Kansas Regional Critical Care and Trauma Conference
September 7, 2012, Labette Community College, Thiebaud Theater
200 S. 14th Street, Parsons, KS 67357

Expert Faculty:
Larry K. Chase, MD
Hyperbaric Medicine Medical Director
Hyperbaric Medicine & Wound Care Center, CoxHealth, Springfield, Mo.

Bernadette M. Fetterolf, PhD, RN, CNS
Associate Dean of Nursing and Allied Health, Associate Professor, Newman University, Wichita, Kansas

Michael Gentile, RRT, FCCM, FAARC, Associate in Research
Pulmonary and Critical Care Medicine
Duke University, Raleigh-Durham, NC

Nader M. Habashi, MD, FACP, FCCP
Associate Professor University of Maryland
School of Medicine, Medical Director for Trauma Critical Care Unit at R Adams Cowley Shock Trauma Center and The Living Legacy Foundation of Maryland, Clinical Medical Director One Legacy
Los Angeles, Calif.

Timothy Woods, MD, FACS
Trauma Director of CoxHealth & Trauma Surgeon, Ferrrell-Duncan Clinic
Springfield, Mo.

Educational Credit:
Application has been made to the American Association for Respiratory Care (AARC) for continuing education contact hours for respiratory therapists and credit is pending for 6.0 hours.

Application has been made to the Kansas State Board of Nursing for 6.0 contact hours and credit is pending.

All attendees will receive a statement of credit with the credits listed above when approved (credit currently pending approval). Nursing certificates may be submitted with a retro-active approval for continuing EMS education application to the Board of EMS for consideration. Retro-active applications and requirements may be found on the Kansas Board of EMS website, www.kobems.org.

Cancellation Policy and Contact Information:
Early registration is encouraged. A $25 processing fee will be deducted per participant from all cancellation requests made within 72 hours prior to the start of the program; no refunds will be made after this time. Refunds will be processed within 4 weeks of the written request and return to the address from which the original payment was received. Credit card payments will be credited back to the original credit card information received at the time of registration. If the program is cancelled or rescheduled, participants will be entitled to a full refund. Liability is limited only to the registration fee and Ventilation Solutions, LLC/Pulmonary Critical Care Solutions, LLC will not be held responsible for any losses incurred by registrants including, and not limited to, airline cancellation charges or hotel deposits.

Program Description and Target Audience:
The purpose of this activity is for respiratory therapists, nurses, EMTs and others working with this patient population to be able to successfully care for patients in the critical care setting by meeting the objectives listed below. By successfully completing this workshop, the audience should be able to effectively care for this patient population and respond in an appropriate manner aiding in positive patient outcomes.

Program Agenda:
7:30 – 7:50 a.m.:
Registration
7:50 – 8:00
Welcome & Overview/James Coultard, MD
8:00 – 9:00
Airway Management: Plan for Success and Failure – Michael Gentile, RRT, FCCM, FAARC
9:00 – 10:00
Management and Resource Utilization in Acute Trauma – Timothy Woods, MD, FACS
10:00 – 10:30
Break/Displays
10:30 – 11:30
What to Do When Conventional Ventilation is Failing – Michael Gentile, RRT, FCCM, FAARC
11:30 – 12:45
Lunch/Displays (see lunch preferences below on registration form and select)
12:45 – 1:45
APRV – Strategies to Prevent ARDS
Nader M. Habashi, MD, FACP, FCCP
Dr. Habashi’s lecture will be live interactive video conference
1:45 – 2:00
Stretch Break
2:00 – 3:00
Pediatric Trauma: Initial Assessment
Bernadette Fetterolf, PhD, RN, CNS
3:00 – 4:00
Mechanical Ventilation With Hyperbaric Therapy and Wound Care Assessment
Larry K. Chase, MD
4:00 p.m.
Evaluations/Statements of Credit/Adjourn

Program Objectives:
Identify the indications for endotracheal intubation and describe the precautions, hazards, and published guidelines associated with airway management.
Discuss the multi-disciplinary team approach to initial management of the acute trauma patient and the roles of each medical professional.
Identify causes of Ventilator Induced Lung Injury (VILI), describe the role of PEEP in supporting as exchange, and define “Lung Protective Ventilation” strategy
Describe basic mechanics and physiology of APRV and identify benefits of early application of APRV.
List potential benefits of alveolar recruitment and stability.
Identify the physiological and anatomical characteristics of children impacting trauma injuries.
List elements of the primary and secondary survey in pediatric trauma and discuss assessment of head to toe trauma injuries in children.
Describe basic wound care management and the appropriate usage of mechanical ventilation with hyperbaric medicine.

T-Shirts will be available for purchase at the conference for $10. If you plan to purchase a t-shirt please indicate on the registration form below along with size and color. If using PayPal for your registration fee please email your size and color along with your name to iwcpud@mindspring.com. See examples of t-shirts on the web page at www.pccsolutions.com. There will also be scrubs and accessories available for purchase (see website).

ALSO NEW THIS YEAR! Gift card drawings!

Registration Form:
All fees must be received prior to the course date in the form of a check, MasterCard, or Visa. Make checks payable to Ventilation Solutions, LLC. Registration Fee (select): ___ $60 for attendees ___ $25 for all students - (school name)

Lunch preference (check): ______ Pulled pork ______ Salad Bar ______ On your own
T-Shirt/Size: ______ Small ______ Medium ______ Large ______ X-Large ______ Color (see web page): ______

Circle T-Shirt preference: ______ RT ______ Nurse ______ EMS

If paying by PayPal email your lunch and T-Shirt preferences as indicated above to: iwcpud@mindspring.com

Credit and Debit card payments may be made at www.pccsolutions.com under the “Live CEU” tab.

Place of employment and department:
Last name: ______ First name: ______ Title or position: ______
Home address: ______ City: ______ State: ______ ZIP: ______
Daytime phone number: ______ E-mail address: ______

Mail completed registration form and payment to:
Ventilation Solutions Group, LLC
2733 E. Battlefield, #120
Springfield, MO 65804

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