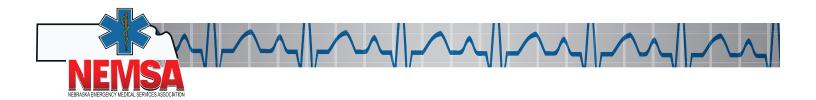




Visit NEMSA.org for brochure and online registration!



WELCOME to the 34th Annual NEMSA Convention!

March 24, 2017

Welcome back to Columbus! On behalf of the NEMSA Convention Committee and the NEMSA Board, we would like to thank you for your support of our convention year after year. Your support is helping us with our mission to provide high quality pre-hospital care to the citizens in Nebraska by serving the educational needs of our members. We strive to provide the best education from not only national, but local Nebraska instructors as well. With this, we hope to continue to grow and reach as many EMS providers as we can. Your support helps us to continue to grow and reach and every provider in our state.

Your opinions matter! Every evaluation is read, and your feedback is helpful. We listened and made a few changes this year to improve your educational experience. It is our hope that we have made changes to your benefit. We wish for you to gain the knowledge you desire, network with fellow EMS personnel, make new friends, and enjoy the weekend. We also ask that you please share what you have learned from the convention with your fellow providers and community members. Please continue to provide us with your opinions and comments on your evaluations.

If any of you are interested in learning more about NEMSA, please speak with a Board Member or stop by the NEMSA booth. We would love to visit with you. Our general membership meeting will be held Saturday during the last session. Please make sure to attend the meeting to receive one hour of continuing education. We welcome your feedback about how NEMSA is serving you. We also encourage you to visit the vendors who have come to support our convention. They are huge contributors to our convention and look forward to visiting with you.

We are happy to see all of you here! We want you to feel invigorated and knowledgeable when you leave, and look forward to coming back for years to follow.

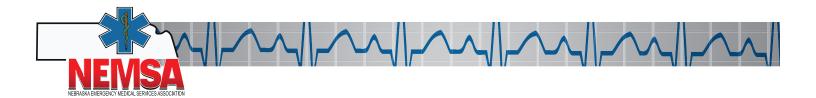
NEMSA Convention Committee and Board Members

PURPOSE STATEMENT:

The purpose of this 2 1/2 day conference is to provide emergency medical services personnel and nursing care providers the opportunity to identify new practices and review current approaches in patient care.

Who Should Attend?

- Emergency Medical Responders
- EMTs
- EMT-Intermediates
- AEMTs
- Paramedics
- LPNs/RNs



GENERAL INFORMATION

Registration Hours

All convention attendees (pre-registered and walk-ins) must stop at the registration booth to pick up your packets and name tags. Registration hours are as follows: Thursday from 7:00 pm to 9:00 pm, Friday and Saturday from 7:00 am to 11:00 am. The registration booth is located in the commons area.

Continuing Education

Participants will receive a certificate via email once the online evaluation has been completed.

No Smoking Policy

There is a no smoking policy in the hotel. Smoking is permitted outside in designated areas only. Thank you for your consideration.

Exhibitors

The Exhibitors will be set up on Friday afternoon through Saturday afternoon. They sponsor many of our events, classes, and prizes for the convention. Please take time to stop by their booths. As you look at what they have to offer, thank them for their participation and support. The vendor track is also up and running again this year! You will receive CEH's for these sessions.

Considerations for Dress

To ensure the comfort level of everyone, please dress in layers to obtain your personal preference. Room temperatures will fluctuate!

Uniform Day

Feel free to wear your squad uniforms on Friday. Everyone is encouraged to wear your shirts or squad identification proudly all day.

Cell Phones, Pagers, and Radios

Please make sure to turn off your electronic devices during each convention session. No laptops are allowed in the classrooms. Please no texting while class is in session. We thank you for being courteous to all the attendees and to the speakers.

NEMSA General Membership Meeting

This meeting will be held during the last session on Saturday. You will receive one hour of CE for attending the meeting.

Friday Night Events

There will an Exhibitor Meet and Greet from 7:00 pm to 10:00 pm.

Saturday Awards Banquet

The social half/hour will begin at 6:00 pm (cash bar available) and the banquet will commence at 6:30 pm. Our memorial service will be held during the banquet. Flippin' Whiskey will be providing live entertainment for the dance.





Thank you to Priority Medical for their submission to the Brochure Cover Photo Contest. The photo was selected as the winner by the staff at Ultra Graphics. If you would like to see your service's photo on the front cover of next year's brochure, please submit your entries via email to info@nemsa.org. Services must be a paid NEMSA member to enter.



Tim Wilson, PhD Keynote Speaker



EMS Instructor Development
Ramada Columbus Hotel and Convention Center

265 33rd Avenue, Columbus, NE 68601

Dr. Wilson is an awarding winning educator, at the faculty, university, and national levels. He teaches gross anatomy to undergraduate, graduate, and professional classes at Schulich School of Medicine in Ontario, Canada. He has over 35 peer reviewed publications in multiple areas of research. He is an associate editor for Anatomical Sciences Education and reviews consistently for a variety of journals. He also consults across North America on Blended and Hybrid forms of teaching in modern curriculum.

Thursday - MARCH 23, 2017

Registration fees: Member: \$50 Non-member: \$75 Add \$25 after March 12th

Agenda:

0800 – 0830 Registration

0830 – 1000 How the Brain Learns – a Biological primer (Tim Wilson)

1000 - 1015 Break

1015 – 1145 Physiological Consequences of Cognitive Load (Tim Wilson)

1145 – 1330 Working Lunch – DHHS Update (EMS & Trauma Programs staff)

1330 – 1500 Workshop on Multimedia Principles (Tim Wilson & Cherri Fuehring)

Attendees should bring a smartphone, tablet or laptop to participate in the workshop

1500 – 1515 Break

1515 – 1645 The Forgetful Curve and Flipped Classroom (Tim Wilson)

1700 NIS General Membership Meeting and Elections

Objectives:

How the Brain Learns - a Biological Primer

- 1. Attendees will discuss the organization, the making, and sometimes breaking of synapses required for enduring learning.
- 2. Attendees will be able to discuss the Multimedia learning Theory.
- 3. Attendees will be able to discuss the Cognitive Load Theory.

Physiological Consequences of Cognitive Load

- 1. Attendees will be able to discuss concepts of how our educational use of images impacts different students.
- 2. Attendees will be able to discuss learner characteristics and the impact on learned physiology and stress responses.
- 3. Attendees will be able to demonstrate the negative affect we can impose with the use of images in education.

Workshop on Multimedia Principles

- 1. Attendees will reflect on their own teaching practices and share their results.
- 2. Attendees will participate in a "think-pair-share" approach to teaching and discuss the application to EMS education.
- 3. Attendees will participate in several multimedia learning techniques and discuss how these techniques can be applied to EMS.
- 4. Attendees will be able to discuss Mayer's Multimedia Learning Principle and the impact in their classrooms.

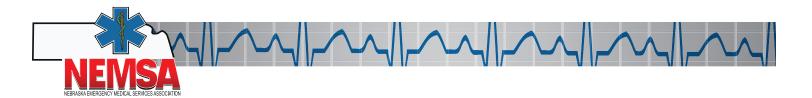
The Forgetful Curve and Flipped Classroom

- 1. Attendees will discuss the biological process and effects of forgetting.
- 2. Attendees will participate in a flipped classroom exercise.
- 3. Attendees will discuss the teaching methods that significantly slow the forgetful curve.

DHHS Update

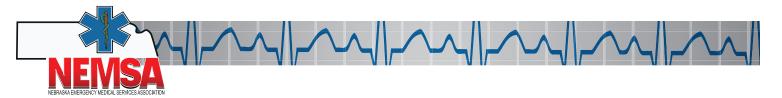
- 1. Discuss various Nebraska Administrative Codes as they pertain to EMS education & training.
- 2. Identify recent and upcoming changes in EMS throughout the state.





NEMSA Spring Convention 2017 Schedule FRIDAY - MARCH 24, 2017

	Tue als 1	Tue els 2	Track 3	Track 4	Track 5	
	Track 1	Track 2			Exhibitors	
	Janet Taylor Janet Taylor Grandma	Reuben Farnsworth	Bill Justice	SIM-NE		
	Got Ran Over by a	Reuben Farnsworth Advanced 12 Lead: The	Bill Justice	Simulation in	CLOSED	
0.00 0.00	Reindeer: Geriatric	Lewis Lead, Multi-Focal A-	Back to Basics	Motion		
8:00 - 9:00	Assessment and	Tach and 10 Things You		-		
	Treatment	Never Saw on a 12 Lead				
		BRE	AK		<u>I</u>	
	Kim Brandenburg	Reuben Farnsworth	Sue Deyke	Simulation in	CLOSED	
0.45 40.45	Concussion	Cowboy Up and Die!!!	Disaster – An	Motion		
9:15 - 10:15	UpdateOut of the Fog	The Wild World of	Interactive Event	(200 - 100 M		
		Rodeo Trauma				
BREAK						
	Janet Taylor	Kim Brandenburg	Bill Justice	Simulation in	CLOSED	
	All Jacked Up:	Hemodynamics 101	Strike a Cord - Spinal	Motion		
10:45 - 11:45	Endocrine Emergencies		Care and Trauma	CONTRACTOR OF THE PARTY.		
			Management			
		LUN	ICH		L	
12:45 - 1:45	Janet Taylor	Reuben Farnsworth	Bill Justice A	Simulation in	Exhibitor Track	
	Rock-A-Bye Baby:	PTSD: The Silent	Shout Away -	Motion		
	Pediatric Tips and	Journey	Response to Mass			
	Tricks		Casualty Incidents			
		BRE	T			
	Kim Brandenburg	Sue Michalski	Fred Benzel	Simulation in	Exhibitor Track	
	The ABGs Made Easy as	- C		Motion		
	ABCs: ABG	Role of the Health Care	in Healthcare Part 1			
2:00 - 3:00	Interpretation and	Provider		AND 188		
	Case Studies					
BREAK						
	Janet Taylor Dirty	Reuben Farnsworth	Fred Benzel	Simulation in	Exhibitor Track	
	Dozen: Infection Control in Healthcare	Old MacDonald Had a Multi-Systems Trauma:	Cultural Differences in Healthcare Part 2	Motion		
3:15 - 4:15	Control III Healthcare	Farm Trauma - What	III Healtificare Part 2			
		You Need to Know				
		Tou Need to Know		S		
		BRE	 EAK		1	
	Kim Brandenburg	Reuben Farnsworth	Sue Deyke	Simulation in	Exhibitor Track	
4:30 - 5:30	Pediatric Trauma	What the Heck is a V/Q	Chest Pain – How to	Motion		
4:30 - 5:30		Mismatch?: RT 101 for	Evaluate & Treat	and and		
		Paramedics				
	land Tarder	No Class	AK Bill Justice			
	Janet Taylor	INO Class				
	Don't Know Nothing		Bringing Battlefield Medicine to our	Evhibite: Ame:	iotion Event end	
6:00 - 7:30	'Bout Birthin' No			• •	iation Event and	
	Babies! Delivering a		Streets	Auction!! 7:0	o - 10:00 pm	
	Baby Outside of the					
1100	Hospital Setting					
ALS Class	(This class is geared toward the ALS level. This could still be an appropriate BLS class if interested.)					



NEMSA Spring Convention 2017 Schedule SATURDAY - MARCH 25

	Track 1	Track 2	Track 3	Track 4	Track 5	
	Janet Taylor	Reuben Farnsworth	Bill Justice	Sim-NE	Exhibitors	
	Janet Taylor Man	Reuben Farnsworth	Bill Justice	Simulation in	Exhibitor Track	
	Vs. Wild: Environment	What's That in My	Rapid Zap	Motion		
8:00 - 9:00	Emergencies	Patient?: The Good,				
		The Bad, and The				
		Implanted		The second secon		
BREAK						
	Janet Taylor	Reuben Farnsworth	Bill Justice	Simulation in	Exhibitor Track	
	Toxic Avenger: Sepsis	Hospice Care: Things	Surge Capacity	Motion		
0.45 40.45	in EMS and Nursing	You Never Knew You				
9:15 - 10:15		Would Have to Do				
				ON PARTY OF THE PARTY.		
				-0		
BREAK						
	Tiffany Simon	Fred Benzel	Bill Justice Adult	Simulation in	Exhibitor Track	
	Caring for a Child with	Latest Drug Trends	Intraosseous	Motion		
10:45-11:45	Special Health Care		Infusion: Re-			
	Needs		discovering the Lost			
			Science			
		LUN	СН			
	Janet Taylor First	Reuben Farnsworth	Fred Benzel	Simulation in	Exhibitor Track	
	Blood: Blood	What's Your Sign?	Non-Lethal Weapons	Motion		
12:45 - 1:45	Transfusions in EMS	Medical and Trauma				
12.43 - 1.43	and Nursing	Assessment Signs for				
		Healthcare				
BREAK						
	Tiffany Simon	Reuben Farnsworth	Bill Justice	Simulation in	Exhibitor Track	
	Caring for a Child with	Don't Get Burned: ALS	Creating Satisfied	Motion		
2:00 - 3:00	Special Health Care	Burn Treatment for BLS	Customers	-		
	Needs	Providers Part 1				
	Janet Taylor	BRE Reuben Farnsworth	Bill Justice In	Simulation in	Exhibitor Track	
	Every Breath You Take:	Don't Get Burned: ALS	Harm's Way - Active	Motion	LAIIIDILOI ITACK	
3:15 - 4:15	The Most Common	Burn Treatment for BLS	Shooter Response	WIOCIOII		
	Respiratory Diagnoses	Providers Part 2	Shootel Response	COLUMN TO A STATE OF THE STATE		
	Respiratory Diagnoses	110viaci31 art 2				
	I.	BRE	il		I.	
4:30 - 5:30 NEMSA General Membership Meeting						
4.30 - 5:30						

SUNDAY-MARCH 26

9:00 - 10:00 - Bill Justice - Evolution of You

BREAK

10:15 - 11:15 - Reuben Farnsworth - Bedrooms, Bathtubs, and Broomsticks: Things They Didn't Warn Me About in Paramedic School

BREAK

11:30 - 12:30 - Janet Taylor - No O² for You!: Using Too Much of a Good Thing





Reuben Farnsworth started his career in EMS as an EMT-B on a rural volunteer service. After 5 years as a volunteer, he made the move to full time. With 12 years in EMS on both the volunteer and career sides, Reuben has a good grasp of EMS. Reuben started teaching EMT-B and CPR classes in 2006. After that, it was downhill so to speak, Reuben has been teaching extensively ever since. He is currently a Critical Care Paramedic and Education Coordinator with Delta County Ambulance District and teaches full time all over Colorado on topics from CPR to Paramedic Refresher and everything in between as well as initial certification classes at the EMT-B and EMT-I level. An emerging speaker on the national circuit, Reuben is an entertaining speaker and has been known to throw small doses of cowboy poetry and western humor in at inopportune times.

Reuben is a Critical Care Paramedic, FTO, and Education Coordinator at Delta County Ambulance District in Western Colorado. Reuben is becoming a regular speaker at conferences all over the country and teaches extensively throughout Colorado. Last year he launched his own education company, RockStar Education and Consulting.

Friday, March 24th

8:00 – 9:00 am: Advanced 12 Lead: The Lewis Lead, Multi-Focal A-Tach and 10 Things You Never Saw on a 12 Lead

A quick review of basic 12 lead principles, followed by discussion and lecture on in depth 12 lead findings to include, electrolyte abnormalities, differentiating Multi-Focal A-Tach from A-Fib, The Rule of Bix, diagnosis of sub-endocardial MI, hypertrophy, pericarditis, interventricular conduction delay and many more advanced 12 lead findings.

9:15 - 10:15 am: Cowboy Up and Die!!! The Wild World of Rodeo Trauma

We've all done them before, and many of us love them; rodeo standby. These are what I like to refer to as a Trauma Rich Environment. Have you ever stopped to consider some of the common injuries that we see from rodeo accidents? And even more importantly we will discuss the multi-faceted aspect of team safety in the rodeo environment. Be ready for some great pictures, videos and discussion about the wild world of rodeo trauma.

12:45 - 1:45 pm: PTSD: The Silent Journey

Some therapists place the occurrence of PTSD in field medics as even higher than combat veterans. While our military personnel are experiencing a change in paradigm encouraging treatment, EMS still has a stigma regarding mental health. We will follow a real case study of a Paramedic who ran the gauntlet of PTSD and the road he took to recovery. We must change our thought process on PTSD; its ok to get help.

3:15 - 4:15 pm: Old MacDonald Had a Multi-Systems Trauma: Farm Trauma - What You Need to Know

You are toned to respond to a local farm for.....(Use your imagination and insert your favorite farm trauma here.) If you want to know more about crazy trauma, look no further. Whether you crave arms wrapped around PTO shafts, or muddy corrals where someone just played chicken with a Brahma bull, this is the class for you. We will delve into the many unique injuries and mechanisms of injury that occur on the farm and ranch. And don't forget scene safety.

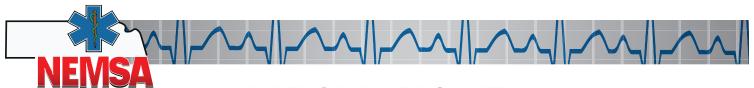
4:30 - 5:30 pm: What the Heck is a V/Q Mismatch? RT 101 for Healthcare Providers

Paramedics are from Mars and Respiratory Therapists are from Venus. Luckily, we will teach you some Venutian and by the time we are through, you will be ready to go head to head with your hospital RT talking about vents, tidal volumes, and BiPAP operation.

Saturday, March 25th

8:00 - 9:00 am: What's That in my Patient? The Good, the Bad, and the Implanted

This course looks at all the gadgets our patients have to aid their medical situation. We will cover common devices that are implanted and attached, while discussing common issues with these devices and the best methods for providers to assist in their operation or malfunction.



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9:15 – 10:15 am: Hospice Care: Things You Never Knew You Would Have to Do

Medic 41 please respond to 911 Emergency Way for a 54-year-old female with terminal breast cancer and agonal breathing. When you arrive, the patient's husband tells you that he thinks his wife is dying and she has a DNR. What do you do now, why are you even here? In this course, we will talk about the complicated social dynamic that can exist with hospice patients as well as how to handle these often difficult encounters.

12:45 – 1:45 pm: What's Your Sign? Medical and Trauma Assessment Signs for Healthcare

We all know about signs; they tell us where to go and what to do. How familiar are you with all the medical signs running around? In this presentation, we will cover a myriad of common signs, what to look for, how to test for them, and what they mean. If you have every stuck your Babinski sign in your mouth, you know what a pain in the Grey-Turner sign that can be, so come in and we will take a minute to talk about all the Cullen's, Battle's and Kernigs in the group. Be prepared to walk away as the new assessment ace in your house.

2:00 - 3:00 pm: Don't Get Burned: ALS Burn Treatment for BLS Providers Part 1

We will review burn estimation using the Rule of 9's, review the Parkland Formula, and review calculation of drip rates. After that, we will practice, practice. We will estimate burns on patients and calculate their fluid resuscitation. Bring a pencil, a smartphone and a calculator.

3:15 – 4:15 pm: Don't Get Burned: ALS Burn Treatment for BLS Providers Part 2

We will review burn estimation using the Rule of 9's, review the Parkland Formula, and review calculation of drip rates. After that, we will practice, practice, practice. We will estimate burns on patients and calculate their fluid resuscitation. Bring a pencil, a smartphone and a calculator.

Sunday, March 26th

10:15 – 11:15 am: Bedrooms, Bathtubs, and Broomsticks: Things They Didn't Warn Me About in Paramedic School

The Field...The very term invokes visions of a mythical realm where student sojourn after school. Paramedic school prepares you for many things, but it seems they may have left out a few as well. We will talk about all the things you never knew you would do, from reattaching colostomy bags, to the 400-lb. pt. wedged between the toilet and the bathtub in a single wide trailer. This humorous and informative presentation delves into the topics they don't cover in school. The good news is you're still in EMS and you wouldn't want it any other way. It's not a job, it's an adventure.



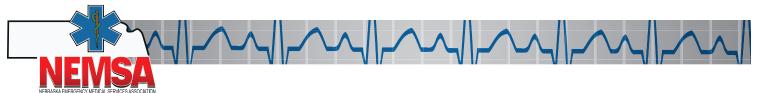
Bill Justice is a frequent educator at regional, national and international conferences. His user-friendly approach to emergency management topics provides a relaxed and interactive atmosphere for all participants. His background has spanned a 36-year career in fire-rescue, EMS and Law enforcement. He is currently a regional PHTLS/TCCC Coordinator, AHA Regional Faculty and a TEMS Operator/Instructor for the Oklahoma County Sheriff's Department, Oklahoma Highway Patrol and US Marshals Task Force.

Bill assists local, state and federal law enforcement and military agencies with education and response operations. He also provides business continuity consultation for private sector companies and hospitals that include training in NIMS, MCI/disaster response, business resumption issues and international/offshore wellness, emergency management and air evacuation procedures.

Friday, March 24th

8:00 - 9:00 am: Back to Basics

You can't lose with this one. Come and review your basic skill techniques, network with fellow conference participants,



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share your "tricks and pearls" and just have a great time. Guaranteed to challenge any level of clinician in a fun, non-threatening way. Note: be open minded to new ideas and be willing to try challenging old and new skill practices.

10:45 - 11:45 am: Strike a Cord - Spinal Care and Trauma Management

This presentation is primarily for the "trauma junkie". A focus on high energy trauma and scene management, along with useful "pearls" to assist in choreographing a sometimes chaotic event. The presenter will graphically illustrate distracters that cause confusion during high energy events that cause critical injuries to be overlooked. An interactive presentation the audience enjoys.

12:45 – 1:45 pm: A Shout Away: Response to Mass Casualty Incidents

This session will provide participants with a realistic perspective of the necessary components to choreograph an MCI. How to best utilize the newest SALT triage/treatment program in the pre-hospital and hospital environment. This new program allows for early interventions of specific life-threatening conditions and allow a more effective triage/tagging system. A review of the difference between a multi-patient incident (MPI) and a mass casualty incident (MCI), roles and responsibilities of responders, scene safety, incident management system (IMS) for pre-hospital and inhospital will be discussed. The end result is the participants will realize and "get" what works and what doesn't at real incidents and how drills make a difference in preparedness.

6:00 - 7:30 pm: Bringing Battlefield Medicine to our Streets

Decisive and split second care of bleeding, chest injuries and airway problems to include "self aid" is imperative for a positive outcome of a trauma patient. This program presents the most current effective interventions following the Trauma Casualty Care Course (TCCC) recommendations of immediate lifesaving steps and the proper sequence in which to do them. The program is targeted to all audiences both hospital and pre-hospital clinicians, law enforcement, military and special operational units.

Saturday, March 25th

8:00 - 9:00 am: Rapid Zap

Early defibrillation programs: Early defibrillation is the key to survival in emergency cardiac care. This program will bring a complete overview of the importance of a community based program, training requirements, liability issues, and the most recent updated guidelines that effect program implementation and coordination.

9:15 - 10:15 am: Surge Capacity

The phone rings and the radio crackles as the field responders report there has been a catastrophic event in your area with multiple injured patients that are headed right for your facility. Your current in-house capacity is nearly full, minimal staff are present and the equipment cache is available for the normal patient load. Surge is the term utilized for options in patient care treatment areas to meet the need of the developing situation. Often creativity is vital in identifying effective treatment areas, assuring effective triage, managing staffing issues/concerns and assuring an effective equipment stockpile.

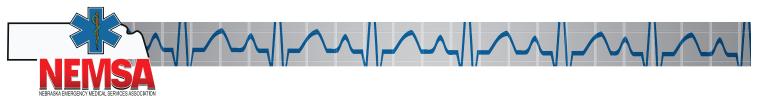
10:45 - 11:45 am: Adult Intraosseous Infusion: Rediscovering the Lost Science

Everyone knows about IO in the pediatric patient. In fact, advanced medics, nurses, and docs are IO trained. However, few clinicians really understand the science behind it, and fewer yet comprehend the lifesaving potential of IO infusion in the adult patient. Yet, adult IO has been an effective and safe practice for more than 65 years, with over 4,000 lo patients reported during WW11. Recent advances in medical device technology make a more safe, effective, and practical solution for vascular access.

2:00 - 3:00 pm: Creating Satisfied Customers

This program provides a focus on the different personalities experienced daily.

Why do we find ourselves in unproductive interactions, perils in communication, rituals we don't understand, and "hooks" that cause us to flash and say or do things that we regret later? Fun and interactive program for everyone.



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3:15 – 4:15 pm: 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 presentation will focus on new tactics for both law enforcement and medical providers involved in an active shooter scenario. This program is extremely controversial and overviews the newest most effective way to respond to an active shooter event. Teamwork, good communication, effective triage, proper equipment and a formulated plan "before" the attack are paramount for an integrated response.

Sunday, March 26th

9:00 - 10:00 am: Evolution of You

Evolution of You- A reflection of a lifetime of responding was designed to offer each of us a moment to reflect on the daily realities and personal traits that combine to make us who we are. Each moment we share often brings us closer to our brothers and sisters in service – but often the opposite effect on those who "just don't understand." Join Bill as he describes and relates critically important life lessons and communication tools learned in the profession of "life" that we share.



Janet Taylor is a full-time flight nurse for Mercy Life Line from Springfield, MO. In addition to EMS, she has worked in ICU, ER and OB, in order to be familiar with the different types of calls that she and her partner encounter in EMS. She has her Bachelor's Degree in Science and Nursing and enjoys teaching part time at various EMS Conferences throughout the year.

Friday, March 24th

8:00 - 9:00 am: Grandma Got Ran Over by a Reindeer: Geriatric Assessment and Trauma

With the Baby Boomer Generation entering into the definition of Geriatrics, the population has boomed again with a large increase in the number of patients we care for who are over

the age of 65. With that increase comes a number of considerations we need to keep in mind when caring for our geriatric patients.

10:45 – 11:45 am: All Jacked Up: Endocrine Emergencies

We see endocrine emergencies more often than we realize, not counting Diabetic Emergencies. From Myxedema Coma and Thyroid Storm to Adrenal Crisis, we learn the different presentations of each emergency and the treatments for each.

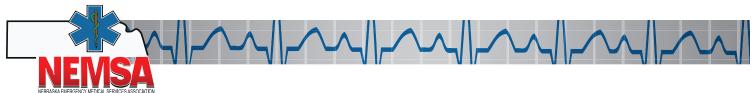
(Please Note: Although Diabetes is an Endocrine Disorder, it is covered in a separate presentation entitled, "Pour Some Sugar on Me: Diabetic Emergencies").

12:45 – 1:45 pm: Rock-a-Bye Baby: Pediatric Tips and Tricks

Kids can be scary, especially when a healthcare provider doesn't take care of kids on a regular basis. We are going to review the little tips and tricks that Pediatric experts have compiled over the years to help us sift through what is a critical need-to-know and what isn't that concerning. Is a pediatric fever a true emergency? Should a parent be concerned over the color of snot? All of this and more.

3:15 – 4:15 pm: Dirty Dozen: Infection Control in Healthcare

We are always being told, "Wash Your Hands!" and "Wipe Down Your Equipment!" But does it really make a difference? What is the hype about MRSA and even Ebola and do I really need to be concerned when I am told that my patient is "colonized" with VRE? In this presentation, we will go over some interesting facts about infections, take a look at the truth behind hand washing and antibiotic resistance and look at some good things that germs do for us every day.



continued from previous page

6:00 – 7:30 pm: Don't Know Nothing 'Bout Birthin' No Babies! Delivering a Baby Outside of the Hospital Setting One of the most popular presentations of Janet's and receiving compliments from obstetricians and midwives, this presentation has it all. We will review a normal pregnancy state and go right into basic delivery techniques as well as complications in childbirth including breech delivery, turtle sign with shoulder dystocia, and post-partum complications. *Disclaimer* Lots of pictures are involved in this presentation including frank pictures of the female perineum with crowning.

Saturday, March 25th

8:00 - 9:00 am: Man Vs. Wild: Environmental Emergencies

Lions, Tigers and Bears...wait...Okay maybe not that type of wildlife but there are several things that are necessary to know in order to treat patients who have decided to "rough it" in the great outdoors. Rather than discuss advanced interventions, we are going back to the basics and using common sense knowledge to treat a variety of environmental emergencies including hypothermia, hyperthermia, diving emergencies, bites and stings, altitude sickness and much more.

9:15 - 10:15 am: Toxic Avenger: Sepsis in EMS and Nursing

Sepsis is the hot topic with one person dying every 3½ seconds somewhere in the world. The International Sepsis Campaign has developed guidelines for improving patient outcomes including interventions that can be started in the field. In this presentation we will develop a better understanding of sepsis and how it is more than "just an infection" and what we can do about in healthcare.

12:45 – 1:45 pm: First Blood: Blood Transfusions in EMS and Nursing

Blood transfusions are becoming more common. In order to benefit our patients, it is important that we understand why some blood types react to some people and others don't react at all. Why is O- termed the, "Universal Donor" and AB + is the, "Universal Recipient". What do you do when you have a pt. in a "transfusion reaction"? How do you recognize a transfusion reaction? How do you manage a patient on multiple blood transfusions and you are dispatch to do a long-distance transfer with them? What do you need to take with you?

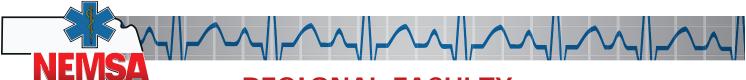
3:15 – 4:15 pm: Every Breath You Take: The Most Common Respiratory Diagnoses

We will review the most common respiratory diagnoses found in EMS and the differences between the way the symptoms present in EMS and the treatment options. Included in the list of diagnoses are COPD, Asthma, CHF, Pneumonia, Pulmonary Embolus and ARDS. Also included are special notes about Ventilator Acquired Pneumonia (VAP) and what we can do in EMS to prevent VAP and improve our patient's outcome in the long run.

Sunday, March 26th

11:30 am - 12:30 pm: No O² For You! Using Too Much of a Good Thing

30 years ago it was thought that if a little oxygen was good for you, then a lot must be even better. And that was the case until studies proved that too much of a good thing really isn't the best for our patients. Oxygen titration is now recommended in many nationally recognized programs such as ACLS, NRP, PALS and more. But why can't we give some extra oxygen to our patients? What bad could really happen if we continue to do what we have been doing for 30 years?



REGIONAL FACULTY



Fred Benzel, was born in Scottsbluff, Nebraska and graduated from North Platte High School. He attended Southeast Community College for Fire Protection Technology and Paramedicine. Fred has been a Firefighter/Paramedic on Grand Island Fire Department since 2006. He became an EMS instructor in 2010.

Fred enjoys spending time with his amazing family. His wife Heather is a Nurse Manager at the Veterans Hospital in GI and he has a 9 year old son, Wyatt, an 8 year old daughter, Arabella and a 3 year old daughter, Camilla. He also enjoys hunting, fishing, and outdoor activities, as well as being an active member with the GI EFree church activities. Fred is a member of the Nebraska Serious Injury and Line of Duty Death Response Team, Local 647 IAFF, and Grand Island Fire Department Honor Guard.

Friday, March 24th

2:00 - 3:00 pm: Cultural Differences in Healthcare Part 1

An overview of different cultures and how we view them. Understanding cultural diversity helps us understand the best ways that we can provide assessment and treatment and the Do's and Don'ts of each culture.

3:15 – 4:15 pm: Cultural Differences in Healthcare Part 2

An overview of different cultures and how we view them. Understanding cultural diversity helps us understand the best ways that we can provide assessment and treatment and the Do's and Don'ts of each culture.

Saturday, March 25th

10:45 - 11:45 am: Latest Drug Trends

A look at some of the newer drugs out in our communities as well as symptoms and treatments for each. A close look at bath salts and "Honey Oil", two designer drugs that are gaining popularity as well as some that could be making a comeback.

12:45 – 1:45 pm: Non-Lethal Weapons

An overview of the past and future or non-lethal weapons and how we treat the injuries caused these weapons. Also, a look at how non-lethal can quickly turn into lethal.



Kimberly R. Brandenburg MSN, RN, CEN, CPEN has worked in trauma and ED nursing for the last 19 years. She is currently the Trauma Program Manager, Injury Prevention Coordinator, and Concussion Management Nurse Educator at Columbus Community Hospital. Kimberly is an ad hoc professor at Nebraska Wesleyan University in the MSN education program and active member of ENA, STN, ATS, and TQIP. Kimberly has presented at the state and national level, most recently speaking in LA at the National ENA Conference. She is an advocate for trauma in Nebraska and currently serves on the Statewide Advisory Board for Region 1.

Friday, March 24th

9:15 - 10:15 am: Concussion Update...Out of the Fog

This presentation is a comprehensive update on concussion including relevant terminology, definitions, diagnostic tools both current and upcoming/promising. Treatment modalities will also be discussed encompassing new evidence based research and management. We will discuss Legislative efforts on the state and national level, addressing CTE and NFL related concussion information all of which are relevant to obtaining a robust understanding of Concussion.

10:45 - 11:45 am: Hemodynamics 101

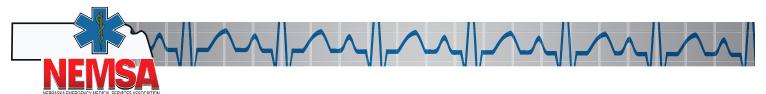
This presentation includes both lecture and interactive case studies designed to enhance management and identification of hemodynamic instability while in the non-ICU setting. Strong use of VS and symptom interpretation applied to real life scenarios will guide management discussion and pathophysiologic response of a wide range of medical scenarios.

2:00 – 3:00 pm: ABGs Made Easy as ABCs: ABG Interpretation and Case Studies

This hands on interactive lecture is designed to guide both interpretation and understanding of ABGs. Each case study will link the interpretation to the physiologic process causing the imbalance and explain why the diagnosis exists. Discussion on how to correct such a disruption and common sequela of disorder will be a component of each case study. A very effective and easy method will be utilized, the six steps to ABG interpretation.

4:30 – 5:30 pm: Pediatric Trauma

Trauma is the primary cause of mortality and morbidity in the pediatric population. Great efforts have been made to educate the public on many safety issues. However, unintentional injury and death rates in children remain high. Pediatric trauma should be considered a preventable disease. This lecture will focus on caring for the injured child, focusing on the unique anatomic and physiologic parameters of children and how they effect patterns of trauma.



REGIONAL FACULTY

continued from previous page



Sue Deyke, MSN, RN, CEN, has been a registered nurse for 35 years and is currently the Emergency Department Director at Columbus Community Hospital. She has focused her career on the effective analysis and care for patients with chest pain and myocardial infarction. She has been actively involved with emergency care and emergency preparedness, and her role has required her to develop and coordinate emergency response tactics throughout her workplace and on a regional level. Sue has received several state and national awards for her work.

Friday, March 24th

9:15 - 10:15 am: Disaster - An Interactive Event

As an integral part of Emergency Management, preparation for disasters is key. During this event the participants will take on roles in a simulated disaster. Members will have an opportunity to assume command, delegate triage, and understand how hospitals set up in preparation for patient arrival. After the event the group will debrief and determine what opportunities exist to improve emergency management.

4:30 – 5:30 pm: Chest Pain – How to Evaluate & Treat

As emergency providers encountering patients with chest pain is a regular event. During this presentation, the participants with review a systematic assessment of patients with chest pain. Review common EKG interpretations and impact that they can expect. Then conclude with a review of the emergent causes of chest pain, and interventions to be provided.



Sue Michalski, RN, MS SANE/FNE is President of Practical Applications Inc. She provides expert testimony in criminal cases related to partner violence, strangulation and sexual assault. Sue participates in numerous trainings on a local, state and national level for various disciplines regarding these issues and served as a SANE with Nebraska Methodist Healthcare Systems.

Friday, March 24th

2:00 – 3:00 pm: Human Trafficking

Current research indicates at least 18,000 individuals are trafficked within the United States annually from various parts of the world although very few are initially identified. First responders have a unique opportunity to provide a critical need underscoring the importance of an initial encounter with a traf-

ficked victim. This response sets the tone for future care and recovery. During this presentation, we will address the important role of first responders in identifying, interviewing, assessing and providing immediate care for victims of trafficking. The session will include interactive discussion throughout.



Tiffany Simon, BSN, RN, CCRN, CPST, is the Trauma Outreach and Project Austin Coordinator at Children's Hospital and Medical Center.

Tiffany has worked as a registered nurse at Children's Hospital & Medical Center since 2002 in the Pediatric Intensive Care Unit, Critical Care Transport, ECMO team, Trauma Outreach Coordinator and most recently as a Project Austin Coordinator. As the Project Austin Coordinator, Tiffany assists with coordination and collaboration between a patient with special health care needs and his emergency services such as local hospital and EMS.

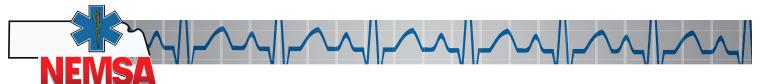
Saturday, March 25th

10:45 - 11:45 am: Caring for a Child with Special Health Care Needs

The population of children with special health care needs has nearly tripled in the past 50 years. Despite these numbers, the current health system remains outdated placing children with special health care needs at risk of medical errors. This lecture will discuss the most common special health care needs requiring emergency care and how to care for these patients.

2:00 – 3:00 pm: Caring for a Child with Special Health Care Needs (REPEAT)

The population of children with special health care needs has nearly tripled in the past 50 years. Despite these numbers, the current health system remains outdated placing children with special health care needs at risk of medical errors. This lecture will discuss the most common special health care needs requiring emergency care and how to care for these patients.



Exhibitors Track - All Days

- 1. Evaluate new equipment to that currently used.
- 2. Compare patient outcomes with use of current equipment.

Session 1 Classes

Grandma Got Ran Over by a Reindeer: Geriatric Assessment and Treatment - Janet Taylor

- 1. Define Geriatric and what the average life expectancy is for someone in 2015.
- 2. List at least three of the six most common reasons geriatric patients call 9-1-1.
- 3. List at least three examples of the effects of aging on the human body.
- 4. Differentiate between Delirium and Dementia.

Advanced 12 Lead: The Lewis Lead, Multi-Focal A-Tach and 10 Things You Never Saw on a 12 Lead – Reuben Farnsworth

- 1. Discuss the difference between multi-focal A-Tach and A-Fib as well as the use of the Lewis Lead in differentiating the two.
- 2. Apply concepts in the identification of electrolyte abnormalities in the setting of 12 lead interpretation.
- 3. Assess and identify numerous advanced 12 lead findings.

Back to Basics - Bill Justice

- 1. Review basic skill techniques.
- 2. Share your "tricks and pearls" with other participants.
- 3. Describe how to manage a scene for the greatest patient care.

SIMULATION IN MOTION – SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Session 2 Classes

Concussion Update...Out of the Fog - Kim Brandenburg

- 1. Discuss concussion definition and pathophysiology as it relates to injury patterns in the adult, geriatric, and pediatric patient.
- 2. Define concussion myths, past care and evidence based care related to research.
- 3. Discuss current evidence based treatment, in a multimodal framework for each patient population.
- 4. Discuss the REAP document and introduce learners to resources and guidelines for academia as it relates to Return to Learn.
- 5. Outline the current legislative acts including Nebraska's recent changes. Discuss how the law effects current practice in the rural and urban areas.

Cowboy Up and Die!!! The Wild World of Rodeo Trauma - Reuben Farnsworth

- 1. Discuss the many scene safety issues which may be present at the scene of a rodeo trauma.
- 2. Identify common mechanisms of injury in rodeo trauma.
- 3. Anticipate common underlying injuries in the setting of rodeo trauma

Disaster – An Interactive Event

- 1. Review and practice roles of Mass Casualty Triage Determine what type of injuries and life threats.
- 2. Debrief and determine what opportunities exist to improve emergency management.

SIMULATION IN MOTION – SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Session 3 Classes

All Jacked Up: Endocrine Emergencies - Janet Taylor

- 1. List the three organs that are responsible for contributing to the endocrine system.
- 2. Compare between Primary and Secondary Adrenal Insufficiency.
- 3. Compare the differences between Hypothyroidism and Hyperthyroidism.

Hemodynamics 101 - Kim Brandenburg

- 1. Describe the type of information provided by, and common indications for, hemodynamic monitoring.
- 2. Interpret data obtained through VS and waveforms.
- 3. Describe methods commonly used in the critical care setting to determine hemodynamic stability and instability.
- 4. List factors that affect oxygen demand and oxygen delivery, and describe methods used to evaluate the balance of oxygen supply, oxygen consumption, and oxygen demand.

Strike a Cord - Spinal Care and Trauma Management - Bill Justice

- 1. Discuss high energy trauma.
- 2. Review trauma management.
- 3. Identify distracters that cause confusion during high energy events that cause critical injuries to be overlooked.

SIMULATION IN MOTION – SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Session 4 Classes

Rock-a-Bye Baby: Pediatric Tips and Tricks – Janet Taylor

- 1. List the three parts of an assessment that will differentiate a sick child from a critically sick child.
- 2. Discuss when a fever should be a concern and whether it warrants an ER visit or some supportive care.
- 3. List at least two ways of gaining trust and rapport with a child and the caregivers when assessing and treating a pediatric patient.

PTSD: The Silent Journey - Rueben Farnsworth

- 1. List causes of PTSD.
- 2. Explain how PTSD affects providers.
- **3.** Recognize that PTSD is very real and very treatable.

A Shout Away - Response to Mass Casualty Incidents - Bill Justice

- 1. Review the newest SALT triage/treatment program.
- 2. Discuss how best to utilize the SALT triage/treatment program in the pre-hospital and hospital settings.
- 3. Review the difference between a multi-patient incident (MPI) and a mass casualty incident (MCI), roles and responsibilities of responders, scene safety, and the incident management system (IMS) for pre-hospital and hospital providers.
- 4. Recognize that drills make a difference in preparedness.

SIMULATION IN MOTION – SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Session 5 Classes

The ABGs Made Easy as ABCs: ABG Interpretation and Case Studies - Kim Brandenburg

- 1. Discuss the six steps of ABG interpretation.
- 2. Apply method to various disease processes.
- 3. Discuss treatment options related to disorders.

How First Responders Set the Tone When Caring for Trafficked Victims – Sue Michalski

1. Describe the many faces of trafficking from the victim perspective, the trafficker perspective and, sexual exploitation and prevalence in trafficking.

- 2. Identify victim barriers to treatment in the field, language-dialogue indicators, emotional-psychosocial indicators and physical indicators.
- 3. Discuss the aftermath of an encounter, the SANE exam, addressing immediate and long term health/safety issues, and making the connection to community services and resources.

Cultural Differences in Healthcare Part 1 – Fred Benzel

- 1. Explain the possible cultural stressors in Nebraska that would affect healthcare.
- 2. Discuss the different cultures within our local and regional communities.
- 3. Explain techniques for intervention and assessment that apply to different cultures.

SIMULATION IN MOTION - SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Session 6 Classes

Dirty Dozen: Infection Control in Healthcare

- 1. List at least three places germs are found to be in high numbers
- 2. Define the term, "normal flora" and why it is important when kept controlled
- 3. Discuss Antibiotic Resistance and how it has led to MRSA, VRE and other infections.
- 4. List the six different types of precautions and how they can affect how we execute an inter-facility transfer without additional risk to the patient or hospital visitors.

Old MacDonald Had a Multi-Systems Trauma: Farm Trauma – What You Need to Know – Reuben Farnsworth

- 1. Discuss the unique types of trauma that occur in the farm and ranch setting.
- 2. Evaluate scene safety issues that are unique to the farm and ranch.
- 3. Recognize some of the unique scenarios and complications that arise with farm trauma.

Cultural Differences in Healthcare Part 2 – Fred Benzel

- 1. Explain the possible cultural stressors in Nebraska that would affect healthcare.
- 2. Discuss the different cultures within our local and regional communities.
- 3. Explain techniques for intervention and assessment that apply to different cultures.

SIMULATION IN MOTION – SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Session 7 Classes

Pediatric Trauma - Kim Brandenburg

- 1. Describe the impact of pediatric trauma on society and health care.
- 2. Describe the types of pediatric injuries sustained with a given mode of trauma, and identify the most common injuries occurring in various age groupings
- 3. Identify unique anatomic or physiologic differences in children, when compared to adult patients.

What the Heck is V/Q Mismatch? RT 101 for Healthcare Providers

- 1. Review basic ventilation terms and functions.
- 2. Apply the principles of ventilator support to patients with CPAP, BiPAP.
- 3. Differentiate critical values and situations in ventilated patients.

Chest Pain - How to Evaluate & Treat - Sue Deyke

- 1. Describe an approach to evaluate chest pain.
- 2. Describe the difference in 12-Lead EKG Interpretations.
- 3. Review life –threatening causes of chest pain.

SIMULATION IN MOTION – SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Evening Classes

Don't Know Nothing 'Bout Birthin' No Babies! Delivering a Baby Outside of the Hospital Setting – Janet Taylor

- 1. Explain the basic delivery techniques during a "normal" delivery.
- 2. List at least 3 complications that could occur with a delivery and know what interventions to perform to improve mother and baby outcomes.
- 3. Assess and treat both mother and baby to alleviate long-term complications that could be associated with delivery.

Bringing Battlefield Medicine to our Streets - Bill Justice

- 1. Review the most current effective interventions following the Trauma Casualty Care Course (TCCC) recommendations of immediate lifesaving steps.
- 2. Discuss the proper sequence in which to provide interventions and lifesaving steps.

SATURDAY - MARCH 25

Session 1 Classes

Man Vs. Wild: Environmental Emergencies

- 1. List at least three symptoms of hypothermia and how to reverse the process
- 2. List at least two different bites and stings that can lead to discomfort and possible emergency
- 3. Explain the effects of barotrauma and decompression when a diver ascends or descends too quickly.
- 4. Define the "reverse triage" concept when dealing with mass casualties after a lightning strike.
- 5. List the elevations and depths that can cause the development of Acute Mountain Sickness as well as Nitrogen Narcosis and Decompression sickness.

What's That in my Patient? The Good, the Bad and the Implanted – Reuben Farnsworth

- 1. Identify common implanted devices
- 2. Troubleshoot common problems with implanted devices and recognize normal function.
- 3. Identify specific interventions and cautions regarding implanted devices.

Rapid Zap - Bill Justice

- 1. Discuss the importance of a community based program, the training requirements, and liability issues.
- 2. Review the most recent updated guidelines that effect program implementation and coordination.

SIMULATION IN MOTION – SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Session 2 Classes

Toxic Avenger: Sepsis in EMS and Nursing

- 1. Differentiate between SIRS and Severe Sepsis.
- 2. Identify at least 2 of the 5 symptoms that are considered SIRS criteria.
- 3. Identify the types of patients who are more susceptible to developing sepsis.
- 4. List at least 2 signs and symptoms that differentiate between early and late stages of shock.
- 5. List at least 3 of the symptoms indicating end organ perfusion.

Hospice Care: Things You Never Knew You Would Have to Do

- 1. List complications that can arise with hospice patients.
- 2. Identify methods to deal with end of life situations.
- 3. Explain how to provide end of life pain management.
- 4. List techniques used to communicate with the family in these situations.

Surge Capacity – Bill Justice

- 1. Define "surge capacity."
- 2. Creatively identify effective treatment areas, assuring effective triage, managing staffing issues/concerns and assuring an effective equipment stockpile.

SIMULATION IN MOTION - SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Session 3 Classes

Caring for a Child with Special Health Care Needs – Tiffany Simon

- 1. Identify differing special needs populations in pediatrics.
- 2. Identify interventions to help take care of children with special health care needs.
- 3. Discuss the medical home and how to incorporate them into emergency plans.

Drug Trends – Fred Benzel

- 1. Describe some of the new drug trends seen in our community.
- 2. Explain and discuss the effects of those drugs on the body.
- 3. Discuss possible treatments for each trend.

Adult Intraosseous Infusion: Rediscovering the Lost Science – Bill Justice

- 1. Review the science behind the use of adult intraosseous infusion.
- 2. Discuss the life-saving potential of the Adult IO.

SIMULATION IN MOTION – SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Session 4 Classes

First Blood: Blood Transfusions in EMS and Nursing

- 1. Explain the ABO blood typing system and how it is used in medicine today.
- 2. List at least 3 reasons for a patient to need a blood product transfusion.
- 3. Discuss why some patients can tolerate different types of blood and others can only tolerate their own blood type.
- 4. List at least 4 signs and symptoms of a transfusion reaction
- 5. List at least 2 medications to administer to help reduce a transfusion reaction and improve patient outcomes.

What's Your Sign? Medical and Trauma Assessment Signs for Healthcare – Reuben Farnsworth

- 1. Identify common signs associated with specific assessment findings.
- 2. Describe how to differentiate these signs in the setting of an assessment.
- 3. List multiple assessment signs and their causes.

Non-Lethal Weapons - Fred Benzel

- 1. Define what a Less lethal weapon is.
- 2. Discuss possible injuries caused by a less lethal weapon.
- 3. Identify problems that can occur with less lethal weapons.
- 4. Discuss treatments used for victims of less lethal weapons.

SIMULATION IN MOTION – SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Session 5 Classes

Caring for a Child with Special Health Care Needs - Tiffany Simon (REPEAT SESSION)

- 1. Identify differing special needs populations in pediatrics.
- 2. Identify interventions to help take care of children with special health care needs.
- 3. Discuss the medical home and how to incorporate them into emergency plans.

Don't Get Burned: ALS Burn Treatment for BLS Providers Part 1 – Reuben Farnsworth

- 1. Review TBSA estimation using the rule of 9's.
- 2. Discuss and apply the Parkland Burn Formula as it relates to fluid resuscitation in burn patients.
- 3. Differentiate critical from non-critical burns based on criteria and pt. presentation.

Creating Satisfied Customers – Bill Justice

- 1. Identify the different personalities experienced daily.
- 2. Discuss Why we find ourselves in unproductive interactions, perils in communication, rituals we don't understand, and "hooks" that cause us to flash and say or do things that we regret later.

SIMULATION IN MOTION – SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

Session 6 Classes

Every Breath You Take: The Most Common Respiratory Diagnoses – Janet Taylor

- 1. List the five most common respiratory diagnoses.
- 2. List the common signs and symptoms of respiratory distress.
- 3. Be familiar with the common interventions prescribed for general respiratory distress.
- 4. List at least 3 things we can do to prevent Ventilator Acquired Pneumonia.

Don't Get Burned: ALS Burn Treatment for BLS Providers Part 2 - Reuben Farnsworth

- 1. Review TBSA estimation using the rule of 9's.
- 2. Discuss and apply the Parkland Burn Formula as it relates to fluid resuscitation in burn patients.
- 3. Differentiate critical from non-critical burns based on criteria and pt. presentation.

In Harm's Way - Active Shooter Response - Bill Justice

- 1. Review the newest most *effective* way to respond to an active shooter event.
- 2. Discuss how teamwork, good communication, effective triage, proper equipment and a formulated plan "before" the attack are paramount for an integrated response.

SIMULATION IN MOTION – SIM-NE

- 1. Demonstrate the assessment and emergency medical care of a pediatric patient with an illness or injury.
- 2. Demonstrate the assessment and emergency medical care of a patient experiencing an obstetrical/gynecological emergency.
- 3. Demonstrate the assessment and emergency medical care of an adult patient with an illness or injury.

NEMSA GENERAL MEMBERSHIP MEETING 4:30 – 5:30 PM

General Sessions:

Evolution of You – Bill Justice (NO NURSING CONTACT HOURS AWARDED FOR THIS SESSION.)

- 1. Reflect on the daily realities and personal traits that combine to make us who we are.
- 2. Describe and relate critically important life lessons and communication tools learned in the profession of "life" that we share.

Bedrooms, Bathtubs, and Broomsticks: Things They Didn't Warn Me About in Paramedic School

- 1. Identify some of the challenges that occur in EMS that we haven't been trained for.
- 2. Explain how these challenges make us better providers.
- 3. Recognize that we can laugh about some of the things we encounter.

No O2 for You! Using Too Much of a Good Thing - Janet Taylor

- 1. Explain how oxygen at greater than 21% is chemically unstable.
- 2. Define "oxygen free radical" and how it can inhibit healing of illness and injury in a sick or injured patient.
- 3. List two reasons why administering oxygen is still considered a good thing.



Simulation in Motion-Nebraska (SIM-NE) is a statewide, mobile education system, which brings state-of-the-art, hands-on training, using high fidelity human patient simulators, to pre-hospital and hospital professionals throughout the state. The simulators are some of the most technologically advanced training tools available to the medical community today. This

unique program delivers quality education to providers who otherwise would not have opportunities to attend simulation training.

Simulation in Motion-Nebraska provides standardized, high-quality training to ensure consistent outcomes to rural EMS agencies and critical access hospital emergency rooms.

Simulation in Motion-Nebraska is a partnership of education institutions, academic departments representing a number of disciplines, charitable organizations, healthcare systems, and public agencies that are dedicated to improving the health and well-being of Nebraskans.

"Continuing Education Contact Hours awarded by Iowa Western Community College, Iowa Board of Nursing Provider #6"

DON'T FORGET...

to nominate your colleagues for these important recognition awards



- ★ NEMSA Emergency Medical Responder of the Year Award
- ★ NEMSA EMT of the Year Award
- ★ NEMSA Advanced Provider of the Year Award
- ★ Chuck Woll Memorial NEMSA Instructor of the Year Award
- ★ Nebraska EMS Association Hall of Fame

Nomination forms and additional information can be found at www.nemsa.org





All fields are required		
Last Name	First Name	Middle Initial
Birthdate	E-mail	
Mailing Address	City	State/Zip
Phone:		Are you currently a NEMSA member? ☐ Yes: ☐ No
Field not required Service Affiliation (If Applicable)		
Please check all boxes that apply to you	Fee Schedule	
☐ \$25 will be added to all registrations		\$25
☐ NIS Instructor Workshop – NIS Memb	er Rate	\$50
☐ NIS Instructor Workshop — Non-NIS m	nember rate	\$75
☐ NEMSA Member Full Convention		\$200
☐ NEMSA Non-member Full Convention		\$275
☐ NEMSA Member One-day Convention		\$150
☐ NEMSA Non-member One-day Conve		\$225
☐Yes I am attending the NEMSA Award	s Banquet?	Extra Banquet Tickets for guest x \$35
		Total

If mailing your registration, please print the registration form and complete it. Make checks payable to NEMSA and mail your registration and check to: NEMSA, PO Box 1858, Fremont, NE 68026-1858.

If mailed after March 12th, add \$25 fee.

REFUND POLICY:

NEMSA – All refunds must be requested in writing and sent to the NEMSA Coordinator at coordinator@nemsa.org, or NEMSA, PO Box 1858 Fremont, NE 68026-1858. If granted, a \$50 administration fee will be retained. NO refunds on One-day registrations and/or requests received after March 12, 2017.



Award Nomination Form

Awards can be given at either NEMSA Conference

The deadline for these awards is March 1st for presentation at Convention.

Leo J O'Brien, Jr. Award This award is presented for outstanding Achievements that an individual has attained or accomplished in the emergency medical field.
Hero Award This award is presented for outstanding actions of a person rendering aid to an individual in medical crisis that warrant the person being called a hero. This can also be presented to an EMS provider that goes above and beyond the call o duty.
The following provider and instructor award nominations must be a current NEMSA Member.
NEMSA Emergency Medical Responder of the Year Award Awarded to the EMR who has demonstrated outstanding skills, training and services to their community and/or the State of Nebraska.
NEMSA Emergency Medical Technician of the Year Award Awarded to the EMT who has demonstrated outstanding skills, training and services to their community and/or the State of Nebraska.
NEMSA Advanced Provider of the Year Award Awarded to the Advanced Provider who has demonstrated outstanding skills, training and service to their community and/or the State of Nebraska.
Chuck Woll Memorial NEMSA Instructor of the Year Award This award is given to an EMS Instructor who has made the greatest contribution to local or state EMS as an instructor The person must be a State of Nebraska licensed EMS Instructor providing education for EMR, EMT or Advanced Provider personnel.
The Hall of Fame Award will be chosen by a unanimous vote by the NEMSA Board of Directors.
Nebraska EMS Association Hall of Fame
Nominations may be submitted at any time during the calendar year. This is not an annual award and may be given to several recipients or not at all during the calendar year. An awardee does not have to be an actual provider or NEMSA Member. They can be a spouse, political figure, etc., one who has been a steadfast supporter of individual providers services or the profession as a whole. An awardee can be a provider of any level from an EMR to paramedic, nurse of

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The Hall of Fame award may be presented posthumously. The award will be presented at a Nebraska EMS Conference. The Hall of Fame Award will be chosen by a unanimous vote by the NEMSA Board of Directors.

Nominations must be supplemented with pertinent information supporting your nomination. Please attach information to this form. Indicate the award nomination you are submitting by checking the appropriate box above. Nomination forms not fully completed will not be considered. Completed nomination forms may be emailed to: secretary@nemsa.org; or mailed to:

Pam Stapleman NEMSA Secretary 601 West State Street, Suite #2 Albion, NE 68620

NEMSA 2017 Award Nomination Form

Nominee's Name:		
Address:		
Phone Number		
Provider Level (if applicable):		
Nominated By:		
Address:		
Phone Number:		
Local newspaper:	Phone:	
Pertinent Information:		

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Thank You

We appreciate your attendance at the 2017 NEMSA Convention, and we wish you the best convention ever! Enjoy the presenters, sessions, fellowship with friends, and your time in Columbus. If you have any questions while you are here, please do not hesitate to ask any of the Convention Committee Members for assistance.

For further information prior to the convention, please contact:

Jamie Bowlin at jbowlin33@gmail.com or Ryan Simpson at (308) 750-0739

2017 Convention Planning Committee:

Jamie Bowlin, Ryan Simpson, Tami Carlson, Dave Huey, Darrin Kiger, Robin Dimmitt, Tony DeLong, Anna Yates, Clint Dittmar, and the Ramada Columbus and River's Edge Convention Center staff.



GONVENTION 2017