Texas Department of State Health Services July/August 2012

Texas EMS

Serving Texas Emergency Care Professionals

Drug shortages on the ambulance

What can EMS do?

page 28

CE: Preeclampsia

A common complication

page 32

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Additional EMS Publications

EMS and Trauma Systems Overview
This guide provides an overview and brief history of the Texas Emergency Medical Services/Trauma System, including how EMS and trauma systems are funded. Available only as a downloadable PDF at www.dshs.state.tx.us/emstraumasystems/publications.shtm.

When Minutes Count: A Citizen's Guide to Medical Emergencies
A guide that outlines simple first aid that can be performed prior to the arrival of emergency medical services. Available for free as a downloadable PDF (at www.dshs.state.tx.us/emstraumasystems/publications.shtm) or as a hard-copy brochure. (EMS-014)

Ready Teddy "I'm an EMS Friend" stickers
Ready Teddy, the Texas bearamedic, on a round 2½-inch, 3-color sticker; 500 per roll; free. Fax or mail an order form to the Office of EMS/Trauma Systems Coordination.

Certification and licensure documents can be found at www.dshs.state.tx.us/emstraumasystems/formsresources.shtm.

The Out-of-Hospital Do-Not-Resuscitate Order can be found at www.dshs.state.tx.us/emstraumasystems/dnr.shtm.

No longer available
Ready Teddy Coloring Book; final printing will fulfill current backorders only.

For additional information, call the Office of EMS/Trauma Systems Coordination at (512) 834-6700 or email emsinfo@dshs.state.tx.us.

EMS Publications Order Form

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Texas EMS Magazine

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Above, Lone Star College-Montgomery graduated its first class of EMT-I students in May. The students and their families joined program directer Kelly Weller for a luncheon and awards presentation before the graduation ceremony.

Cover photo, iStockphoto.

Texas Department of State Health Services
Office of EMS/Trauma Systems Coordination
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1100 W. 49th St., Austin, Texas 78756-3199
(512) 834-6700

EMS compliance offices by group

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Contributors:
Henry Barber, Jeff Beeson, Maxie Bishop, Neil Coker, John Green, Warren Hassinger, Rich Henkel, Sarah Henkel, Linda Jones, Monica Jones, Denise Richter, Tammy Sajak, Barry Sharp, Hilary Watt, Kelly E. Weller, Matt Zavadsky

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David Lakey, MD
Commissioner of Health

Division of Regulatory Services
Kathy Perkins, RN, MBA
Assistant Commissioner

Health Care Quality Section
Renee Clack, Director

Office of EMS and Trauma Systems Coordination
Jane G. Guerrero, RN, Director

Patient Quality Care
Derek Jakovich, Director

Maxie Bishop, LP, RN, State EMS Director

Group Managers
Kelly Harrell Fernando Posada
Brett Hart Emily Parsons
Terri Phillips Jaime Vallejo
Marilyn Talley

Texas EMS Magazine

Kelly D. Harrell ..... Editor
Kathy Clayton ..... Managing Editor
Susan Jackson ..... Designer
Adrienne Kitchen ..... Production Assistant/Web
Nancy Rosas ..... Editorial Assistant

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GETAC's May meeting

The Governor's EMS and Trauma Advisory Council met Friday, May 11, 2012, in Austin. Followings are the motions put forward after the chair, staff, standing committees and other groups reported on their most recent activities. The complete minutes will be posted on the website (www.dshs.state.tx.us/emstraumasystems/governor.shtm) before the next GETAC meeting.

Action items

A motion was made by Robert D. Greenberg, MD, and seconded by Mike Click, RN, to endorse the Statewide EMTF Governance and Operations Structure, as presented by the Disaster/Emergency Preparedness Committee. The motion passed.

A motion was made by Luis G. Fernandez, MD, and seconded by Shirley Scholz, RN, to endorse the Medical Director Committee's position paper stating that hospitals should share quality assurance data, including patient outcomes, for the purpose of quality improvements with EMS firms.

A motion was made by Luis G. Fernandez, MD, and seconded by Mike Click, RN, for the Council to assist the Trauma Committee in identifying other state agencies that have a mission to prevent DWIs and to support relationship building between the Committee and those agencies. The motion passed.

DSHS held Town Hall meetings across the state for EMS providers and coordinators this spring. Staff visited ten locations in three months. This was a chance for providers and coordinators to get the latest updates on EMS policies, ask questions and meet with local DSHS EMS staff. Above, EMS professionals gathered in Hurst to hear Maxie Bishop, state EMS director, and other staff answer questions about everything from accreditation to reciprocity.

EMS Obituaries

Michael Lee O'Brien, 41, of Boulder, MT, and previously of Abilene, TX, died June 7, 2012, from injuries suffered in an ATV crash. A paramedic, O'Brien worked for several services in Montana and in Texas, including Abilene EMS, Rural/Metro, Lampasas County EMS and Callahan County EMS.

John Lee Cook, Jr., 62, of Georgetown, died May 5, 2012. Cook made his career as a firefighter and educator, serving as a fire chief for Conroe and Denton, deputy chief for Dallas, interim chief for Freeport, as a writer and consultant, and as faculty for various community colleges and the National Fire Academy.

Richard Fuhrman, 69, of Seabrook, died December 5, 2011, following a long illness. Alongside careers with NASA and Furhman Diversified, maker of animal handling, capture and video equipment, Furman, an EMT, was a founder and 38-year member of Clear Lake Emergency Medical Corps.

Vernon L. Wade, 69, of Merkel, died May 11, 2012. Wade, a licensed paramedic, was a longtime Taylor County constable, a charter member of Merkel EMS, a program chair and instructor for EMS with Texas State Technical College, and he worked for Hendrick Medical Center.

Texas EMS Certifications
as of
June 4, 2012

ECA	2,932
EMT	32,211
EMT-I	3,911
EMT-P	15,739
LP	6,125
Total	60,918
Basic Coordinator	113
Advanced Coordinator	226
Instructor	2,237

EMS/Trauma Registry debuts in September

The EMS/Trauma Registry is scheduled to "go live" by September and begin accepting data; the system also will have limited capacity for ad-hoc reporting. However, even after the system debuts, system improvements and enhancements will continue for several months and system improvement and updating will be ongoing.

As of July 2012, EMS/Trauma Registry staff will have converted millions of existing records to the new data model, which, as requested by stakeholders, includes the NEMSIS and NTDB standards. Additionally, we will complete legacy hospital and EMS data import interfaces, facilitating the transition from the old to new system. These legacy data import interfaces will allow users to send the exact same file format they currently send.

The EMS/Trauma Registry staff also is working on data validation rules and conditions to ensure the data are of sufficient quality to meet user needs for system improvement. Data validation will be a top priority during this time. Prior to going live, we will conduct user-acceptance testing, which will include facilities pilot testing. After going live, we will develop customizable reports and implement a registration enrollment portal—both for new facility registration and to improve access for users managing their own accounts. At "go live" all current user accounts will be migrated to the new system and we will provide training on how to access and submit data in the new system.

During the first year after the new registry is launched, registry staff will be working with users to transition from currently reported data elements to reporting the NTDB and NEMSIS nationally required data elements. We recognize that this will require many users to update software; therefore, we will be working with users to define the duration of this transition period so they can plan for and minimize budgetary impacts. The file specification for the submission of the NTDB and NEMSIS data to the new system will be available to share with EMS and hospital vendors upon completion of pilot testing and user acceptance testing.

Registry staff has asked the Regional Advisory Council chairs to help create a new process to obtain business associate agreements between the RACs and the entities in their respective areas to ensure alignment with HIPAA; we will be working with our legal staff to identify appropriate mechanisms.

Texas Department of Transportation, another important project partner who is helping to fund the new registry, has a wealth of information on motor vehicle crashes. Since motor vehicle crashes are leading cause of trauma, we will continue to work with them to link crash and trauma data to provide a more comprehensive picture of preventable events and outcomes.

It's been a long road since the breakdowns of the existing Registry in 2007. With this new EMS/Trauma Registry, we are fulfilling multiple legislative mandates for trauma and injury reporting as well as EMS runs. It has taken time to gather requirements from many stakeholders and users, put together resources, and select an appropriate vendor under state rules and guidelines. The number of EMS and trauma events for a state the size of Texas is massive, so the system that is built has to be robust, requiring dedicated infrastructure to assure security of patient information. In fact, we are dependent on a statewide interconnected IT structure serving all state agencies.

The EMS/Trauma Registry staff feels positive about continued progress and the anticipated outcome given the engagement of stakeholder's and state leadership's focus on building a good system. — *Tammy Sajak*

Scholarships available for Texas EMS Conference from State Office of Rural Health

Do you live in a rural or frontier county in Texas? Would you like to attend the annual EMS conference? For the first time, partial scholarships will be provided by the Texas Department of Agriculture's State Office of Rural Health! A total of 52 scholarships of $600 each will be awarded: $195 will go directly to Texas EMS Conference to pay for conference registration fees, and $405 directly to the hotel to pay for a three-night stay plus parking.

Apply soon for the scholarship as spots may go fast. Scholarships will be awarded based on the following, with preference given to those who:

- Have never attended the Texas EMS conference, or haven't attended recently
- Serve as a volunteer in EMS, or work for a volunteer provider
- Serve in a rural or frontier county (to see if your county is classified as rural/frontier, go to www.texasagriculture.gov/Portals/0/forms/ER/Rural-Metro%20Counties.pdf.)

Application for TDA/SORH scholarship to attend 2012 EMS conference

NAME:

ADDRESS (including zip code):

PHONE NUMBER:

Please check your certification level:
___ECA ___EMT ___EMT-I ___EMT-P

When did you last attend the Texas EMS conference?

Are you a volunteer for an EMS provider?

What is the name of the provider you work for?

If you are not a volunteer, is the provider you work for a non-profit or for-profit entity?

By signing this application, you agree to fulfill the following requirements:

- I will accurately complete the continuing education booklet provided by Texas EMS Conference.
- I will provide the original booklet (photocopies will not be accepted) if I am audited by Texas Department of Agriculture/State Office of Rural Health.
- I acknowledge that if I share the unique number for any class with another person, or if I list a class I did not personally attend, I may be subject to disciplinary action and/or return of awarded scholarship funds.

Signed:

Copy and sign this application and mail to Linda Jones, Director, State Office of Rural Health, Texas Department of Agriculture, PO Box 12847, Austin, TX 78711.

On Duty

Golf tourney benefits Texas EMS Hall of Honor

The Texas Association of Air Medical Services is again sponsoring a golf tournament on Friday, November 9, in Austin, in conjunction with Texas EMS Conference. Proceeds will go to a fund that helps families of those killed in the line of duty travel to the Texas EMS Conference for the Hall of Honor ceremony during Tuesday's luncheon. The tournament format is a four-man scramble with a shotgun start at 1 p.m. at the beautiful Onion Creek Country Club on the southern edge of Austin. An awards dinner follows the tournament. Registration fees are $125 per player or $400 per foursome and include driving range, golf and dinner. Register online at www.taams.org.

DSHS receives 111 local projects grant applications

The Office of EMS/Trauma Systems Coordination (OEMS/TS) has received 111 Local Project Grant (LPG) applications for fiscal year 2013 funding consideration. The OEMS/TS staff and Public Health Region staff have begun reviewing and scoring all proposals, and our goal is to announce awards in early August. Each year, OEMS/TS awards about $1 million in funding for EMS projects through a competitive application process. Check our homepage, News/Features column, for LPG updates. For more information on available funding, go to www.dshs.state.tx.us/emstraumasystems and click on Funding Sources.

Emergency funding available

Has your area suffered a devastating event that might qualify you for Extraordinary Emergency Funding? The Extraordinary Emergency Fund is available to assist licensed EMS providers, hospitals and registered first responder organizations if unforeseeable events cause a degradation of service to the community. Situations that may severely reduce or incapacitate emergency response capability are considered extraordinary emergencies. **Archer City Ambulance Service** was recently approved for $97,963.73 to replace their primary response unit and a stretcher destroyed in a motor vehicle crash. For information on these grants, contact Haramain Shaikh at haramain.shaikh@dshs.state.tx.us or call 512-834-67000, ext. 2706.

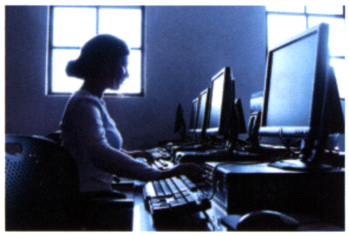
CoAEMSP implements new site visit payment procedure

The Committee on Accreditaiton of Education Programs for EMS Professions will implement a new payment schedule for programs paying for the cost of a site visit. The goal is to simplify budgeting for programs. Programs with site visits occurring or scheduled after July 1, 2012, will pay an upfront, flat fee of $2700 for a regular site visit, even if actual costs for the site visit go as high as $3200. A regular site visit is defined as two visitors for two days.

CoAEMSP says on the rare occasion when the actual cost of a regular site visit exceeds $3200, the program would pay only the actual amount over $3200; CoAEMSP will absorb the cost between $2700 and $3200. Occasionally, CoAEMSP will determine there are special circumstances that require additional resources beyond a standard site visit. If CoAEMSP determines that the site visit requires more than two visitors, the program will be invoiced $1350/additional visitor. If CoAEMSP determines that the site visit requires more than two days, the program will be invoiced $250 per visitor per additional day.

For programs with site visits already scheduled, CoAEMSP will work directly with them to convert to this new payment system. Following this transition period, programs will pay the flat fee at the time of submission of the Initial-Accreditation Self Study Report (ISSR) or the Continuing-Accreditation Self Study Report (CSSR). Programs submitting the Letter of Review Self Study Report (LSSR) do not pay a site visit fee at that time. This site visit fee will be paid when the program submits its ISSR. Programs can consult the CoAEMSP web site for more information: www.coaemsp.org.

EMS near-miss and line of duty death online reporting tools launched



A new national online tool for anonymous reporting of near-miss and line of duty deaths has been launched. National Association of EMTs, along with with the Center for Leadership, Innovation and Research (CLIR) in EMS, developed a system for EMS practitioners to report near-miss and line of duty death incidents by answering a series of questions online. The purpose of the system is to collect data to analyze and use in the development of EMS policies and procedures. No individual responses will be shared or transmitted to other parties. The tools launched last month and are live at www.emseventreport.org. These tools, along with an already existing tool to report patient safety events, form the EMS Voluntary Event Notification Tool (EVENT). For more information on EVENT, go to http://event.clirems.org. All responses to this national site are voluntary. Texas has no mandatory reporting requirements for near misses or for LODDs, although DSHS staff welcomes the information.

Medicare fraud nets EMS providers

Four EMS providers in Houston have been charged for trying to defraud Medicare out of more than $16 million in phony claims. The EMS providers are accused of transporting ambulatory patients to mental health clinics but billing Medicare for hospital transports. The indictments were part of the largest health care fraud crackdown in U.S. history, with an estimated $450 million in fraudulent Medicare claims. Documents obtained by the Houston Chronicle showed transports billed as "hospital" trips were not. Medicare rules require patients to be "bed-confined," and transported to a hospital, dialysis clinic or nursing home, not a community mental health center. The four ambulance providers transported patients to Spectrum Care, a mental health facility. Spectrum Care's two owners were charged in a $90 million Medicare billing scheme along with an assisted living home owner accused of taking kickbacks for sending her residents to the clinic. In addition to raids in Houston, federal agents raided businesses in Miami, Los Angeles, Detroit, Chicago, Tampa, Fla., and Baton Rouge, La. The government also suspended payments to 52 providers as part of the investigations.

Virtual EMS museum plans for more

Did you know there's a national EMS museum? The online collection of articles and photographs covers the history of prehospital medicine with information dating back to the 1700s, well before the birth of modern emergency medicine. The virtual museum, which was developed in the last few years, has a mission of "memorializing and commemorating the history of EMS and the individuals and organizations that provide emergency care to the sick and injured." Future plans for the museum include developing traveling exhibits and eventually a building for permanent storage of artifacts, tools and vehicles. While NAEMT provided some start-up funding, the non-profit organization is actively seeking donations to carry out its vision of a brick-and-mortar national EMS museum. To learn more or to donate (or just browse the old photos and information), go to www.emsmuseum.org.

On Duty

Vehicle visibility study initiated

The U.S. Fire Administration (USFA), along with several other groups, has initiated a study of emergency vehicle markings, lighting and design to maximize visibility to approaching motorists. The goal is to develop best practices for using various chevron patterns and reflective decal markings, and new arrangements of warning lights. The study will focus on emergency vehicles not covered by existing standards in this area. Further information on USFA's emergency vehicle and roadway safety research initiatives may be found at www.usfa.fema.gov/fireservice/research/safety/vehicle-roadway.shtm.

On Duty

NHTSA unveils campaign to prevent child heatstroke

Sadly enough, Texas leads the nation in the number of children who die from heatstroke after being left in cars during the summer months. The U.S. Department of Transportation's National Highway Traffic Safety Administration (NHTSA) has launched its first-ever national campaign to prevent child heatstroke deaths in cars, urging parents and caregivers to think "Where's baby? Look before you lock." NHTSA will launch a series of radio and online advertisements centered around the theme "*Where's baby? Look before you lock*," as well as a toolkit for parents and grassroots organizations to use in local outreach on the issue. Go to www.safercar.gov/parents/heatstroke.htm for more info.

CDC announces launch of new apps for field triage

A new CDC smartphone application that helps EMS professionals learn about the 2011 Guidelines for Field Triage of Injured Patients is now available. EMS professionals can use this app, which is free from Apple, to test their knowledge and learn more about transport decisions for injured patients. To learn more about the 2011 Guidelines for the Field Triage of Injured Patients, visit www.cdc.gov/Fieldtriage.

2012 award nominations due September 28!

Don't forget to nominate an outstanding person or organization for the Texas EMS/Trauma Awards. Simply go to the our website (www.dshs.state.tx.us/emstraumasystems) and click on Texas EMS Conference. We're making the process easier than ever this year – all you have to do is click on the link and it will take you directly to a page where you fill out the nomination form. No need to save and email to us. Once you've finished, a page will come up that allows you to print the nomination for your records. No need to submit after that – once you close the page, it will be routed to us. Best of all, you will get an email letting you know we received it. Winners are announced at the Awards Luncheon at Texas EMS Conference.

Award Categories 2012

EMS Educator Award
EMS Medical Director Award
EMS Administrator Award
Public Information/Injury Prevention Award
Citizen Award
Private/Public Provider Award
Volunteer Provider Award
First Responder Award
Air Medical Service Award
Outstanding EMS Person of the Year
Telecommunicator of the Year
Trauma Center Award
Regional Advisory Council Award

Join the crowds: Sign up for email updates

Are you on the list to receive email updates from DSHS when new information is posted to our website? Join the thousands of EMS and trauma stakeholders who now receive email updates based on the topics they choose. There are 12 topics to choose from, ranging from EMS educators to GETAC. Every time we upload new information to the website (such as GETAC agendas), you'll be notified. And don't worry – we decide when we send out an email, so we won't send you an email every time we correct a typo. Go to www.dshs.state.tx.us/emstraumasystems and click on the "Sign up for email updates" icon.

Texas EMS Conference 2012 Registration Form

Register online at www.texasemsconference.com

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NAME PREFERRED ON BADGE

COMPANY

ADDRESS

CITY | STATE | ZIP

PHONE (include area code) | EMAIL ADDRESS **REQUIRED**

PRIMARY ACTIVITY
❑ Student ❑ Patient Care ❑ Teaching ❑ Mid-Management/Supervisory ❑ Executive Management

LICENSE LEVEL
❑ ECA ❑ EMT ❑ EMT-I ❑ EMT-P ❑ LP ❑ LVN/RN ❑ MD/DO

PRIMARY WORK SETTING
❑ Hospital ❑ Industrial ❑ Ambulance Service ❑ Fire Department ❑ Other:_____

PRECONFERENCE CLASSES

Preconference registration **deadline: October 15, 2012**
Check the class(es) you will attend.

		After Oct 15
❑	National Association of EMS Educators Instructor Course	$435	$520
❑	Advanced Hazmat Life Support	$200	$240
❑	Advanced Medical Life Support	$350	$425
❑	NAEMT's Emergency Pediatric Care	$250	$300
❑	PEPP: Pediatric Education for Prehospital Professionals	$375	$415
❑	Basic and Clinical Research and Presentation Strategies	$275	$325
❑	Constructing the Multiple Choice Exam	$220	$260
❑	High Angle Rescue	$250	$300

		After Oct 15
❑	Managing Excited Delirium	$175	$200
❑	EMS Safety	$175	$200
❑	Cave Rescue	$250	$300
❑	Delivering "The News" with Care and Compassion	$150	$175
❑	GEMS: Geriatric Education for EMS	$150	$175
❑	Keeping It Real	$200	$240
❑	Neonatal Assessment	$150	$175
❑	Pit Crew Approach to Cardiac Arrest Management	$150	$175
❑	Taking Care of Our Musculoskeletal Injuries	$125	$150

REGISTRATION FEE
$195 until October 26
$225 after October 26

Register online at www.texasemsconference.com
Registration information: (512) 759-1720
General Information: (512) 834-6700

PAYMENT INFORMATION

__Enclosed is my check for $_____
__Enclosed is my Purchase Order #_____ for $_____
__Charge my: ❑ MasterCard ❑ Visa ❑ American Express ❑ Discover

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CCV# Exp. Date

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Authorized Cardholder Signature

Zip Code of Billing Address

Registrations by fax will be accepted only if you are using a credit card. A check, money order or credit card number must accompany any mailed registration. No mailed or faxed registrations accepted after 10/26/2012. **No refund after 10/26/2012.** There is a 20% administration fee if a refund is necessary.

If paying by credit card, you may fax your completed registration to: **(512) 759-1719.**

By signing up for the conference, you agree to have your likeness reproduced in publications.

Conference Registration Fee $_____

Preconference Class(es) Fee $_____

Total Amount Enclosed $_____

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Hutto, Texas 78634

No refunds after October 26, 2012.

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TEXAS EMS Conference 2012

Texas EMS Conference

See you in Austin!

Austin Convention Center
November 11-14

Exhibit Hall Hours

Sunday 2 to 7pm
Monday 11am to 6pm
Tuesday 8 to 11am

Education

One-hour lectures
Two-hour, hands-on workshops
In-depth preconference classes

The full package includes

Up to 15 hours CE credit
Exhibit Hall pass
Conference logo tote bag
Coffee and snack breaks each day
Buffet lunch on Monday
Awards Luncheon on Tuesday

New!

Exhibit Hall Passes

-Included with conference registration
-Included with preconference registration
-Pass only: $6 before 10/26, $10 at the door

Schedule

Conference At-A-Glance

Austin Convention Center

Saturday, November 10
7:00 am - 6:00 pm Exhibitor registration
3:00 pm - 6:00 pm Attendee registration

Sunday, November 11
7:00 am - 7:00 pm Registration
2:00 pm - 7:00 pm Exhibit Hall open
4:00 pm - 6:00 pm Welcome Reception

Monday, November 12
7:00 am - 6:00 pm Registration
8:15 am - 9:30 am Opening Session
9:45 am - 10:45 am Workshop Breakouts
11:00 am - 6:00 pm Exhibit Hall open
11:00 am - Noon Workshop Breakouts
11:30 am - 1:00 pm Lunch
1:30 pm - 2:30 pm Workshop Breakouts
2:45 pm - 3:45 pm Workshop Breakouts
4:00 pm - 5:00 pm Workshop Breakouts

Tuesday, November 13
7:00 am - 3:00 pm Registration
7:30 am - 8:30 am Workshop Breakouts
8:00 am - 11:00 am Exhibit Hall open
8:45 am - 9:45 am Workshop Breakouts
10:00 am -11:00 am Workshop Breakouts
11:00 am Exhibit Hall closes
11:45 am - 1:30 pm Awards Luncheon
2:00 pm - 3:00 pm Workshop Breakouts
3:15 pm - 4:15 pm Workshop Breakouts
4:30 pm - 5:30 pm Workshop Breakouts

Wednesday, November 14
8:30 am - 9:30 am Workshop Breakouts
9:45 am - 10:45 am Workshop Breakouts
11:00 am - Noon Closing Session
Conference adjourns

November 11-14, 2012

Special conference rates available at seven downtown hotels.

Hilton Austin
500 East 4th Street
Austin, Texas 78701
(800) 236-1592
$98/$98 Single/Double occupancy or $204/$204 for triple/quadruple occupancy
Booking code: TXE
The Hilton Austin, adjacent to the convention center, will be the conference host hotel.

Hampton Inn & Suites Austin-Downtown
200 San Jacinto Boulevard
Austin, Texas 78701
(512) 472-1500
$98/$98 Single/Double occupancy or $159/$159 for triple/quadruple occupancy
Booking code: EMS
The Hampton Inn is just one block west of the convention center.

Four Seasons Hotel Austin
98 San Jacinto Boulevard
Austin, Texas 78701
(512) 685-8100
$139/$139
Booking code: EMS
Call (512) 685-8100 and reserve rooms using the booking code.
The Four Seasons Hotel is near Lady Bird Lake and just one block south of the convention center.

Courtyard Austin Downtown
300 East 4th Street
Austin, Texas 78701
1-800-Marriott
$99/$99 Single/Double occupancy or $99/$99 for triple/quadruple occupancy
Booking Code: TX EMS
The Courtyard Marriott is just up the block from the convention center entrance and adjoins the Residence Inn.

Hilton Garden Inn Austin Downtown
500 North IH 35
Austin, Texas 78701
(877) 782-9444
$90/$90 Single/Double occupancy or $90/$90 for triple/quadruple occupancy
Booking code: EMC
The Hilton Garden Inn is located 1 Block from the Hilton Austin and the Austin Convention Center

Residence Inn Austin Downtown
300 East 4th Street
Austin, Texas 78701
1-800-Marriott
$104
Booking code: TX EMS

TEXAS EMS Conference 2012

Radisson Hotel & Suites Austin-Town Lake
111 Cesar Chavez Street
Austin Texas 78701
(800) 333-3333
$85/$85 Single/Double occupancy or $105/$125 for triple/quadruple occupancy
Booking code: Texas EMS Conference
The Radisson Hotel is at the corner of Congress Ave and Cesar Chavez St, about three blocks west of the convention center.

NOTE: To book a hotel online, go to our website at www.dshs.state.tx.us/emstraumasystems and click on the Texas EMS Conference site.

Preconference Classes

November 9, 10 and 11

Registration deadline October 15 — prices increase October 16

For registration information or to find out whether a class is full, call (512) 759-1720.

For information on class content, contact the person indicated in the class description.

Preconference class registration includes admittance to the Exhibit Hall; nametags must be picked up at Onsite Registration.

Friday–Saturday–Sunday

National Association of EMS Educators Instructor Course: *$435; Friday, 11/9, 8:00 am–5:00 pm; Saturday, 11/10, 8:00 am–5:00 pm; and Sunday, 11/11, 8:00 am–5:00 pm; lunch on own; Hilton Austin; CE: Additional.* NAEMSE presents the EMS Instructor Course, which has been designed and developed by the same individuals who produced the DOT/NHTSA 2002 National Guidelines for Educating EMS Instructors. The NAEMSE Instructor Course represents the didactic component and practical application of the beginning education process to become an EMS instructor. The content of this 40-hour course aligns the NAEMSE developed modules with the curriculum objectives of the 2002 National Guidelines. NAEMSE recognizes that the development of a professional EMS educator requires many components, including formalized education in all aspects of the educational process, practical experience in teaching and mentoring by other members of the educational team to foster personal growth and development. This course does not include all these components, but it does offer the beginning steps of the process. Enrollment will be limited to 100 participants. Individuals must complete a 16-hour online course *before* attending the class. Information about the online course will be sent after registration. Individuals who attend the entire course and pass the post test will receive a Certificate of Course Completion from NAEMSE and will be eligible for Texas instructor certification. Continuing education hours have been applied for through NAEMSE, which is accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). For more information on course content, contact Stephanie Patton at Stephanie.Patton@naemse.org or (412) 343-4775.

Saturday–Sunday

Advanced Hazmat Life Support: *$200; Saturday, 11/10, 8:00 am–5:30 pm; and Sunday, 11/11, 8:00 am–5:30 pm; 1 ½ hours for lunch on own; Austin Convention Center; CE: Patient Assessment, Medical, Special considerations.* The Advanced Hazmat Life Support (AHLS) Provider program gives health professionals a timely and effective response strategy in the medical management of hazmat incidents. Participants will receive a four-year verification status upon successful completion of the course. This course covers a vast array of hazardous materials, including pesticides, corrosives, toxic inhalants and chemical, biological, radiological and nuclear agents. AHLS Provider course participants learn how to rapidly assess hazmat patients, recognize toxic syndromes (toxidromes), apply the poisoning treatment paradigm, and identify and administer specific antidotes. Support for this ALHS training provided by the CDC through a Public Health Emergency Prepartedness grant under the administration of DSHS. Attendees must contact Judy Whitfield for additional pre-class registration with AHLS, (512) 776-6328 or Judy.Whitfield@dshs.state.tx.us.

Advanced Medical Life Support: *$350; Saturday, 11/10, 8:00 am–5:30 pm; and Sunday, 11/11, 8:00 am–5:30 pm; 1½ hours for lunch on own; Austin Convention Center; CE: Medical.* AMLS is a 16-hour program with interactive lectures, teaching and evaluation stations. The interactive/case-based lectures include the following topics: patient assessment, airway management, assessment of the shock patient, dyspnea/respiratory failure, chest pain, altered mental status and abdominal pain. Skill station practice follows the lectures each day. Students will learn to perform a thorough AMLS systematic patient assessment, discuss possible differential diagnoses from initial assessment information, identify probable differential diagnoses from focused history, physical exam and diagnostic information and navigate from an initial assessment-based approach to a diagnostic-based approach to assessment Initiate and modify management strategies based on assessment findings and patient response. Attendees must download an AMLS pre-test (choose ALS or BLS), and bring the completed test to the preconference class, www.uthscsacommed.org/resources.html. Also, attendees can purchase the textbook, *AMLS-Advanced Medical Life Support*, 1st edition, by the NAEMT, but it is not required.

Coordinator Course: *$600; Saturday, 11/10, 8:00 am–5:30 pm; and Sunday, 11/11, 8:00 am–6:00 pm; lunch provided both days; Austin Convention Center; course limited to 25 attendees.* ***No CE****. Exam on Monday at the Convention Center.* This 16-hour course is intended to train Texas EMS course coordinators. Participants will be selected through a competitive application process. To apply, complete and mail the course application along with the required documentation and a letter detailing justification for your enrollment. Do **not** complete a state certification application at this time. The course application and screening criteria can be found at www.dshs.state.tx.us/

Preconference Classes

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emstraumasystems/CoordinatorCourse.shtm. Course applications must be postmarked on or before July 16, 2012. Do not submit a fee until you receive an invoice for payment and an acceptance letter detailing additional steps of the process. Mail the completed course application, *without payment*, to Phil Lockwood, Texas EMS Conference, PO Box 142694, Austin, TX 78714. Attendees will be selected by September 1, 2012, and notified by U.S. mail shortly afterward. Upon receipt of an acceptance letter, you will have until September 30, 2012, to submit payments for the preconference coordinator course and the state coordinator certification application and fees. For more information on course content, contact Phil Lockwood at phil.lockwood@dshs.state.tx.us or (512) 834-6700 x2032.

NAEMT's Emergency Pediatric Care: *$250; Saturday, 11/10, 8:00 am–5:30 pm; and Sunday, 11/11, 8:00 am–5:30 pm; 1½ hours for lunch on own; Austin Convention Center; CE: Pediatric.* NAEMT's Emergency Pediatric Care (EPC) course focuses on the care of sick and injured children, addressing a full spectrum of emergency illnesses, injuries and scenarios that an EMS practitioner might encounter. EPC is different from any other EMS continuing education course in that it provides an in-depth understanding of the pathophysiology of the most common pediatric emergency issues, and it stresses critical thinking skills to help practitioners make the best decisions for their patients. For information on course content, contact Paul Garcia at ssti@me.com.

PEPP: Pediatric Education for Prehospital Professionals: *$375; Saturday, 11/10, 8:00 am–5:30 pm; and Sunday, 11/11, 8:00 am–5:30 pm; 1½ hours for lunch on own; Austin Convention Center; CE: Pediatric.* Pediatric calls are some of the most stressful times as an EMS provider. Even in a noncritical setting, assessing a pediatric patient presents unique challenges: Only 10 percent of calls involve children, and only 1 in 100 deal with critical pediatric patients. To lessen the stress of these calls, this class offers a comprehensive source of prehospital medical information for the emergent care of infants and children. Developed by the American Academy of Pediatrics, it is designed specifically to teach prehospital professionals how to better assess and manage ill or injured children. The two-day ALS course is geared toward EMT-Intermediate and paramedic providers. This PEPP ALS class will be taught by Medical City Children`s Transport team and pediatric emergency physicians, as well as other pediatric specialists. The lectures are tailored and updated to meet the new AHA standards and to reflect recent pediatric initiatives and best practice in pediatric prehospital care. For more information on course content, contact Craig White at Craig.White@hcahealthcare.com.

Saturday

Basic and Clinical Research and Presentation Strategies: *$275; Saturday, 11/10; 8:00 am–5:30 pm; lunch will be provided; Hilton Austin; CE: Special considerations.* This class will introduce the participant to the fundamentals of performing basic and clinical research as well as literature reviews. We will discuss interesting uses of common tools widely available and how to find and use some of the lesser-known resources. In this course, we will also discuss the regulatory requirements and pitfalls of human-based research. We will provide hands-on experience in developing scientific-focused poster and oral presentations. Participants who attend with specific research ideas will receive individualized project assistance from the faculty. For more information on course content, contact David Wampler at (210) 567-7598 or wamplerd@uthscsa.edu.

Constructing the Multiple Choice Exam: Better Prepare Students for National Certification: *$220; Saturday, 11/10; 8:00 am–5:30 pm; 1½ hours for lunch on own; Hilton Austin; CE: Clinically related operations.* Constructing test items that accurately measure achievement, ability and aptitude is a task of enormous importance. The quality of those items directly influences the power to interpret test scores. The State of EMS Education Research Project (SEERP) identified as one of the top ten challenges for EMS educators as the task of learning to write realistic and valid exams. This class will introduce EMS educators to very simple techniques for improving the quality of their multiple-choice examinations. For information on course content, contact Kenneth Navarro at kenneth.navarro@UTSouthwestern.edu.

High Angle Rescue: $*250, Saturday, 11/10; 8:00 am–5:30 pm; lunch provided; meet off-site; CE: Preparatory, Patient assessment, Trauma*. This fun, eight-hour course covers basic equipment used in high-angle rescue, rappelling, belays, simple hauls and lowers, and it also teaches self-rescue techniques, patient assessment and patient packaging. Students must bring sturdy boots, rugged clothing, harness (provided

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if you do not have one), helmet (firefighting, wilderness or industrial style), leather gloves (non-firefighting or hazmat) and canteen or water bottle. Lunch is provided. For more information on course content, contact John Green at john@texasroperescue.com.

Managing Excited Delirium: *$175; Saturday, 11/10; 8:00 am–5:30 pm; 1½ hours for lunch on own; Hilton Austin; CE: Preparatory, Patient assessment, Medical, Special considerations, Clinically related operations.* This eight-hour class is an interactive, hands-on approach to safely managing an excited delirium (ED) event. Attendees will learn how to recognize ED and how to safely handle a patient suffering from ED by learning to minimize the risk of injuries to the rescuers and to the patient. Specific take-downs and techniques for capturing and restraining the patient will be demonstrated and practiced. Patient outcomes will also be discussed, as will protocol and department policies. For more information on course content, contact Wren Nealy at (281) 378-0826 or wnealy@ccems.com.

EMS Safety: Taking Safety to the Streets: *$175; Saturday, 11/10; 8:00 am–5:30 pm; 1½ hours for lunch on own; Hilton Austin; CE: Special considerations.* The class will increase attendees' awareness and understanding of EMS safety standards and practices and develop their ability to effectively implement these practices when on duty. The six-module course will cover the following topics: crew resource management; emergency vehicle safety; operational scene safety; safe patient handling; patient, practitioner and bystander safety and personal health. Course manual included. For more information on course content, contact Michael L. Shelton at (817) 632-0515 or mshelton@medstar911.org.

Sunday

Cave Rescue: *$250, Sunday, 11/11; 8:00 am–5:30 pm; lunch provided; meet at Hilton at 7:15 for bus; CE: Preparatory, Patient assessment, Trauma.* Learn the basics of cave rescue in this 8-hour introductory course. This physically strenuous cave class provides lots of hands-on training in patient assessment, patient packaging, hauls/lowers, all while underground in a cave. All necessary equipment is provided except leather gloves and knee pads. Since you will crawling through tight spaces in dirt and mud, this class is not for anyone who is claustrophobic or minds getting muddy. Lunch and transportation provided. For more information on course content, contact John Green at john@texasroperescue.com.

Delivering "The News" with Care and Compassion: *$150; Sunday, 11/11; 9 am–4:30 pm; 1½ hours for lunch on own; Hilton Austin; CE: Special considerations.* Dealing with sudden, violent death touches many professionals—emergency medical personnel, doctors, nurses, hospital social workers, law enforcement officers and mental health counselors—on a daily basis. Sudden, violent deaths such as homicides, motor vehicle crashes, suicides and school shootings cause hundreds and thousands of parents, children, spouses, grandparents, brothers, sisters and friends to grieve and change their lives forever. Most families experiencing a sudden death say that the most traumatic moment of their life was the notification of the death of their loved one. Most recall vivid tunnel-vision for a portion of it. Likewise, most people who are required to deliver death notifications say it is the most difficult and stressful part of their jobs. This training session is designed to assist you in gaining knowledge regarding a sudden, traumatic death and death. For information on course content, contact Jennifer Northway at Jennifer.Northway@madd.org.

GEMS: Geriatric Education for EMS: *$150; Sunday, 11/11; 12:00 pm–6:00 pm; working lunch will be provided; Hilton Austin; CE: Special considerations.* GEMS is a national continuing education curriculum designed to address all of the special needs of the older population, including the geriatric objectives as identified in the EMT-Basic, Intermediate and Paramedic NHTSA National Standard Curricula. The proportion of the aged in society today is greater than ever before and growing faster than any other segment of our population. Current indications are that approximately 34 percent of calls for emergency medical services, or 3.4 million emergency responses, involve patients over the age of 60. For information on course content, contact Rommie Duckworth at romduck@snet.net.

Keeping It Real—Emergent Procedures and Human Anatomy Lab: *$200; Sunday, 11/11; 8:00 am–6:00 pm; breakfast, lunch and snack provided; off-site at Bulverde Spring Branch Centre for Emergency Health Sciences (bus departs from Hilton Austin at 8:00 am) CE: Preparatory. Keeping It Real* is a nationally recognized anatomy program focusing on emergent resuscitation and appropriate procedural interventions. This program is a hands-on experience, blending fresh and embalmed human specimens, in concert with a team of

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experienced medical professionals (paramedics, nurses and physicians), engaged to teach you the most demanding procedures, with the right dose of appropriateness. This entire course is designed to comprehensively explain and train fundamental to surgical ventilation management, vascular access (IV, IO, CV), thoracic decompression, chest tube placement and management, pericardiocentesis as well as ultrasound assessment and usage. Participants are actively encouraged to locate, visualize, mobilize and explore the anatomy of the human neck, chest, abdomen and extremities to better appreciate the impact our procedures have on the body—while simultaneously appreciating the more common medical and traumatic complications we frequently encounter. *Keeping It Real* is orchestrated toward the common goal of improving "indication recognition" while simultaneously offering the hands-on experience these procedures require. For more information on course content, contact Scotty Bolleter at sbolleter@bsbems.org.

Neonatal Assessment: *$150; Sunday, 11/11; 8:00 am–5:30 pm; 1½ hours for lunch on own; Austin Convention Center; CE: Pediatric.* This eight-hour class provides a detailed exploration of the skills required to assess an infant within the first month of life. A major emphasis is placed on distinguishing between normal, abnormal and emergent findings in each body system. The knowledge gained in this class will help providers to maintain confidence, composure and efficiency with an unfamiliar patient population. For information on course content, contact Eric Frost at Eric.Frost@memorialhermann.org.

Pit Crew Approach to Cardiac Arrest Management: *$150; Sunday, 11/11; 8:00 am–5:30 pm; 1½ hours for lunch on own; Hilton Austin; CE: Preparatory, Medical.* Modern EMS evolved from a desire to bring specialized medical care quickly to cardiac arrest victims. Since the birth of EMS, experts have continuously updated resuscitation standards for those victims. Despite these "advances," survival rates following out-of-hospital cardiac arrest remain dismal. A highly trained and efficient NASCAR pit crew can refuel a car, change four tires, and clean the windshield in about twenty seconds. Perhaps an EMS team displaying the same incredible precision and teamwork coupled with a thorough understanding of the science behind resuscitation could influence out-of-hospital cardiac arrest survival rates. This course will emphasize the importance of basic life support interventions, the integration of those interventions with advanced care, and the importance of effective team interaction and communication during the resuscitation attempt. Although this course will focus on BLS, participants at every level of certification can learn to improve the quality of their resuscitation attempt. For information on course content, contact Kenneth Navarro at Kenneth.Navarro@UTSouthwestern.edu.

Taking Care of Our Musculoskeletal Injuries: *$125; Sunday, 11/11; 1:00 pm–5:00 pm; Austin Convention Center; CE: Special considerations.* Expanding on a two-hour workshop presented at Texas EMS Conference in 2011, Katie Lyman will offer information on basic musculoskeletal injuries common in EMS providers. This class will be interactive and include hands-on experience involving taping, wrapping, stretching and more. If you've ever experienced an injury, are fearful of being injured, witnessed a co-worker sustain an injury or simply want to help yourself or your colleagues, this class is intended for you! In order to take care of others, we need to take care of ourselves. Be prepared to participate and learn about caring for your own injuries. For more information on course content, contact Katie Lyman at katie.lyman12@gmail.com.

3rd Annual Texas EMS Research Forum

Share your research and ideas with the EMS community

Deadline for Submission: September 21, 2012

Look for details and submission requirements at: www.dshs.tx.us/emstraumasystems/conference.shtm

Texas EMS Conference 2011 Lectures and Workshops

November 12, 13, 14

Faculty and sessions subject to change

One-Hour Lectures

ABCs of the DRT: Death Notification and Field Terminations
Steven Arze, MD, FACEP
Chaplain Skip Straus, NREMT-P, BCCC

Understanding Child Abuse and Neglect
Lisa Bennett, CCEMTP

Motor Vehicle Collisions: "Responder & Victim"
Ken Bouvier, NREMT-P

Prehospital Care for the Morbidly Obese
Ken Bouvier, NREMT-P

Understanding Hypoperfusion "Shock"
Ken Bouvier, NREMT-P

The Strangest ECGs You've Never Seen
Jeffrey Brosius

Developmental Delays and Abnormalities in the Pediatric Birth-to-3 Patient: Recognition and Implications for the EMS Provider
Steven D. Butler, LP
Clarice Butler, Licensed Physical Therapist

Minimizing the EMS Provider's Family Stress
Dean Campa, BS, LP, FPC

"Why Does it Hurt So Bad?"
Dana Clarke, CFRN, BSN, EMT-P

Difficult Airway Management: A Philosophy of Success!
Rommie Duckworth, EMT-P

Airway of Choice: To ET or Not to ET?
Rommie Duckworth, EMT-P

The Silent Majority: Geriatrics in the New Millennium
Rommie Duckworth, EMT-P

Who'd a Thought? The New Trends of Chemical Suicide
Jason Dush, FF/EMT-P, CCEMT-P, FP-C

Droolers, Wheezers and Sneezers: Pediatric Respiratory Emergencies
Chris Ebright, B.Ed, NREMT-P

Reading Between the Lines: Pediatric Medical Assessment
Chris Ebright, B.Ed, NREMT-P

Pediatric Sepsis
Chris Ebright, B.Ed, NREMT-P

Mitigation of Secondary Brain Injury in the TBI Child
David Ellis, BS, FP-C, CMTE

Beyond the Neb
David Ellis, BS, FP-C, CMTE

Pediatric Patients: Not Small Adults
Tina Frey, BSN

Elusive Diagnoses in Newborns
Eric Frost, RNC-NIC, EMT-I

Non-Accidental Trauma in Children
Kelly Gettig, RN, CPNP-PC/AC

Blue Babies Gone Bad: A Review of Congenital Heart Defects
Lisa Gilmore, MSN/Ed, RN, NREMT-P

The Patient Has a VAD: Is This BAD?
Lisa Gilmore, MSN/Ed, RN, NREMT-P

Suicide by Social Media
David J. Givot, Esq.

Understanding Negligence to Save Lives (and Careers)
David J. Givot, Esq.

The Fundamentals of EMS Documentation
David J. Givot, Esq.

Team Dynamics in Cardiac Arrest Resuscitation: Can We Save More Lives? You Bet Your Keister We Can!
Jeffrey M. Goodloe, MD, NREMT-P, FACEP

Advanced EMS Capnography: Where are we? Where can we go?
Jeffrey M. Goodloe, MD, NREMT-P, FACEP

Basic EMS Capnography: Building Blocks for Airway Management and Patient Assessment
Jeffrey M. Goodloe, MD, NREMT-P, FACEP

Children with Special Health Care Needs
Ann Gosdin, RN, MS, CNS, CPNP-PC

Sepsis: Recognizing the Silent Killer
Steven "Kelly" Grayson, CCEMT-P

All That Is Asthma Does Not Wheeze: Recognition and Treatment of Respiratory Ailments
Steven "Kelly" Grayson, CCEMT-P

Narcotics 101 - Rules, Regs, Reality
Russell Griffin

Fairy Tales, Myths and Sepsis Management
Jeff Hayes, BS, LP
Jeff Beeson, DO, FACEP, LP

The Continuing Saga of Humpty Dumpty: Re-Exploring Traumatic Brain Injury
Jeff Hayes, BS, LP

Pandora's Box and The Taming of the Shrew: The Story of Unintended Consequences
Jeff Hayes, BS, LP

When Humpty Dumpty Fell: Traumatic Brain Injuries
Lisa A. Hollett, RN, BSN, MA, MICN, CFN

Grandma Got Run Over by a Reindeer: Geriatric Trauma
Lisa A. Hollett, RN, BSN, MA, MICN, CFN

Hot Baby Hot: Pediatric Vehicular Hyperthermia
Sarah House, MICT

Tot Talk: Tricks of the Trade to Effectively Communicate with Pediatric Patients
Sarah House, MICT

It Is Not Always As It Appears: Sudden Infant Death Syndrome
Sarah House, MICT

Chest Pain: It's Not Just for Heart Attacks Anymore
Jeffrey L. Jarvis, MD, EMT-P

6 Jeffs and a Pastor: 7 Things You Need To Know About Cardiac Arrest in 50 Minutes
Jeffrey L. Jarvis, MD, EMT-P
Jeff Beeson, DO, FACEP, LP; Jeff Hayes, BS, LP; Jeff Fritz, LP; Jeff McDonald, LP; Jeffrey M. Goodloe, MD, NREMT-P, FACEP; John Frey

Autism Awareness for the First Responder
Lee Ann Jones-Fewell, RN, BSN, CFRN, CEN, CCRN, LP

The Case for Ketamine in EMS
Jay L Kovar, MD, FACEP

Keep it in Mind: Common Misconceptions of Concussions
Katie Lyman, MS, ATC, LAT, CKTI, NREMT

Hemorrhage Control in Trauma
Sumeru G Mehta, MD

Lupus, Not a Wolf in *Twilight*: Autoimmune Emergencies
Alexandre F. Migala, DO, FAAEM

Airways: How to Assess and Manage
Alexandre F. Migala, DO, FAAEM

What Do I Do Now? A Review of Pediatric Respiratory Distress
Jenna Miller, MD

"I think I have acute abdomen. What do you think?"
Kirk E. Mittelman, M.Ed., NREMT-P

"I can't hear you, speak up!" A Look at Geriatric Emergencies
Kirk E. Mittelman, M.Ed., NREMT-P

Resuscitation Science Highlights from 2011
Kenneth Navarro

Does Oxygen Really Help … or Worse?
Kenneth Navarro

Epinephrine vs. Vasopressin: The Role of Vasopressors in Cardiac Arrest
Kenneth Navarro

EMS Non-Transport Decision-Making: Alternative Transport, Alternative Destinations, and "High-End" 9-1-1-Users
Wes Ogilvie, LP
Dudley Wait, BBA, LP
S. Marshal Isaacs, MD, FACEP

This ain't my first rodeo … or is it? Rodeo and the Medic
Jon Puryear, NREMT-P

Putting the TEAM Back in Airway Management
Keven Roles, NREMT-P, FP-C

Women and the Silent MI
Gary Saffer, NREMT-P, BA, MPA

Capnography for Prehospital Providers: The Basics and Beyond
Gary Saffer, NREMT-P, BA, MPA

Who Are We … and Who Are We *Not*? Views of EMS from the Street
Jules K. Scadden, NREMT-P, PS

When you're 104!
Jules K. Scadden, NREMT-P, PS

The Perfect Storm: OB Emergencies
Jules K. Scadden, NREMT-P, PS

Do you know what's happening around you? Situational Awareness
Michael D. Smith, AAS, NREMT-P, CCEMT-P, EMSI

Critical Thinking: Looking Beyond the Symptoms
Michael D. Smith, AAS, NREMT-P, CCEMT-P, EMSI

Endocrine Emergencies, or Am I a Just a Big Sweetie?
Michael D. Smith, AAS, NREMT-P, CCEMT-P, EMSI

LUCAS Device: Echo Fact or Fiction
Dave Spear, MD, FACEP
Jason Bowman, RN, NREMT-P

Just the Basics: Pharmacology for the EMT
Janet Taylor, RN, NREMT-B

First Blood: Blood Transfusions in EMS Transports
Janet Taylor, RN, NREMT-B

Thoracic Park: Chest Tubes in EMS Transport
Janet Taylor, RN, NREMT-B

Positional Asphyxia: Don't Let It Happen to Your Patient
Larry Torrey, RN, EMT-P

Bad to the Bone: A Review of Intraosseous Infusion Devices
Larry Torrey, RN, EMT-P

Pathophysiology for EMS: Why We Do What We Do
Larry Torrey, RN, EMT-P

EMS Response to Family Violence Involving Strangulation and Suffocation
Roger Turner, LP

D3: Drunk, Drugged, or Deranged? How to Know and Document the Differences
Roger Turner, LP

Interacting with the Disruptive Individual. Verbal De-Escalation Techniques and Documentation of the Event
Roger Turner, LP

Analysis of Burns
Sue Vanek, BSN, MBA, RN

Wild, Wild West EMS
Hemant Vankawala, MD
Greg Hennington, NREMT-P

What's Wrong with the Old Way of Treating a Major Bleeder?
Chris Weinzapfel

Responding to Pediatric Emergencies with Confidence
Shawn White, LP, RN

"I Can't Drive 55!": Mechanism of Injury
Karen Yates, RN, BS, CEN, LP

Bridging the Gap Between EMS and Emergency Departments
Karen Yates, RN, BS, CEN, LP
Jason Dush, FF/EMT-P, CCEMT-P, FP-C

Two-Hour Workshops

Sick and Blue, What Do I Do? Pediatric Airway Management
Scott Anderson, NREMT-P, C-NPT
Sheri Sinclair, RN

Distracted Driving
Monte Atchley, EMT-P

Understanding Radiological Threats in Your Community
Tom Clawson
Chris Alverson

Wilderness First Aid
Ryan D. Cobin, NREMT-B

Can You Hear Me Now?
Carolyn Colley, HLRS
Rene N Garcia, LP, CCEMTP, AS, AAS

Video Laryngoscopes and Other Advanced Airway Devices
Charles Cowles, MD, NREMT-P
Timothy Jackson, MD, PhD

Pediatric Trauma in the Prehospital Setting
Tina Frey, BSN

Moulage by the Numbers
Kevin Gehrig, EMT-I
Laura Gehrig, BA EM, HMS

"I'm in here! Can you see me?" Insights into EMS Assessment and Communication Skills for Children with Special Needs Taught by the Kids Themselves
Anthony D. Gilchrest, MPA, BS-EHS, EMT-P

Pediatric ALS Skills Workshop: All the Procedures You're Scared of, Plus the Ones That Actually Work
Steven "Kelly" Grayson, CCEMT-P
Gary Saffer, NREMT-P, BA, MPA
Jules K. Scadden, NREMT-P, PS

Two Rescuers, One Rope, No Problem
John Green, EMT-I

Trauma 9-1-1: A Pediatric Perspective
Sarah House, MICT
David Seastrom, RN, BSN, EMT-I

Easy ECG Rhythm Interpretation
Susie Jechow, BA, LP

Friday Night Lights … On-Field Care of the Potential Spine-Injured Athlete
Jackie Langford, BFA, FF/LP

When Sugar Ain't Sweet
Deborah McCrea, RN, MSN, CNS, CEN, CFRN, EMT-P

Jams and Pretzels: Innovative Pediatric Packaging
Kirk E. Mittelman, M.Ed, NREMT
Margaret A. Mittelman, M.Ed, EMT-I

Using Smart Phones in Your Classroom
David R Pearse

Pediatric Prehospital Skills Stations
Nadia Pearson, DO

Changin' HOPA (Hands-On Pediatric Assessment)
Christopher Suprun, FF/EMT-P

Hands-On Disaster Moulage
Stephanie Thompson, EMT

TASER ECD Workshop
Roger Turner, LP

Specialty Tracks
More lectures will be added in the following specialty areas:

- Administration (coordinated by Ernie Rodriguez and the EMS Leadership Forum
- Educator
- Medical Directors (sponsored by Texas College of Emergency Physicians)
- Research (co-coordinated by GETAC and UTHSCSA)

Paramedics Philip Boyd and Rolando Moreno Jr. received outstanding service awards from the Coastal Bend Regional Advisory Council for their actions in response to a welfare check at a residence in early February.

CBRAC offers outstanding service awards

The Coastal Bend Regional Advisory Council, TSA-U, serving Nueces and 12 surrounding counties to Corpus Christi, recently awarded its first outstanding service recognition awards. Paramedics Philip Boyd and Rolando Moreno Jr. were nominated by Diana Bluntzer, EMS Director for Nueces County ESD #2, for their actions in response to a welfare check at a residence in early February.

The request for service came from a family member who had not had contact with the resident in more than 36 hours. The medics were dispatched without knowing what they would encounter. They arrived at the rural address during a significant rainstorm and discovered the lengthy driveway was under 18 inches of water. Rather than risk damage to the ambulance, the medics approached the house on foot; first barefoot and then using waders provided by neighbors.

When they reached the residence, they found a 67-year-old female face down in the back yard. The patient was responsive only to pain and had multiple cuts and bruises. She was backboarded by the medics and carried back through the water to the ambulance. They transported the patient to the area trauma facility. Later reports indicated that the patient was already suffering hyperthermia, with a core temperature less than 90 degrees.

by Kathy Clayton

AMA and STRAC partner to demonstrate use of health security card

The American Medical Association held a two-day conference in April in San Antonio to discuss and demonstrate the use of a "health security card." A secured card would contain a person's health and emergency contact information, which would connect affected individuals, responders and providers across electronic medical record systems during a disaster or public health emergency.

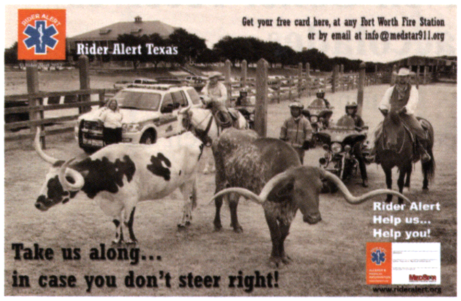
The conference, supported by the Southwest Texas Regional Advisory Council, included overview discussions of health security cards, reporting of research on the use of health security cards, panel discussions and a live simulation of a public health triage scenario using health security cards.

The exercise, held in the Alamodome and in the Emergency Operations Center in San Antonio, created four lines of patients representing a displaced population, each triaged with and without a health security card. The exercise also included a mobile medical unit, an ambus, two ambulances and cots, arranged to receive the triaged patients.

The conference and exercise helped demonstrate the effectiveness of using health security cards, including reductions in medical errors and medical identity theft, improved emergency care efficiency and access to emergency contact and notification information.

The AMA and STRAC partnered to demonstrate use of a health security card in a two-day conference and triage exercise in April in San Antonio.

Rider Alert motorcycle safety program makes Texas debut



MedStar brings the Rider Alert program to Texas, helping to provide free alert cards, placed inside a motorcycle rider's helmet, that include life-saving information, emergency contacts and medical history.

Rider Alert, a motorcycle safety program, made its Texas debut as thousands of motorcycle enthusiasts gathered in Ft. Worth in May for the Texas State Harley Owners Group rally at the Fort Worth Stockyards. The Rider Alert program, created by the Richmond Ambulance Authority and Bon Secours Virginia Health System in partnership with *Motorcycle Virginia!*, provides free identification cards that will help first responders provide rapid and accurate medical assistance to riders involved in crashes.

"Many motorcycle crash victims are unconscious when responders arrive, making it very difficult for EMS personnel to know the patient's medical history or emergency contacts," explains John Elder, MedStar's Clinical Director.

A Rider Alert card is placed inside a rider's helmet and contains vital, life-saving information, emergency contacts and any important medical history. When first responders arrive on the scene of a motorcycle crash, a one-inch sticker on the *outside* of the helmet will indicate that the biker has the Rider Alert Card. The sticker also warns untrained responders not to remove the helmet so as not to risk further injury.

Matt Zavadsky of MedStar explains that this card was born out of experience; it was designed by paramedics who have been on both sides of a crash as the injured rider or as medical help. "As an EMS provider *and* a motorcycle rider, I'll be the first person to have the Rider Alert card and sticker on my helmet. Accessing this basic information after an 'unscheduled dismount' can sometimes be impossible. This small tool could mean the difference between life and death," said Zavadsky

The card is free and can be obtained at any Fort Worth fire station, at MedStar's headquarters and at most motorcycle dealerships throughout Fort Worth.

In recognition of EMS Week, Maxie Bishop, State EMS Director (right), and Brett Hart, EMS Compliance Central Group Manager (second from right), visited nine EMS providers and traveled more than 250 miles during the week of May 20. They visited Belton, Harker Heights, Killeen, Copperas Cove, Capital Ambulance, Burnet EMS, Marble Falls EMS, North Blanco County and Spicewood Volunteer EMS. Nervousness (at the first sight of DSHS personnel) gave way to excitement when on-duty responders realized Bishop and Hart had arrived to give EMS Week cheer rather than inspections.

In April, Austin-Travis County EMS set up a hyperthermia awareness display at City Hall in Austin. The outdoor display of a car with temperature readings and signs with information about the risks associated with hyperthermia was established through cooperation with Safe Kids USA and the Texas Task Force. Austin-Travis County EMS Chief Ernesto Rodriguez, founder of Ray Ray's Pledge, Kristie Reeves-Cavaliero and Captain Randy Chhabra spoke about the dangers of leaving children in cars during hot weather. The display is part of an ongoing effort by ACTEMS to improve hyperthermia awareness by providing information through social media, online and print resources, and community events.

Local & Regional EMS News

Members of Port Alto Volunteer Fire and EMS recently got a new station and ambulance for the service, which is staffed by 21 volunteers.

Port Alto Volunteer Fire and EMS gets new facility, upgraded ambulance

Port Alto Volunteer Fire and EMS, founded in 1961, was recently able to move into a new facility and remount an ambulance for improved service to its three-county area. The new station has offices, a training area, a kitchen and six truck bays to house the ambulance, fire trucks and a rescue boat. The updated ambulance is a 14-foot Frazer box mounted on a 2012 Dodge Chassis, and it came with new paint, lights, air conditioning, flooring and generator.

The new equipment will serve Port Alto's 120 EMS and fire calls per year. Located on a line where three counties merge, Port Alto EMS and Fire provides mutual aid to Calhoun County (outside the Port Alto response area) as well as to Jackson and Matagorda counties. Twenty-one volunteers include a paramedic, five EMTs and 15 firefighters.

Port Alto Volunteer Fire and EMS also served the region through the donation of its 1995 ambulance. The Victoria chapter of the Pink Heals Tour will have a new pink ambulance, named for 15-year-old Kaitlin Staloch, the daughter of Fire Captain Boyd Staloch with the Port Lavaca Fire Department and Kelly Staloch, a paramedic Supervisor with Calhoun County EMS. Kaitlin has been diagnosed with Stage II Hodgkin's lymphoma.

Neil Coker receives accolades

During the commencement ceremony in May, Neil Coker, BS, EMT-P, the director of Simulation Teaching, Assessment, and Research (STAR) Programs for Temple College, received the 2012 Claudia and W. T. Barnhart Outstanding Teacher of the Year award. The Barnhart award is given annually by the Temple College Foundation on behalf of the College's Faculty Council in recognition of leadership and contributions to student success. Coker also received an Excellence Award from the National Institute of Staff and Organizational Development (NISOD) at its conference in Austin in May. NISOD is the outreach vehicle and service arm to the Community College Leadership Program at The University of Texas at Austin, a doctoral-level program training community college presidents, vice presidents, and deans.

Tell us your EMS news, and we'll share it in Local and Regional EMS News.

Send your news to:
Texas EMS Magazine
Kelly Harrell, Editor
MC 1876
P.O. Box 149347
Austin, Texas 78714-9347

or
kelly.harrell@dshs.state.tx.us
(512) 834-6743
Fax (512) 834-6736

Iris LaBelle and Bethany Minter, graduates of the Lone Star College-Montgomery's first EMT-I class, treat a participant in the BPMS150 bicycle ride at a mobile hospital unit in LaGrange. Photo by Jessica McClosky.

Six-year-old Jasiah Rubalcava is Acadian Ambulance Service's newest Outstanding Samaritan. Jasiah performed the Heimlich maneuver when his best friend, Nicholas Carvajal, choked on a nacho chip during lunch at San Antonio's West Avenue Elementary School. Jasiah is the youngest recipient of the award, which typically is given to first responders or emergency medical personnel.

During a presentation at the school this spring, Acadian Vice President of Operations Troy Mayer praised Jasiah as a hero and presented him with an Outstanding Samaritan certificate. Both boys also received Lego ambulances, and their kindergarten classmates received Acadian activity packs and had a chance to tour an ambulance.

"Someone that's this young is not someone we would typically see performing this type of life-saving action on another person," Mayer said. "We want to set an example for the rest of the kids and the rest of the population that if someone this age can pick up on these lifesaving techniques, then everyone should take lessons in first aid."

EMT-Intermediate class graduates with firsthand knowledge of large-event medical operations

Lone Star College-Montgomery graduated its first class of EMT-Intermediates in May. One of the most exciting challenges the class of 14 students faced was taking part in the medical response for the BPMS150, aka the British Petroleum MS 150, a bike ride that raises money for multiple sclerosis.

As part of their EMS operations course, the students helped out as medical responders for more than 15,000 bike riders, who rode from Houston to Austin over two days in April. The students were able to work with physician and nurse volunteers providing care to injured riders at relay first aid stations and mobile hospital units. In addition to treating injuries from bike crashes, the students learned what it takes to manage the medical aspects of such a large event.

Lone Star College-Montgomery also gave some students in this first class special recognition: Jessica McClosky was named outstanding class leader; Benji Mullens, outstanding clinical practitioner; Ali Blair, rising star; Brynne Butterfield, highest academic achievement; and the Dyron Powell award, which honors a student with exceptional character, skill, and academic achievements was given to Sheryl Ratcliff.

The EMS Experience

Saluting those with 20 years or more in EMS

Barry Sharp, EMT, MSHP, MCHES

Barry Sharp, EMT, MSHP, MCHES

What was your first day on the job in EMS?

I got my first ECA certificate in 1980, first EMT in 1981 and with the exception of about six to 10 months when my EMT expired (back in 1985 as I was transitioning from living in Oklahoma back to Texas) I've been certified the whole time. I don't remember my actual first day, but that was in Crockett where the volunteer group had just started having paid staff on the trucks. We had two trucks—one of which was staffed—and worked seven days on/three days off schedule. Since that was the summer between graduating from high school (1980) and starting college, I slept on my boss's couch in town on the days I was on. There were only three of us, one EMT and two ECAs. I remember my first call was for a traffic accident a couple of blocks off the square. The injuries were minor, but the thrill of helping others has stayed with me and helped lead me into my career in public health.

Which services have you worked for over the years?

I started out with Crockett Emergency Medical Corps, City of Crockett EMS, Alvin Area EMS, Travis County Fire Control, University of Texas EMS (football coverage under Pat and Harold Crutsinger), and Texas Department of State Health Services EMS First Responders. Crockett and Alvin

were full transport EMS systems; Travis County, UT and DSHS are first responders with Travis County and DSHS under the Austin/Travis County EMS system. So over the years I've done 9-1-1 transport, 9-1-1 first response, special events and corporate EMS. Lots of variety.

Why did you get into EMS?

It sounds hokey, but I grew up watching "Emergency!" and something clicked with me. Also, it was something I could do despite being deaf in one ear (which knocked out law enforcement). I have always been drawn toward the health and healing fields, and this was a way to put that into action.

How has the field changed since you've been in it?

The easier question might be what *hasn't* changed since I started back in 1980. The equipment, from traction splints to the delivery of oxygen (remember demand valves?), has improved dramatically. The protocols and standards of care have risen to the point where basic EMTs are now doing things that were reserved for EMT-Paramedics or the ER when I first started. Today's medics are much better trained in a higher level of skills and are working on trucks that are both better equipped and better designed for EMS work than what we used back then. Also, the typical emergency rooms where patients are being delivered to have improved as well, being able to handle things that back in that time would have been an automatic transfer to another facility. You haven't lived until you have transported a patient in a low-top Suburban from your ER to a hospital a hundred miles away... only to have your siren speaker die six miles into the trip. Today, that wouldn't happen. (Thanks goodness for Q2 sirens; when we fired that up in Tyler it looked like Moses parting the Red Sea.)

Is there a particular moment or call that stands out?

While I think I've had my fair share of trauma and cardiac that didn't turn out well for the patient—and the minor calls that had a happy ending—there was one call on Christmas Day when I was with Travis County Fire Control. It was one where everything went like it does in the textbooks. We had a bicycle versus pickup accident in a residential area where two of us in Fire Control lived. I responded in my personal vehicle and the other guy brought the fire truck. The little girl was on her new bike and was struck and thrown. We get there, she's lying on the curb and we can see blood underneath her bike helmet. Austin EMS arrived, Star Flight landed and the girl was treated, packaged and flown off in record time. I think we actually cleared the call about 30 minutes after the first tone dropped. She ended up with a broken leg and removed spleen. The blood was from where the helmet hit her when she landed on the curb, but she had no head injuries. She fully recovered and was doing fine the last I heard (this was 1988 or 1987). The driver of the truck was intoxicated and the investigating officer—a grandfatherly gent with a granddaughter about the same age as the patient—had him in the back of his patrol car when we all left the scene. This was one of those calls where everything clicked and worked just like it was supposed to do. It doesn't always happen, but it is cool when it does.

What has been your favorite part of your career in EMS?

Though my time in EMS has been nearly all as a volunteer, my favorite part is that I have a chance to help people when they are at their worst and to try and make their world a little better even if it's just for a brief moment—to let folks know that someone cares and is trying to help them or their loved one. We're put on the earth to serve the needs of others and this is one way I try to do that.

It was my EMS activities that led my wife to become an EMT when we were in Alvin (and still young married folks) which led her to a career in nursing. And there was a young man who worked for me in Alvin that got involved in EMS and promptly left me in his dust as he made EMS his profession, becoming an EMS commander in Beaumont. Being able to help others grow is a great part of the job.

Funding an EMS/Trauma System

In the last issue of Texas EMS Magazine, we ran a long interview with Kathy Perkins, assistant commissioner for Regulatory Services. Perkins had started with DSHS before landmark legislation was passed in Texas that ultimately created the Texas EMS/Trauma System. The interview covered the nitty-gritty of how that system began with legislation in 1989, to the first RACs and trauma facility designations a couple of years later, to the evolved EMS/trauma system we have today, but it left out one important component: Money.

So here is a short history of the EMS/Trauma System that traces how funding has grown the system into what it is today. All funds listed below are subject to appropriation each legislative session, which means that even if funds collect in an account, the Legislature has to specify how much of the funds are to given to DSHS for the EMS/Trauma System.

1989 Texas Legislature passes into law Chapter 773 of the Health and Safety Code, much of which is still in effect today. The governing body also passes the Omnibus Rural Health Care Rescue Act, which directed DSHS to develop a statewide trauma system, but no funding was provided. Trauma Technical Advisory Board is established. There was one staff member dedicated to the development of a trauma system.

1992 Rules pass the Texas Board of Health that divide state into 22 trauma service areas and the first RAC is established. There are still no dedicated funds for trauma system development; staffing funds come out of budget of the Bureau of Emergency Management (it became the Office of EMS/Trauma Systems Coordination when TDH became DSHS). There are two dedicated EMS/trauma system staff members at DSHS.

1997 Two million dollars is earmarked for the EMS and Trauma Care System Account from 9-1-1 Surcharge Equalization Funds to be used for EMS, RACs and hospitals. (The surcharge, which used to be imposed on intrastate long distance service, is now imposed at the rate of $0.06 per line or connection, per month all voice-capable landline, wireless, and VoIP access lines that have 9-1-1 accessibility.)

1999 Texas lawmakers pass HB 1676, which establishes the Permanent EMS and Trauma Care Tobacco Endowment. The fund accumulates interest from a $100 million dollar endowment from the state's tobacco lawsuit settlement. The funds now are used for the Emergency Care Attendant Training (ECAT) program, Local Projects Grants and Regional EMS/Trauma Systems Development grants.

2003 The 78th Texas Legislature passed SB 1131 to establish the EMS, Trauma Facilities and Trauma Systems Fund and HB 3588, which established the Designated Trauma Facilities and Emergency Medical Services Account. SB 1131 adds fees for drivers convicted of DWI. Like the 9-1-1 surcharge monies, these funds go to EMS providers (50 percent), RACs (20 percent), and trauma facilities for uncompensated care (27 percent). HB 3588 created the "Driver Responsibility" Program, which adds surcharges to certain driving violations to fund designated trauma facilities, county and regional emergency medical services and trauma care systems. The funds are distributed by the following statutory formula: EMS providers (2 percent), RACs (1 percent) and designated trauma facilities (96 percent). This fund is also used to keep a $500,000 reserve in an Extraordinary Emergency Fund for communities who have suffered significant degradation to their emergency response system.

Get a letter from Medicare? Don't ignore it!

EMS providers need to be informed about important changes happening at the Center for Medicare and Medicaid Services (CMS). The Affordable Care Act, passed in March of 2010, established a requirement that all CMS providers and suppliers enrolled prior to March 25, 2011, revalidate enrollment information. The purpose of the requirement is to update contact information on the Medicare provider rolls and to weed out providers who are deceased, debarred, excluded by other federal agencies or found to be in false storefronts or otherwise invalid business locations. In the early phases of revalidation, 234 Medicare providers were removed from the program.

Unfortunately, it appears some Texas EMS providers might have been removed from the list—not because they weren't legitimate businesses, but because they didn't respond to the revalidation letter they received from the CMS contractor. And that's the message Dudley Wait, Texas Ambulance Association president, wants to pass on: Pay attention to letters you receive about Medicare reimbursement.

"Medicare is doing work to help prevent providers being removed in error," says Wait, a licensed paramedic who also serves as director of Schertz EMS. But EMS providers need to do their part in responding to the revalidation request.

He explains that if Schertz EMS was up for Medicare revalidation, he would get a letter from a Center for Medicare and Medicaid Services contractor asking him to confirm Schertz' Medicare information. If he didn't reply to the letter, he would get a second letter and attempts would be made via telephone to contact Schertz EMS. If Schertz still did not respond, CMS could conduct a site visit so it can be sure Schertz EMS was a legitimate provider.

"Three EMS agencies I am aware of have gotten their Medicare eligibility suspended even though they are legitimate providers doing ambulance responses," says Wait. "Two of them are volunteer or paid/volunteer departments who didn't respond and for the

third, Medicare showed up at an outlying station (we have to provide those addresses to CMS when we get licensed) and the crew was gone on a call. Since no one was there, their number was suspended."

These site visits are conducted by contractors for CMS who visit all types of health care providers (physician offices, medical equipment vendors, etc.), and CMS is actively working to better train these contractors about EMS. Nevertheless, it is wise to pay attention to the mail, make sure your contact information is 100 percent up to date with CMS, and respond promptly when you get a revalidation letter.

To complicate matters, Wait says from what he can tell, many providers in Texas have been open for business for more than 20 years, so the chances are good that the address has changed, mail now goes to a centralized mail location or phone numbers have changed.

"It could be that a provider's Medicare payments go to a billing company or to city hall or somewhere like that, so a provider could easily miss the revalidation letter," Wait says. "And once they lose their Medicare number, it is not a simple process to just get it back."

For more information on revalidation, go to www.cms.gov, or subscribe to a Medicare Fee-For-Service (FFS) provider listserv at www.cms.gov/prospmedicarefeesvcpmtgen/downloads/Provider_Listservs.pdf. *—Kelly Harrell*

For ambulance revalidation questions, providers should contact TrailBlazer, the current Medicare Administrative Contractor.

Drug shortages on the ambulance: What can EMS do?

by Jeff Beeson, DO

Jeff Beeson, DO

You've probably heard there is a national shortage for many of the commonly used medications. From an EMS perspective, these are medications that cost less than a dollar a dose, such as epinephrine…or dextrose… or a benzodiazepine — medications essential to treat some of the most common life-threatening conditions! At this writing, the most recent report from a national vendor reveals shortages in morphine, fentanyl, midazolam and magnesium with uncertain future delivery dates. There is no easy fix for this problem and the shortages will certainly continue.

The Texas Department of State Health Services and the Texas Medical Board have both released statements on use of medications past expiration. These statements assure EMS providers that they understand the national drug shortage crisis and will take that into consideration if an agency is found stocking or using expired medicines. These statements do not support their use, but they do let us know the state regulatory agencies understand the problem and are doing what they can to help.

GETAC's medical directors committee, of which I am a member, has discussed this issue at length. Still, there are more questions than there are answers. As a practicing medical director of a large, urban system, I have a few suggestions on how to cope:

- Monitor the usage of every medication deployed in your system. Historical usage data is very reliable and can give you insight on the inventory levels that you set for each medication. Consider reducing the level for the drug box on certain medications or carrying two doses of a medication rather than three. How much do you keep on hand? What is your projected time until you run out? Having answers to these questions will help you keep you prepared. A useful site for monitoring shortages can be found at www.fda.gov/Drugs/DrugSafety/DrugShortages.
- Develop a regional approach by communicating with hospital pharmacists, vendors, EMS agencies, medical directors and others to better understand the issue and its impact on patient care. Use that communication to develop local practices and guidance. The Southwest Texas RAC (STRAC) has designed a great web-based system of tracking medicines on the shortage list. This allows agencies to post needs they have and stock they are willing to share with others.
- Assign someone to make sure that your "soon to expire medications" are placed so they are used first.
- Consider extending expiration dates, though that is a decision that ultimately falls to the medical director to authorize. Companies can examine your medications for potency, but manufacturers set expiration dates.
- You may be able to find a local compounding pharmacy that can create some of the medications that we are running short on. Visit www.pcab.org to find an accredited compounding pharmacy in your area.
- Think outside the box! Look for alternatives that aren't normally utilized by our supply chains. Do you have a cache of Valium auto-injectors that could be utilized?

The American College of Emergency Physicians, National Association of EMS Physicians, National Association of EMTs, National Association of EMS Officials, and others are working to find solutions. Recent federal legislation was passed that will require manufacturers to report changes in production, but legislation cannot force manufacturers to produce medication. Most of our shortages are generics and any manufacturer can produce them if they so desire.

The following are questions I've heard or discussed:

We carry morphine and Valium. Is there a substitute?

Morphine is an opiate analgesic. You can substitute Fentanyl, but it is also on the shortage list. Some non-narcotic analgesics, like Toradol, can be used; or you can use an agonist-antagonist opiate like Nubain or Stadol. Valium is a benzodiazepine. Others in that class that can be given through IV are midazolam (Versed) and lorazepam (Ativan). One option, if you need a benzodiazepine to control seizures, is to use Valium auto-injectors found in the nerve agent (CANA) kits.

Who should be given priority for supplies of critical medications — EMS systems or hospitals?

We are all in the same business of taking care of patients. An argument could be made for either side. I do know that most hospitals purchase in large groups and are usually given preference due to the amounts purchased. This should be approached on a local level by working with your distributors and hospitals.

Is there a rule of thumb on the use of medicines that are clear and free of visible contaminates or particulate matter even if they are expired?

There is no rule of thumb. The FDA approves the shelf life based upon information the manufacturer presents to them. We know that when any medication is stored outside of the manufacturer's temperature ranges, chemical decomposition is accelerated. Some companies will test potency to assist in extending the use-by date, but they do not have the authority to extend the expiration dates.

What would you recommend prehospital providers do when they are faced with a hospital that does not replace their medications?

Look into EMS distributors. There are many who specifically sell to EMS agencies. You may also work with a local pharmacy in your area that can also help find medications you need.

Is it possible to exchange controlled substances between providers while still meeting the DEA requirements for tracking?

Any movement of a controlled substance must follow DEA regulations. If you have questions about what forms to use and policies concerning transfer, I refer you to your local DEA office. Each region may have different interpretations of the rules.

There's been discussion about accessing the Strategic National Stockpile (SNS), particularly for benzodiazepines.

If that decision were to be made, it would first be on a local level that would then advance the request up to higher authorities so

DSHS Drug Shortage Statement

DSHS is aware of drug shortages cited by the U.S. Food and Drug Administration (FDA), www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm050792.htm. Some of the drugs on the FDA list, such as fentanyl, magnesium sulfate and lidocaine, are beingused to treat patients in the prehospital setting by emergency medical services providers. If the department receives a complaint that a provider is using expired drugs or expired drugs are found on an ambulance during an inspection, the department will require the EMS organization to provide documentation from the manufacturer and the provider's medical director regarding the shortage of the specific drug(s) before considering an enforcement action. DSHS is recommending that the documentation is on any ambulance that has expired drugs approved by the MD.

For additional information visit the Texas Medical Board at www.tmb.state.tx.us/news/press/2012/120224.php.

once again, begin discussions with your area hospitals and RAC.

Because of temperature variation, we pull our mediations based on a 90-day period. Is that really a necessary step?

Each medication has different temperature ranges that greatly affect the potency of the medicine. Each medicine has a narrow range of temperature for storage so great care should be taken to follow those recommendations.

Is it possible to use medication besides benzodiazepines in the field to control seizures?

There are a few antiepileptic medications available for IV use. Benzodiazepines remain the first line treatment and have shown to be most effective. If those aren't available, other considerations may be IV valproic acid or levetiracetam. However, neither have been shown to be as effective as benzodiazepines and they are not routinely used for active seizures.

Any problems trying to get medications from other countries that can be used in the U.S.?

Federal regulations cover certain medications imported from other countries that follow very strict manufacturer's requirements. I do not advise importing medications with no FDA oversight, however, because we have no way of ensuring what is actually in the vial.

Have you seen any indication that drug companies have been conspiring to drive up prices through creation of artificial shortages, such as many believe occurs with the oil companies?

There have been many inquires about this. These medicines are generic and very inexpensive at retail, but they are costly to produce. It appears the few manufacturers have chosen to discontinue these specific lines. There does not appear to be any financial gain at any level.

Would you recommend retaining expired medications in case of later need?

We do not dispose of any expired medicines on the shortage list. However, if you are going to keep expired drugs, be conscious of possible diversions and keep them safely secured.

Can you discuss the most obvious issues with giving an out-of-date medication (e.g., efficacy, amount to give, expectations or results to expect)?

There is limited science on this topic, but we know from military experiences that medications can be used past the expiration date. If the medicine is stored in a controlled environment, the potency is good well past that date. It is possible the dose will be less effective. It is also possible that chemical breakdown could cause an unwanted reaction. These reasons are why no regulatory agency will outright permit the administration of an expired medicine. **It will simply come down to the medical director's decision based on the circumstances he or she is currently faced with.**

We are a small service. What advice would you give for making an agreement with agencies to swap out drugs that are about to expire?

I would contact your local RAC about forming a group or task force to develop a plan of action. Some larger organizations are treating the shortages like a major incident and utilizing an ICS type of strategy. The best advice I have is a local solution.

Is there an end in sight?

Every day is new. We have a medical control team meeting every Monday to develop a plan of action for the week. Many advisory lists available with dates when a certain delivery is to occur, but I find these are often more of a hope than a reality.

We do try to avoid frequent changes to medications carried on the rigs. A strong emphasis on the basics is paramount, such as concentrating on the five "rights" of medications administration: The **right** drug, at the **right** dose, by the **right** route, at the **right** time, for the **right** patient. During these times, remind yourself to slow down, review your supplies, and take extra precautions to prevent errors, checking and the double-checking before administering any medicine.

Jeff Beeson, DO, RN, LP, is medical director for the Emergency Physicians Advisory Board, which provides oversight for Fort Worth-based MedStar EMS and first responders in a 15-city area across north Texas.

Contingent Trauma and Stroke Designations

Have you wondered what it means for trauma and stroke facilities to be designated with contingencies? The Office of EMS/Trauma Systems reviews the survey reports for trauma and stroke designations based on their compliance with Rule 157.125 Requirements for Trauma Facility Designation and 157.133 Requirements for Stroke Facility Designation, respectively. OEMS/TS looks for overall compliance with the rule and standard of care provided to ensure quality care is available for trauma and stroke patients in its area. A facility with significant deficiencies (findings of non-compliance with rule criteria) may still receive a designation, but it is contingent upon meeting required reporting or having a focus survey. In this case, the facility will receive a letter from DSHS that delineates the areas to be addressed and the specific timelines by which to comply. These facilities are posted on the website and listed here as designated "with contingencies."

Level III Advanced Trauma Facilities

CHRISTUS Santa Rosa Hospital
San Antonio, 78207 (TSA-P)

College Station Medical Center
College Station, 77845 (TSA-N)

Driscoll Children's Hospital
Corpus Christi 78411 (TSA-U)

Hunt Regional Medical Center
Greenville, 75403 (TSA-E)

Knapp Medical Center
Weslaco, 78568 (TSA-V)

Laredo Medical Center
Laredo, 78044 (TSA-T)

McAllen Medical Center
McAllen , 78503 (TSA-V)

Titus Regional Medical Center
Mt. Pleasant, 75455 (TSA-F)

Level IV (Basic) Trauma Facilities

Angleton-Danbury Medical Center
Angleton, 77515 (TSA-R)

Atlanta Memorial Hospital
Atlanta, 75551 (TSA-F)

Baptist Hospitals of Southeast Texas
Beaumont, 77701 (TSA-R)

Bowie Memorial Hospital
Bowie, 76230 (TSA-C)

Central Texas Hospital
Cameron, 76556 (TSA-L)

Chillicothe Hospital
Chillicothe, 79225 (TSA C)

CHRISTUS Hospital St. Mary
Port Arthur, 77642 (TSA-R)

CHRISTUS Santa Rosa Medical Center
San Antonio, 78229 (TSA-P)

Cleveland Regional Medical Center
Cleveland, 77327 (TSA-R)

Comanche County Medical Center
Comanche, 76442 (TSA-D)

Concho County Hospital
Eden, 76837 (TSA-K)

Culberson Hospital
Van Horn, 79855 (TSA-I)

Eastland Memorial Hospital
Eastland, 76448 (TSA-D)

Edinburg Regional Medical Center
Edinburg, 78540 (TSA-V)

Fisher County Hospital
Rotan, 79546 (TSA-D)

Hill Country Memorial Hospital
Fredericksburg, 78624 (TSA-P)

Lake Granbury Medical Center
Granbury, 76048 (TSA-E)

Limestone Medical Center
Groesbeck, 76642 (TSA-M)

Madison St. Joseph Health Center
Madisonville, 77864 (TSA-N)

Memorial Hermann Katy Hospital
Katy, 77494 (TSA-Q)

Metropolitan Methodist Hospital
San Antonio, 78212 (TSA-P)

Muenster Memorial Hospital
Muenster, 76252 (TSA-E)

North Texas Community Hospital
Bridgeport , TX 76426 (TSA-E)

Northeast Methodist Hospital
San Antonio, 78233 (TSA-P)

Odessa Regional Medical Center
Odessa, 79760 (TSA-J)

Palo Pinto General Hospital
Mineral Wells, 76067 (TSA-E)

Parkview Regional Hospital
Mexia, 76667 (TSA-M)

Pecos County Memorial Hospital
Fort Stockton, 79735 (TSA-J)

Riverside General Hospital
Houston, 77004 (TSA-Q)

Southwest General Hospital
San Antonio, 78224 (TSA-P)

St. David's Medical Center
Austin, 78705 (TSA-O)

Ward Memorial Hospital
Monahans, 79756 (TSA-J)

Wilbarger General Hospital
Vernon, 76384 (TSA-C)

Wise Regional Health System
Decatur, 76234 (TSA-E)

Yoakum County Hospital
Denver City 79323 (TSA-B)

Continuing Education

Common pregnancy complication…complicated

By Sarah Henkel, LP, NR-EMTP, MS, and Rich Henkel, LP, NR-EMTP, BBA

iStockphoto

Objectives

At the end of the CE module, the EMS provider will be able to:

1. Identify patients at high risk for preeclampsia and eclampsia.
2. Identify symptoms of preeclampsia in both prenatal and postpartum women.
3. Determine the alternative diagnoses for a postpartum patient experiencing seizures.
4. Quickly provide appropriate treatment for a patient experiencing preeclampsia or eclampsia.

Introduction

Preeclampsia occurs in about eight percent of pregnancies and is sometimes referred to as pregnancy-induced hypertension or toxemia of pregnancy. It is part of a spectrum of blood-pressure disorders that can affect pregnant women along with chronic and gestational hypertension. Considered to be on the more severe side of the spectrum, it can lead to eclampsia, which is the second leading cause of maternal death in the United States.

Paramedic and EMT students are often taught that the cure for both eclampsia and preeclampsia is delivery of the infant. While that is often true, the symptoms of preeclampsia can continue or even develop up to four weeks postpartum. It is estimated that between 14 and 33 percent of eclampsia cases actually manifest in this manner. Recognizing the signs and symptoms of preelampsia in both the prenatal and postpartum setting and providing appropiate treatment is vital to descreasing the liklihood the symptoms will progress to eclampsia.

Pathophysiology and risk factors

In the prehospital setting, preeclampsia is defined as hypertension (pre-existing or gestational onset after 20 weeks) with diastolic blood pressure $\geq$ 90 mmHg and one or more of the following adverse conditions:

- Maternal symptoms: persistent, new or unusual headache, visual disturbances, persistent abdominal or right upper quadrant pain, severe nausea or vomiting, chest pain or dyspnea
- Maternal signs of end-organ dysfunction: eclampsia, severe hypertension, pulmonary edema or suspected placental abruption

In the hospital setting, patients may also present with proteinuria (protein in the urine), abnormal lab tests results or fetal morbidity.

Preeclampsia most typically manifests some time after the 20th week of pregnancy and resolves with delivery; however, it can develop postpartum. Preeclampsia is also called toxemia of pregnancy because it was once believed that a toxin produced by the mother in response to a foreign protein from the fetus was responsible for the symptoms. Although this is now known to *not* be the cause, the underlying causes of preeclampsia are still unknown despite a

significant amount of research. Essentially, the pathology responsible for the elevation of blood pressure is spasm of the blood vessels. Normally, the blood vessels of a pregnant woman have a diminished response to the effects of substances such as norepinephrine. In pregnancy-induced hypertension, resistance to vasospasm is somehow compromised. Thus, unrestricted vasospasm causes the blood pressure to increase. This affects how much blood can get to different parts of the body. Research has shown that in women with preeclampsia, blood flow to the kidneys, brain, liver, retina and placenta are decreased.

While no theories have been proven, researchers theorize that blood vessels, brain or nervous system factors, diet and genes may all play a role in the development of preeclampsia. For purposes of assessment and management, preeclampsia-eclampsia syndrome can be classified according to three stages: mild preeclampsia, severe preeclampsia and eclampsia.

Mild preeclampsia

This condition is characterized by a blood pressure reading of at least 140 mmHg systolic, or a systolic blood pressure 30 mmHg or diastolic blood pressure 15 mmHg diastolic above the patient's pre-pregnancy level. The blood pressure readings are taken on two occasions six hours apart, with special attention to the diastolic pressure, which reflects peripheral vasospasm. Pathologic changes in the kidneys produce proteinuria, oliguria (low output of urine) and edema. The kidneys have a diminished capacity to filter urine, lowering urine output and causing additional fluid retention, edema and weight gain.

Severe preeclampsia

Preeclampsia becomes severe when systolic blood pressure exceeds 160 mmHg or the diastolic pressure exceeds 110 mmHg. To help establish the diagnosis, two blood pressure readings are taken six hours apart after the woman has been on bed rest. Other symptoms are a marked increase in proteinuria, decreased urinary output, visual disturbances and marked hyperreflexia (overactive reflexes).

Eclampsia

If the patient's condition continues to deteriorate and edema worsens, she becomes eclamptic. Eclampsia is an acute, life-threatening complication of pregnancy. Eclampsia is characterized by tonic-clonic seizures, usually in patients with preeclampsia. Eclampsia includes any seizures and coma that occur during pregnancy but are not due to preexisting or organic brain disorders. Cerebral edema caused by preeclampsia predisposes the patient to the convulsions and coma. Signs and symptoms that may signal progression to eclampsia include: elevated body temperature, sudden rise in blood pressure, gastrointestinal symptoms and severe headache, blurred vision and other signs of increased central nervous system irritability.

The eclamptic seizure is typically characterized by four stages. In the *stage of invasion,* facial twitching can often be observed around the mouth. In the *stage of contraction*, tonic contractions render the body rigid; this stage may last about 15 to 20 seconds. The next stage is the *stage of convulsion,* when involuntary and forceful muscular movements occur; the tongue may be bitten and foam may appear at the mouth. The patient usually stops breathing and becomes cyanotic. This stage can last about one minute. The final stage is *coma*. When the patient awakens, she is unlikely to remember the event. In some rare cases, there are no convulsions and the patient progresses directly into a coma. Maternal mortality from eclampsia is high. The cause of death can be cerebral hemorrhage, circulatory collapse or renal failure. Infant mortality is also high due to hypoxia or development of acidosis in the fetus.

While the exact etiology of preeclampsia and eclampsia are unknown, there are several factors that appear to increase the risk for developing the disease. These are listed in **Figure 1**. Of these, women younger than 20 years of age and experiencing their first pregnancy seem to be at the highest risk.

Figure 1

Risk factors for preeclampsia and eclampsia

- Previous preeclampsia
- Pre-existing hypertension or diastolic BP $\geq$ 90 mmHg
- Pre-existing renal disease, proteinuria or diabetes
- First pregnancy or multiple pregnancies
- Obesity
- Family history of preeclampsia (mother or sister)
- Age $\leq$ 20 or $\geq$ 40 years
- Interpregnancy interval $\geq$ 10 years
- African American descent

Clinical presentation

While the definition of preeclampsia is fairly straightforward, patients may present in a variety of ways. Since you will have no way of knowing if a patient has protein in her urine, you will have to rely on elevated blood pressure and the patient's symptoms. However, you will notice in **Figure 2** that you cannot count on hypertension as a sign in all patients.

Figure 2

Clinical presentation of preeclampsia/eclampsia and prevalence of symptoms at diagnosis
(adapted from tables in Ginzburg and Wolff, and Yancey et al)

Presentation	% of cases
Headache	83
Hyperactive reflexes	64
Hypertension	86
Proteinuria	60
Edema (typically moderate pitting edema in the feet)	67
Visual changes	38
Epigastric pain/nausea/vomiting	15

Headache

Headache can be mild or severe. It may be located anywhere on the skull, but is most commonly in the frontal lobe and may be described in a variety of ways, including throbbing, stabbing or sharp. The headache may be accompanied by changes in mental status or any of the other symptoms listed in the table above, or it may be the sole presenting symptom.

Hyperactive reflexes

With preeclampsia, a woman's reflexes become unusually active. Increasing blood pressure will lead to increasing hyperreflexia, until uncontrollable seizures eventually result. Testing for this change is difficult in the field setting; in a clinic setting an overactive patellar response is a good indicator.

Visual changes

Visual problems may occur because high blood pressure stresses the retina, pushing it forward. In extreme cases, this can lead to retinal detachment and possibly blindness. Patients will typically complain of blurred or spotty vision or sensitivity to light.

Treatment

In the prehospital setting, the treatment for preeclampsia begins with identifying that preeclampsia is the possible cause of the signs or symptoms. In the postpartum patient, that might not be your first thought, so obtaining a detailed patient history is imperative. Ask any woman of child-bearing age whether she is currently pregnant or has recently delivered a baby. If she is postpartum, find out details about her pregnancy, just as you would if you were assessing her prenatally. Based on the risk factors identified earlier, be sure to ask at least the following questions:

- How many times has she been pregnant (gravidity) and how many children does she have (parity)?
- Does she have other medical history?
- Have any women in her immediate family ever been diagnosed with eclampsia or preeclampsia?
- If she is postpartum:
  - Were there any complications during the pregnancy or following delivery?
  - Was her child born vaginally or by cesarean?
  - How many days ago was her child born?

Determining if the patient has a history of migraine headaches or if an epidural was administered during her delivery are also important findings. Both migraines and side effects from an epidural can cause headache, visual disturbances and nausea and vomiting, making them difficult to distinguish from preeclampsia. Both may even cause elevated blood pressure, depending on the patient's tolerance for pain.

During your patient history, consider the alternatives diagnoses listed in **Figure 3**. Ask questions about recent trauma, perform a blood glucose analysis to rule out hypoglycemia and perform any other diagnostics you have available to narrow down your diagnosis to

probable preeclampsia.

Once you have established that preeclampsia is a likely cause of her symptoms, focus on supporting the ABCs. Administer supplemental oxygen via nasal cannula, non-rebreather or BVM as appropriate. Be prepared to intubate or administer another advanced airway such as the Combitube or King Airway per your local protocol if the patient's condition progresses to eclampsia. Documenting changes in blood pressure will be important, especially during long transports. Obtain and document an accurate blood pressure reading to use as a baseline. Thereafter, monitor and record vital signs every five minutes. Make sure to obtain blood pressure readings from the same arm. Once the ABCs have been addressed, focus on minimizing stimulation to the patient. Talk in a low voice, avoid sounding panicked and dim the lights as much as possible. Do not transport with lights and sirens unless absolutely necessary. Transport the patient in the left lateral recumbent position or in the position of comfort, and be prepared for her condition to deteriorate.

Advanced care includes starting a large bore IV with normal saline TKO and cardiac monitoring. If the prenatal or postpartum patient begins to seize, magnesium sulfate is the drug of choice. It will likely stop the seizure and prevent additional seizures from occurring. Although controlled clinical trials support the effectiveness of magnesium sulfate in preventing and treating eclamptic seizures, questions still exist as to its safety. There are concerns regarding the possibility of magnesium toxicity, which can ultimately lead to cardiac arrest. In addition, there are reports that in some patients, eclamptic seizures do not cease even with elevated levels of magnesium sulfate, suggesting that magnesium sulfate is not effective in treating all cases of eclampsia. Even still, magnesium sulfate appears to be the most often used first line drug in treating eclamptic seizures.

Figure 3

Differential diagnosis for postpartum seizure
(adapted from table in Ginzburg and Wolff)

- Postpartum eclampsia
- Epilepsy
- Hypoglycemia
- Drug or alcohol induced withdrawal or poisoning
- Head trauma and intercranial hemorrhage
- Brain tumor or abscess
- CVA
- Meningitis

Just as the actual causes of preeclampsia and eclampsia are unknown, the mechanism of action for magnesium sulfate remains unclear. Several possible mechanisms of action have been proposed, including acting as a vasodilator, with actions either peripherally or in the cerebral circulation to relieve vasoconstriction, protecting the blood-brain barrier to decrease cerebral edema formation, and acting as a central anticonvulsant.

The typical dose of magnesium sulfate is four grams administered over three minutes, but refer to your local protocols regarding administration. While magnesium sulfate is being administered, the patient must be monitored frequently to assess the respiratory rate. If the respiratory rate becomes too depressed leading you to suspect magnesium overdose, calcium gluconate can be used to counteract the effects. If your system does not carry magnesium sulfate, diazepam or midazolam can also be used as anticonvulsants; however, if the patient is currently pregnant, these medications pose a higher risk to the fetus and they may not be as effective in stopping the seizures.

Depending on your local protocols, other therapies for eclampsia may include hypotensive drugs such as labetalol or hydralazine to reduce blood pressure, or sedatives such as phenobarbital to manage central nervous system irritability.

Case studies

Let's consider the following patient. A previously healthy 37-year-old woman (gravida 3, parity 1) had an unremarkable pregnancy until the 28th week. She was diagnosed at that time with gestational diabetes

that was subsequently controlled by diet. Blood pressure readings were normal throughout the pregnancy and she had no medical conditions. At 35 weeks, she developed mild pitting edema in her ankles. At 36 weeks she vaginally delivered a healthy baby. The patient was discharged one day post delivery.

On postpartum day five, the patient presented to the emergency department with a one day history of a gradual onset throbbing headache, photophobia and three episodes of vomiting. Her blood pressure was 205/105 mmHg; all other vitals were unremarkable. Two hours and ten minutes later, she had a generalized seizure lasting two minutes. The seizure was terminated with diazepam and she was given medication to lower her blood pressure. Two hours after the initial seizure, the patient reported having no headache and her mental state was clear. Her blood pressure was 104/49 mmHg. Minutes later she had a second seizure, this one terminated with lorazepam. She was given a magnesium sulfate drip and transferred to intensive care. She remained in intensive care for two days, and then was discharged home on blood pressure medication.

While this patient presented to the ED, she could have easily called 9-1-1. If she had called 9-1-1 and you responded, what clues were there that this patient might be showing symptoms of preeclampsia or be at risk for developing eclampsia? The clues were:

- Pitting edema during pregnancy
- Gestational diabetes during pregnancy
- Five days postpartum
- Headache, photophobia and vomiting
- Significantly elevated BP

So let's consider a scenario where the patient does choose to access 9-1-1. Your ALS ambulance is called to a private residence for an unconscious pregnant woman. On arrival, you find a 34-year-old woman who is 28 weeks pregnant, conscious but confused. She is complaining of a headache and blurry vision. The husband reported hearing loud snoring while he and his wife were sleeping, and he was unable to wake her. There have been no complications to the pregnancy and she has no medical problems.

You apply high flow oxygen via a non-rebreather mask due to the patient's confusion, and measure vital signs. Her pulse is 110, respirations 22, heart and lung sounds are normal, and blood pressure is 130/90 mmHg. You start a large bore IV of normal saline TKO, place her on the cardiac monitor (no abnormalities noted) and use a calm and reassuring voice as you attempt to gather additional patient history. You place the patient on your stretcher in the left lateral recumbent position, load her into your ambulance and dim the lights, then begin the 25 minute transport to the hospital without lights and sirens. Ten minutes into the transport, you again measure vital signs. Her pulse is 100, respirations 20, and blood pressure 148/94 mmHg. Moments later, the patient begins twitching around her mouth, and then develops a generalized tonic-clonic seizure accompanied by vomiting. You tell your partner to expedite the transport by turning on the lights and sirens as you begin reassessing the ABCs. Because she is already lying on her left side, vomit drains out the side of her mouth and you assist with your suction unit. Your system does not carry magnesium sulfate, so you administer the anticonvulsant you have available, diazepam 5 mg IV. This stops the seizure. Eight minutes later the patient has a second seizure for which you administer another 5 mg of diazepam. The second seizure does not stop. Having no other anticonvulsants available, you carefully monitor the patient's airway and transfer care of the still seizing patient to the staff in the ED.

Conclusion

Preeclampsia and eclampsia can present either pre- or postpartum, and pose significant risks to both mother and fetus. The diagnosis in the postpartum patient can be easy to miss, especially if a detailed patient history is not conducted. To differentiate these conditions from others, a detailed patient history is vital.

Eclampsia is a true, life-threatening emergency. Keeping the possibility of postpartum preeclampsia or eclampsia in mind when responding to female patients of child bearing age will help keep you from overlooking this possibility and prevent

the treatment from being delayed. Accurate assessment and rapid treatment is the key to successfully caring for these patients.

This article is provided for education only. Always consult with your medical director and follow your local protocals in making treatment decisions.

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About the authors

Sarah Henkel holds a master's degree in safety and emergency management and is a Texas-licensed and nationally registered paramedic. She has been working in the field of EMS for nine years. Sarah currently works for the Arlington Fire Department in the role of special event emergency planner. Rich Henkel holds a bachelor of business administration and is a Texas-licensed and nationally registered paramedic. He has been working in the field of prehospital care for more than 15 years and is the program director for the EMERG EMT program.

Preeclampsia and eclampsia quiz

1. Which of the following people is at the highest risk for preeclampsia in the United States?
   - A. 28-year-old white female pregnant for the third time
   - B. 19-year-old black female pregnant for the first time
   - C. 25-year-old white female pregnant for the second time with a history of asthma
   - D. 35-year-old Asian female pregnant for the fourth time

2. All of the following are signs or symptoms of preeclampsia except:
   - A. Systolic blood pressure greater than 130 mmHg
   - B. Diastolic blood pressure greater than 90 mmHg
   - C. Protein in the urine
   - D. Visual disturbances

3. A person suffering from which of the following illnesses may be at increased risk for preeclampsia?
   - A. Diabetes
   - B. Renal failure
   - C. Hypertension
   - D. All of the above

4. Which of the following is *not* an appropriate treatment for a patient suffering from preeclampsia?
   A. Support ABCs and provide supplemental oxygen as needed
   B. Transport in the left lateral recumbent position
   C. Transport lights and sirens to avoid the patient becoming eclamptic and having a seizure in your care
   D. Speak in a low, calm voice and dim the lights

5. You are dispatched to a private residence for a patient complaining of nausea and headache. On arrival you find a 26-year-old female who states she has vomited several times, her vision seems "cloudy" and her head is "pounding." She states this has been going on about two days. She delivered a healthy baby without complication 13 days ago. She has a respiratory rate of 24, pulse rate of 126, and blood pressure of 138/98. Which of the following is the least likely diagnosis for this patient based on the information presented?
   A. Renal failure
   B. Migraine headache
   C. Preeclampsia
   D. Epidural headache

6. You are assessing a patient who has called 9-1-1 because she has a bad headache. All of the following would be pertinent questions to help determine your diagnosis except:
   A. Are you currently pregnant or have you recently delivered a baby?
   B. Do you have a history of headaches or have you recently received an epidural?
   C. Do you have a history of diabetes or hypertension?
   D. All of the above are pertinent questions.

7. All of the following are signs that your patient may be about to progress to eclampsia except:
   A. Sudden increase in body temperature
   B. Sudden increase in blood pressure
   C. Sudden increase in coughing
   D. Severe headache

8. Your BLS ambulance responds to a patient who is 35 weeks pregnant with a diagnosis of preeclampsia. She has been on bed rest for the past three weeks and is complaining of increasing edema in her legs, ankles, hands and face and nausea with vomiting x3. Pulse is 118, respirations 20; blood pressure is 152/98. Patient states her blood pressure has been around 130/90 for the past three weeks. Which of the following is the most appropriate course of treatment for this patient?
   A. Support ABCs, monitor vitals every fifteen minutes, transport in the left lateral recumbent position without lights and sirens.
   B. Support ABCs, monitor vitals every five minutes, transport in the left lateral recumbent position without lights and sirens.
   C. Support ABCs, monitor vitals every five minutes, transport in the Trendelenburg position without lights and sirens.
   D. Support ABCs, monitor vitals every five minutes, transport in the left lateral recumbent position with lights and sirens.

9. The patient in the previous question begins to have a tonic-clonic seizure. What course of action is most appropriate?
   A. Place a bite block in the patient's mouth and then apply high flow oxygen and transport lights and sirens.
   B. Role patient to prone position to prevent aspiration, place an oral airway, support breathing with a BVM and transport.
   C. Ensure patient is on left side and protect patient from injury, suction as needed, support breathing with high flow oxygen, oral airway, BVM or advanced airway as your protocol allows and transport non-emergently.
   D. Ensure patient is on left side and protect patient from injury, suction as needed, support breathing with high flow oxygen, oral airway, BVM or advanced airway as your protocol allows, consider requesting ALS support and transport lights and sirens.

10. Which of the following is *not* a stage of an eclamptic seizure?
   A. Stage of extroversion
   B. Stage of intrusion
   C. Stage of contraction
   D. Coma

ALS Questions

11. All of the following are possible mechanisms of action for magnesium sulfate except:
   A. Acting as a vasodilator
   B. Decreasing retinal pressure
   C. Decreasing cerebral edema
   D. Acting as an anticonvulsant

12. You are treating a patient you suspect has preeclampsia who begins to have a seizure. The best medication to administer this patient would be:
   A. 5 mg diazepam IM
   B. 2 mg lorazepam IVP
   C. 4 mg magnesium sulfate IVP
   D. 4 g magnesium sulfate IV over 3-5 minutes

This answer sheet must be postmarked by August 20, 2012

CE Answer Sheet Texas EMS Magazine
Common pregnancy complication ... complicated
CE: Medical

Name _____ SSN _____

Certification Level _____ Expiration Date _____

Organization _____ Work Phone _____
area code

Address _____ City _____
street

State _____ Zip _____ Home Phone _____
area code

Note: Due to the cost of processing CE, each answer sheet must be accompanied by a check or money order for $5, made out to UT Southwestern.

For DSHS CE credit, mail your completed answer sheet with a check or money order for $5 made out to UT Southwestern to:

Debra Cason, RN, MS
EMS Training Coordinator
The University of Texas
Southwestern Medical Center
5323 Harry Hines Blvd.
Dallas, Texas 75390-9134

You will receive your certificate for 1.5 hours of medical CE in about six weeks after the closing date. A grade of 70 percent is required to receive CE credit.

Answer Form

Check the appropriate box for each question. All questions must be answered.

1.	A.☐	B.☐	C.☐	D.☐
2.	A.☐	B.☐	C.☐	D.☐
3.	A.☐	B.☐	C.☐	D.☐
4.	A.☐	B.☐	C.☐	D.☐
5.	A.☐	B.☐	C.☐	D.☐
6.	A.☐	B.☐	C.☐	D.☐
7.	A.☐	B.☐	C.☐	D.☐
8.	A.☐	B.☐	C.☐	D.☐
9.	A.☐	B.☐	C.☐	D.☐
10.	A.☐	B.☐	C.☐	D.☐

ALS questions

11.	A.☐	B.☐	C.☐	D.☐
12.	A.☐	B.☐	C.☐	D.☐

Did you enclose your $5 check or money order?

Did you read?

Brightly colored little packets that combine laundry detergent with other cleaning agents are a new convenience for consumers—and a new danger for kids.

Nearly 250 people have called poison centers in recent months after small children swallowed or bit into the packets, the Associated Press reports. And some of the kids have gotten very sick—much sicker than kids usually get when they swallow a little detergent, says an alert from The American Association of Poison Control Centers. For example, the association says:

- A 15-month-old child developed "profuse vomiting" and had to be put on a ventilator at a hospital to keep breathing.
- A 17-month-old child developed nausea and vomiting and also inhaled some of the product. That child also needed a ventilator.

"The rapid onset of significant symptoms is pretty scary," says Michael Beuhler, medical director of the Carolinas Poison Center. He says he's not sure what's making kids so sick.

Then there's the question of why toddlers are biting into cleaning products in the first place. One possibility: They look like candy, some parents and kids say. One blogging pediatrician says they look like toys—and that the product is "engineered to dissolve rapidly in water so will do the same in a child's mouth."

The poison centers' warning does not name particular products, but one new brand on the market is Tide Pods, made by Procter and Gamble. The company says consumers should keep the product—like all cleaning products—out of the reach of children. And a Tide representative told ABC News that the packets will start coming in child-proof containers this summer.

From usatoday.com, New kid danger: Swallowing candy-colored laundry packets, by Kim Painter, May 24, 2012.

We all know the drill: Use sunscreen to avoid sunburn—and reapply frequently. But sometimes, we just forget. Or we fall asleep in the sun. Or we get caught up in a killer game of beach volleyball.

For serious burns (i.e., blistering red skin), get to the doctor immediately. **But to get through the first 24 hours of a mild sunburn (read: no blisters) that stings and causes discomfort, Skin Cancer Foundation spokeswoman Francesca Fusco provided a few tips**:

Got milk? Make cold milk compresses by soaking a clean cloth in a bowl with equal parts milk, ice cubes and water. Then hold the cloth on the burned area for five minutes. Repeat three times. The fat, protein and pH of milk have a soothing anti-inflammatory effect on the skin. What's more, cold temperatures constrict blood vessels and reduce swelling.

Take a pill! Aspirin acts as an anti-inflammatory, suppressing chemicals in the skin that cause redness and swelling.

Follow the light. LED treatments use gentle wave light technology to help decrease inflammatory cells. The only drawback: you have to visit a doctor's office for treatments—and that can be pricey (or at least more pricey than Noxema or aloe gel).

Slather on refrigerated aloe gel. Aloe is a botanical that has powerful anti-inflammatory properties. Store it in the fridge and you'll get the added bonus of cold temps (and reduced swelling).

Rehydrate! After a weekend in the sun, water is key—particularly if you're sunburned. Liquids are critical to rehydrating your body and replenishing lost fluids from the sun. Hate water? Try guzzling decaf iced tea with mint for an added antioxidant punch.

From MSN.com, Too much fun in the sun? How to heal, by Amy Paturel, May 29, 2012.

At Mount Sinai Hospital in New York City, an older patient will find thick mattresses to prevent bedsores, skid-proof floors and curtains designed to produce less noise—a few examples of the features designed specifically with senior citizens in mind.

According to the CDC, individuals 65 years and older typically make up nearly 25 percent of adult emergency room visits. **The creation of the geriatric-centered emergency department, or geri-ed, at Mount Sinai Hospital represents a shift towards catering to the health needs of the growing aging population.**

Mount Sinai's geri-ed follows the opening of a similar one at St. Joseph's Regional Medical Center in Paterson, N.J., three years ago. More

than 50 such departments will be opening in the health care system's hospitals from New Jersey to California, according to Dr. Mark Rosenberg, the chief of geriatric emergency medicine at St. Joseph's. Rosenberg, who also serves as chairman of the American College of Emergency Medicine's (ACEP) geriatric section, has assisted many efforts to build geriatric emergency departments, from hospital systems to emergency medicine management groups.

Since the creation of Mount Sinai's unit in February, older patients coming to the general emergency room are moved to the geri-ed, as long as they meet a certain number of clinical criteria, such as ability to remember their names or not needing resuscitation. In each of the eight bedrooms and six exam rooms, patients experience a quieter and calmer setting where they can wait and receive care from professionals specially trained in elderly care.

Dr. Kevin Baumlin, the vice chairman of emergency medicine at Mount Sinai, received inspiration for this facility from personal experience, when his grandmother broke her pelvis and was sent to a regular emergency room.

"It was really frustrating that no one seemed to be paying attention to her, that she was kind of lost in the shuffle," he said.

The geriatric emergency department Baumlin spearheaded was designed with the intention of creating a safer and calmer atmosphere for the older demographic, he said. An example of the attention to detail is highlighted by the installation of fake skylights in the unit. Elderly patients, especially if they have dementia, tend to become confused in general emergency rooms that are brightly lit 24 hours a day. The Mount Sinai geri-ed is outfitted with skylights that tell elderly brains what time of day it is, and helps them adjust their body's sleep and wake patterns.

A unique feature of the geri-ed is what Baumlin calls the geriPad—iPads that allow the patient and nurse to videochat for clinical needs. Requesting juice or food is as easy as a touch of a button on the screen.

Response to the new unit has been positive, and patient satisfaction ratings have been very high.

From MSN.com, Emergency rooms designed for the older set, by Joyce Ho and Dr. Nancy Snyderman, May 29, 2012.

Did you read?

More Americans are turning to the emergency room for routine dental problems—a choice that often costs 10 times more than preventive care and offers far fewer treatment options than a dentist's office, according to an analysis of government data and dental research.

Most of those emergency visits involve trouble such as toothaches that could have been avoided with regular checkups but went untreated, in many cases because of a shortage of dentists, particularly those willing to treat Medicaid patients, the analysis said.

The number of ER visits nationwide for dental problems increased 16 percent from 2006 to 2009, and the report, released in February by the Pew Center on the States, suggests the trend is continuing.

In Florida, for example, there were more than 115,000 ER dental visits in 2010, resulting in more than $88 million in charges. That included more than 40,000 Medicaid patients, a 40 percent increase from 2008.

Many ER dental visits involve the same patients seeking additional care. In Minnesota, nearly 20 percent of all dental-related ER visits are return trips. The rate of return is in part due to the absence of dentists in the ER. Staff are able to offer only pain relief and medicine for infected gums, but not much more for dental patients. Many patients are unable to find or afford follow-up treatment, so they end up back in the emergency room.

"If people are showing up in the ER for dental care, then we've got big holes in the delivery of care," said Shelly Gehshan, director of Pew's children's dental campaign.

Using emergency rooms for dental treatment is expensive and inefficient. Preventive dental care such as routine teeth cleaning can cost $50 to $100, compared with $1000 for emergency room treatment that may include painkillers for aching cavities and antibiotics from resulting infections.

The infections can sometimes be dangerous, especially for children. In Florida, 200 children were hospitalized in 2006 for otherwise preventable dental infections.

From The Dallas Morning News, More taking tooth troubles to ER, at 10 times the cost, by Lindsey Tanner, February 28, 2012.

Disciplinary Actions

FYI

Final enforcement actions and court orders shall continue to be posted in Texas EMS Magazine for a minimum of one year or until the end of any probationary term or period of deferment, whichever is longer. This policy mirrors TAC, Title 1, Part 1, Chapter 1, Subchapter X, §1.552, Posting Final Enforcement Actions.

If a complaint has been self-reported, i.e., an individual or organization reported the violation to DSHS before DSHS became aware of it and that act was taken into consideration by the Enforcement Review Committee, then the magazine shall denote that the violation was self-reported by printing the phrase 'self-reported' at the end of the entry.

DSHS encourages individuals and organizations to self-report rule violations to DSHS. When the case is reviewed by the Enforcement Review Committee, the fact that an individual or organization self-reported a violation can be seen as a mitigating circumstance.

Abdullah, Basil O., Missouri City, TX. August 3, 2011, three (3) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(29) and 157.36(b)(30) related to a positive urinalysis drug screen for marijuana.

A-Blessed EMS, LLC, dba A-Blessed EMS, Nacogdoches, TX. February 9, 2012, assessed a $250.00 administrative penalty for violating EMS Rules §157.11(d)(1) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Adrian VFD, dba Adrian EMS, Adrian, TX. September 29, 2011, reprimanded for violating EMS Rules §157.11(c)(2)(D), 157.11(j)(1), 157.11(j)(7)(A) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Advanced Cardiac and Trauma EMS, Inc., Weslaco, TX. December 19, 2011, reprimanded for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(7), 157.11(i)(2), 157.11(j)(1), 157.11(j)(7)(A) and 157.11(m)(1) related to failing to prominently display vehicle authorization and failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Albers, Josh R., Dalhart, TX. August 23, 2011, reprimanded for violating EMS Rules §157.36(b)(7) and 157.36(b)(26) related to failing to provide appropriate level of patient care by performing advanced and/or invasive treatment without medical direction.

Alves, Penny, Merkel, TX. September 18, 2011, twelve (12) month probated suspension for violating EMS Rules §157.36(b)(3), 157.36(b)(26) and 157.36(b)(28) related to failing to follow medical direction protocols for RSI.

Ambulance Transportation Services, LLC, McAllen, TX. December 30, 2011, reprimanded for violating EMS Rules §157.11(i)(2), 157.11(j)(1), 157.11(m)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to have crew members properly identified by name, certification level and /or provider name.

Americare EMS, LTD dba Americare, Lufkin, TX. July 10, 2011, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.26(j)(5)(A) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

AMR-Dallas, Farmers Branch, TX. February 9, 2012, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Bates, Jodee S., Odessa, TX. May 13, 2012, reprimanded for violating EMS Rule §157.36(b)(7) related to failing to follow medical director's protocols.

Border Ambulance Service, LLC, McAllen, TX. July 10, 2011, assessed a $250.00 administrative penalty for violating EMS Rules §157.11(i)(2), 157.11(j)(5) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Bovina EMS, Bovina, TX. December 19, 2011, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(j)(5), 157.11(j)(7)(A) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Burton, James A. Jr., Spring Branch, TX. November 20, 2011, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a second degree felony conviction and imprisonment for indecency with a child.

Cardiomax EMS, LLC, Houston, TX. April 17, 2012, assessed a $3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1)157.11(i)(2), 157.11(j)(1), 157.11(m)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, EMS crew failing to be properly identified by last name, certification or license level and provider name, and failing to display vehicle authorizations.

Cates, Kenneth W., Alpena, AK. July 10, 2011, twelve (12) month suspension for violating EMS Rules §157.36(b)(7), 157.36(b)(18), 157.36(b)(26) and 157.36(b)(28) related to misrepresentation as an EMT-Paramedic student while responding to calls and performing advanced level and/or invasive treatment on a patient without medical direction and/or supervision.

Chernosky, Richard W., Plum, TX. February 11, 2012, three (3) month suspension for violating EMS Rules§157.36(b)(6), 157.36(b)(7) and 157.36(b)(30) related to using excessive force and/or pressure while attempting to apply gauze around patient's head and violating medical director's protocols by incorrectly administering Versed instead of Valium without verifying medication and/or dosage with partner.

City of Farwell, Farwell, TX. September 13, 2011, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(j)(5), 157.11(j)(7)(A) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

City of Grapevine Fire Department, dba Grapevine Fire Department, Grapevine, TX. November 30, 2011, assessed a $1,400.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or currently certified personnel.

Colorado County EMS, Columbus, TX. May 4, 2012, assessed a $2,200.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with a person that had an expired license and/or certificate.

Coppell Fire Department, Coppell, TX. May 4, 2012, assessed a $500.00 administrative penalty for violating EMS Rules 25 TAC §§157.11(d)(1), and 157.11(j)(3) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Copperas Cove Fire Department/EMS, Copperas Cove, TX. September 30, 2011, assessed a $2,200.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or current certified personnel.

Cox, James M., North Richland Hills, TX. December 21, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Cox, Robert E., Anson, TX. March 13, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(28) and 157.36(b)(30) related to three counts of for felony deferred adjudication for fraudulently obtaining quantities of the prescription drug hydrocodone from various physicians on numerous occasions.

Crosbyton Clinic Hospital EMS, Crosbyton, TX. July 25, 2011, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.(16)(c) and 157.16(d)(14) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or current certified personnel.

Dallam Hartley Counties Hospital District, dba Dalhart EMS, Dalhart, TX. September 6, 2011, assessed a $2,700.00 administrative penalty for violating EMS Rules §157.11(m)(1), 157.11(m)(3), 157.11(m)(4), 157.16(c), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or current certified personnel and monitoring the quality of patient care provided.

Diamex EMS, Inc., dba Diamex EMS, Richmond, TX. May 9, 2012, assessed a $3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(4), 157.11(i)(3), 157.11(j)(1), 157.11(m)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to assure protocols,

equipment, supply and medication lists are maintained on EMS vehicles.

Double Daniels, LLC, dba Double Daniels Ambulance Service, Houston, TX. April 17, 2012, assessed a $1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Eagle Mountain Fire Department, Fort Worth, TX. February 9, 2012, reprimanded for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and staffing an EMS ambulance vehicle with a person that had an expired DSHS-issued license and/or certificate.

ESHNA, Inc., dba Lake Whitney Medical Center EMS, Whitney, TX. March 21, 2012, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(g)(3), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to have crew members properly identified by name, certification level, and / or provider name and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Faris, Kenneth, Joshua, TX. October 7, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(28) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Freeman, Gena L., Woodville, TX. February 29, 2012, Six (6) month suspension for violating EMS Rules §157.36(b)(7) and 157.36(b)(28) related to advising partner to discontinue CPR, which violated medical director's protocols, and failing to call for online medical control to obtain proper medical direction and/ or supervision to authorize termination of CPR.

Garay Vidal, Gustavo, El Paso, TX. March 23, 2011, one-month suspension and 23-month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(21), 157.36(b)(25), 157.36(b)(27), 157.36(b)(29) and 157.37(a) related to an arrest for possession of the controlled substance cocaine, an arrest for driving while intoxicated, failure to notify the department and receiving deferred adjudication misdemeanor possession of the controlled substance cocaine.

Garcia, Alfredo L., Weslaco, TX. March 16, 2012, Twelve (12) month probation with conditions for violating EMS Rules §157.36(c)(1) and 157.36(c)(3) related to two convictions for the state jail felony offense of driving while intoxicated with a child passenger under 15 years of age and conviction of the misdemeanor offense of driving while intoxicated.

Goen, Jimmy, Palo Pinto, TX. September 13, 2011, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(23), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to an arrest on or about March 21, 2011, for DWI with open container and failing to notify the Department within 10 days; and on or about November 17, 2010, assessing and/or giving medical treatment while under the influence of alcohol.

Gonzalez, Luis O., Eagle Pass, TX. July 31, 2011, reprimanded for violating EMS Rules §157.43(j)(2), 157.43(j)(3)(A) and 157.43(k)(2) related to coordinating a course without holding a current Department-issued license and/or certificate.

Hagelberg, Toney D., Lumberton, TX. March 1, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(23), 157.36(b)(26), 157.36(b)(29) and 157.36(b)(30) related to illegally possessing a dangerous substance and public intoxication, failing to notify the department within 10 days of two arrests, and misappropriating and/or tampering with and/or adulterating nalbuphine and promethazine by improperly removing said expired medications.

Halo Medical Services, LLC., DeSoto, TX. October 31, 2011, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(5)(A), 157.11(j)(7)(A) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Hartley VFD, Inc., dba Hartley Volunteer EMS, Hartley, TX. May 4, 2012, assessed a $250.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Henry, Virginia L., Tahoka, TX. September 22, 2011, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(22), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(29) related to a third-degree felony conviction and five (5) years community supervision for theft by a public servant.

Hernandez, Gustavo C., El Paso, TX. December 30, 2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(27) and 157.36(b)(28) related to a misdemeanor conviction for assault, two misdemeanor convictions for driving while intoxicated and misdemeanor possession of marijuana.

Hickman, Teddy, Lubbock, TX. September 22, 2011, three (3) month suspension followed by nine (9) month probated suspension for violating EMS Rules §157.36(b)(3), 157.36(b)(26) and 157.36(b)(28) related to failing to follow medical direction protocols for RSI.

Higgins, Gregory T., Fort Worth, TX. February 22, 2012, reprimand for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Horn, James C., Haltom City, TX. August 3, 2011, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(23), 157.36(b)(26), 157.36(b)(28) and 157.36(b)(29) related to an arrest for second-degree felony of possession with intent to promote child pornography and failing to notify the department within 10 days of arrest.

Houston First Respond EMS, Houston, TX. July 10, 2011, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(i)(2), 157.11(j)(1), 157.11(m)(1) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel.

Hulbert, Paul, Victoria, TX. July 10, 2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(29) and 157.36(b)(30) related to a positive urinalysis drug screen for marijuana.

Jenkins, Stephen H., Corsicana, TX. November 5, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Jennings, Brenda, dba Cotulla EMS, Cotulla, TX. January 27, 2012, reprimanded for violating EMS Rules §157.11(m)(2)(A), 157.11(m)(2)(E) and 157.16(d)(8) related to allowing a minor to ride out on EMS ambulance, failing to monitor the quality of patient care and failing to take appropriate corrective action on personnel after personnel performed advanced level of care without calling for online medical control.

Julian Leija, dba Christian EMS, Elsa, TX. September 26, 2011, assessed a $250.00 administrative penalty for violating EMS Rules §157.11(i)(2), 157.11(j)(4) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Karva, Kathleen A., Longview, TX. November 5, 2011, reprimanded for violating EMS Rules §157.36(b)(4), 157.36(b)(18) and 157.36(b)(30) related to submitting falsified EMS skills appraisal forms by forging the preceptor's signature.

Keefer, Javier, Alamo, TX. August 23, 2011, twenty-four (24) month probation for violating EMS Rules §157.36(c)(1), 157.36(c)(2), 157.36(c)(3), 157.36(b)(1), 157.36(b)(2), 157.36(b)(4), 157.36(b)(14), 157.36(b)(19), 157.36(b)(23), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to two (2) convictions for DWI and previous conduct during the performance of duties relating to EMS personnel that is contrary to accepted standards of conduct.

Kimbrell, Sharlene D., Dalhart, TX. August 23, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(13), 157.36(b)(28) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Kinsman, Randy M., Ovilla, TX. October 31, 2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(15) and 157.36(b)(28) related to pleading guilty to two counts of indecent assault and battery on a person 14 years of age or over and failure to disclose on renewal application.

Lazbuddie Volunteer Fire Department, Inc., dba Lazbuddie EMS, Lazbuddie, TX. December 2, 2011, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(j)(5) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Lillie, Christopher W., Denton, TX. November 16, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Marak, Brenda L., Hungerford, TX. April 1, 2012, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(15), 157.36(b)(18), 157.36(b)(21), 157.36(b)(24) and 157.36(b)(28) related to receiving a state jail felony deferred adjudication for theft and failing to disclose said criminal history on a renewal application; and failing to give the department true and complete information when requested.

Mustapha, Raifu, dba Alpha EMS Ambulance Service, Garland, TX. May 11, 2012, reprimanded for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(7), 157.11(j)(1), 157.11(m)(1) 157.11(m)(5) and 157.16(d)(12) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, EMS crew failing to be properly identified by last name, certification or license level and provider name, and failing to give the Department information when requested.

McGill, William S., Grapevine, TX. November 15, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to

staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

McGuire, John M., Copperas Cove, TX. September 26, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

Med-Care EMS, Inc., McAllen, TX. February 17, 2012, assessed a $750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(h)(2), 157.11(i)(2), 157.11(j)(5)(A), 157.11(m)(1), and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations, failing to display provider name and license number on ambulance, and failing to have current protocols, current equipment, supply and medication lists, and the correct original vehicle authorization.

Medex Transportation Services, Inc., McAllen, TX. January 19, 2012, reprimanded for violating EMS Rules §157.11(h)(2), 157.11(i)(2), 157.11(j)(1) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Medical and Trauma Specialist, LP, McAllen, TX. December 19, 2011, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(i)(2), 157.11(j)(4), 157.11(j)(5), 157.11(m)(1), 157.11(m)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failure to properly identify crew by name, certification level and/or provider name.

Medtran Services, LLC, dba Medtran Service Company, Houston, TX. December 19, 2011, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(m)(20) and 157.16(d)(19) related to failing to notify the department within one day of a change in medical director.

Miller, Jennifer J., Tyler, TX. February 29, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(15), 157.36(b)(18), 157.36(b)(21), 157.36(b)(27) and 157.36(b)(30) related to receiving a deferred adjudication for misdemeanor theft of property, failing to disclose the criminal history on recertification application and failing to give the department true and complete information when asked.

New Deal Volunteer Fire Department, dba New Deal Fire/EMS, New Deal, TX. September 22, 2011, reprimanded for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or current certified personnel.

Nichols, James J., Lavon, TX. November 2, 2010, eight (8) month suspension followed by a forty (40) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(29) related to utilizing fraudulent prescriptions for controlled substances while on duty and pleading guilty to a felony deferred adjudication for fraudulent possession of a controlled substance/prescription.

Noletubby, Rusty, Colorado City, TX. June 14, 2011, three (3) month suspension followed by twenty-one (21) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive urinalysis drug screen for alcohol while on duty.

O'Hara Flying Service II LP, dba Air Ambulance Stat, Amarillo, TX. February 24, 2012, assessed a $3,751.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(5), and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to have current protocols, current equipment, supply and medication lists and the correct original vehicle authorization.

Olague, Matthew E., New Caney, TX. October 31, 2011, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to tampering with and/or removing medication patches containing fentanyl from patients and ingesting.

Outen, Shaun Jason, Denton, TX. August 23, 2011, revocation pursuant to Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for conspiracy to commit health care fraud.

Palm Valley EMS, dba Texas Medical Transport, McAllen, TX. December 19, 2011, reprimanded for violating EMS Rules §157.11(c)(2)(D), 157.11(j)(7)(I) and 157.11(m)(1) related to failing to prominently display vehicle authorization, failing to have present emergency response guide book and failing to assure that vehicles are maintained, operated, equipped and staffed.

Pargas, Joe M., Cotulla, TX. February 18, 2012, reprimanded for violating EMS Rules §157.36(b)(5), 157.36(b)(7), 157.36(b)(28) and 157.36(b)(30) related to allowing his minor son to ride out on ambulance calls and performing advanced level treatment without proper medical direction.

Patriot EMS Group, Inc., dba Patriot EMS, Houston, TX. February 11, 2012, assessed a $7,600.00 administrative penalty for violating EMS Rules § 157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and staffing an EMS ambulance vehicle with a person that had an expired DSHS-issued license and/or certificate.

Paul K. Ozoigbo, dba County Ambulances, Garland, TX. February 3, 2012, assessed a $3,750.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1) and 157.11(j)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to have current protocols, current equipment, supply and medication lists, and the correct original vehicle authorization.

Pena, Jason, dba South Point EMS, Elsa, TX. May 9, 2012, assessed a $250.00 administrative penalty for violating EMS Rules §157.11(j)(1) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Phillips, Lawrence C., Odessa, TX. February 23, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to submitting untruthful and/or inaccurate statements and/or information during an official investigation.

Pitts, Evan M., North Richland Hills, TX. September 29, 2011, revocation for violating EMS Rules Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for possession with intent to deliver the controlled substance methamphetamine.

Powell Professional Services, LLC, dba Guardian Emergency Medical Services, Columbus, TX. May 11, 2012, assessed a $1,600.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(i)(2), 157.11(i)(3), 157.11(j)(5), 157.11(j)(7)(I) and 157.11(m)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and EMS crew failing to be properly identified by last name, certification or license level and provider name.

Powell Professional Services, LLC, dba Guardian Emergency Medical Services, Columbus, TX. May 9, 2012, reprimanded for violating EMS Rules §157.11(m)(3), 157.11(m)(12) and 157.11(m)(32) related to failing to monitor the quality of patient care provided, take corrective action and enforce compliance with SOP's and/or policies.

Powers, Jacob D., Clute, TX. November 5, 2011, reprimanded for violating EMS Rules §157.36(b)(9) and 157.36(b)(26) related to allowing an EMT-Basic to perform advanced levels of care.

Pro-Med EMS, LLC, San Juan, TX. January 17, 2012, assessed a $22,500.00 administrative penalty for violating EMS Rules §157.11(m)(2), 157.11(m)(2)(A), 157.11(m)(3), 157.11(m)(8), 157.11(m)(9), 157.11(m)(10), 157.11(m)(12), 157.16(c), 157.16(d)(12) and 157.16(d)(19) related to failing to monitor staff by not adhering to a continuous quality improvement plan and/or not reviewing patient care reports and failure to give the department information upon request.

Pro-Med EMS, LLC, San Juan, TX. August 23, 2011, assessed a $450.00 administrative penalty for violating EMS Rules §157.11(d)(7), 157.11(j), 157.11(j)(7)(A) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times; failing to have written protocols with equipment, supply and medication list present on EMS ambulance vehicle(s); and failing to have provider name and license number displayed on EMS ambulance vehicle(s).

Pyse, Christopher J., Houston, TX. February 29, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(24) and 157.36(b)(28) related to receiving a deferred adjudication for a Class B misdemeanor offense of theft and failing to give the department true and complete information when requested.

Quitaque Volunteer Ambulance Service, Quitaque, TX. April 17, 2012, assessed a $2,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to assure protocols, equipment, supply and medications list are maintained on each vehicle.

Ramirez, Enrique, Weslaco, TX. February 23, 2012, reprimanded for violating EMS Rules §157.36(b)(9), 157.36(b)(21), 157.36(b)(26) and 157.36(b)(28) related to failing to provide appropriate level of patient care and failing to give the department true and complete information when requested.

Reddington, Todd, Jasper, TX. October 7, 2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(29) and 157.36(b)(30) related to a positive urinalysis drug screen for marijuana.

Rhodes, Lashanthi T., Houston, TX. April 17, 2012, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18) and 157.36(b)(29) related to receiving a misdemeanor deferred adjudication for theft.

Rio Care EMS, LLC, Weslaco, TX. July 10, 2011,

assessed a $1,000.00 administrative penalty for violating EMS Rules §157.11(i)(3), 157.11(j)(5) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Rivas, Brittany, Texas City, TX. January 25, 2011, eighteen (18)-month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(22), 157.36(b)(23), 157.36(b)(26) and 157.36(b)(28) related to being convicted of misdemeanor burglary of a vehicle, misdemeanor driving while intoxicated, misdemeanor assault causing bodily injury, and deferred adjudication for misdemeanor criminal trespass.

Rojas, Harold, McAllen, TX. January 2, 2011, 18-month probation for violating EMS Rule 157.36(f) related to receiving a deferred adjudication for felony aggravated assault.

Rojas, Pablo M., San Benito, TX. January 20, 2012, reprimanded for violating EMS Rule §157.36(b)(21) related to failure to give the department information upon request.

Royalty Ambulance Service Inc., Pharr, TX. November 5, 2011, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(4) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Safe Response Medical Transportation, Pearland, TX. March 22, 2012, assessed a $10,000.00 administrative penalty for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 157.16(d)(19) related to failing to notify the department when a change of medical director had occurred and failing to give the department true and complete information when asked.

Safford, Scott, Fort Worth, TX. July 31, 2011, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(25), 157.36(b)(27) and 157.36(b)(28) related to a conviction on or about November 28, 2007, and August 21, 2009, for DWI and failing to notify the Department within ten days.

Saldana, David, McAllen, TX. November 20, 2011, eighteen (18) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(26), 157.36(b)(27) and 157.36(b)(28) related to a positive urinalysis drug screen for cocaine and marijuana after causing a motor vehicle accident while driving an ambulance.

Sauceda, Randy, Rio Grande City, TX. December 21, 2011, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(25) 157.36(b)(26) and 157.36(b)(30) related to receiving a deferred adjudication for a second degree felony offense of possession of marijuana.

Scar De Los Santos, dba Express Care Ambulance Service, San Antonio, TX. July 17, 2010, assessed a $6,100.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(d)(19), 157.11(i)(3)(A), 157.11(l)(1), 157.11(l)(2), 157.11(l)(3) 157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050.(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriate and/or current certified personnel and failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Schaake, Denver G., New Braunfels, TX. January 26, 2012, three (3) month suspension for violating EMS Rules §157.36(b)(2),157.36(b)(26) and 157.36(b)(28) related to a conviction for the state jail felony offense of improper photography or visual recording.

Skoog, Michael R., Abilene, TX. March 22, 2012, six (6) month probated suspension with conditions for violating EMS Rules §157.36(b)(2), 157.36(b)(18), 157.36(b)(19), 157.36(b)(25), 157.36(b)(26) and 157.36(b)(28) related to receiving a deferred adjudication to a Class A misdemeanor offense of attempt to obtain controlled substance by fraud.

Sosa, Jenny R., New Deal, TX. September 29, 2011, reprimanded for violating EMS Rules §157.34(a)(3), 157.36(b)(30) and HSC §773.041(b) related to staffing an EMS ambulance vehicle with an expired DSHS-issued license and/or certificate.

South Star Ambulance Service Inc., Weslaco, TX. December 16, 2011, assessed a $250.00 administrative penalty for violating EMS §157.11(j)(1), 157.11(i)(2) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Southlake DPS, Southlake, TX. May 13, 2012, reprimanded for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to staffing an EMS ambulance vehicle with a person that had an expired license and/or certificate.

St. Michaels Ambulance, LLC, Weslaco, TX. September 29, 2011, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(i)(3), 157.11(j)(5) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Stonewall County Ambulance Service, Aspermont, TX. February 16, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(5) and 157.11(m)(11) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to have current protocols, current equipment, supply and medication lists, and the correct original vehicle authorization.

Sylla Corporation, dba Trans American EMS, Dallas, TX. May 9, 2012, assessed a $2,500.00 administrative penalty for violating EMS Rules§157.11(c)(2)(D), 157.11(d)(7), 157.11(j)(1), 157.11(m)(1) and 157.11(m)(5) related to failing to display vehicle authorization, failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and EMS crew failing to be properly identified by last name, certification or license level and provider name.

Tiger EMS, Inc., dba Tiger EMS, Longview, TX. March 16, 2012, assessed a $250.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(j)(1) and 157.11(m)(5) related to related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times, and failing to have crew members properly identified by name, certification level, and/or provider name.

Tinkler, Emerson W., Fort Stockton, TX. May 11, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to submitting inaccurate statements during an investigation.

Turkey EMS, Turkey, TX. May 4, 2012, assessed a $1,000.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(3) and 157.11(j)(4) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations.

Turner, Vicky Jo, Rhome, TX. March 22, 2012, Six (6) month probated suspension for violating EMS Rules §157.36(b)(5), 157.36(b)(6) and 157.36(b)(30) related to disclosing confidential patient information to the public without consent.

Veliz, Juan G., Mission, TX. March 13, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(19), 157.36(b)(25), 157.36(b)(28) and 157.36(b)(30) related to using an ambulance to illegally possess and/or transport approximately 237 pounds of marijuana.

Vera, Kevin A., Raymondville, TX. April 1, 2012, revocation pursuant to Chapter 53 of the Texas Occupations Code, Section 53.021(b), based on a felony conviction for sexual assault of a child.

Vitalis Healthcare System, Inc., dba Vitalis Medical Transport Service, McAllen, TX. September 13, 2011, assessed a $500.00 administrative penalty for violating EMS Rules §157.11(i)(2), 157.11(j)(1) and 157.11(m)(1) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times.

Ward, Tonia D., dba Ward's Emergency Service, Houston, TX. March 19, 2012, assessed a $45,000.00 administrative penalty for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 157.16(d)(19) related to failing to notify the department when a change of medical director has occurred and failing to give the department true and complete information when asked.

Weisel, Charles A., Silsbee, TX. July 25, 2010, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(26), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(29) related to misappropriation of medications and controlled substances from an EMS employer.

Wolfforth EMS, Wolfforth, TX. December 30, 2011, reprimanded for violating EMS Rules §157.11(m)(1), 157.11(m)(4), 157.16(d)(14) and HSC §773.050(a) related to failing to staff an EMS ambulance vehicle deemed to be in-service and/or response ready with appropriately and/or current certified personnel.

Woods, Terry W., Odessa, TX. May 11, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to submitting inaccurate statements during an investigation.

Younger, Wendy M., El Paso, TX. September 26, 2011, reprimanded for violating EMS Rules §157.32(c)(4)(C), 157.43(h)(16) and 157.43(m)(3)(b) related to allowing an EMT-Paramedic student to perform clinical and/or ambulance rotations without being EMT-Basic certified.

All postings will remain on the website and in the *Texas EMS Magazine* listing:

- **Until the suspension or probation expires; or,**
- **For one year after final action is taken (for decertifications, denials, revocations and administrative penalties).**

Meetings & Notices

Calendar

2012 Emergency Care Conference: August 11-12, 2012. Please join us for the presentation of compelling topics in the dynamic arenas of emergency and critical care practice. Go to www.txairlife.com for further details and registration information. *

2012 New Mexico EMS Conference & Expo: July 23–28, 2012, Albuquerque Convention Center. Combine your professional and personal goals and the finest in EMS education during a refreshing summer in Albuquerque, New Mexico. You will learn techniques and information to improve yourself, your patient care, your EMS agency and your state EMS and Trauma Care delivery system. Registration and program information can be found at www.emsregion3.org/.+

Deadlines and information for meetings and advertisements

Deadline: Meetings and notices must be sent in six weeks in advance. Timeline: After the pages of this magazine have completely gone through editorial, design and layout, the magazine goes to the printshop to get printed (a 15-working-day process), then on to our mailing service (a four-day process), and then to the post office to get mailed out.

Cost: Calendar items are run at no charge. Calendar items run in the meeting and notices section until just prior to the meeting or class. Classified ads run for two issues unless we are notified to cancel the ad.

Fax or mail: Calendar items can be faxed to 512/834-6736 or mailed to Texas EMS Magazine, Texas Department of State Health Services, MC0285, PO Box 149347, Austin, TX 78714-9347. Call 512/834-6700 if you have a question about the meetings and notices section.

Jobs

U.S. Security Associates: Hiring EMT/security specialist in the Coastal Bend area. For additional information call (361) 289-1068. +

Travis County accepting applications for County Executive, Emergency Services Reporting directly to the Travis County Commissioners Court, the County Executive for Emergency Services directs and administers County programs and services relating to the Office of Emergency Management, Emergency Medical Services, Fire Marshall's Office, Technology and Communications, Medical Examiner's Office, and general Emergency Services. Candidate qualification requirements and additional information available at Travis County's website: www.co.travis.tx.us/human_resources/jobs/opportunities.asp.+

Faculty Instructor: The Division of Emergency Medicine Education at UT Southwestern Medical Center at Dallas has a full-time instructor position available for initial paramedic, EMT, and CE classes. RN or paramedic with associates or bachelor in nursing or EMS-related field, minimum two years' experience with one year emergency experience. Email resume to debra.cason@utsouthwestern.edu or fax to (214) 648-5245. For more information call (214) 648-5246. EOE +

EMT-B, EMT-I and Paramedic: Washington County EMS is seeking dedicated and preferably experienced individuals to fill several full-time and part-time positions. Applicants must be able to pass extensive background check and drug test. Preferred applicant is self-motivated individual who can work effectively and efficiently in stressful situations. Must have DSHS certification prior to turning in completed application. To apply and get additional details visit www.washingtoncountyems.net.+

Seminole, TX: Seminole EMS is looking for two full-time Paramedics or Intermediates to join our team. We offer competitive wages with sick time, holiday, vacation and overtime. Health insurance is provided at 100% paid for employees, dependents partially paid. We offer a TMRS retirement with city matching 2-to-1 and vesting after 5 years. Send resumes to 302 S. Main, Seminole, TX 79360 or email emsdir@mywdo.com.+

Dalhart EMS is currently taking applications: Dalhart EMS is seeking full-time and PRN positions for EMT-B, EMT-I and paramedic. 24- and 48-hour shifts available. Candidates must have current, valid Texas EMS cert/licensure and driver's license. For more information contact personnel at (806) 244-4571 or visit www.dhchd.org for an application. *

Miscellaneous

ABLE1 Rescue Training: We offer training for emergency service providers, including wilderness emergency care, rope rescue, search and rescue, man tracking and incident command. Contact ABLE1 Rescue Solutions for all your back-country and/or wilderness rescue training. Visit www.able1rs.com or email training@able1rs.com.+

Formal refresher/recertification courses: EMR (ECA) and EMT-B National Registry and Texas DSHS. LifeStart Training & Consulting, LLC, offers DSHS-approved formal recertification courses twice a month in our school in Austin, Texas. In

Meetings & Notices

just a few days of class you can meet all the requirements for either Texas or National Registry recertification. Classes include lecture, skills, scenarios and discussion. Sample the Austin night-life while meeting your certification requirements. Visit www.lifestart.us for more details or call (512) 614-7556. *

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Firefighter continuing education: is available online at www.FirefighterCE.com. FirefighterCE is accepted by the Texas Commission on Fire Protection. Visit www.FirefighterCE.com for a free test-drive today or call toll free at (888) 447-1993. *

Audio Visual Training Materials: The Texas Commission on Fire provides materials for fire protection professionals, as well as EMS professionals. Topics include airway management, spinal injuries, triage and more. They can be borrowed for free by any Texas resident. Visit the TCFP library website for more information at www.tcfp.state.tx.us/library.asp +

Looking for an EMS billing company?: Health Claims Plus is an EMS/fire billing company located in Liberty, TX. Health Claims Plus performs all levels of EMS/fire billing from the small to the large. Excellent rates, unmatched service and training to enhance revenue and build sound business practices. ePCR and manual PCR accepted. Contact Rodney Reed at (888) 483-9893 ext 234 or Rodney@healthclaimsplus.com. Visit our website at www.HealthClaimsPlus.com. *

Reimbursements not what they should be?: Gold letters got you down? Call C&L Billing. 20+ years in EMS and private ambulance billing. We can help! Great rates. Call Lisa at (210) 990-3744. *

National Registry skills testing: TEEX is proud to announce that we are an NREMT Advanced Practical Exam site, able to accommodate Intermediate 85, Intermediate 99, and Paramedic exams. For more information about exams or to register, please contact Donna McGee at (979) 458-2998 or email at Donna.McGee@teex.tamu.edu. +

Rope Rescue Training: Training for fire, EMS, law enforcement and industry in technical rescue, rope rescue, fire rescue, cave rescue, vehicle rescue and wilderness first aid. Call John Green at (361) 938-7080 or visit www.texasroperescue.com. +

TEEX Training: TEEX offers training for EMS responders and management especially in rural areas; training for WMD/EMS operations and planning; as well as training for natural disaster and terrorist incidents. For more information visit www.teex.org/ems. +

+ This listing is new to the issue.
* Last issue to run (If you want your ad to run again please call 512/834-6748).

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WIN MONEY!

Enter the EMS photo contest - deadline October 26.
For more info go to www.dshs.state.tx.us/emstraumasystems/photocontest.pdf

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Placing an ad? To place an ad or list a meeting date in this section, write the ad (keep the words to a minimum, please) and fax to: Texas EMS Magazine, 512/834-6736 or send to Texas EMS Magazine, MC0285, PO Box 149347, Austin, TX 78714-9347. Ads will run in two issues and then be removed. Texas EMS Magazine reserves the right to refuse any ad.

Moving? Let us know your new address—the post office may not forward this magazine to your new address. Use the subscription form on page 2 to change your address, just mark the change of address box and mail it to us or fax your new address to 512/834-6736. We don't want you to miss an issue!

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EMS Profile by John Green, EMT-I

EMS Profile: Yorktown EMS

Where we operate: Yorktown, founded in 1848, is in DeWitt County, between San Antonio and Victoria. Yorktown has a population of about 2200 residents and is primarily a ranching/farming community.

Years of service: 23 Yorktown EMS was formed in 1989 after the existing private company didn't renew their contract with the city and county. An old grocery store was donated to Yorktown EMS in 1990. When the local doctor (also the medical director for Yorktown EMS) had to move facilities in 1992, half of the donated building was converted to become the new medical clinic for the city of Yorktown. The clinic was converted using volunteers and donations, which allowed the project to be completed debt-free. In 1995 rooms to house Yorktown EMS and the Cuero Health Department were constructed; as was a garage for the ambulances.

Number of personnel: 14 volunteers We currently operate with two EMT-Is, eight EMTs and four ECAs; including three EMS instructors and four CPR instructors.

Number of units: 2 We run a 2012 type III and a 2009 type III, both equipped with Lifepac12, Autopulse and other specialized equipment.

Number of Calls: 431 in 2011. 2010 saw 365 calls, and, as of mid-May, 177 calls for 2012. Yorktown EMS has experienced a roughly 30 percent annual increase in calls. The increased traffic is primarily due to the oil and natural gas boom in the area. In addition to providing EMS services to Yorktown, Yorktown EMS provides services to Nordheim and the western half of DeWitt County, which is approximately 325 square miles. Yorktown EMS also has mutual aid agreements with the City of Cuero and Goliad County. Yorktown EMS provides transports to Cuero Community Hospital in Cuero, DeTar and Citizens in Victoria and Otto Kaiser in Karnes; longer transports have included Corpus Christi and San Antonio.

Average response time in Yorktown city limits is four minutes; in the county it's nine minutes. Transport times to Cuero average 18 minutes and to Victoria 38 minutes. Medical helicopters servicing Yorktown EMS include PHI Air Medical, AirLIFE, Methodist AirCare and Halo Flight. Helicopter flight time to Victoria is under 20 minutes. Yorktown EMS is paged by the DeWitt County Sheriff's Office, which handles the county's 9-1-1 service.

Responses include the "usual" city type of calls, but they also include unique calls, such as rescue alarms, snake bites, oil rig accidents, ranch and farm accidents and traffic injuries, September 2011 had five 18-wheeler rollovers alone.

Left to right: Irene Wulf, Bill Robinson, Charlotte Andersen, Mary Lee Kozielski, Leslie Voelkel, Kenneth Ahrens, Frank Blair, John Green, William Potcinske, Joe Banda. Not pictured: Chris Ochoa, Greg Ochoa, Cierra Boldt, Bobby Strieber, Amy Lamprecht and Dr. Gordon Barth.

Current Activities: Yorktown EMS provides standby service for football games, sporting events, organization and community events that require medical standby at no charge to the organization. Yorktown EMS also provides CPR training not only to it's own personnel, but to nursing home and school personnel, as well as to other local organization that may require such training at no cost. Yorktown EMS works with DeWitt County Sheriff's Office and Yorktown Fire to present Shattered Dreams to both Yorktown and Nordheim high school students.