newborn doesn't look right”. “Are those intestines”? “Oh, no - my patient has swallowed 42 cents"! What do I need to worry about and what are my first interventions? Join Julie for this enlightening session of quick case studies on things you don't see every day (thank goodness!)

(1.0 hour CE – Special Considerations - Pediatrics)

C36 – I HAVE THIS "GUT FEELING!"

John Hill, EMT-P - Director of Emergency Medical Services, Spirit Lake, IA

“Gut Almighty, something is wrong, but I can't quite figure out what it is.” Whatever the cause, it could be life-threatening and rapidly fatal. Acute abdominal pain is often difficult to assess and treat. In this revealing presentation John will systematically review the anatomy and physiology of the abdominal organs, dive both feet first into how to properly assess a patient presenting with abdominal pain, quickly determine what needs to be done, and where they need to be. Learn to describe the differentiating signs and symptoms of abdominal pain so you can make better decisions on the different treatment modalities.

(1.0 hour CE – Medical Emergencies)

C37– "HOW SWEET IT IS...OR NOT"

Dale Kester, MD, EMS Region III Board Member, Tucumcari, NM

Diabetes affects the utilization of the principal source of fuel for our bodies. Diabetes mellitus is virtually epidemic, and diabetics utilize emergency services at least twice that of the non-diabetic population. An explosion of new research is vastly changing our understanding of this condition and giving us new clues about how to attack it. In this session, Dale will present an overview of normal glucose metabolism and physiology including the role of glucagon. This will include glucose abnormalities, including hypoglycemia, hyperosmolar hyperglycemia and DKA (diabetic ketoacidosis) and interactive clinical scenarios as they relate to pre-hospital assessment and management, including pitfalls of what appears to be simple hypoglycemia.

(1.0 hour CE – Medical Emergencies)

CLOSING KEYNOTE ADDRESS: 11:45AM – 12:45PM



C38 – (PART II) “THE POWER TO BE BETTER”

Steve Murphy, EMT-P, Battalion Chief - University Place Fire Department, Tacoma, WA

What would happen if you had the “power of 10%”? To improve ourselves, we do not need to tackle everything all at once. In fact, expecting a 100% total transformation is unrealistic and will set us up for failure. We will get much greater results by concentrating on small areas since all aspects of our lives are connected! Sometimes it's the smallest decisions that can change your life forever. The power of 10%! **I'm never going to learn this new technology...so why even make the effort? Our team will never be the top performer...so why even worry about improving at all? I can't give anything close to what they need...so why give at all? I don't have much extra time...so how can I possibly make a difference? I can't solve the world's problems...so why even try?** But what would happen if... you **gave 10%** more often to those in need? Then, you would bless others through the collective efforts of many. You **spent 10%** more time on your personal development? Then, you could enhance your job

performance and your career. You **spent 10%** more time with your family? Then your whole family would benefit. And, what if you **did 10%** more to go after your goals? Then, you would find that over time, **you could achieve the unimaginable!** Let the power of 10% now allow you to enjoy your life's journey!

(1.0 hour CE – Preparatory)

