Texas EMS Conference 2014
Lecture and Workshop Descriptions

Monday 8:15–9:30
Keynote Session
From the Streets to the ED: Controversies in Prehospital Care of Children
There are a number of controversies in the prehospital care of children from the best methods of airway management, to glucose testing in patients with seizures, appropriate vascular access, and treatment of pain. Gausche-Hill will take you through a presentation of prehospital runs and discuss the latest literature addressing these controversies.
CE: Pedi
Marianne Gausche-Hill, MD, FACEP, FAAP

Monday 9:45–10:45
You Call That CPR?
What is the name of Johnny and Roy is going on with CPR these days? If you’ve been in EMS for long, you are probably getting dizzy from all the changes taking place with resuscitation lately. Do we ventilate or not? How many defibrillators do we really need? Do we chill patients or not? What about drugs? Jarvis will provide an update on what “modern” CPR looks like and will show the literature that supports some of these crazy ideas. Students will be able to discuss the use of a cardio-cerebral approach to cardiac resuscitation; describe the rationale for delayed ventilations and passive oxygenation in CPR; describe the value of medications in cardiac arrest; describe the value of therapeutic hypothermia in cardiac arrest; and list the EMS interventions of value in traumatic CPR.
CE: Medical or CRO
Jeffrey L. Jarvis, MD, EMT-P, FACEP

Monday 9:45–10:45
When the Bough Breaks
We all have heard at one time or another to “never, ever, shake a baby”. Unfortunately, when it happens, EMS providers are the first to encounter what is a very traumatic and emotional situation. You’ll learn to recognize the resulting signs of a shaken infant and the underlying pathophysiology due to forceful shaking. This presentation is not for the faint of heart.
CE: Pedi or Prep
Chris Ebright, NREMTP

Monday 9:45–10:45
What? There’s a New TMB Rule?
The rules that apply to EMS and medical directors can be confusing. Greenberg will discuss how the rules are vetted, written and enforced so that attendees will have a better understanding of the process.
EMS CE: Prep or Add’l; CME available
Robert Greenberg, MD, FACEP

Monday 9:45–10:45
Emergency Management and Jurisdictional Management in a Pandemic Event
In a pandemic disease event the healthcare workforce will be stressed while providing care to the exceptional numbers of patients affected. There will be an increased request for service at a time when service, as a result of force protection or decreasing resources, will be curtailed. The supply chain will be affected, antivirals will be in short supply, and vaccine nonexistent. These and other possibilities will be discussed as eventualities in a pandemic event. To prepare for these changes, Elliott will describe ways in which past pandemic events have led to innovations, and will examine ways future pandemic events could evolve new modalities of mobile integrated healthcare and telemedicine, which could force the acceptance of the hospital home.
CE: Prep or CRO
Michael A. Elliott, BS, LP

Monday 9:45–10:45
Trauma Interactive!
This is the ultimate in lecture participation—the audience will use clickers and other means to get into the presentation and receive immediate feedback. The session will cover great trauma cases. All parts of the case will be reviewed, from anatomy and physiology, signs and symptoms to therapy for traumatic injuries. It is a great comprehensive review for any provider. It’s part game show, part case studies, 100% fun!

CE: Trauma
Bob Page, BAS, NREMT-P, CCEMT-P, NCEE

Monday 9:45–10:45
Putting the Right Person in the Left Seat
How does an emergency service organization (ESO) select and train the emergency vehicle operator? Is it “by chance, “who you know”, or through a “comprehensive selection process.” This lecture addresses the plan emergency service leadership should have for driver eligibility and selection, motor vehicle record evaluation, and initial and ongoing driver education, training and proficiency. Join Bradley as he provides insight, suggestions, guidance and “best practices” for assuring you have the right person in the left seat.

CE: AOR or Prep
David Bradley, BS, NREMT-P

Monday 9:45–10:45
A Physiological Look at Respiration
This lecture will breakdown the physiology behind the process of internal and external respiration, including neuronal control. Also we will look at the gas laws governing both oxygenation and diffusion of gases inside the body that can be affected by altitudes encountered during flight. Finally, in the last part of the session, we will explore how the body transports oxygen, as well as the mechanism of action for neuromuscular blocking drugs. Attendees will be able to understand and recall the physiological processes involved in the respiratory process, apply theories learned in this lecture to patient treatment, understand physiological processes that compromise respiration, and evaluate treatment modalities and adjust them as patient conditions change during transport.

EMS CE: Prep or Airway; CNE available
Michael Boulding, FP-C, NREMT-P, A.A.S.

Monday 9:45–10:45
LVADs: Common Issues and Treatments
The intention of the lecture is to provide a base for prehospital providers to evaluate and treat LAVD (left ventricular assist device) patients, as this is a growing population. This lecture will cover how the VAD works and what equipment is essential when transporting, and will offer a brief overview of the anatomy and physiology and the primary medical issues that may present in the field. The lecture will also have samples of data that has been collected by the Intermacs Registry that follows VAD patients.

CE: Medical
Tina C. Amlin, BA, LP, NREMT-P, CCRP

Monday 11:00–12:00
Eating Our Young: Can’t We All Just Get Along?
Participate in any EMS forum or eavesdrop on a few squad room discussions, and it’s obvious that EMS eats its own young: Volunteers are unprofessional and hold back the profession. Fire medics would rather be putting out fires than taking care of sick people. Private ambulance companies are a bunch of money-grubbing mercenaries who value the bottom line over patient care. Rural medics are inexperienced and unskilled hicks who spend most of their shifts watching television, and urban medics believe that diesel fuel is the answer to every problem. Join Jason Dush and Kelly Grayson as they examine and dispel many of those stereotypes and teach us to appreciate the unique strengths and challenges faced by our colleagues in differing systems.

CE: AOR or Prep
Steven “Kelly” Grayson, NREMT-P, CCEMT-P
Jason Dush, FF/EMT-P, CCEMT-P, FP-C

Monday 11:00–12:00
Pediatric Poisonings and Toxicologic Exposures
This lecture will cover topics related to poisoning and toxicologic exposures in the pediatric population. Topics will include general principles (history taking, substance identification, clinical diagnostic aids in the field), acute management (ABC, skin decontamination, eye flushing), GI decontamination, inhalation injuries, and selected management for specific pediatric poisoning events.

**CE: Pedi**

James (Jim) Jonatchick, RN, MSN, CPNP-PC/AC

**Monday 11:00–12:00**

**Understanding Hemorrhage**

This session is designed to help prehospital care providers better understand and manage hemorrhage. The Boston Marathon bombing event showed the world how quickly people can become victims, and in some cases find themselves hemorrhaging to death. Excessive demands are often placed on EMS practitioners and EMS systems during mass casualty incidents. Data from several recent incidents indicate that death from these types of incidents can be reduced by controlling hemorrhage. During these types of incidents 66% of the deaths occur from serious hemorrhage from extremities, followed by tension pneumothorax (33%) and airway obstruction (6%). Controlling hemorrhage in extremities by the use of direct pressure, followed by tourniquets can help prevent death. During this session we will discuss both basic and advanced treatment for managing hemorrhage, including wound care, bandaging, stabilization, fluid replacement and managing shock.

**CE: Trauma**

Ken Bouvier, NREMT-P

**Monday 11:00–12:00**

**Adam Lost a Rib: Is It a Life Threat?**

The call comes out: “Engine 251, Ambulance 251, Rescue 252 respond to Lou’s Bar, 35 East Union, on a 45-year-old male experiencing difficulty breathing and chest pain.” As you respond to the scene you begin to go through the chest pain protocol in your head. When you arrive you find that indeed the patient is S.O.B. and experiencing chest pain—but it’s from a pool cue to the chest and the cue is still lodged there! The actions you take next will determine the patient’s outcome. Are you ready for thoracic trauma and all it brings? In this session Kirk will bring to light the dynamics of thoracic trauma and how to manage the needs of patients who have experienced chest trauma.

**CE: Pt Assess or Trauma**

Kirk Mittelman, M.Ed., NREMT-P

**Monday 11:00–12:00**

**Resuscitation with Threshold Impedance Device**

The key to improving survival from cardiac arrest is to move adequate blood volume to the brain and heart muscle until defibrillation can restore normal electrical function of the heart. One of the most recent devices to promise improvements in blood flow is the impedance threshold device, known simply as the ITD. When used properly, the device can augment filling of the chambers and increase cardiac output during chest compression. This presentation will evaluate all relevant research on the device and its implications for EMS systems.

**CE: Medical**

Kenneth Navarro

**Monday 11:00–12:00**

**NREMT 2014 Update**

The National Registry delivers more than just a test. We are an active member in the EMS community. Our certification examinations are the foundation to our organization. They allow us to support and develop national EMS initiatives with our community partners. Current initiatives include changes to the paramedic psychomotor examination, moving recertification to a dynamic National Continued Competency Program (NCCP) and EMS research. Join us in our mission to protect the public and our nation.

**CE: Add’l**

Severo Rodriguez, III, MS, NREMT-P, LP, AEMCA

**Monday 11:00–12:00**

**Bizarre and Unusual Case Studies: You can’t make this stuff up!**

This lecture will offer a review of bizarre case studies that the presenter has actually experienced. These cases are
chosen to highlight the importance of thinking outside of the box and not getting stuck in tunnel vision when managing complicated calls that are not textbook scenarios. We will discuss the importance of patient assessment and prioritizing treatment plans when multiple medical and trauma issues exist together.

**CE: Pt Assess or Med**

**Andrea Sjaardema, NREMT-P/FF**

**Monday 11:00–12:00**

**Ventilator Management**

The purpose of this session is to help attendees understand the importance of mechanical ventilation in the transport environment. Basic terms related to mechanical ventilation will be defined, and initial ventilator settings and subsequent adjustments will be discussed. After discussion of basic terminology, the session will focus on volume ventilation. Time permitting, we will also discuss pressure ventilation.

**EMS CE: Spec Cons or Airway; CNE available**

Melissa Kendrick

**Monday 11:00–12:00**

**Crisis Mapping: Why Tweeting Your Disaster Is a Good Idea**

Did you know that Twitter is faster than an earthquake shockwave? During the earthquake in Washington, DC, in August 2011, tweets about the earthquake and shockwaves that followed hit social media faster than the shockwave movement itself. These tweets are really nothing more than a large set of data, and most of this data has a location attached to it, thanks to the use of location services on smart phones and other devices. This data can be mined, validated, and used to create a map of a disaster faster than any other technique currently available to responders. This lecture will discuss what crisis mapping is, how it works, its reliability, and how it can be used to help EMS and first responders in a disaster situation.

**CE: CRO**

David Lincoln, BS, EMT-P, CFE

**Monday 11:00–12:00**

**IPR and the Future of Resuscitation**

Intrathoracic pressure regulation (IPR) is a therapy that enhances negative pressures in the chest in order to improve perfusion and lower intracranial pressure during cardiac arrest and hypotension. Because it is noninvasive, it can be applied in basic life support settings to enhance circulation in the early critical moments of profound shock. In this lecture, the various current applications of IPR therapy will be reviewed, as well as how it provides the platform for future resuscitation strategies, such as active compression decompression CPR and ischemic postconditioning. Concepts and practical demonstration will be presented. Important differences between conventional CPR, mechanical CPR and ResQCPR will also be addressed.

**EMS CE: Med or Trauma; CME available**

Craig Manifold, DO

**Monday 12:15–1:15**

**Air Medical Transport of the Burn Patient**

The purpose of this lecture is to enhance the knowledge and understanding of the critical care transport/air medical team in the treatment and transport of burn patients by focusing on the assessment of and transport destination for burn patients. This approach will provide an understanding of resources available for burn patients within an air medical unit’s catchment area. Topics will include challenges in defining the criteria for air medical transport of the burn patient, geographic drivers in clinical decision making related to burn patients, burn center criteria versus trauma center destination criteria, and the pathophysiology and varying degrees of burns.

**CE: Spec Cons or Medical**

Robert Simonson, DO

**Monday 1:30–2:30**

**Mentoring: Can We Teach the Right Attitude?**

What is a preceptor, exactly? What role does that person have in your training program? Do your preceptors act as instructors, evaluators, and mentors, or are they just the medics who have managed to hang around longer than
everyone else? All too often, good EMS education programs fail because they neglect to consider the importance of the person teaching students how to apply on the street what they’ve learned in the classroom and skills lab. Join Grayson as he discusses how preceptors can make or break an EMS educational program and offers advice on how to bridge the gap between the classroom and the street.

**CE: AOR or Prep**  
**Steven “Kelly” Grayson, NREMT-P, CCEMT-P**

**Monday 1:30–2:30**  
**Case Study: Chainsaw Suicide**  
This was an actual call the presenter had in March 2008. A review of this case will highlight issues such as significant open-head trauma and hemorrhaging, airway control (surgical cricothyotomy) and overall trauma care. This review will include graphic photographs from the Crawford County Sheriff’s Department scene investigation as well as photographs of the patient’s injuries. Attendees will gain an understanding of the kinematics of chainsaw injuries, the issues of open head trauma, the challenges of airway management in head injury patients and the use of IV fluids and medications in trauma patients.

**CE: Trauma**  
**Terry Ragaller, NREMT-P, EMS-I**

**Monday 1:30–2:30**  
**Hemodynamics 101**  
The purpose of the lecture is to teach attendees to identify the components of the circulatory system that contribute to oxygen delivery; define CVP, PA, PCWP, MAP and identify normal values; assess hemodynamic status with and without the aid of invasive pressure monitoring and identify appropriate interventions to improve oxygen delivery. We will discuss the role of gas exchange and hemodynamic measurements in critically ill patients, define common hemodynamic terminology, identify invasive and noninvasive techniques for monitoring hemodynamic status of a patient, discuss the role of hemodynamics in patient care decision-making and discuss the impact of flight physiology on hemodynamic monitoring.

**EMS CE: Prep; CNE available**  
**Sue Parrigin, BSN, RN, CFRN, EMT-P**

**Monday 1:30–2:30**  
**Closed Head Injuries: The Pressure Is On!**  
Head injury management is rapidly changing on all fronts. This talk is designed to update EMS providers on the latest controversies in the acute management of closed head injury. Ideas such as hyperventilation, use of capnography, BLS techniques that drive up the ICP, and more will be covered. This session is much, much more than the standard head injury lecture. New stuff is presented for all levels and you will leave with a clear understanding of ICP or one huge headache! (Just kidding!)

**CE: Trauma**  
**Bob Page, BAS, NREMT-P, CCEMT-P, NCEE**

**Monday 1:30–2:30**  
**Multiple Casualty Incidents: When Your Population Increases 100% in 12 Hours**  
This lecture will cover the preparation for a department when the potential for an MCI is within the response district. Pre-planning is covered as well as essential communications with mutual-aid departments that will also respond to this type of event/incident. Responders are often overwhelmed by events of mass gathering and areas of public entertainment that present unique challenges to meeting the needs of participants in these events/incidents, especially when also providing services to the district that are not related to the event/incident.

**CE: Prep or CRO**  
**Brent Hahn, EMT-P, EMS-I**

**Monday 1:30–2:30**  
**Burn Update: Time to Update Protocols**  
Burns remain some of the most challenging types of injuries that prehospital personnel can face. The care that is provided initially can place our patients on the path to recovery. Is your EMS service following the most current recommendations? Are you using the Parkland formula? We will use case studies to demonstrate how to give the best
care to our patients and make sure we are following the latest guidelines. The photos make us all grimace but the outcomes should make us smile and be proud of the care we provide.

*CE: Trauma or Pt Assess*

**Jason Martin, RN, CEN, CPEN, NREMT-P**

**Monday 1:30–2:30**

**A Whole Lot of Shakin’ and Wheezin’ Going On**

This lecture will describe the efforts of the National Highway Traffic Safety Administration to have evidence-based guidelines for prehospital care by outlining the National Prehospital Evidence-Based Guideline Model Process. Using a case-based format, Shah will share key features of four pediatric prehospital guidelines on seizures, asthma, bronchiolitis, and croup, all of which were created in an evidence-based manner.

*CE: Pedi*

**Manish I. Shah, MD**

**Monday 1:30–2:30**

**Emergency Medicine in Paradise: The South Padre EMTF/Spring Break Interface**

An informative after-action review of the Texas Emergency Medical Task Force (EMTF) deployment to South Padre Island, Texas. The presentation will highlight EMTF structure and demonstrate how EMTF resources can be used to alleviate stress on local emergency resources in the setting of a mass gathering. Lessons learned along the way that relate to disaster mission deployment will also be discussed. The session will include the basic EMTF structure and mission in Texas, a discussion of the stress experienced during seasonal or reoccurring mass gatherings, and an outline of how emergency medicine and EMS physicians fit into the EMTF structure (and how you can get involved).

*EMS CE: Pt Assess or CRO; CME available*

**Emily Kidd, MD**
**Taylor Ratcliff, MD, FF/EMT-LP**
**Sharon Malone, MD, NREMT-P, LP**

**Monday 1:30–2:30**

**Making Sense of How to Eat an Elephant: Risk Discussion**

What are the key risk areas for today’s emergency service organizations (ESO)? How can leadership identify these areas, and what strategies and processes can be incorporated to reduce the risks? Join Bradley for insight into a risk control process that includes risk awareness, identifying risks, prioritizing risks, identifying risk control measures, implementing controls, and monitoring the results. Topics will include differentiating risk versus hazard, identifying the components of a risk control process, identifying key emergency service organizations risk areas identifying SOPs/SOGs applicable to emergency vehicle operations, identifying methods to reduce responder and patient injuries during patient handling and movement and identifying potential areas of leadership liability and methods to reduce risk.

*CE: AOR or Prep*

**David Bradley, BS, NREMT-P**

**Monday 1:30–2:30**

**Motorcycle Mania and the Ironhorse Culture**

Love ‘em or hate ‘em, the motorcycle is as popular as ever! With advances in technology, some motorcycles are capable of speeds up to, and past, 200 mph. When accidents occur at such velocities, EMS providers are faced with injuries that they may have never imagined. This exciting and entertaining lecture presents a brief history of motorcycles, moves through different types of bikes and their capabilities, and discusses different types of protective gear. It also goes where other EMS classes haven’t, and looks at some different types of motorcycle clubs and the biker lifestyle. The class will also describe the proper ways to handle a downed rider’s “cut & colors” to help the EMS provider avoid a potentially volatile situation.

*CE: Spec Cons or Trauma*

**Scott Lail, EMT-P, FP-C**

**Monday 3:15–4:15**

**CPAP ‘Em, Shock ‘Em, Sedate ‘Em, But Don’t Board ‘Em**
We have heard over and over about the literature supporting many current hot topics in prehospital medicine, including CPAP use, ketamine for combative patients, double sequential defibrillation, and getting rid of backboards. We know the literature is there, but how do you incorporate this knowledge into your EMS practice, and what are some real world results? Join us as we show you how these issues are incorporated into use in a moderate sized EMS system.

EMS CE: Prep; CME available
Gerad Troutman, MD, FACEP

Monday 3:15–4:15
Now That Is Shocking: A Look at Shock and Its Effects
You are dispatched to a “man down” on the edge of town; your response time is delayed due to weather. Upon arrival you see a male victim laying the middle of the street with police surrounding him. A scene from The Hangover comes to mind, with one male who has an altered LOC and cannot respond. What considerations should you have? Does the weather affect what is going on with your patient? How will it affect your treatment and transport decisions? Is this patient in shock? If so what kind and does it really matter? During this session we will explore the need to recognize shock, the differing kinds and why they happen. How does shock affect the organs and tissue and what is the real threat to the good care of the patient. Kirk will review the common and uncommon treatments we can do in the field for patients with shock. With some humor and a few case studies, the finer points, which could be shocking (!), will be reviewed.

CE: Trauma
Kirk Mittelman, M.Ed., NREMT-P

Emergency Management Roundtable with Chief Kidd
This session will be a discussion focusing on TDEM, current emergency management topics in Texas, and a question-and-answer session with the Chief of Emergency Management in Texas. Participants will learn about current topics in emergency management in Texas directly from the Chief of Emergency Management for the state. Topics will also include disaster finance and the EMS program at DPS/TDEM as well as the importance of the relationship between public health, medical and emergency management.

CE: Prep or CRO
Chief Nim Kidd, CEM, TEM

Monday 3:15–4:15
Finding and Keeping the Right Crew Member for Your Team
When our single-helicopter, single-base service decided to open a second base, we literally doubled the size of the medical staff and pilots overnight. Our presentation will show how we doubled our crew, integrated the current staff with the “old timers” and came out on the other side with excellently trained and satisfied crews. With finding new crew members comes a second problem—keeping those crew members. Management techniques will be discussed to give your new crew members optimal opportunities to not only be satisfied in their new positions but to succeed in their new position and want to stay with your service for many years to come. (This lecture will deal with only the medical side of the house.)

EMS CE: CRO; CNE available
Ryan Kelley, LP, CCEMT-P, FP-C, NREMT-P
Randal Endsley, RN, CFRN, CEN, LP, CMTE

Monday 3:15–4:15
Funny, You Don’t Look Deaf
This session provides a closer look at the deaf and hearing impaired community. Medical mistakes, omissions and delays can happen when responders use cues that the patient cannot understand or hear. Additionally EMS professionals put their own hearing at risk every day. This lecture will offer tips to avoid further hearing loss. During the last part of the session, everyone will get a chance to learn and practice American Sign Language signs that will assist in communication with the deaf and hard of hearing. Topics will include signs and symptoms of hearing deficits, different categories of deafness and hard of hearing diagnoses, and the activities we all engage in that put our hearing at risk.

CE: Prep or Pt Assess
Rebecca Valentine, BS, EMT-P, NCEE, I/C

Monday 3:15–4:15
Fluid Resuscitation Without an IV
Aggressive out-of-hospital fluid administration to patients suffering from traumatic injury increases blood loss and mortality. Instead, experts recommend a strategy of permissive hypotension whereby the rescuer uses smaller volumes of fluid to maintain vital organ perfusion without over-pressurizing the vascular system. Recently, researchers developed a device that either BLS or ALS personnel can use that will increase blood return to the heart, thereby increasing cardiac output and cerebral perfusion, while simultaneously lowering intracranial pressures (ICP). This new therapy requires no IV, no advanced airway, and in fact, no advanced treatment of any kind. This presentation will examine how rescuers can increase a hypotensive patient’s blood pressure without ever having to spike an IV bag. We will discuss the mechanism by which an impedance threshold device (ITD) can improve blood flow and review the available evidence supporting and opposing the use of the ITD in patients suffering from prehospital trauma.

CE: Trauma
Kenneth Navarro

Monday 3:15–4:15
In the Line of Fire: Surviving Emergency Medicine
Dealing with the reality of painful situations and incredible stress is much more than just a routine part of our work—it can literally become who you are. There remains little discussion on the part of most health care providers about the physical and mental impact of what we face, yet the stark reality cannot be denied. What is it about our work and life that can push us over an edge we seem to walk along without difficulty? Why do we often react when we should respond? What causes us to inevitably reach out less—or not at all? “In The Line of Fire” is a research-based, experience-centered program that is founded on reality and recovery. This presentation has long been considered Bolleter’s most dramatic, insightful and thought-provoking program. Come take part in a lecture that will change the face of medicine as you know it—even if your mirror’s reflection seems fine.

CE: Prep
Scotty Bolleter, BS, EMT-P

Monday 3:15–4:15
Recognizing Child Physical Abuse: Bruises, Burns and Bites
This lecture uses case presentations and numerous photos to discuss cutaneous injury in pediatric patients that should raise the concern for abuse or neglect. Evidence-based medicine will be referenced to provide guidance in interpreting the data regarding children with bruising, burns and bites. Different patterns of injury and aspects of unusual physical exam findings will be addressed to differentiate between post-traumatic skin findings and other medical conditions that can mimic trauma. Further, mechanisms of injury, such as falls or self-inflicted injury histories will be discussed and placed in the appropriate developmental context. For example, most people know a two-week-old infant cannot roll off a bed on his own, but when can a toddler successfully crawl into a bathtub? How likely is a child to develop life-threatening head trauma from a fall off her bed? These and other questions will be answered in this 50-minute session.

CE: Pedi or Trauma
Marcella Donaruma-Kwoh, MD, FAAP

Monday 3:15–4:15
The Flipped Classroom
“Flipping the classroom” and “active learning” are trendy topics in higher education these days. But what does it take to change from traditional lecture-based courses to a more active classroom? And does it really work for the EMS classroom? This lecture is one educator’s journey to develop an active classroom across a variety of courses (initial and continuing education), with a discussion of what has worked, what hasn’t worked, and, ultimately, has it been worth it? If you’re interested in integrating more technology into your classes, this lecture will not only help you find a place to start, but also give you an idea of where and where not to go.

CE: Add’l
Erin Lincoln, MS, NREMT-P

Monday 3:15–4:15
Who's My Medical Director?
This lecture will cover important aspects of Texas Medical Board rule 197: EMS Medical Direction, will review Department of State Health Services rule 157, and will examine the role of the medical director for EMS programs. Beeson will also discuss delegated practice to EMS personnel.

Jeff Beeson, DO

Monday 4:30–5:30
Bread and Butter EMS: Benign Complaints That Aren't Benign
Let’s face it, most of our calls are for fairly common occurrences that aren’t exactly life threatening. Few of us went to EMT or paramedic school to learn about the types of complaints that we end up seeing the most of. As it turns out, though, not all benign-sounding chief complaints are actually benign. In this discussion, Jarvis will use a case-based format to highlight several life-threatening diseases that can present with a benign complaint. He will describe how to use a “red flag” approach to find the lethal needle in the haystack of a benign-sounding call. Topics addressed include low back pain, headaches, fever, and chest pain.

Jeffrey L. Jarvis, MD, EMT-P, FACEP

Monday 4:30–5:30
Battered and Beaten: Invisible Signs of Domestic Abuse
Based on reports from ten countries, between 55 percent and 95 percent of women who have been physically abused by their partners never contacted non-governmental organizations, shelters, or the police for help. Domestic violence is a serious problem that needs to be stopped sooner than later. This session will help you better prepare to recognize patients suffering from physical and mental injuries from abuse, and will aid in documentation, reporting, and management during transport.

Jason Dush, FF/EMT-P, CCEMT-P, FP-C

Monday 4:30–5:30
Pediatric Jeopardy!
Everyone likes to play Jeopardy! Gausche-Hill will offer lecture attendees a chance to check their EMS knowledge in the care of children via an electronic Jeopardy!-style game that will highlight scope of practice, pediatric prehospital care issues and differences in care of children and adults in the prehospital environment.

Marianne Gausche-Hill, MD, FACEP, FAAP

Monday 4:30–5:30
Border Diseases: What You Need to Know
Along with monitoring species of plants and animals coming into the United States, it’s important to recognize that there are a number of emergent diseases that may be present in the United States as a result of individuals crossing at the borders. With a focus on force protection, this presentation introduces health care providers to the recognition, epidemiology, and protection methods connected with Chagas disease, chikungunya, varicella viruses, dengue fever, hepatitis C, lice, pertussis, scabies, tuberculosis and especially multi-drug resistant TB. At the conclusion of the presentation, participants will be far better prepared to recognize the risks of these problems and how to best protect themselves from becoming patients or sufferers.

Richard Clinchy, PhD, EMT-P

Monday 4:30–5:30
Let’s Get Back to Basics
We sometimes become consumed by new, cutting-edge technology, advanced procedures and new medications. We can easily overlook some of the most basic treatments that can have the biggest impact on our patients. We will knock the dust off some of the basic things we learned in EMT school through fun, interactive case studies. Topics will include basic skills in relation to evidence-based practice and the importance of a team concept in the care of the trauma patient.
HIPAA Compliance
There is more to HIPAA than the Privacy Rule (and there may even be more to the Privacy Rule than you think). The Security Rule enforcement measures are coming. Learn what changes are coming up and what it means to you and your service.

Chris Kelly

Pediatric OOHCA: When Should We Call It?
This lecture will review two cases: The birth of premature twins (~29wks EGA) in the field and management of a pulseless infant in the field. Following audio recordings, the initial assessment and management of the newly born infant, including factors that contribute to a high-risk delivery as well as signs and symptoms that indicate need for neonatal resuscitation, will be reviewed. The approach to resuscitation in the newly born infant will be described. In addition, current literature describing the epidemiology of out-of-hospital pediatric cardiac arrest will be reviewed. Finally, the lecture will end with a discussion of termination of resuscitation in the field including the risks, benefits, and challenges faced in the pediatric population.

Katherine Remick, MD

Nitroglycerin: The Other Side of CHF
In recent years, prehospital CPAP and BiPAP have proven to be excellent tools in treating patients with CHF exacerbation and acute pulmonary edema. Yet, how many of us are still administering furosemide and morphine, and administering doses of nitroglycerin more appropriate for an angina patient than someone who is profoundly hypertensive and drowning in their own fluids? This presentation will examine the safety and efficacy of aggressive dosing of nitroglycerin: sublingually, in intravenous infusions, and yes, even in nitro boluses with a syringe. If you’re still squirting one spray of nitro under your patient’s tongue every three to five minutes and wondering why your patient isn’t responding, this presentation is for you. Topics will include pathophysiology of acute pulmonary edema, the historical use of furosemide and morphine in patients with acute pulmonary edema, and the research that demonstrates the safety and efficacy of high-dose nitroglycerin in the acute pulmonary edema patient.

Steven “Kelly” Grayson, NREMT-P, CCEMT-P

What Is Your Sepsis Pathway?
This lecture will provide information regarding the sepsis pathway and processes to ensure that children are receiving the appropriate prehospital care. We will discuss treatment modalities and the importance of lactate levels and how they are used as pre-mortality indicators.
Topics include the importance of obtaining lactate levels, a comprehensive discussion of sepsis and the signs and symptoms associated with early onset sepsis.

Debbie Boudreaux, MSN, RN, LP, CCRN, CMTE
Trona Milano, BSN, RN, LP, CCRN

Emergency Management in Texas
This workshop provides an overview of the State of Texas emergency management system including preparedness, recovery, mitigation, the State Operations Center (SOC), the State Management Team (SMT) and the resource request process.

Chris Moore
Organizing Chaos: Triage
This lecture is designed to help prehospital care practitioners sort patients during incidents involving mass casualties by using a Triage system. In this session a mass casualty incident is best described as any incident that places excessive demands on EMS personnel, equipment and the EMS system. Some EMS practitioners refer to this as chaos, but triage (French for sort) brings order to the chaos. In EMS we sort by injury severity. Triage evolved in the military with a color coded system. We still use color coding, but we also use waterproof tags with tracking numbers and bar codes, colored ribbons, colored glow sticks, flags, tarps and a triage officer. During this lecture, Bouvier will show how colors and tags can bring organization to chaos. He will discuss lessons learned from responding to a 40-car pileup on Interstate 10 in New Orleans.

CE: CRO
Ken Bouvier, NREMT-P

Street Drugs: What Are They Taking Now?
Bath Salts, Spice, K2! It never ends, and it takes a working knowledge of what is out there to help you deal with these conditions. What are these drugs and how did they get here? This presentation takes a look at the common designer drugs on the streets today. Williams will bring it all down to earth. She will help you make sense of these drugs, what they do to the body and how you need to be prepared mentally and physically to handle these emergencies. Firsthand experience in dealing with these cases and exciting video clips bring the point home.

CE: Med or Prep
Julie A. Williams, NREMT-P, NCEE, BAS

Recruitment, Retention and Public Information
Geared toward volunteer providers, this program will discuss recruitment strategies and techniques for keeping your membership once you get them in. We'll discuss how to create a low-cost public education program and use it to strengthen your organization's public image. Participants will also have the opportunity to share their squad's best practices.

CE: AOR or Prep
Stu Rosenhaus, BS, EMT, CIC, MIT

Why Does It Hurt So Bad?
Pain management standards have been researched, encouraged and, at times, legally enforced. Yet it continues to be one of the most underutilized skills in the medical world. Research has shown that greater than 60% of EMS agencies across the country don't have analgesia protocols. Clarke will discuss associated fears, dispel myths and address both pharmacologic and nonpharmacologic options for pain control. She will also present case studies in which pain management was a valuable and therapeutic intervention.

CE: Prep or Spec Cons
Dana Clarke, CFRN, BSN, LP

The Tube Is In—Now What?
EMS providers pride themselves on the ability to manage airways in the field. This lecture will focus on an even more important period: the time after the endotracheal tube has been placed. Much like our emphasis on post-resuscitation care, this lecture will emphasize post-intubation care. Good management of ventilation and appropriate sedation is paramount. We will discuss basic ventilation strategies, including the “bare bones” of how to choose vent settings. In addition the lecture will highlight specific strategies for hard-to-ventilate patients, such as those with obstructive lung disease. Post-intubation sedation will also be discussed. Myths about sedation will be de-bunked and strategies for sedation in the crashing patient will also be highlighted.

CE: Airway or Medical
Taylor Ratcliff, MD, FF/EMT-LP

**Tuesday 8:00–9:00**

**The Smiling Death: Crush Injuries**
When responding to an entrapment situation, EMS should be prepared to manage a patient with crush syndrome. Having your patient die moments after being freed is a tragic end to a well-executed rescue. EMS providers, as part of extrication teams, can reduce the chances of this occurrence through assessment and proper pretreatment prior to removal.

*CE: Pt Assess or Trauma*

Chris Ebright, NREMT-P

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**Tuesday 8:00–9:00**

**Emergency Management and Healthcare Coalitions in Pandemic Events**
We are not prepared for a catastrophic health care event. Resources will be scarce and our ways of doing business and helping people will be severely altered. Planning and mitigation now will help allay these devastating effects. Here’s how! This lecture will examine the historical lessons of pandemics from 1918 forward, identify shortfalls in the current health care delivery system, discuss the anticipated changes in health care availability/delivery during a catastrophic pandemic and identify societal and ethical concerns that will face emergency managers when scarce health care resources are allocated during a pandemic.

*EMS CE: CRO or Prep; CME available*

Mitch Moriber, DO

Mike Beimer

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**Tuesday 9:15–10:15**

**I Can’t Breathe! A Case-Based Approach**
Using a series of case studies, Jarvis will discuss the most lethal and most common causes of shortness of breath. He will discuss what a differential diagnosis is, will shatter the myth that medics “don’t diagnose” and will present a cognitive framework for approaching the assessment of patients with respiratory distress. He will also discuss some of the pathophysiology and management of these conditions. The intent of this lecture is to offer the provider an advanced look at a common presentation. Topics will also include the pathophysiology of COPD, asthma, pneumonia, pulmonary embolism, pneumothorax and myocardial infarction.

*CE: Airway*

Jeffrey L. Jarvis, MD, EMT-P, FACEP

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**Tuesday 9:15–10:15**

**Errors Made in EMS: Will They Catch Up With You?**
This session will review the many simple errors made in EMS documentation, activities and actions that can greatly affect providers’ careers and lives. Attendees will learn how to identify common errors EMS activities that put them at risk, ways to avoid making those errors, how to identify the benefits of good reporting and work ethics and will review the benefits of changing old habits.

*CE: Prep*

Chris Weinzapfel, FF/NREMT-P(T)

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**Tuesday 9:15–10:15**

**Unsettling Settlement: A Lethal Misadventure**
This presentation was developed to highlight the reality of medical misadventure in the emergent care arena. While serious complications in emergency medicine are relatively rare, understanding the implications to our practice is crucial. This lecture takes a step-by-step walk through media and personal relationships, professional camaraderie and patient care, as well as critical care interventions and the final responsibility that rests with each caregiver and skill. While this talk begins with a cold white marble headstone, it holds the promise of illuminating our efforts and improving patient care.

*CE: Prep*

Scotty Bolleter, BS, EMT-P

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**Tuesday 9:15–10:15**
UTHealth Mobile Stroke Unit
This lecture will give an update on the UTHealth Mobile Stroke Unit in collaboration with Houston, Bellaire and West University Fire Departments. This unit is the First in the nation to respond to potential acute stroke patients in the community. Topics will include signs and symptoms of ischemic and hemorrhagic stroke, the “time is brain” theory, lessons learned from the start up and mobilization of the MSU and the benefits of telemedicine in the field.
*CE: CRO or AOR*
Stephanie Parker, RN, BSN

**Tuesday 9:15–10:15**
Emergency Planning
This lecture provides an overview of the State of Texas Emergency Operations Plan (including Annex H: Health and Medical Services). In addition, participants will be provided information on CPG 101 and the importance of the planning process. Topics will include the role of health and medical agencies in state plans, the role of health and medical agencies in hazard-specific plans, the planning process and an overview of TDEM preparedness.
*CE: CRO*
Chris Moore
Dan Walker

**Tuesday 9:15–10:15**
Telephone Triage: Does the Patient Need an Ambulance?
Telephone triage of calls to emergency medical services has always been a love-it or hate-it topic. A growing evidence base shows that with the right assessment paramedics can assist in getting the patient the right care, in the right place, at the right time. This presentation looks at a telephone assessment tool that has been specifically designed for paramedic use. Based on the hospital Manchester Triage Tool that is used in many emergency departments around the world, this assessment tool helps paramedics to steer non-emergency patients safely away from emergency ambulance use. Hines will describe the format of the telephone triage algorithm, discuss the implications for staff and services when diverting patients away from emergency ambulance use, examine the cost implications/savings when ambulances are not used for every patient and compare paramedic tools with non-paramedic tools to do assessments.
*CE: Prep or AOR*
Stephen Hines, Paramedic
Chris Hines

**Tuesday 9:15–10:15**
When Horses Can Fly: Pedi Evidence-Based Guidelines (PEGASUS)
This lecture will describe a collaborative project between EMS communities in Houston and New England to measure outcomes after the development and implementation of pediatric prehospital evidence-based guidelines. Using a case-based format, Shah will share key features of four pediatric guidelines on allergic reactions, airway management, shock, and spinal care. He will also discuss some of the challenges of implementing guidelines on both local and region-wide levels.
*EMS CE: Pedi; CME available*
Manish I. Shah, MD

**Tuesday 9:15–10:15**
The Boston Marathon Bombing: One ER Nurse’s View
We all know that catastrophe can and does strike, but no one expects it to happen to them. On Marathon Monday in April 2013 this very thing happened to the participants and spectators of this famed race, and it quickly rolled in through the ER doors. Join Torrey as he shares his firsthand perspective and lessons-learned from that day and those that followed. He will discuss the injuries, the staff, evacuating an ER in the midst of the event, and more.
*CE: CRO or Trauma*
Larry Torrey, RN, EMT-P

**Tuesday 9:15–10:15**
Ask Joe! Q&A with State EMS Director
Have questions you’ve always wanted to ask the state? Why does DSHS have to do things *that* way? What’s on the
horizon? You can ask Joe Schmider anything for an hour! Plus you’ll get donuts and continuing education. Seating is limited.

*CE: Spec Cons*

**Joe Schmider, State EMS Director**

**Tuesday 10:30–11:30**

**In an Instant: Pulmonary Embolism**

Based on an actual EMS call, this presentation correlates real-time treatment with the underlying pathophysiology of a pulmonary embolism. Various signs, predisposing risk factors and origins of emboli formation are all tied together to give a global perspective of this acute and, in this case, fatal event. Ebright will also discuss the prehospital limitations in caring for a patient experiencing a pulmonary embolism and advocate for emergent transportation and vigilant monitoring of a patient with a pulmonary embolism.

*CE: Med or Pt Assess*

**Chris Ebright, NREMT-P**

**Tuesday 10:30–11:30**

**Toxidromes: Old and New**

During this presentation Bledsoe will review old and emerging toxidromes with a unique Las Vegas perspective. Commonly encountered toxidromes, as well as a few less common ones, will be reviewed with an emphasis on recognition, treatment and prevention. Several case studies will be presented and some related “media hype” will be debunked.

*CE: Spec Cons*

**Bryan Bledsoe, DO, FACEP, FAAEM**

**Tuesday 10:30–11:30**

**Search and Rescue in Texas: Local Solutions for Local Problems**

Texas has long been lauded for its search and rescue (SAR) capabilities—from its well-known FEMA USAR team, Texas Task Force 1, to Texas Task Force 2, to agency SAR capabilities and volunteer groups across the state. This lecture will highlight the new focus for statewide SAR: local solutions for local problems. Topics will also include the development of standards, certification, organization, and training for SAR across the state.

*CE: CRO*

**Warren Weidler**

**Tuesday 10:30–11:30**

**Introduction to Just Culture**

“Introduction to Just Culture” is a lecture designed to improve leadership effectiveness through use of the Just Culture model. As a society, we struggle with the question of how to hold human beings accountable when they fail to live up to our expectations or when a significant event occurs. This is true for our justice systems, for our organizations and for us as individual leaders. This session provides an introduction to Just Culture for directors, managers, supervisors, and other leadership team members that may be considering implementing a Just Culture in their organization. MedStar Mobile Healthcare recently adopted the Just Culture program and has successfully implemented the program across the entire organization. Topics will include the successes and weaknesses experienced during implementation, the Five Skills Model for achieving better outcomes and managing behavioral choices and holding employees accountable in a fair and just manner.

*CE: AOR or Prep*

**Macara Trusty, CCEMTP, Clinical Manager**

**Tuesday 10:30–11:30**

**SABA: What It Is and Why It Matters To EMS**

The goal of this lecture is to offer participants a working knowledge of SABA (self-aid/buddy aid), as well as an understanding of how to appropriately interact with and document the use of SABA adjuncts by non-EMS personnel. NOTE: This class does not confer certification of any type.

*CE: CRO or Prep*

**Roger Turner, BS, LP**
Tuesday 10:30–11:30
Rural and Wilderness EMS Issues
EMS cases from the Wild Wild West! We will talk about specifics including location, extraction and evacuation from some of the most remote rural/wilderness scenes in Texas.
EMS CE: Spec Cons; CME available
Hemant Vankawala
Greg Henington

Tuesday 10:30–11:30
Community Paramedicine: Patients in Psychiatric Crises
In most EMS systems, first responders often encounter patients in psychiatric crisis and can provide few options other than transport to local hospital emergency departments, assuming the crisis will be managed and abated. However, many hospital emergency departments are not equipped to handle the myriad issues these patients face and, after a lengthy ED admission, they often discharge the patient hoping the patient will follow up with mental health services on their own accord. In this presentation we will discuss how community health paramedics with Austin-Travis County EMS provide alternative options to patients experiencing a psychiatric crisis and refer them to services that address their primary need: comprehensive mental and behavioral health care.
CE: Spec Cons
Ernesto Rodriguez, LP
Andy Hofmeister

Tuesday 10:30–11:30
The View from the Eagles Nest
The so-called “Eagles” consortium is a coalition of EMS medical directors from the nation’s largest cities and key federal agencies. The group corresponds daily, and it meets several times a year in various venues to provide presentations that are often challenges to accepted practice, creative approaches to problem solving in EMS and novel observations based on a wealth of EMS system data. In this session, several Texas-based members of the Eagles consortium will report on some of the group’s latest discussions and will also field questions from the audience.
CE: Prep
Paul Pepe, MD, MPH, FACEP, MACP, FCCP, FCCM
Panel Discussion

Tuesday 2:00–3:00
Mobile Integrated Health Care (Panel Discussion)
Mobile integrated healthcare programs are believed by many to be the future of EMS. In this session three Texas fire-based EMS agencies that are currently running a mobile integrated healthcare program will share their experiences from an operational perspective as well as from a medical direction perspective. The Midland Fire Department, McKinney Fire Department and Dallas Fire-Rescue Department leadership will discuss their programs, including the development of their programs, the current status and future plans. Topics will also include the community assessment aspect of determining whether a mobile integrated healthcare program is suitable for an agency and the current training requirements in the State of Texas for a paramedic or EMT to be considered a community paramedic.
CE: AOR or Prep
Norman Seals
Danny Kistner
Robert Isbell
Marshal Isaacs, MD
Sharon Malone, MD

Tuesday 2:00–3:00
Social Media and Emergency Management
Social media has forever transformed the way people and emergency management agencies and personnel communicate. There are several social media platforms and tools to choose from, but how does one determine the best fit for an agency and area demographics? One does not always fit all. When disasters strike, information becomes available to millions of people with one social media post by any member of the general public. Topics will
also include the benefits of social media, combatting social media rumors, confidentiality challenges, appropriate hashtag usage, and creating a virtual operations support team (VOST). The lecture is intended to be conversational, with questions welcome during and after presentations.

CE: CRO
Susan Vessell
Josh Roberts

Tuesday 2:00–3:00
Prehospital Pill Poppers
In this lecture, the speaker will provide current, evidence-based recommendations for the management of common poisonings. Subjects that will be covered include gastrointestinal decontamination, common toxidromes, antidotal therapy and occupational exposures.
EMS CE: Spec Cons; CME available
Spencer Greene MD, MS, FACEP

Tuesday 2:00–3:00
Differentiating the Dyspneic Patient
The chief complaint of difficulty breathing often has nothing to do with breathing. The relation between human anatomy and physiology often leaves our triangle of life, the heart, lungs, and upper abdomen, very difficult to differentiate. In this session we will review the anatomy, the physiology, and the common conditions that lead to the dyspneic patient.
CE: Airway
Jeff Beeson, DO, RN, LP

Tuesday 2:00–3:00
Robo Patient: Medical Technology in the Home
Hospitals are sending patients home with more complex and technology dependent treatments than ever before. Although patients and caregivers are provided with resources, EMS is often called in when things go wrong. In this presentation attendees will be introduced to common and not-so-common technologies that they may encounter in patients' homes. Tips and strategies for effective response will be given to the EMS provider to use in these situations. Hecker will define the technology dependent patient; identify several examples of medical technology found in the home care environment, review potential problems that are associated with each example and discuss strategies for the EMS provider to use when called to the home of a technology dependent patient.
CE: Spec Cons
Gary Hecker, RN, CCRN, EMT-B, CIC

Tuesday 2:00–3:00
In Harm’s Way: Active Shooter Response
Have you read the news lately? One of the fastest growing problems in America is urban terrorism. This lecture will focus on new tactics for both law enforcement and medical providers involved in an active shooter scenario. This program is extremely controversial and describes the newest, most effective way to respond to an active shooter event. Teamwork, good communication, effective triage, proper equipment and a pre-plan are paramount for an integrated response. Topics will include the updated “SALT” triage program, the importance of early interventions during a mass casualty response and the most current and effective management of hemorrhage utilizing tourniquets and hemostatics.
CE: CRO or Prep
William (Bill) Justice, EMT-P, TEMS-I

Tuesday 2:00–3:00
Hypoglycemia and Dextrose
Hypoglycemia has various causes and thus the management varies. Three case studies of hypoglycemia that presented similarly but had different causes and management will be discussed.
CE: Medical
Jerry Allison, MD, MS, NREMT-P
Tuesday 2:00–3:00

**Is Oxygen Therapy Really Harmless?**

Oxygen administration is part of the culture of modern EMS. Most evidence supporting oxygen administration comes from animal models, which might not be generalizable to humans. In fact, not only is oxygen administration unnecessary for most patients, it may actually be harming some subgroups by increasing myocardial infarct size, reducing cardiac output and stroke volume, and increasing mortality. Although the American Heart Association continues to include oxygen administration as a potential therapy for patients experiencing a cardiovascular dysfunction, many experts warn against the indiscriminate use of high concentrations of oxygen to non-hypoxemic patients. This presentation will examine the available literature surrounding oxygen administration and review the current American Heart Association guidelines for oxygen administration.

*CE: Airway*

Kenneth Navarro

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Tuesday 3:15–4:15

**Want to Know How Good Your System Is? Better Start Benchmarking**

If you really want to know if your EMS system is doing a good job, you need to be involved in benchmarking. In this talk, three medical directors will discuss their experiences measuring their system’s performance. They will also talk about ways to share this information and compare results with other systems. Finally, they will discuss the clinical metrics that are worth measuring, including those that aren’t yet measurable.

*EMS CE: AOR or Prep; CME available*

Jeffrey L. Jarvis, MD, EMT-P, FACEP

Jeff Beeson, DO, RN, LP

Paul Hinchey, MD

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Tuesday 3:15–4:15

**Hypertension and Hypertensive Emergencies**

It happens often. People call EMS because their blood pressure is high. The treatment of this common emergency has evolved considerably. This presentation will review the pathophysiology of hypertension and discuss common recommended treatment. Particular emphasis will be placed on the prehospital and emergency department care of hypertensive patients.

*CE: Medical*

Bryan Bledsoe, DO, FACEP, FAAEM

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Tuesday 3:15–4:15

**Event Medicine: An Evolving Subspecialty**

Event medicine, the planning and management of medical needs at major mass gatherings, especially those involving many tens of thousands of persons or more, has become a rapidly emerging field of medical care. Aside from the perceived glamour of stand-by VIP medical support for rock stars or super athletes at their respective events, the preparations and infrastructure for these gatherings often involve hundreds of “on-the-road” support staff who may have acute or chronic medical issues. Just as important are the thousands of attendees who may become ill or injured, from mass heat exhaustion, severe inebriation and crushes to seizures, hypoglycemia and cardiac arrest. Preparations and coordination between event producers, local authorities and the local medical infrastructure are a priority. As a result, a small but evolving cadre of expert emergency physicians has begun to establish best practices in event medicine. These providers are not only specialists in day-to-day emergency care and related training, but they are also well-versed in travel, environmental, protective and tactical medicine. They may also understand mitigation of mass casualty incidents, public health threats, infectious diseases, hazardous materials challenges, toxicological poisonings and counter-terrorism. In this lecture, Pepe, an event medical expert and advisor to major professional sports teams and entertainment tours will provide his recent experiences with dozens of mass gatherings (involving >100,000 attendees) and major national disasters and then discuss what he predicts what this evolving medical specialty will look like in the future.

*CE: CRO or Prep*

Paul Pepe, MD, MPH, FACEP, MACP, FCCP, FCCM
Hottest Medical/Legal/Operational Topics
Join us yet again as two paramedics (one an EMS director and the other a practicing attorney) and a practicing physician/medical director discuss some of the hotter topics that cross the clinical/operational/legal/business lines of EMS. Regardless of the “hot button” issue facing EMS, this group has its opinions and is certainly willing to share their collective expertise. In the process, we hope to educate, entertain, and maybe even challenge your ethics. Topics may include the hurdles in implementation of new clinical practices into an EMS system; the regulatory framework and administrative liabilities that EMS providers and personnel may face; the importance of customer service in EMS and how customer service may impact legal risks; and how community paramedicine implementation impacts clinical, regulatory, and operational aspects of EMS.

CE: Prep
Wes Ogilvie, MPA, JD, LP, NREMT-P
Dudley Wait, BBA, LP
S. Marshal Isaacs, MD

Tuesday 3:15–4:15
Research for Rednecks
Evidenced-based medicine has long been “the buzz” at national medical conferences. The problem is there is not much evidence generated by paramedics for paramedics. “Research for Rednecks” will provide the information needed to overcome the primary barrier holding paramedic research back: just getting the project started. In simple terms, we will discuss what research is, what research is not and some fundamentals concepts needed to ask and answer questions in a meaningful way. By better understanding the processes of performing research, regardless of your level of education or training, we can do a much better job of contributing to the body of knowledge in the advancement of EMS as a profession.

CE: Add'l
David Wampler, PhD, LP

Tuesday 3:15–4:15
That’s Gonna Leave a Mark!
This lecture will review different types of machine and automobile entrapments as well as extrication issues. Treatment scenarios of impalements, amputations and crushed extremities will also be covered. Detailed photos taken on scene as well as intraoperatively will keep attendees interested through each case as the patient goes through the trauma system. Certain cases involve patients taken from scene to lower level of care for stabilization and then ultimately transferred to a trauma center.

CE: Pt Assess or Trauma
Jason Martin, RN, CEN, CPEN, NREMT-P

Tuesday 3:15–4:15
Danger and Death: Health and Safety in EMS
Emergency medical services provide prehospital emergency medical care to the sick and injured. EMS is also an integral component of disaster response. The potentially hazardous job duties of EMS providers include lifting patients and equipment, treating patients with infectious illnesses, handling hazardous chemical and body substances, and participating in the emergency transport of patients in ground and air vehicles. These duties create an increased risk for EMS in occupational injuries and illnesses. Improving research is showing high rates of fatal injuries and nonfatal injuries and illnesses, including suicide in the EMS. This presentation will explore various safety hazards, including the importance of maintaining the mental well-being of EMS practitioners.

CE: AOR or Prep
Jules Scadden, Paramedic, EMS-I

Tuesday 3:15–4:15
Oh, My Aching Head! Migraines
Migraine headaches are common but not well understood by the prehospital health care community. If you’ve never experienced the agony of these headaches, count yourself lucky. During this presentation, the migraine headache will be demystified and you’ll likely expand your skill set for recognizing, stabilizing and treating a patient with the signs and symptoms of a migraine headache. Topics also include differentiating between a classic migraine and those with atypical presentation and recognition of triggers that could lead to migraine activity.
A Shout Away: Mass Casualty Response
This session will provide participants with a realistic perspective of the necessary components to choreograph an MCI response, including how to best utilize the newest SALT triage/treatment program in the prehospital and hospital environment. This new program allows for early interventions of specific life-threatening conditions and offers a more effective triage/tagging system. The lecture will include a review of the difference between a multi-patient incident (MPI) and a mass casualty incident (MCI), roles and responsibilities of responders, scene safety, and incident management system (IMS) for prehospital and in-hospital responders. Participants will realize and “get” what works and what doesn’t at real incidents and appreciate how drills make a difference in preparedness.

CE: Ebola Response in North Texas 2014
Ebola arrived in Dallas in September and the landscape suddenly changed for emergency providers. A distinguished panel of North Texas physicians, medics, communications staff and a protocol/policy developer will take you through what happens when a panic-inducing disease lands in your backyard and how you handle it. Discussion and Q&A moderated by Joe Schmider.

Airway Management: Basics and Beyond
Have you ever seen an airway you were sure you could manage, only to find that things are not where the book said they would be? This presentation discusses difficult airways and their management, beginning with the basics and working into what some might call “the inventive.” Participants will learn that a difficult airway can be determined based on clinical criteria, basic airway management is the cornerstone of handling the difficult airway, the new and old airway options and—have a plan . . . followed by a backup plan!

Code Stroke: EMS Care of Acute Patients
In this session we will discuss recognition and management of the acute stroke patient. We will identify risk factors and signs/symptoms of acute stroke and will help the participant be able to differentiate between an ischemic and hemorrhagic stroke. We will review the Cincinnati Pre-Hospital Stroke Scale and the Modified NIH Stroke Scale and discuss the difference between a primary and comprehensive stroke center. We will help to identify appropriate prehospital care and transport destinations.
Karen Yates, RN, BS, CEN, LP
Laurie Zinn, RN

Tuesday 4:30–5:30
The Top 10 Papers That Changed My EMS Practice in 2014
This session will be a practice-based discussion (not a journal club, don't worry!) of ten papers that changed my EMS practice in 2014 and that all EMS medical directors should know about. Jarvis will describe the populations and methods used by each study, describe the conclusions of each study, and discuss the potential impact to EMS for each study.
EMS CE: CRO or Prep; CME available
Jeffrey L. Jarvis, MD, EMT-P, FACEP

Tuesday 4:30–5:30
Spinal Cord Injuries: Things They Forgot to Tell You in School
In this lecture the instructor will review the anatomy and physiology of the spinal cord. Different types of spinal cord injury (complete and incomplete) will be identified. Patient assessment, including different spinal cord syndromes will also be reviewed.
CE: Pt Assess or Trauma
Gary Hecker, RN, CCRN, EMT-B, CIC

Wednesday 8:30–9:30
Total Chaos: Behavioral Emergencies
You might be called to respond to a female with exhaustion from fighting aliens all night. EMS is often the first medical intervention for individuals who are experiencing a psychological break, either from chemical or organic sources. Chaos resides on the scene and in the patient’s mind, and it poses serious safety hazards for everyone involved. This lecture explores a variety of behavioral emergencies and methodology of assessment and management for these emergencies while keeping everyone safe. We will explore the pathophysiology of psychiatric disorders creating behavioral changes in individuals, identify specific disorders commonly seen in behavioral emergencies, discuss the safe assessment and management of patients with behavioral emergencies and identify methods ensuring the safety of all on the scene of violent and potentially violent patients.
CE: Spec Cons
Jules Scadden, Paramedic, EMS-I

Wednesday 8:30–9:30
The International Medic
Regulation of paramedic practice is governed by the laws of individual nations and states. As professional registration is becoming more common around the world, a legal duty to act is becoming common. Alongside this there is also “closure of title.” In many parts of the world closure of title now means that it may be an offence to call yourself a paramedic if you are not registered in that area. This lecture will cover the current international legal situation and the paradox that a paramedic could face prosecution in some areas for working as a paramedic (or potentially face legal action for not doing so). Recent case histories will be examined wherein paramedics have deployed as part of international teams to areas of need, only to discover that they are not allowed to work. How can a UK paramedic work as such on US soil when a paramedic from one state over cannot?
CE: Prep or Add'l
Stephen Hines, Paramedic

Wednesday 8:30–9:30
Organ Donors and Recipients: It Starts with EMS!
You respond to a patient who has suffered a catastrophic injury. You know they will never walk, talk or breathe again. Could this patient be an organ donor? In this lecture, we will discuss how EMS is an integral part of the organ donation puzzle. In many instances, EMS is the first piece of the puzzle. This lecture will focus on the organ donation process: from the scene to the OR. In addition, we will discuss how patients who have previously undergone organ transplants might respond differently to your treatment protocols. Why does your patient, who has had a heart transplant, not have chest pain? This lecture will answer many of your questions regarding organ donation and recipients. It starts with YOU!
Wednesday 9:45–10:45
Old MacDonald’s Risky Farm: Childhood Crush Injuries
According to the CDC and NIOSH, agriculture is the most dangerous industry available to young workers. Recent epidemiologic data show that the rate of occupational fatality for all workers in crop production was almost nine times the national average. For example, from 2005 to 2008, 43 children under age 18 died from occupational injuries in crop production—27 percent of all children who were fatally injured at work during this period. Texas consistently ranks in the top five states with the most youth farm fatalities. The injury mechanism commonly involves crush injury and syndrome secondary to motorized vehicles (including tractors and ATVs). Limb salvage and survival depend on prompt recognition and appropriate EMS treatment. This presentation will describe the mechanisms, clinical features, pathophysiology and BLS/ALS EMS treatment principles for youth crush injuries occurring in the agricultural setting.

Wednesday 9:45–10:45
D3: Drunk, Drugged, or Deranged? Know the Difference
The goal of this lecture is to give participants a working knowledge of how to recognize the subtle differences in populations with altered consciousness, as well as to teach providers how to document those differences and the patient care that followed. NOTE: This class does not confer user certification of any type and is not legal advice. Topics will include the symptomology commonly seen in depressant intoxication, the symptomology commonly seen in stimulant intoxication, the legal definition of mental illness as defined in Texas' Health and Safety Code §571.003(14) and the legal protection from liability available to responders through the Health and Safety Code.

Wednesday 11:00–12:00
The EMS Identity Crisis
Are we public safety, healthcare providers, population health providers, or a little of each? We are often called ambulance drivers, but our ambulances say everything from Fire Department, Rescue, EMS, Ambulance, to Mobile Healthcare. This session will review our history, discuss our current identity, and help guide us to who we are and where we are going.

Specialty Workshops
Monday 1:00–3:00
Friday Night Lights . . . On-Field Care of the Potential Spine-Injured Athlete
On-field care of a spine-injured athlete requires teamwork and expediency in the proper removal of equipment to access the athlete’s airway and chest for resuscitation. Effective execution of skilled communication, decision making and psychomotor skills in a high-stakes/low-frequency emergency situation are vital to patient safety. This simulation provides an opportunity for health care providers to experience working as a team to gain access to the airway and chest while maintaining spinal stabilization in the athlete (high-fidelity manikin) wearing a football helmet, shoulder pads and other protective gear.

Monday 1:00–3:00
Live Lung Tissue Lab
This two-hour workshop brings the most dynamic hands-on airway/ventilation management techniques to the hands and eyes of the participants. All too often, our understanding of lower airway anatomy resides in one-dimensional images we have seen in photographs and diagrams. It is understood that diagnostic equipment assists our comfort.
levels of airway management as compared to chest rise alone. However, by being able to intubate/cric tracheas and ventilate actual lung tissue (obtained from pigs and lambs), the participant will witness tissue recruitment in its purest form without flesh and bone interfering with visual cues. And, by interacting with basic airway anatomy, visualizing respiratory science, demonstrating and correcting tension pneumothorax, utilizing PEEP, and dissecting a still-attached heart, the participant’s memory will be forever changed for the better.

CE: Prep
Shane Parker, BAAS EMS Management; AAS Fire Science; NREMTP; EMT-LP; Advanced Coordinator; Advanced Firefighter
Shelly Parker

Tuesday 9:15–11:15
Respiratory Skills Lab
Respiratory emergencies are very common in the out-of-hospital environment. This is workshop is designed to help providers to practice hands-on with various equipment used in conjunction with common and not-so-common respiratory skills. Hands-on-skills will include capnography/waveforms/triage, nebulizers on intubated patients (setup to bag in nebulizers), CPAP, CPAP with nebulizers, BVM with a manometer, BVM with PEEP valve, BVM with nebulizer, intubated versus non intubated ventilation with various airway.

CE: Airway
Bob Page, BAS, NREMT-P, CCEMT-P, NCEE

Tuesday 9:15–11:15
Simulaids Pediatric Lab
Pediatric calls are among the most challenging and stressful for EMS providers. Little airways, tiny veins and lack of familiarity with seldom-used procedures all serve to increase the provider’s anxiety level. In this interactive scenario-based skills workshop, participants will practice pediatric resuscitation using the newest resuscitation equipment on high-fidelity pediatric ALS manikins. We’ll practice all the procedures you’re scared of, plus the ones that actually work. Hands-on-skills will include airway management and ventilation techniques, vascular access and medication administration techniques and interventions unique to special needs children.

CE: Pedi
Steven “Kelly” Grayson, NREMT-P, CCEMT-P
Gary Saffer, NREMT-P, BA, MPA
Jules Scadden, Paramedic, EMS-I