

Texas EMS

Serving Texas Emergency Care Professionals



**Paramedic fulfills
promise to young
patient**
page 26

**CE: Emergency
treatment of asthma**
page 30

Texas EMS

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Austin, TX 78714-9347

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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

Shipping information

Contact _____

Organization _____

Shipping address _____

City/State/Zip _____

Telephone _____

Quantity _____

_____ **When Minutes Count: A Citizen's Guide to Medical Emergencies**

_____ **Ready Teddy "I'm an EMS Friend" stickers**

Fax order form to
(512) 834-6736

Mail order form to
Office of EMS/Trauma Systems
Coordination, MC 1876
Texas Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347

ADDRESS/NAME CHANGE FORM

- Address/Name change for magazine
 Address/Name change for certification
 Address/Name change for both

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Texas Dept. of State Health Services
P.O. Box 149347
Austin, TX 78714-9347
FAX (512) 834-6736

New information:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Please fill in current information already in our records: _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____



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Above, representatives from England's Southeast Coast Ambulance Services visited MedStar's headquarters in July.

Cover photo, Paramedic Catherine Kuhlmann has kept a picture of patient Barbara Jean Banner with her for ten years. This May Kuhlmann saw Banner graduate high school as valedictorian. Photo by Lisa Treiber-Walter.

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

EMS compliance offices by group

North group

PO Box 60968, WTAMU Station
 Canyon, TX 79016
 (806) 655-7151

1301 South Bowen Road, Suite 200
 Arlington, TX 76013
 (817) 264-4720

Physical: 6515 Kemp Blvd.
 Bldg. 509
 Mailing: EMS Compliance 509
 PO Box 300
 Wichita Falls, TX 76307-0300
 (904) 689-5928

4601 S. First, Suite L
 Abilene, TX 79605
 (325) 795-5859

1517 W. Front St.
 Tyler, TX 75702-7854
 (903) 533-5370

South group

401 E. Franklin, Suite 210
 El Paso, TX 79901-1206
 (915) 834-7709
 Fax (915) 834-7800

2301 N. Spring, Suite 300
 Midland, TX 79705
 (432) 571-4105

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 (325) 659-7854

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 San Antonio, TX 78229
 (210) 949-2050

Central group

Mailing: TDSHS-EMS
 MC 1876, P.O. Box 149347
 Austin, TX 78714-9347
 Physical: 8407 Wall St.
 Suite N-410
 Austin, TX 78754
 (512) 834-6700

East group

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 5425 Polk Ave., Suite 480
 Houston, TX 77023
 (713) 767-3333

1233 Agnes
 Corpus Christi, TX 78401
 (361) 889-3481

601 W. Sesame Drive
 Harlingen, TX 78550
 (956) 423-0130

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Texas EMS
 M a g a z i n e

September/October 2012
 Publications No.

Vol. 33 No.5
 01-10658

A bimonthly publication of
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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 COMMISSIONER OF HEALTH

DIVISION OF REGULATORY SERVICES
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Texas EMS Magazine (ISSN 1063-8202) is published bimonthly by the Texas Department of State Health Services, Office of EMS/Trauma Systems Coordination, 1100 W. 49th St., Austin, TX 78756-3199. The magazine's goals are to help organizations function professionally as EMS providers, to educate individuals so they can perform lifesaving prehospital skills under stressful conditions, and to help the public get into the EMS system when they need it. Texas EMS Magazine brings state and national EMS issues and answers to ECAs, EMTs and paramedics serving in every capacity across Texas.

Editor's office: (512) 834-6700, Office of EMS Trauma/Systems MC 1876, PO Box 149347, Austin, Texas 78714-9347 or FAX (512) 834-6736.

Subscriptions to Texas EMS Magazine are available for \$25 for two years. Sample copies on request. Subscriptions are free to volunteer provider firms. To order a subscription or to request a change of address in a current subscription, write to Texas EMS Magazine at the address above or call (512) 834-6700 or FAX (512) 834-6736.

We will accept telephone and mail queries about articles and news items. Manuscript and photograph guidelines available upon request.

Periodicals Postage Paid at Austin, Texas. POSTMASTER: Send address changes to Texas EMS Magazine, Office of EMS Trauma/Systems MC 1876, PO Box 149347, Austin, Texas 78714-9347.



NREMT offers recertification electronically

EMS personnel who are certified by the National Registry of EMTs (NREMT) can recertify entirely online, but the process requires that the employer (agency) be registered.

The one-time process for an agency to register takes only a few minutes and must be completed by an approved training officer. Complete instructions are on the home page of the NREMT website. Online recertification provides a number of time-saving benefits for the agency, including reduced paperwork, a centralized data management for continuing education hours, centralized

approval for continuing education hours, electronic verification and electronic transfer of information to an agency's medical director for approval.

For EMS personnel, electronic recertification also provides time-saving benefits, including 'banking' continuing education hours electronically throughout the certification period. In addition, documentation is 'signed' electronically by the training officer and the medical director and is submitted electronically. EMS providers can find complete details about online recertification at www.nremt.org.

Accreditation rule effective

EMS rule 157.32 of the Texas Administrative Code, the education rule, went into effect August 16. Beginning January 1, 2013, all education programs will be required to teach the new education standards from National Highway Traffic Safety Administration (NHTSA).

In addition, all paramedic programs must be accredited or have a letter of review from CoAEMSP in order to offer paramedic courses. The rule is on the website at www.dshs.state.tx.us/emstraumasystems/TexAdminCode.shtm.

GETAC committee applications accepted through September 30

Interested in serving on a GETAC committee? You have until midnight on September 30 to get your application in to DSHS. Most of the committees have openings. New committee members will be notified in early November and will attend a committee orientation during the GETAC meetings held at Texas EMS Conference. Go to News/Features section of our website, www.dshs.state.tx.us/emstraumasystems, for more information.

Correction

On question number 10 of the preeclampsia continuing education test in the July/August 2012 issue, answer "B" should have read "Stage of invasion." Because of the confusion, both "B" and "A" (Stage of extroversion) were given credit as correct answers.

FAQ

Frequently Asked Questions

Q: *I'm a Texas-certified EMT-Basic, and I just finished paramedic school. Can I submit the DSHS Initial EMS Paramedic application electronically?*

A: No, unfortunately, upgrades in certification, such as EMT to EMT-Intermediate or EMT-Intermediate to Paramedic, cannot be submitted electronically at this time. You will need to print, complete and mail the DSHS Initial EMS paper application and fee to the address at the top of the first page. Here is a link to the DSHS Initial EMS paper application: www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#Initial. Contact the EMS Certification office if you have any questions at 512-834-6734.

GETAC report

The Governor's EMS and Trauma Advisory Council and committees met August 15-17 in Austin. The council presented reviewed parts of the strategic plan, including a options for a revised GETAC meeting schedule. Public comment will be taken in November. The schedule options to be discussed in November are on the website at www.dshs.state.tx.us/emstraumasystems/GETACAugust2012Documents.shtm under additional documents for the council.

Texas EMS Hall of Honor 2012 Annual Golf Tournament

Hosted by Texas Association of Air Medical Services

Friday, November 9, 2012

1:00 pm Shotgun Start

Onion Creek Country Club, Austin, TX



\$125/ player or \$400/ foursome

(Four man scramble format)

Includes: Driving Range, Golf & Dinner

Register at

www.taams.org/golf-2012.html

Benefitting Texas EMS Hall of Honor Expenses

TEXAS EMS CERTIFICATIONS

AS OF
AUGUST 13, 2012

ECA	2,907
EMT	32,400
EMT-I	3,919
EMT-P	15,840
LP	6,162
TOTAL	61,228

BASIC COORDINATOR	112
ADVANCED COORDINATOR	227
INSTRUCTOR	2,256

EMS Obituaries

Janet Renee Roland, 52, of Blackwell, died July 23, 2012. Roland, an EMT-I, was a member of the Blackwell Volunteer Fire Department.

Dr. Michael Patrick Wainscott, 56, of Dallas, died February 10, 2012. Wainscott joined the first Emergency Medicine Residency at Texas Tech University. After the residency, he joined the faculty of Texas Tech

University from 1984 to 1989, teaching emergency medicine in El Paso and serving as the medical director for El Paso EMS. He helped establish the El Paso area trauma system. In 1989, Michael joined the faculty of UT Southwestern in Dallas, helped develop the EM Residency Program in 1997. In 1998, Wainscott took over as director of the EM Residency Program.

EMS Local Projects grants announced



FY 2013 Local Projects grant (LPG) awards have been posted to the Electronic State Business Daily (ESBD) website. The ESBD website lists each organization's name, address and award amount. Awardees can expect to receive a contract (via email) that includes details of the approved project(s) and reimbursement limits in September. Purchases should not be made until after the contract start date and after contract signatures have been secured by DSHS. Contracts are expected to begin in October 2012. Check the EMS/Trauma Systems home page for the link to ESBD, www.dshs.state.tx.us/emstraumasystems.

For general information about the Local Projects Grant program, go to www.dshs.state.tx.us/emstraumasystems/LPGfunding.shtm.

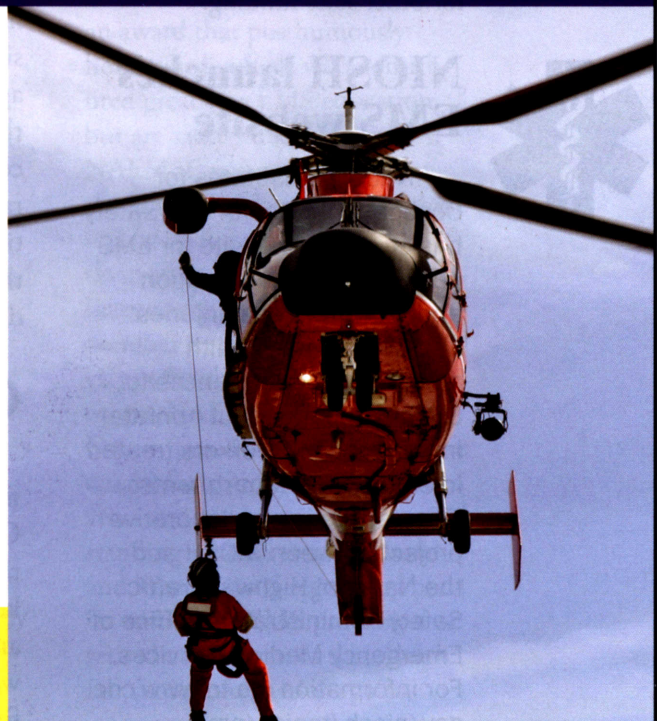
Get Organized

Store your immunization record with ImmTrac.

It's the free, secure service that remembers which vaccines you've had when you can't.

ImmTrac is a service provided by the Texas Department of State Health Services that stores and consolidates immunization records into one central electronic system.

ImmTrac
Texas Immunization Registry



For more information and to register, visit www.ImmTrac.com or call (800) 252-9152.

Change in ownership means new designation

If a hospital changes ownership or physical location, the previously issued DSHS hospital license is no longer valid and any trauma facility designation associated with this license is no longer recognized. In addition, the facility is no longer eligible to receive uncompensated trauma care funding until the facility either achieves trauma facility designation or enters “in active pursuit of designation” (IAP) status. Further, the facility will not be eligible for this funding unless it achieves the trauma facility designation or enters IAP status prior to the deadline of the given year for filing DSHS’s application for uncompensated trauma care funding. Entering a status of “in active pursuit of designation” does not change the facility’s role in the regional trauma system and still may provide eligibility for other state funding.



NIOSH launches EMS website

National Institutes for Occupational Health and Safety has created a website for EMS personnel with information about occupational injuries. The website has health resources and references for EMS, and data about nonfatal injuries to EMS workers treated in emergency departments. The website is a collaborative project between NIOSH and the National Highway Traffic Safety Administration, Office of Emergency Medical Services. For information, go to www.cdc.gov/niosh/topics/ems.

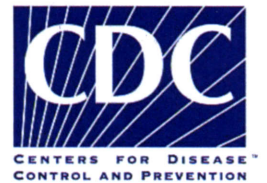
Houston doctor arrested on fraud charges

The FBI has arrested a Houston doctor, Emmanuel Nwora, MD, on charges of health care fraud related to falsely billing Medicare and Medicaid. Dr. Nwora is currently listed as medical director for four Houston-area EMS providers. He also has served in that capacity for at least seven other agencies that are no longer licensed. The FBI did not mention that any EMS providers are connected to the fraud.

The indictment alleges that Nwora and an associate falsely billed Medicare and Medicaid. According to the indictment, Harris would send unlicensed persons into Medicare beneficiaries’ homes to perform some types of vestibular testing. Vestibular problems are traditionally inner ear problems with the patients reporting chronic dizziness and balance problems. The indictment indicates that patients reported either that none of the testing was performed or that some form of testing was performed but not in the quantity that was actually billed. Each of the 13 counts in the indictment carry as possible punishment up to 10 years in federal prison and a possible \$250,000 fine.

Americans getting sicker

The Centers for Disease Control and Prevention reports that more than one in five middle-aged adults, and half of those over age 65, have more than one chronic health condition, such as hypertension and diabetes. The rate for men and women between ages 45 and 64 has steadily risen in the last ten years. Among those older than 65, 49 percent of men and about 42 percent of women report at least two chronic conditions; those rates have risen about ten percent and seven percent, respectively, in the last ten years. The CDC report blames most of the increases on the rises of three conditions: hypertension, diabetes and cancer.



Conference goes mobile!

Have you longed for a way to go mobile at the conference? Texas EMS Conference is rolling out Guidebook this year, a free app that will help you keep up with schedules and classes, and will help you navigate your way around the convention center and Austin – all at your fingertips! Watch our website for more details.



EMS can help in homeless vet initiative



The U.S. Department of Veterans Affairs has created the Homeless Veterans Initiative to help end the problem of military veterans who become homeless, and EMS personnel are uniquely positioned to help. EMS personnel in urban areas often interact with the homeless population, and in doing so may be able to connect veterans with resources they may need. The Homeless Veterans Initiative is asking EMS personnel to ask patients if they are veterans and if so and they need more than medical help, give them an item with the VA's phone number. Anyone can request cards, brochures, hats, bags, bandanas and many other free items. For more information, go to www.va.gov/HOMELESS/about_the_initiative.asp.

NIH creates Office of Emergency Care Research

To help improve health outcomes of patients who require emergency care, the National Institutes of Health has created a new Office of Emergency Care Research (OCER). The office will be a focal point for emergency care research and training across NIH. Although OECR will not fund grants, it will foster innovation and improvement in emergency care and in the training of future researchers in this field by:



- Coordinating funding opportunities that involve multiple NIH institutes and centers
- Working closely with the NIH Emergency Care Research Working Group, which includes representatives from most NIH institutes and centers
- Organizing scientific meetings to identify new research and training opportunities in the emergency setting
- Catalyzing the development of new funding opportunities
- Informing investigators about funding opportunities in their areas of interest
- Fostering career development for trainees in emergency care research
- Representing NIH in government-wide efforts to improve the nation's emergency care system

The creation of OECR is the culmination of more than five years of discussions between NIH and the emergency medicine community. OECR also responds to reports about the nation's emergency medical system issued in 2006 by the Institute of Medicine.

Report: Texas leads in fishy home health care claims

Texas produced nearly 40 percent of all questionable home health care billings in the U.S., prompting the Centers for Medicare and Medicaid Services to consider a moratorium on enrolling new providers in the state. Of Texas' 2,212 home health agencies, 45 percent filed questionable claims for Medicare, more than five times the national average. Problems included billing from a hospital and a nursing home for the same patient at the same time and payment for patients who are deceased.

NAEMSE taking posthumous educator nominations

The National Association of EMS Educators has created an award that posthumously honors individuals who contributed greatly to EMS education but are sadly no longer with us. NAEMSE says it is fitting that the families or loved ones of these educators know that we value their work, which endures. Nominations may be made by any member in the EMS profession except for those members serving on the NAEMSE Recognition Committee. Nominees must have taught for a minimum of seven years and must have been in good standing with all state, national and international regulatory bodies within the EMS profession or retired at the time of their death. For more information, go to www.naemse.org.

On Duty

Grand Prairie chief retires

Clif Nelson, fire chief for the Grand Prairie Fire Department, is retiring in October after 34 years of service, 17 of those years as chief. During Nelson's tenure, the Grand Prairie Fire Department went from a BLS first responder to an ALS engine response department. In the summer of 2000 Chief Nelson took the fire department to an ALS transport level. GPFD now operates six MICU front-line ambulances and three MICU reserve ambulances along with nine paramedic engines responding out of nine fire stations.



Houston office welcomes new EMS specialist

Amir Nikahd, raised in southwest Houston, began his EMS career in 2008 with Rice University EMS, a first responder collegiate service with volunteers who are also full-time students. In his three years with Rice EMS, he earned the ranks of Special Events Lieutenant and EMS Captain—the highest ranking student position within the organization. In May 2012, Amir graduated from Rice University with a B.A. in kinesiology with minors in business and biochemistry.



Former hospital tech held in hepatitis outbreak

A former traveling hospital technician has been charged with infecting at least 30 people with hepatitis C, allegedly injecting himself with potent medications intended for patients. David Kwiatkowski, 32, worked in six states before being arrested in New Hampshire, typically working in hospitals for a few months as a temporary employee before leaving. Authorities allege Kwiatkowski would locate a syringe filled with a drug such as the anesthetic Fentanyl, inject himself, then replace the drug with saline to conceal the theft. He would then return the contaminated needle to the hospital cart. Blood tests showed that the virus infecting the patients shared similar genetic similarities with Kwiatkowski's virus.

Grants available for ECA training

Are you in a rural area that needs more EMS personnel? DSHS has a total of \$50,000 this fiscal year available for EMS training programs, registered first responder organizations (FROs), coordinators and instructors to conduct ECA courses in rural or underserved areas of the state lacking local EMS training resources. Grant funds cover the cost of instruction and textbooks, as well as other expenses, such as supplies. OEMS/TS will accept grant applications on a first-come-first-served basis until the funds run out for the fiscal year. Eligibility requirements for ECAT grants: A minimum of three students; students must agree to perform emergency care attendant services for at least one year with a local emergency medical service provider or first responder organization; services must be provided in a designated rural or underserved area of Texas, as determined by zip code or county; and the course coordinator must be affiliated with an educational program. And give yourself plenty of time: It takes about 12 weeks for an ECAT grant to work its way through the DSHS approval process. For more information, go to www.dshs.state.tx.us/emstraumasystems/TrainingFunding.shtm or contact Haramain Shaikh at (512) 834-6700 ext. 2377 or haramain.shaikh@dshs.state.tx.us. For a list of all EMS and trauma funding available through DSHS, go to www.dshs.state.tx.us/emstraumasystems/efunding.shtm.



Recently awarded ECAT:
Frio Canyon EMS Inc.

DPS launches online drug program

Texas Department of Public Safety has unveiled an online program designed to root out prescription drug abuses by tracking prescriptions of controlled substances such as painkillers. The database, called Prescription Access in Texas, is available to law enforcement personnel, investigators and certain licensed health care professionals such as physicians, dentists, physician assistants, advanced practice nurses and pharmacists. Although there has been a prescription monitoring program at DPS since 1982, that program was limited and slow due to paperwork requirements. The new online program will allow instant access to medications a patient has received anywhere in the state. DPS hopes to identify those patients who are “doctor shopping” and those physicians who illegally provide drugs. Qualified licensed health care professionals may sign up for access at <https://pat.dps.texas.gov/Login.aspx>.



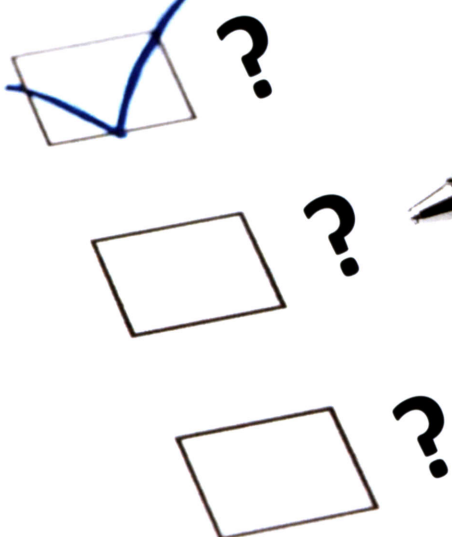
Emergency funding available

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. For information, contact Haramain Shaikh at haramain.shaikh@dshs.state.tx.us or call 512-834-6700, ext. 2377.

Recently awarded:
Willacy County
\$6798.40 for an ambulance engine replacement

On Duty

2012 Texas EMS Awards



Submit your nomination by September 28!

www.dshs.state.tx.us/emstraumasystems/AwardsIntroduction.shtm

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 11:30am

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 Keynote Session
9:45 am – Noon Lectures / Workshops
11:00 am – 6:00 pm Exhibit Hall open
11:30 am – 1:00 pm Lunch
1:00 pm – 3:00 pm Lectures / Workshops
2:30 pm – 3:45 pm Snack Break in Exhibit Hall
3:15 pm – 5:45 pm Lectures / Workshops

Tuesday, November 13

7:00 am – 3:00 pm Registration
7:30 am – 11:45 am Lectures / Workshops
8:00 am – 11:30 am Exhibit Hall open
11:45 am – 1:30 pm Awards Luncheon (doors open at 11:30 am)
2:00 pm – 5:30 pm Lectures / Workshops
3:00 pm – 4:30 pm Snack Break on Levels 3 and 4

Wednesday, November 14

8:30 am – 10:45 am Lectures / Workshops
11:00 am – Noon Closing Session
Noon Conference adjourns

November 11-14, 2012



Special conference rates available at seven downtown hotels.

Hilton Austin

500 East 4th Street
Austin, Texas 78701

(512) 361-592
\$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.

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.

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 one
block from the Hilton Austin and the
Austin Convention Center

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.

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.

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.

Residence Inn Austin Downtown

300 East 4th Street
Austin, Texas 78701

1-800-Marriott
\$104

Booking code: TX EMS

Sheraton Austin Hotel at the Capitol

701 East 11th Street
Austin, TX 78701

(512) 478-1111
\$104

Booking code: Texas EMS
Located at 11th and Red River, the
Sheraton is close to the Capitol building
and other downtown attractions.

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.

2012 Texas EMS Photography Contest

CASH for your best EMS photos!

Enter for a chance to win hundreds in cash prizes and be published
in Texas EMS Magazine.

For details, go to:
[www.dshs.state.tx.us/
emstraumasystems/
photocontest2012.pdf](http://www.dshs.state.tx.us/emstraumasystems/photocontest2012.pdf)

Deadline for entry is October 26, 2012.

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 Preparedness 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.

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

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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 sssti@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: \$60; *Saturday, 11/10; 8:00 am–5:30 pm; lunch will be provided; Hilton Austin; CE: Special considerations.* Sponsored in part by Texas Association of Air Medical Services, 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 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@texasoperescue.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

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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 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

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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 2012

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, BCCB

Understanding Child Abuse and Neglect

Lisa Bennett, CCEMT-P

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, CCEMT-P, 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 (coordinated by Kelly Weller)
- Medical Directors (sponsored by Texas College of Emergency Physicians)
- Research (co-coordinated by GETAC and UTHSCSA)

2012 award nominations due September 28!

The deadline is right around the corner, so now is the time to call out people or organizations worthy of a Texas EMS and trauma award. If you've been nominated or done the nominating, you know just how exciting it is when the awards are announced at Texas EMS Conference.

Each category honors a person or organization that exemplifies the best that EMS/trauma system has to offer. It's quite an honor to be nominated and to win. The categories and the explanations are listed below. Once you've chosen the correct category, the rest is pretty easy.

How can I nominate a person or a service for an award?

Go to 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 a form 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.

When filling out the nomination, please include written explanations of why this person or organization should win. Please be specific, using examples when possible. Keep in mind that the people who review the nominations most likely won't be as familiar with your nominee as you are. Nominations will be accepted until **September 28, 2012**. They are then given to programs in the Office of EMS and Trauma Systems Coordination and are sent to each EMS zone office. Each program and zone ranks the nominations for each category and returns the information to the Office, where scores are tallied. Scores are kept confidential from all except those who tally the scores. Winners are announced at the Awards Luncheon at Texas EMS Conference.

Award Categories 2012

EMS Educator Award honors a state-certified EMS instructor or course coordinator who advances EMS education in Texas through innovation, collaboration and a commitment to students.

EMS Medical Director Award honors a physician who has served as a medical director, on-line or off-line, for an EMS organization, and who continually demonstrates a commitment to excellent patient care.

EMS Administrator Award honors an administrator, researcher or manager at the local, city, county, regional or state level who has made a positive contribution to EMS and is committed to building a strong team able to respond effectively.

Public Information/Injury Prevention Award honors an EMS group or individual for outstanding achievement in public education or injury prevention.

Citizen Award honors a private citizen for a heroic lifesaving act or unique advocacy of EMS.

Private/Public Provider Award honors a ground or air organization that demonstrated leadership in EMS in patient care, public access, medical control, disaster preparedness, public education or training.

Volunteer Provider Award honors an organization staffed by volunteers that demonstrated leadership in EMS in patient care, public access, medical control, disaster preparedness, public education or training.

First Responder Award honors a first responder organization that demonstrated leadership in EMS in patient care, public access, medical control, disaster preparedness, public education or training.

Air Medical Service Award honors a public or private air medical service in Texas that has demonstrated the highest standards in providing patient care, leading the way in innovation and commitment to patient care.

Outstanding EMS Person of the Year honors an EMS-certified/licensed person who has demonstrated uncommon leadership and courage in providing emergency medical service to the citizens of Texas.

Telecommunicator of the Year honors a person or team who handled a call or system event with a level of professionalism and efficiency that allowed the first responders on the scene to give the patients the best care possible. An individual or a team is eligible for the award.

Trauma Center Award honors a designated trauma facility in Texas that has demonstrated leadership and high standards in implementing injury prevention programs and providing trauma patient care to the citizens and visitors of Texas.

Regional Advisory Council Award honors a regional advisory council in Texas that has demonstrated leadership and high standards in improving emergency medical service and improving the Texas EMS/Trauma System.

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Preconference registration **deadline: October 15, 2012**

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<input type="checkbox"/> National Association of EMS Educators Instructor Course.....	\$435....\$520	<input type="checkbox"/> Managing Excited Delirium.....\$175....\$200	
<input type="checkbox"/> Advanced Hazmat Life Support	\$200....\$240	<input type="checkbox"/> EMS Safety.....\$175....\$200	
<input type="checkbox"/> Advanced Medical Life Support	\$350....\$425	<input type="checkbox"/> Cave Rescue	\$250....\$300
<input type="checkbox"/> NAEMT's Emergency Pediatric Care	\$250....\$300	<input type="checkbox"/> Delivering "The News" with Care and Compassion	\$150....\$175
<input type="checkbox"/> PEPP: Pediatric Education for Prehospital Professionals.....	\$375....\$415	<input type="checkbox"/> GEMS: Geriatric Education for EMS.....	\$150....\$175
<input type="checkbox"/> Basic and Clinical Research and Presentation Strategies.....	\$60....\$65	<input type="checkbox"/> Keeping It Real	\$200....\$240
<input type="checkbox"/> Constructing the Multiple Choice Exam.....	\$220....\$260	<input type="checkbox"/> Neonatal Assessment.....	\$150....\$175
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**No refunds after
October 26, 2012.**

Local & Regional EMS News

by Kathy Clayton



ETMC Air 1 staff join Forrest Wagner, who has been diagnosed with a rare cancer and who is the son of ETMC security officer Sam Wagner, as he prepares to have his dream come true. Through a generous donation and in coordination with Make-A-Wish North Texas, Wagner will receive his wish of helicopter flight lessons. ETMC Air 1 contributed a flight suit, helmet and funds for the trips to Dallas to attend the lessons.

ETMC and Make-A-Wish team up

East Texas Medical Center Air 1 teamed up with Make-A-Wish North Texas in April to make an East Texas teenager's dream of flight lessons become a reality. Forrest Wagner, 16, of Winnsboro, has been diagnosed with a rare cancer called Ewing's sarcoma. He is the son of ETMC security officer Sam Wagner. Forrest would like to be a helicopter pilot, and thanks to a generous donor, he will receive his wish of flight lessons from Dallas-based SKY Helicopters and FlightSafety International Inc.

ETMC Air 1 donated a flight suit, helmet and a gas card to drive to Dallas for the lessons. Jim Speier, operations manager, told Forrest: "We hope you come back to ETMC one day and be a pilot for us." After the presentation, Forrest and his family were treated to a luncheon with the ETMC flight crew.

Forrest hopes to attend the Air Force Academy. "When he was diagnosed with cancer about a year ago, that undid some of his dreams, but maybe he's getting some of those back today," said his dad, Sam. "I'm immensely proud."

Forrest has been in and out of the hospital and through several rounds of chemotherapy. He was surprised that he received his wish. "It's overwhelming," he said. "People don't get helicopter lessons out of the blue."

Make-A-Wish grants the wishes of children with life-threatening medical conditions. While many kids request things like a trip to Disney World, North Texas director Sherry Johnson says this was truly a unique wish for them to grant on World Wish Day, during the 30th year of the organization's operation.

Anniversaries celebrated

Travis County Emergency Services District No. 4 celebrated its 50th anniversary in May with the dedication of the newly remodeled fire station 401. It now includes four drive-through bays, sleeping quarters, a kitchen and a workout room. The remodeling project, which more than doubled the station's size, started in December. The celebration and dedication ceremony included an open house with equipment and informational booths. The organization was started in 1962 by Fire Chief Lee Basore and the young members of Explorer Post 13, and it was known as Travis County Fire Control. In the early days, there was a Chevrolet pickup as the first firefighting vehicle and high school students who fought fires in the area.

Hopkins County EMS also celebrated 30 years of service in May during EMS Week. The celebration was dedicated to honoring employees past and present, featuring a reception on Sunday at the main EMS station in Sulphur Springs. HCEMS began in 1982 and was operated by the City of Sulphur Springs Fire Department before being taken over by Hopkins County Memorial Hospital in 1983.

GETAC
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Local & Regional EMS News



Six representatives from England's Southeast Coast Ambulance Services (serving Kent, Sussex and Surrey Counties) visited MedStar's headquarters in Fort Worth in July. They were able to learn more about MedStar's centralized management system and other operational activities.

MedStar hosts visitors from England

Six senior leadership representatives of the Executive and Operations Team from Southeast Coast Ambulance Services (SECAMB, part of the British National Health Service Ambulance Trust network) visited the MedStar headquarters in July. The guests arranged the visit to learn more about the key elements of MedStar's operations and how to incorporate them into their system in the United Kingdom.

SECAMB covers the area of Kent, Sussex and Surrey Counties in England, employing 3,200 staff members who respond to nearly one million "9-9-9" calls per year. They are currently transitioning from a traditional ambulance service delivered from 65 ambulance stations spread over 3,500 square miles to 12

"Make Ready Centers" supported by a matrix of approximately 100 demand-led response posts.

"It is an honor for MedStar to be selected as a learning center for international EMS providers," says MedStar Board Chairman Zim Zimmerman, who is also Ft. Worth's Mayor Pro-Tem.

The U.K. team studied how MedStar schedules and deploys centralized units, the use of "System Status Management" to dynamically move units throughout the service area to improve response times and reduce costs, and MedStar's protocols. The visit also included discussions about measuring staff performance, destination hospitals, ambulance maintenance and other operational tasks.

Acadian creates emergency app

Acadian Ambulance Service has developed a free, high-tech way to help people prepare for an emergency.

While many people have set up I.C.E.—"in case of emergency"—contacts on their cell phones, it's impossible for authorities to find them if the phone is locked. To solve this problem, Acadian's I.C.E. app creates an emergency-contact banner for a cell phone's home screen or lock screen. Even if the phone's owner is unable to communicate or if the phone is locked, emergency responders can see the contact information.

The I.C.E. app also can securely store information on current medications, medication allergies and health conditions. This information can be accessed only after the phone has been unlocked.

This free app is available for iPhone and Android. Search "Acadian I.C.E. in the App Store or Google Play.

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Local & Regional EMS News



Big Spring Fire/EMS, Big Spring Police, AEL Patient Care Services and Big Spring Air Evac Lifeteam combined forces to spell out “Dyrk,” joining a growing number of firefighters and other public servants in a campaign to show support for young patient Dyrk Burcie.

DYRK photos show support for Dallas-area toddler

People across the country are sending in pictures of themselves showing support for Dyrk Burcie, a four-year-old boy from Dallas diagnosed with stage four liver cancer.

Dyrk’s struggle began when he was just three years old. “On March 8, 2011, while Dyrk was getting a bath, we felt a distinct mass on his abdomen,” Dyrk’s mom, Shelley, wrote on the “Fundraiser for Dyrk Burcie” Facebook page. “Both Dameon [Dyrk’s dad] and I had a sinking feeling in our gut that this is not good.”

When they took Dyrk to the

emergency room the next day, they were given the unimaginable diagnosis.

And so the Burcies began the long process of trying to heal their young son.

Dyrk has endured nine rounds of chemotherapy, five surgeries and a liver transplant, according to ABC News Dallas affiliate WFAA.

Dyrk’s dad, Dameon Burcie, is a lieutenant with the Dallas Fire Department. His fellow firefighters decided that while doctors worked to heal Burcie’s son physically, they wanted to do something to lift the Burcie family’s spirits.

So the firefighters began taking

photographs of themselves to support Dyrk—holding up posters with words of encouragement and spelling out Dyrk’s name in creative ways. The support began to spread—first to other fire departments in the area and, eventually, it became a trend across the country.

Firefighters, sports teams, hospital staff and families have all sent in photos to boost Dyrk’s spirits and help support the Burcie family. To see the photos or to send in your own picture for Dyrk and his family, you can visit the Fundraiser for Dyrk Burcie Facebook page.

Local & Regional EMS News

UMC Brackenridge redesignated as Level I trauma center

University Medical Center Brackenridge has been redesignated as a Level I trauma center by DSHS, DSHS Commissioner David Lakey announced in August.

The state designation is valid for three years. UMC Brackenridge, operated by Seton Healthcare Family was originally designated a Level I in 2009.

Dr. Lakey, the state's top health official, made the announcement at UMC Brackenridge during an event marking the anniversary of the 1966 University of Texas Tower shootings. The rampage left 32 wounded and 17 killed, including the shooter, Charles Whitman. The first victim arrived at 12:12 p.m. at Brackenridge Hospital—and victims arrived at a rate of one every two minutes during the first hour. This ceremony featured a moment of silence for the victims and the unveiling of a

newly discovered historical artifact: a plaque presented later in 1966 by the Austin Police Department to Brackenridge, commending hospital staff for their exceptional response that day. The plaque will be displayed at Brackenridge with a historical photo taken at the hospital on Aug. 1, 1966.

The state determination follows inspection and verification by the American College of Surgeons. To maintain Level I designation, both UMC Brackenridge and Dell Children's Medical Center (also operated by Seton) are increasing trauma research and education activities, as well as providing special procedures such as microvascular surgery and digit and limb reattachment. Both medical centers provide 24/7 availability of specialists in neurosurgery, anesthesiology, emergency medicine, radiology, internal medicine, oral and



maxillofacial surgery, and critical care.

The Seton Healthcare Family, a faith-based non-profit organization founded in 1902 by the Daughters of Charity, operates more than 90 clinical locations, including five major medical centers, two community hospitals, three rural hospitals, an inpatient mental health hospital, three primary care clinics for the uninsured and several other health facilities. Seton is home to The University of Texas Southwestern (UTSW) Medical Center's Austin medical residency programs, as well as the Seton/UTSW Clinical Research Institute.



City of Baytown Health Department EMS paramedic Jeremiah Chaplain recently completed the CSAT Tactical Medical Integration Course and was honored with a pinning ceremony at the Baytown Police Department. Chaplain will be able to treat medical emergencies citizens and SWAT officers face during critical incidents. Pictured from left to right are C. Keith Dougherty, chief of police; Mike Lester, director of health and EMS; Dana Dalbey, LP, EMS coordinator; Jeremiah Chaplain, paramedic; Bob Leiper, city manager; Lt. Eric Freed, investigations divisions.

From tragedy to triumph

By Lisa Treiber-Walter

Paramedic fulfills promise to young accident victim

Tucked away on the inside of Fredericksburg paramedic Catherine Kuhlmann's helmet is a photo of a brown-haired girl, bright-eyed and full of life.

Barbara Jean Banner's image is creased from age and crumpled from jostling as Kuhlmann responded to countless accident scenes to help those in need.

In the face of so much despair—year after year—it is that old photograph that fuels her.

"When I'm having a bad day ... when I'm tempted to say it's not worth it, I'm tired of getting yelled at ... I remind myself: *she* appreciated it. Her grandfather appreciated it. Her dad did," Kuhlmann said.

Banner was the victim of a head-on collision that claimed the life of her mother, Kathryn Banner, 43, on U.S. Highway 87, north of Fredericksburg 10 years ago.

On March 28, 2002, Banner was eight years old and sleeping in the backseat of the family Suburban as her mother drove them to spend Easter weekend with relatives. In an instant, she was thrown from a peaceful, secure slumber into a world of turmoil in which her mother burned to death and she was grabbed from the wreckage by strangers.

"I was off-duty when the call came in, and Stacy (Kuhlmann's husband) and I left the house. He climbed onto the fire truck and I called (fellow paramedic) Romney Kowert. He picked me up on Main Street in the ambulance," Kuhlmann said.

"We could see the black smoke from the fire more than 10 miles out. It was a horrible feeling," she said. "It was so, so hot. When I was kneeling down working on Barbara, I could feel the heat so hot on my hands," Kuhlmann recalled.

She said she was working on Banner at the same time she was watching the silhouette of the girl's mother in the fire. "I remember I asked her what her mother's name was. She said, 'Kathryn'."

The similarity in names struck a chord. "For whatever reason, she had just lost her mom and somebody needed to step up," Kuhlmann said.

"As a mother of a two-year-old at the time, I was numb. I couldn't even digest what had just occurred, so I put my faith toward God and tried in my own way to step in to help. I guess this Catherine took care of her when her own mommy Kathryn could not," she said.

"She was just screaming and, to be honest, I



Barbara Jean Banner and Catherine Kuhlmann

was probably in just as much shock as she was. She asked me, 'Am I going to be okay?' I remember that specifically. I remember saying: 'Yes, you're going to be okay. You know what? One day, I'm going to watch you walk across the stage at your high school graduation,'" Kuhlmann said.

On Friday, May 25, she was able to do just that.

Barbara Banner, the only child of Brad Banner and the late Kathryn Banner, led the class of 2012 across the stage as valedictorian of Merkel High School. Catherine and Stacy Kuhlmann were both there to hear her speech and see her receive her diploma.

Kuhlmann said her husband also remembers that fateful day. Because of the precarious position of the other driver's pickup, Stacy Kuhlmann had to work carefully in full bunker gear as he crawled for proper access to determine that the driver at fault was deceased as well.

The aftermath of that accident weighed heavily, Catherine Kuhlmann said, adding that she couldn't even deal with it right away.

The bystander who had removed the child from the burning car saved her life, but became so distressed at the scene that Kuhlmann had to drive her back to Fredericksburg and wait for her family to arrive while the bystander was treated for shock at the local emergency room.

When her duty was done, Kuhlmann said, "I shelved this hard. I did some extra stuff afterwards and then I shelved it. It was just too emotional."

"There have been moments in my career when I have been told I get too involved and that I can't save the world. I guess maybe they're correct sometimes," Kuhlmann said.

"If it were *my* child, I just hope someone would also get 'too' involved and take care of them, if I could not."

“However, if it were *my* child, I just hope someone would also get ‘too’ involved and take care of them, if I could not. Pay it forward,” she said.

The “extra stuff” she did right after the accident included making two separate trips to University Hospital in San Antonio to visit the young patient being treated in the intensive care unit.

In the head-on crash, Banner had suffered serious back injuries that required treatment at the trauma center, to which she had been flown directly from the scene in Gillespie County.

On one visit to the ICU, Kuhlmann took Banner an Easter basket with a stuffed animal and an angel pin.

That guardian angel had originally been given to Kuhlmann when her own son had been taken by a pediatrics team in an ambulance to Methodist Children’s Hospital for a critical gastro-intestinal bleed.

“It worked for us, so I was hoping it would also watch over her,” she said.

“This call tore at my soul. It was a sad, horrible experience that eventually I tried to put out of my mind. Apparently, God had other plans,” she said.



Paramedic Catherine Kuhlmann carries a picture of Barbara Jean Banner to remind her why she does what she does. Kuhlmann responded to a crash 10 years ago that critically injured Banner and killed her mother. Kuhlmann’s care for the child and her surviving family carried through the last decade and was highlighted in May when Kuhlmann saw Banner graduate as the valedictorian of her high school class.

On five occasions, Merlyn Stock of Lockhart—father of the victim and grandfather of the young survivor—made the trip to Fredericksburg to seek out Kuhlmann.

“When he came to see me, he didn’t know my name,” she said, recalling how she was summoned to the EMS station to meet with him because he wanted to thank her for caring for his daughter and granddaughter.

“All those feelings I thought I’d put away on a shelf came flooding back. I was not really ready to deal with this, but I went to meet him anyway,” Kuhlmann said.

“He introduced himself. I said my name is Catherine and he said ‘my daughter’s name was Kathryn’ and I said, ‘I know.’ He just started crying,” she said.

“We hugged. He cried. I cried. And, we talked for what seemed like forever. I told him what I had promised Barbara Jean and he again cried. I knew if I ever got the chance to make good on my promise, there was no way I could turn it down,” Kuhlmann said.

After that meeting, he would send her pictures of his granddaughter from piano recitals, birthdays and other milestones in the girl’s life. Stock died a few years ago, but last year Kuhlmann looked up the family’s veterinarian business and began e-mailing Barbara Jean’s father.

“That was the start of fulfilling a promise I made on the side of the road to a scared, critically-injured little girl,” Kuhlmann said.

“I will say I sat down many, many times to write Barbara Jean a letter, but I never knew what to say,” she said.

In April, the Kuhlmanns received an email invitation to Banner’s commencement. Not long after that, she phoned to ask a question of Banner’s father, Brad, who lives in Merkel, near Abilene, some four hours from Fredericksburg.

Kuhlmann said she was taken aback when Banner herself answered the call—the once-frightened young girl, who has now grown into a young woman with plans to study medical science at Texas A&M University (following in both her parents’ footsteps).

They spoke of her impending milestone as a graduating senior. They also spoke of that day when so much was taken away.

“I told her I carry her picture inside my EMS helmet. I went on to explain how it grounds me,” Kuhlmann said.

“She told me that she still has the guardian angel pin I gave her in the hospital pinned to the stuffed animal in the Easter basket I brought,” she said.

“People always think our calls end once we hand off our patients,” Kuhlmann said. “Ten years later, we are just making a new chapter.”

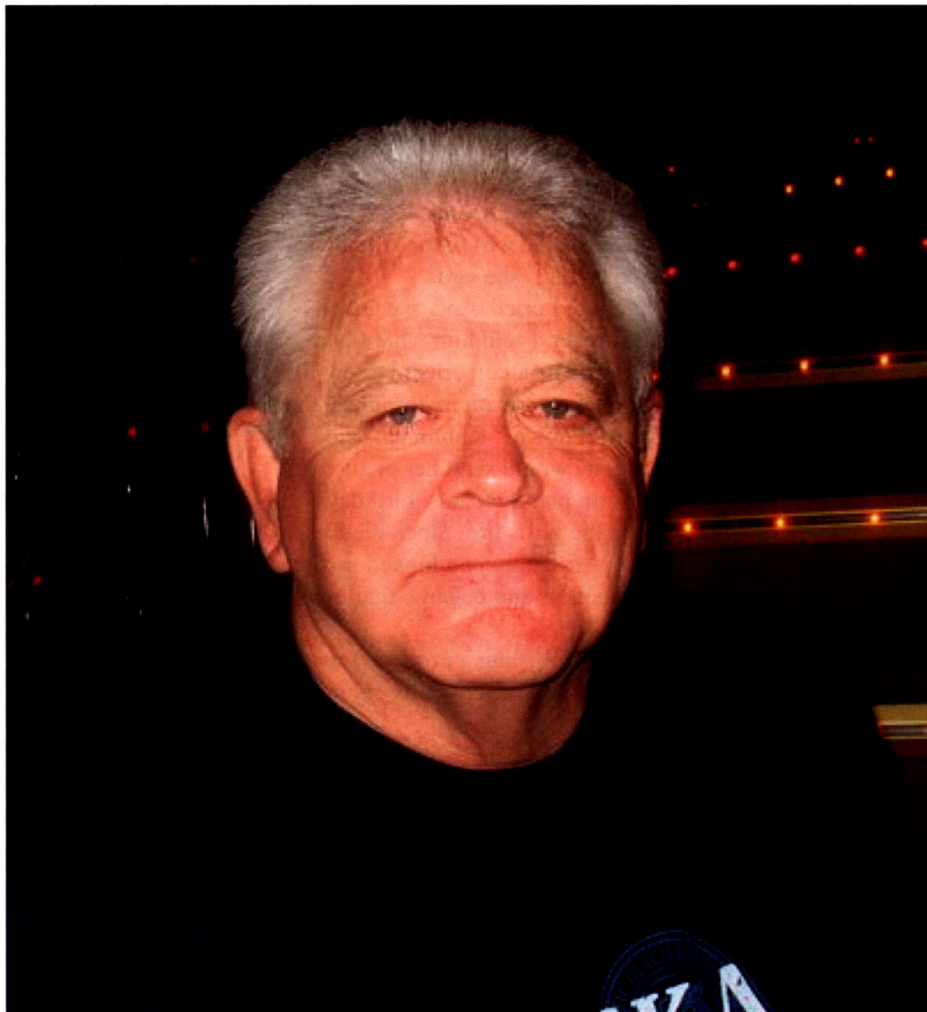
This piece was originally published by Fredericksburg Standard-Radio Post on May 23, 2012, and is reprinted here with permission.

“I told her I carry her picture inside my EMS helmet. I went on to explain how it grounds me,” Kuhlmann said.

The EMS Experience

Saluting those with 20 years or more in EMS

Richard “Dick” Adams, LP, Advanced Coordinator



Richard “Dick” Adams, LP, Advanced Coordinator

What was your first day on the job in EMS?

Actually, I started in EMS in 1970, working for Donnelly Colonial Funeral Home in Irving, Texas. I remember that you had to have Advanced First Aid to work on the ambulance. My first call was a male who “had fallen and couldn’t get up.” He was about 300 pounds and was in an upper-level apartment in Irving. We had to get the Irving police to help us carry him down the stairs to the ambulance.

Which services have you worked for over the years?

I was on the Harker Heights Volunteer Fire Department for a couple of years in the late 1960s. In 1968 I moved from Harker Heights to Dallas to accept employment with the Dallas County Sheriff’s Department as a deputy sheriff. I spent about eight years with the Sheriff’s Department and the Addison Police Department before I accepted employment with the DFW Airport Department of Public Safety. You had to be triple certified—police, fire and EMS—to work there.

I was already a police officer so they sent me to the fire academy and ECA school. I worked on the police side of the department for four years, but eventually I indicated my interest in transferring to the EMS Division. In 1990 the EMS Captain called me and asked if I was still interested in transferring to EMS, and I told him, “Yes.” That was on a Friday and I was told that I would start paramedic school on the following Monday. YIKES!! I attended and completed paramedic training at UT Southwest Medical School in Dallas. I worked in EMS at DFW from 1990 to 1999.

In 1999 I was offered employment with Tyler Junior College as an Instructor in the EMS Department, which I accepted. I worked at Tyler Junior College for approximately four years, rising to the position of department chair. In 2002 I was offered employment as education manager with Champion EMS in Longview, which I accepted. I worked at Champion for six years, retiring in 2008.

I didn’t stay retired very long. One week after retiring from Champion I was offered a position as EMS Instructor for PERCOM Online, a computer-based EMS education company. I have now been working for PERCOM for approximately four years. The interesting thing about this position is that while at Tyler Junior College, Gene Gandy, Jane Hill Dinsmore and I worked as a team. We all three left TJC and, after about six years, we are all back together at PERCOM. It has been a great relationship.

I have also served as a member and chief of the Flint-Gresham Fire Department, a first responder organization.

Why did you get into EMS?

I loved being a police officer. That is what I had always wanted to do. I got interested in becoming a paramedic while answering EMS calls as a first responder with DFW Airport. I thought it took great ability and skills to treat a person who was totally unconscious and unresponsive, give them some D-50, and five minutes later they were talking to you. I also thought it was fantastic to be able to take a person in cardiac arrest and, in some instances, treat the patient and get a return of spontaneous circulation!

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

There have been many changes. Equipment has changed. Education has changed. Rapid sequence intubation is something done today which you would never have thought of doing when I started. Code Stemi has revolutionized the care of cardiac patients and saved many lives. The ability to do 12-lead ECGs in the field is fantastic. All of these things have improved the profession and also the patient care and survival.

Is there a particular moment or call that stands out?

Actually, there are two. The first incident was Valentine's Day, 1997. It was on a cool day and about 4:00 pm. The day had been a slow one. All of a sudden a voice came across the radio and said, "Help. We need paramedics. A police officer has just wrecked his motorcycle."

My partner and I arrived on the scene to find one of our fellow DFW police officers lying on the ground following the accident. He was in cardiac arrest. We worked the code. It went just like the textbook says it should. IV on first stick. Intubation on first attempt. All just like it was supposed to. He was flown to Methodist Hospital in Dallas where he was pronounced dead. The cause of

death was a severed brain stem. This was a very trying and emotional call, working on one of your co-workers.

The second memorable call was exactly four years earlier, Valentine's day, 1994. A middle-aged lady was in line to catch a flight and dropped to the floor in cardiac arrest. A female nurse was standing behind her and immediately began CPR. One of the police officers assigned to the terminal assisted in CPR. My partner and I got there and set about to do our job: attempt to save lives. We worked her for a total of 37 minutes. On the 37th minute I defibrillated her for the umpteenth time and got a pulse. We transported her to Baylor Irving Hospital. She made a full recovery. She had no neurological deficit. This was a great day in her life and also a

great day for us as EMS providers. We actually got Valentine's cards from her for several years.

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

I believe my favorite thing in EMS is training first responders or EMTs. It is my opinion that you cannot have good paramedics unless you have good EMTs. This has been my goal in EMS education. I want to help prepare people for a career as a good, capable, EMS provider.

I have now been involved in EMS for 26 years. I have served as an ECA, EMT, licensed paramedic, instructor and advance coordinator. I enjoy EMS and hope I have many more years of service left.



Richard "Dick" Adams circa 1966

Asthma: A true out-of-hospital emergency

By Wes Ogilvie, MPA, JD, NREMT-P, LP



iStockphoto

Objectives

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

1. Recognize critical asthma patients who require urgent intervention.
2. Describe and explain the pathophysiology of asthma.
3. Describe treatment options for asthmatic patients.

Introduction

EMS, like all health care entities, has faced the need to justify the costs of medical interventions with the benefits. Some of the treatments provided by EMS are still being justified. However, certain patient populations benefit from immediate emergency care, even at the advanced life support level. One such patient population consists of those patients suffering from acute respiratory distress. In fact, the *New England Journal of Medicine* reported in 2007 that the addition of advanced life support protocols for respiratory distress decreased the rate of death for these patients by 1.9% (Stiell, et al., 2007).¹

At all ages, asthma is a frequent cause of respiratory distress and one where early prehospital intervention may make a significant difference. In the United States alone, asthma accounts for over 200,000

visits to hospital emergency departments annually.² With many conditions, notably trauma, EMS has learned that transport is treatment. In the case of asthma, however, an EMS provider's proper assessment and aggressive management can literally be lifesaving.

Assessment of asthmatic patients

The first step in determining what treatment pathways to pursue with the asthmatic patient is through a proper and complete assessment.

An "across the room" assessment can often be conducted by an experienced provider in 30 seconds or less. Such an assessment creates a logical framework that leads health care providers through a process that experienced medics and physicians often perform without conscious consideration. Such an

assessment should evaluate, at a minimum, appearance, work of breathing and circulation.

By using this framework, the severely asthmatic patient can often be identified prior to asking the first question. This is important because the more critical the patient, the more rapidly interventions should be initiated and the less time spent on the history and physical exam.

Appearance

An experienced provider can form an impression within seconds of seeing a patient. These experienced providers can often make an almost instantaneous determination of “sick” or “not sick.” This evaluation is typically based upon patient position and behavior. Signs of impending respiratory distress may include the tripod position, extension of the neck, flaring of nostrils, cyanosis (a late, ominous sign), accessory muscle use and a generally fatigued appearance. Any or all of these factors are indicative of severe respiratory distress.³

Work of breathing

Work of breathing is assessed by watching the accessory muscles of respiration. When the accessory muscles of inspiration and expiration are being used, the patient is in significant distress. Abdominal movement can also be observed and provides good information about the severity of the disease. Paradoxical abdominal movement is highly suggestive of inspiratory muscle fatigue. Paradoxical abdominal movement occurs when the diaphragm is so tired that when the chest wall moves outward, the subsequent change in pressure pulls the diaphragm upward, thereby pulling the abdominal contents inward.⁴

Circulation

The skin is an excellent indicator of circulatory status. When the circulatory system is under stress, it often reroutes circulation from non-vital organs, including the skin. Visible skin signs of severe respiratory distress often include mottling and cyanosis.

Face to face

Few asthmatics develop a hyperacute “sudden asphyxic asthma” that results in death within hours. For the majority of asthmatics, a severe asthma attack comes after a period of poor overall control of their asthma, whether from noncompliance with medications or an exacerbation of symptoms.

Patients with asthma may present with many symptoms, typically including dyspnea, wheezing and coughing. Coughing appears early in asthma attacks and may be the only complaint. Thus, asthmatic patients can be overlooked in the field as having “cold” or “flu-like” symptoms. Coughing is often seen in elderly patients.⁵ The ability to perform end-tidal capnography on these patients can clue the EMS provider in to bronchospasms that may be hidden either by coughing or low volume.

Medical history

These patients will typically have a medical history of asthma or other respiratory disease. EMS providers should thoroughly discuss the patient’s prior asthma history and symptoms, which may provide clues about the severity of the asthmatic’s disease and risk factors for death from asthma. It’s also important to determine whether the patient has had any previous attacks within the past 12 hours. If the patient is experiencing the second phase of an asthma attack, the swelling

and inflammation of the lower airway may not respond to bronchodilators, which are often a first-line therapy for asthmatic patients.⁶

Physical assessment

The patient who has an altered mental status and is taking short, shallow breaths is quite obviously experiencing a severe attack, which will likely require aggressive, rapid treatment. In addition to the observations made during the initial assessment and the clues revealed by the history, several other findings may

aid providers in recognizing the severe asthmatic. In this instance, the inability to speak more than a few words suggests severe distress.

Vital signs can provide some clues as to the severity of the attack. The respiratory rate alone typically does not correlate with severity of the attack, except in cases when the rate is greater than 40 breaths per minute. Respiratory rates may drop as the patient becomes fatigued and begins to go into respiratory failure. The presence of wheezing is dependent on airflow and the velocity of that airflow. As

Risk factors for death from asthma⁹

- ❖ Past history of sudden severe exacerbation.
- ❖ Prior intubation for asthma.
- ❖ Prior asthma admission to an intensive care unit.
- ❖ Two or more hospitalizations for asthma in the past year.
- ❖ Three or more emergency department care visits for asthma in the past year.
- ❖ Hospitalization or an emergency department care visit for asthma within the past month.
- ❖ Use of >2 MDI short-acting beta-2 agonist canisters per month.
- ❖ Current use of or recent withdrawal from systemic corticosteroids.
- ❖ Difficulty perceiving severity of airflow obstruction.
- ❖ Comorbidities, such as cardiovascular diseases or other systemic problems.
- ❖ Serious psychiatric disease or psychosocial problems.
- ❖ Illicit drug use, especially inhaled cocaine and heroin.

such, wheezing is rarely a good indicator of the severity of an asthma attack. However, a lack of wheezing and the lack of airflow despite maximal effort indicates a severe episode. Asthma usually results in a prolonged expiratory phase, which can be detected using digital waveform capnography.⁷

Tachypnea presenting simultaneously with tachycardia at a rate greater than 120 may indicate a severe attack. In a severe attack, blood pressure may reveal pulsus paradoxus, *i.e.*, a fall in systolic greater than 10 mmHg during inspiration.

In some instances, skin can provide clues as to the severity of the attack. Diaphoresis can arise subsequent to the increased work of breathing seen with an asthma attack. Profound diaphoresis accompanied by a decreasing level of agitation are ominous signs of an impending crashing patient. Cyanosis is uncommon because of the respiratory alkalosis caused by the attack.⁸

While wheezing is considered a classic symptom of asthma, other diseases and conditions may produce wheezing. These conditions may include pneumonia, bronchitis, emphysema, foreign body aspiration, heart failure, pneumothorax, pulmonary embolism and toxic inhalation.¹⁰

Pathophysiology

For most patients, asthma, also known as reactive airway disease, generally occurs intermittently in acute episodes of varying durations. In between these attacks, the patient is typically asymptomatic.

During an asthma attack, reversible airflow obstruction occurs, caused by bronchial smooth muscle retraction and secretions of mucus that result in bronchial plugging. Additionally, inflammatory changes occur to the bronchial walls. This

airflow resistance may lead to alveolar hypoventilation, marked ventilation-perfusion mismatch (potentially leading to hypoxemia) and carbon dioxide retention, which in itself stimulates hyperventilation. The carbon dioxide retention exhibits itself in waveform capnography with the “shark-fin” pattern consistent with reactive airway diseases. The obstruction of both inspiration and expiration causes pressure to remain high in the lungs as a result of the air trapping.¹¹

In severe asthma attacks, greater use of accessory muscles occurs and increases the chances of respiratory fatigue. This labored breathing may create high thoracic pressures, reducing the amount of blood returning to the left ventricle (left ventricular preload). Near-fatal asthma is characterized by this resulting drop in cardiac output and systolic blood pressure.¹²

Status asthmaticus is a severe, prolonged episode of asthma that has not been stopped despite repeated dosages of bronchodilators. These episodes may be triggered either by a sudden airway spasm or in a more subtle instance, such as a respiratory tract infection or repeated exposure to allergens. Additionally, these patients are prone to dehydration and may potentially require intravenous fluid administration.¹³

Treatment options

Several treatment options exist for the asthmatic patient, particularly through pharmaceutical interventions. Aside from oxygen, the primary treatment has traditionally been considered an inhaled or nebulized beta-agonist. Additional therapies have also included steroids and anti-cholinergic agents. Severe patients often receive epinephrine and/or magnesium sulfate.¹⁴



The typical first-line therapy for asthmatic patients in the prehospital setting, aside from oxygen administration, is usually an inhaled beta-agonist medication. Beta-agonist medications bind to and stimulate beta-2 receptors, causing relaxation of bronchial smooth muscle and antagonize the acetylcholine receptors, producing bronchodilation. Common side effects of beta-agonist medications may include tachycardia and anxiety. Common inhaled/nebulized beta-agonist medications are Albuterol and levalbuterol (Xoponex). While individual EMS systems have differing protocols for the administration of these medications, typical dosing is 2.5 to 5 milligrams of Albuterol administered via nebulizer for three doses over 20 minutes or a continuous nebulizer treatment. These nebulized medications may be delivered by hand-held nebulizer, small volume nebulizer or even in conjunction with a continuous positive airway pressure device or with a bag valve mask.¹⁵

For patients who are refractory to inhaled/nebulized beta-agonist therapy and/or those patients who are in extremis, parenteral beta-agonist therapy may be recommended. The most common of these therapies is epinephrine 1:1,000, either administered subcutaneously or intramuscularly, depending on local protocol. The dosage usually varies from 0.3 to 0.5 milligrams, again dependent on local protocol. It should be noted that epinephrine effects both the alpha and beta receptors. An additional parenteral beta-agonist is terbutaline (Brethine). Unlike epinephrine, terbutaline is exclusively a beta-agonist. It is normally administered intramuscularly or subcutaneously at a dosage of 0.25 milligrams.¹⁶

The anticholinergic medication ipatropium (Atrovent) may also be of some value in asthmatic patients, particularly those who are smokers or who have

coexisting chronic obstructive pulmonary disease (COPD). Ipratropium is normally administered via nebulizer either by itself or simultaneously with a nebulized beta-agonist. The dosage is typically 0.5 milligrams. Ipratropium's anticholinergic properties assist asthmatic patients in controlling the bronchial secretions common with their condition.¹⁷

Intravenous corticosteroids help control the inflammatory responses that cause swelling (edema) restricting the bronchial passages. The typical intravenous corticosteroid in the prehospital setting is methylprednisone (Solu-Medrol) administered at a dosage of 40 to 125 milligrams. As corticosteroids may take hours to work, it is important to consider their administration early for them to take effect as quickly as possible.¹⁸

Magnesium sulfate is occasionally administered to patients for its effects as a smooth muscle relaxant in causing the relaxation of constricted bronchial muscles. Its dosage is typically two grams intravenously over 30 to 60 minutes.¹⁹

Several less common therapies exist as well. Heliox, a mixture of helium and oxygen, can help distribute oxygen as well as nebulized medications. It additionally decreases the work of breathing. It should be noted that the dosage of Albuterol will be doubled with Heliox. Ketamine is currently coming into more use in the prehospital setting as an induction agent for rapid sequence intubation due to the shortages of Etomidate as well as being used for sedation.²⁰ However, Ketamine is also noted to have some bronchodilatory effects, leading to its consideration in some settings for management of asthmatic patients refractory to all other therapies.

Additionally, many EMS systems are encouraging the use of continuous positive airway pressure (CPAP) systems for asthmatic patients. CPAP's delivery of



pressurized oxygen reduces the work of breathing, holds airway structures open, and improves oxygenation and alveolar recruitment.²¹

Conclusion

Asthma patients are among the patients who can benefit from aggressive prehospital treatment. This treatment, though, must be based on both a thorough assessment of the patient as well as a complete understanding of the pathophysiology of the underlying disease process in conjunction with the appropriate therapies.

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

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Asthma quiz

1. Which patient is at a high risk of death from asthma?
 - A. Eighteen-year-old male who forgot his inhaler
 - B. Five-year-old female with a family history of asthma
 - C. Forty-year-old male who has been intubated by EMS before
 - D. Six-year-old child with an additional history of peanut allergies
2. Which of these drugs are not a beta-agonist?
 - A. Ketamine
 - B. Terbutaline
 - C. Xoponex
 - D. Albuterol
3. Which of these describes why CPAP may assist an asthmatic patient?
 - A. CPAP relaxes most patients.
 - B. CPAP's pressure helps force the airway to remain open.
 - C. CPAP delivers more oxygen.
 - D. CPAP potentiates the effects of nebulized medications.
4. Terbutaline is a beta-agonist.
 - A. True
 - B. False
5. Which of these statements is true?
 - A. Asthma is also called obstructive airway disease.
 - B. Asthma is not seen in the elderly patient.
 - C. Asthmatic patients require diuretic medications due to retaining water.
 - D. Patients who are in status asthmaticus may be dehydrated.
6. Which of the following diseases may not be associated with wheezing?
 - A. Bronchitis
 - B. Sepsis
 - C. Heart failure
 - D. Asthma
7. Asthmatic patients never have chronic obstructive pulmonary disease (COPD).
 - A. True
 - B. False
8. Which of the following devices may provide the best diagnostic clue of asthma?
 - A. Capnography
 - B. Pulse oximetry
 - C. EKG
 - D. Peak-flow meter
9. Which of the following conditions are associated with near-fatal asthma?
 - A. Cyanosis
 - B. Pallor
 - C. Drop in systolic blood pressure
 - D. Lack of wheezing
10. Which of the following is true about cyanosis in asthmatic patients?
 - A. It is a late, ominous sign.
 - B. It never occurs.
 - C. It is more common in pediatric patients.
 - D. It is an early sign.
11. Why do corticosteroids provide relief to asthmatic patients?
 - A. They reduce swelling.
 - B. They relax smooth muscles.
 - C. They promote mucus production.
 - D. They don't provide any relief at all.
12. An elderly asthma patient may present with only a cough.
 - A. True
 - B. False
13. Why might a patient not respond to beta-agonist therapy?
 - A. They are allergic to epinephrine.
 - B. They are in the second phase of the asthma attack.
 - C. Cough-variant asthma only responds to nebulized Lidocaine.
 - D. In patients who are also septic, beta-agonists are known to have an idiosyncratic effect.
14. Pulsus paradoxicus is indicated by which of the following?
 - A. Increased pulse during respiration
 - B. Narrowing pulse pressures
 - C. A fall in the systolic blood pressure greater than 10mm/Hg during inspiration
 - D. A difference of greater than five beats between the electrical rate of the heart and the palpated rate
15. Which of the following clues may not indicate an acute asthma attack?
 - A. Nasal flaring
 - B. Respiratory rate of 34
 - C. Accessory muscle use
 - D. Tripod position

This answer sheet must be postmarked by October 20, 2012

CE Answer Sheet Texas EMS Magazine
Asthma: A true out-of-hospital emergency
CE: Medical

Name _____ SSN _____

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Did you enclose your \$5 check or money order?



Did you read?

The U.S. is on course for a record year for whooping cough. And while vaccinating kids is clearly the most important defense, health experts say adults may not realize they're supposed to be getting regular shots, too.

Whooping cough, also known as pertussis, is a bacterial infection best known for causing a deep cough in children. They cough so long and so hard that when they can finally catch a breath, they make a distinctive "whoop" sound on the intake. **So far this year, the United States has seen more than 16,000 validated cases of whooping cough**, said Stacey Martin, an epidemiologist with the Centers for Disease Control and Prevention. That's more than the 15,216 cases reported last year. The latest peak was 27,550 cases in 2010, when it killed 27 people, 25 of them babies.

Pertussis has reached epidemic levels in the state of Washington, with more than 2,700 cases so far this year, and CDC is following outbreaks in 18 other states, including Texas.

"This time last year we had about 200 cases, which was a lot," said Tim Church, a spokesman for the Washington state department of health. "So to have 2,700 this time is just the most we have seen in my lifetime."

The problem is caused by a number of factors. Babies less than two months old are too young to get the vaccine, so they are especially vulnerable. And the formulation of the vaccine was changed in the 1990s to make it safer, but that also made it a little less effective, Martin said.

The good news is that 95 percent of U.S. children are vaccinated, Martin says. The bad news is that only 10 percent of

adults are. Children need five doses by age 6 to be fully protected and even then they may need a booster in their teens. Every adult should get at least one dose of the combined tetanus, diphtheria and pertussis vaccine, CDC says in its latest guidelines. The Infectious Diseases Society of America recommends the shot once every 10 years.

This is sometimes confusing because there are several vaccines on the market, some of which contain just tetanus and diphtheria and some that also protect against pertussis, said Dr. Kathryn Edwards, who directs the Vaccine Research Program at Vanderbilt University in Nashville and who is a board member of the Infectious Diseases Society of America.

To protect the youngest babies, pregnant women should be vaccinated in the later stages of pregnancy, the CDC says. "I think it is hard to vaccinate pregnant women, because pregnant women have this feeling that they aren't supposed to put anything in their body," Edwards says. While this is understandable, studies have shown it's very safe and the mothers-to-be pass on their immunity to their newborns, she said. This is the same for flu, too.

Even health experts often don't realize the need for adults to be vaccinated. Edwards and colleagues surveyed 1,800 health care workers in 2007, and only 13 percent planned to get a whooping cough shot, with most saying they were unaware they even needed one. Half the time, when babies get whooping cough, a parent is the source, Edwards said. And whooping cough can make adults very sick, as well.

“Adults get whooping cough, and they cough and cough,” Edwards said. The cough can persist for weeks, but doctors and patients alike often don’t even think to check for pertussis. “Certainly, whenever adults need their booster for tetanus and diphtheria, they should include pertussis,” Edwards advised.

It’s not just whooping cough that adults need to be vaccinated against. The CDC just updated its adult vaccination recommendations to say adults should consider getting vaccines to prevent a range of diseases: chickenpox; measles, mumps and rubella (German measles); influenza (every single year); hepatitis A and B; and meningitis. Younger adults also need vaccinations against HPV or human papillomavirus, which causes cervical, penis and head and neck cancers (after about age 26 it’s too late), while adults older than 60 need a dose of vaccine against shingles and also should get a shot that protects against a batch of bacterial infections called pneumococcal diseases every five years.

From msnbc.com, Record year for whooping cough? by Maggie Fox, July 12, 2012.

The Texas Department of State Health Services is urging people to take precautions to reduce the risk of contracting West Nile virus, a mosquito-borne illness. **There has been a higher than usual number of human West Nile cases in Texas this year due to the warm winter and recent rains, particularly in the North Texas region.** Approximately 80 percent of the cases reside in Dallas, Collin, Tarrant and Denton counties.

Over the past 10 years, 49 cases on

average were reported to DSHS by mid-August each year, ranging from a low of 3 cases in 2011 to a high of 171 cases in 2006. As of August 10, 2012, a total of 35 counties have reported the virus in 301 people, including 162 cases and nine deaths in Dallas County.

Humans can contract West Nile virus from a mosquito bite. Infected mosquitoes get the virus from feeding on infected birds and mammals. West Nile neuroinvasive disease symptoms include stiff neck, visual problems, body tremors, mental confusion, memory loss and seizures. The milder form of the illness is West Nile fever. Symptoms include fever, headache, muscle and bone aches, nausea and drowsiness.

People with the milder form of illness typically recover on their own, although symptoms may last for several weeks. Up to 80 percent of people infected with West Nile virus will have no symptoms and will recover on their own.

The intensity of West Nile virus activity in Texas fluctuates from year to year and depends on a variety of factors including the weather, the numbers of birds and mosquitoes that maintain and spread the virus and human behavior. The season can last up until the first hard freeze of the year.

There are no medications to treat or vaccines to prevent West Nile virus infection. People over 50 years old and those with compromised immune systems are at a higher risk of becoming seriously ill when they become infected with the virus. If people have symptoms that cause them concern, they should contact their health care provider.

From DSHS website, DSHS urges precautions to reduce West Nile exposure, July 27, 2012.



Did you read?



Did you read?

How many calories have I consumed this week? How well did I sleep last night?

What about this thing on my leg—is it infected? What does an ECG for ventricular tachycardia look like again?

Yes, you guessed it. There is an app for that.

In fact, the sheer number of applications that attempt to answer your burning medical queries is staggering: iPhone and iPads, Android, Facebook and Google's Internet browser, Chrome, all offer apps. The thousands of apps specifically geared toward health range from free to nearly \$40 each, with most costing around \$2.

“We’re seeing a really rapid increase, especially with the iPad launch,” Iltifat Husain reports. Husain, a practicing physician, is the founder and editor-in-chief of iMedicalApps, a website devoted to reviewing applications for doctors.

So what do these things actually do? There are three overarching trends in medical apps:

- **Measure, measure, measure me**
Far and away the most popular genre of health apps based on number of downloads are apps that quantify every aspect of the self. Most prevalent are calorie counter apps, which calculate caloric intake based on diary entries. Workout apps track numbers, too—distances run, calories burned, weight lifted—and some encourage online fitness battles. Then there are the more obscure ones: You can measure your stress level based on heartbeats, count the days in your menstrual cycle, keep track of how many glasses of water you drink. And with all that data, you can visualize your life in numbers. The

trend mirrors some patients’ hunger for data collected by their health care providers from devices inside their bodies.

- **Should I prescribe clozapine or olanzapine?** Forget Gray’s Anatomy; now there’s Premium Gray’s Anatomy—the app. Apps developed specifically for health care providers allow doctors to swap information, look up prescriptions, take photos of wounds to document them over time and draw illustrations to explain procedures to patients. Anyone can download most of the apps, although some require affiliation with a hospital or medical school.
- **The doctor’s in... my phone** Apps like iTriage provide feedback on symptoms. Some tools like Pillboxie, which keeps track of medications, and ZocDoc, which finds doctors and books appointments, helps patients stay on top of their health care.

But other apps aim to supplant care from real doctors, and that has the Food and Drug Administration worried. iTriage currently has an extensive disclaimer, and two medical apps that claimed to treat acne, AcneApp and Acne Pwner, were already taken off the marketplace after settling false advertising charges with the Federal Trade Commission. The FDA is currently formulating stricter guidelines to stay on top of the burgeoning market.

Given the scope of what the apps can do, the FDA regulations under consideration are pretty limited. Still, the proposal has some worried about the potential for stifling creative development that might lead to better health care.

In terms of transforming care, the real power of apps may lie in generating data doctors can use. While turning life

into a data pile might seem pointless and impossible to some, information gleaned from daily routines could be useful for diagnosis and treatment.

From NPR.com, Yes, there's probably a medical app for that, by Jessica Camille Aguirre, August 10, 2012.

In a new study of older adults with cataracts, people who had surgery to improve their vision were less likely to fracture a hip in the next year compared to those who didn't get surgery.

The findings don't prove vision-improving procedures prevent falls or breaks in elderly people. But they do suggest eyesight plays a role in those accidents and injuries, researchers said.

"It is true that you use your vision to kind of help you balance yourself," said ophthalmologist Dr. Anne Coleman from the University of California, Los Angeles, who worked on the new study.

Depth perception and contrast sensitivity are both known to affect the risk of falling, for example, she reported. Cataracts especially cause a problem with seeing contrast.

In the new study of more than one million people on Medicare who were diagnosed with cataracts, 37 percent had procedures to improve their vision between 2002 and 2009. Based on records from the Centers for Medicare & Medicaid Services, 1.3 percent of people in the study broke their hip during that period and 5.4 percent had any type of fracture.

When Coleman and her colleagues accounted for the older age and worse general health of people who got

cataract surgery, they found those individuals had a 16 percent lower chance of fracturing a hip and a five percent lower risk of all fractures compared to people who opted against surgery.

Among people on Medicare with severe cataracts, vision-improving procedures were tied to a 23 percent lower chance of hip fracture, the researchers reported in the Journal of the American Medical Association.

"Fracturing a hip is at the tip of the iceberg. There are a lot of other consequences" to poor eyesight in older adults, according to Gerald McGwin, who has studied the effects of cataract surgery at the University of Alabama at Birmingham.

"You can imagine that for an older adult, just the act of falling — even if you don't fracture your hip — could certainly result in some fear... and then people tend to reduce their mobility," he told Reuters Health.

McGwin's own research suggests elderly people also get in fewer car accidents after having surgery to remove a cataract.

"It's worth it to get it taken care of, instead of just accepting that you have decreased vision because you're older," Coleman said.

Still, McGwin, who wasn't involved in the new study, said he doesn't think it will have a significant impact on people's decision to have their cataracts removed. Instead, a lower fracture risk could be an added benefit for people who are already planning to get surgery.

From Reuters.com, Fewer hip fractures after cataract surgery, by Genevra Pittman, July 31, 2012.



Did you read?

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.

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.

Alaniz, Carlos C., Katy, TX. June 10, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(7), 157.36(b)(14), 157.36(b)(19) and 157.36(b)(30) related to taking possession of patient's prescription drug and failure to return medication per protocols.

Alsaleh, Inc., dba National Care EMS, Houston, TX. June 10, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 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, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to assure critical patient care equipment has spare batteries or an alternative power source.

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 RS1.

Amana Care, Inc., Houston, TX. June 3, 2012, revocation for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 156.16(d)(19) related to failure to notify department of a change in medical director and failure to respond to department request for information.

Ambu-Care EMS, LLC, dba Ambu-Care EMS, Richmond, TX. May 28, 2012, assessed a \$3,750.00 administrative penalty for violating EMS Rules §157.11(d)(1), 157.11(i)(2), 157.11(i)(3), 157.11(j)(1) and 157.11(m)(5) 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 assure critical patient care equipment has spare batteries or an alternative power source and failing to have EMS crew properly identified by last name, certification or license level and provider name.

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.

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.

Anointed EMS Inc., Houston, TX. June 24, 2012, revocation for violating EMS Rules §157.11(m)(20), 157.16(d)(12) and 156.16(d)(19) related to failure to notify the department of a change of its medical director and failure to respond to the department's request for information.

Arnold, Jeffrey W., San Antonio, TX. June 10, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(24), 157.36(b)(28) and 157.36(b)(29) related to receiving deferred adjudication for the state fail felony offense of theft-welfare fraud, failure to disclose said criminal history on a renewal application and failure to respond to the department's request for information.

Arteaga, Eliseo, Houston, TX. June 29, 2012, reprimanded for violating EMS Rules §157.36(b)(3), 157.36(b)(7) and 157.36(b)(28) related to failure to properly assess, document patient care on PCR, obtain refusal form and contact supervisor or medical control for non-transport.

Bamburg, Johnny D., Dallas, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(6), 157.36(b)(21), 157.36(b)(22), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(30) related to causing bodily injury to a person by impeding normal breathing and circulation by applying pressure to the throat and neck, receiving deferred adjudication for 3rd degree felony offense of assault, failure to notify the department within 30 days of court order and failure to respond to the department's request for information.

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.

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.

Bulloch, David L., Round Rock, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(5), 157.36(b)(18), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23) and 157.36(b)(24) related to a conviction of theft of service by check, failure to notify the department within 30 days of conviction, failure to disclose said criminal history on a renewal application and failure to respond to the department's request for information.

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.

Carr, Joe D., Austin, TX. June 10, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(21), 157.36(b)(27), 157.36(b)(28) and 157.36(b)(30) related to receiving deferred adjudication for misdemeanor assault causing bodily injury-family violence, failure to disclose said criminal history on a renewal application and failure to respond to the department's request for information.

Causby, Ronald L., Tulsa, OK. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(19), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to misappropriating and/or adulterating while on duty several vials of Ativan (Lorazepam), Fentanyl, Zofran and Benadryl, and injecting into his body Ativan (Lorazepam) without authorization from a physician or his employer's medical director.

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 §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

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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. June 29, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(d)(7), 157.11(i)(2), 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 have provider license number displayed on vehicle, failing to have current protocols, equipment, supply and medication list maintained on vehicle, and failing to assure critical patient care equipment has spare batteries or an alternative power source.

Dallam Hartley Counties Hospital District, dba Dalhart EMS, Dalhart, TX. September 6, 2011, assessed \$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.

Fiszer, Saul A., Houston, TX. June 10, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(30) related to an arrest for three counts of possession of child pornography and failure to notify the department within 10 days of arrest.

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, Francisco, Brownsville, TX. July 4, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for intoxication assault and failure to stop and render aid.

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.

Hart, Leslie K., Longview, TX. June 12, 2012, reprimanded for violating EMS Rules §157.36(b)(4) and 157.36(b)(30) related to falsifying clinical documents.

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.

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.

Keefe, 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.

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.

La Marque Fire/Rescue, La Marque, TX. June 21, 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.

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.

Lone Star Ambulance, Inc., Richardson, TX. May 22, 2012, assessed a \$300.00 administrative penalty for violating EMS Rules §157.11(c)(2)(D), 157.11(d)(1), 157.11(i)(2), 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 store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations, failing to assure critical patient care equipment has spare batteries or an alternative power source and failing to have EMS crew properly identified by last name, certification or license level and provider name.

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.

Martinez, Brittany R., Houston, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(30) related to an arrest for the felony offense of solicitation of capital murder and failure to notify the department within 10 days of arrest.

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Martinez, Mariza, Dallas, TX. June 24, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for intoxicated manslaughter with vehicle and intoxicated assault with vehicle causing serious bodily injury.

Motley County Ambulance Service, Matador, TX. June 5, 2012, reprimanded for violating EMS Rules §157.11(d)(1), 157.11(d)(7) and 157.11(j)(5) related to failing to have EMS ambulance vehicle(s) adequately equipped and supplied at all times and failing to have provider license number displayed on vehicle.

Mullen, Sean P., Lavon, TX. June 3, 2012, reprimanded for violating EMS Rules §157.36(b)(7) and 157.36(b)(28) related to failure to follow protocols by obtaining medical direction to authorize removal of Foley catheter.

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.

Oji, Ike, dba Deluxe EMS, Houston, TX. May 22, 2012, reprimanded for violating EMS Rules §157.11(m)(25), 157.11(m)(26), 157.16(d)(19) and TTC §601.051 related to failure to maintain motor vehicle liability insurance and professional liability insurance.

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.

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.

Pantuso, Patrick D., Arlington, TX. July 4, 2012, revocation for violating EMS Rules §157.36(b)(1), 157.36(b)(2), 157.36(b)(23), 157.36(b)(28) and 157.36(b)(30) related to an arrest for second degree felony offense of arson and failure to notify the department within 10 days of arrest.

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.

Portillo, Jaime H., Donna, TX. June 24, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for conspiracy to possess, with intent to distribute, 161.98 kilograms of marijuana and 26.94 kilograms of cocaine.

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.

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.

Reid, Misty S., Abilene, TX. June 10, 2012,

DISCIPLINARY ACTIONS

revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(14), 157.36(b)(18), 157.36(b)(19), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(27) and 157.36(b)(30) related to pleading guilty to misdemeanor assault, conviction for misdemeanor disorderly conduct, deferred adjudication for felony possession of a controlled substance – methamphetamine, deferred adjudication for state jail felony theft and failure to respond to the department's request for information.

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.

Rodriguez, Thomas, Houston, TX. July 4, 2012, six (6) month suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(23), 157.36(b)(25), 157.36(b)(26) and 157.36(b)(28) related to a conviction for misdemeanor offense of driving while intoxicated, failure to notify the department within 10 days of arrest, and conviction for class A misdemeanor offense of driving while intoxicated second offender.

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.

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.

Schafer, Chad W., Del Rio, TX. June 5, 2012, reprimanded for violating EMS Rules §157.36(b)(2), 157.36(b)(14) and 157.36(b)(30) related to illegally possessing a patient record without authorization.

Silvas, Lisa, Corpus Christi, TX. June 14, 2012, twenty-four (24) month probated suspension for violating EMS Rules §157.36(b)(2), 157.36(b)(15), 157.36(b)(16), 157.36(b)(21), 157.36(b)(22), 157.36(b)(23), 157.36(b)(24), 157.36(b)(25) and 157.36(b)(28) related to a misdemeanor conviction for driving while intoxicated, conviction for felony burglary of a habitation, failure to notify the department within 30 days of said conviction, failure to disclose said conviction on a renewal application and failing to respond to the department's request for information.

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.

Sorenson, Christopher G., Bedias, TX. July 9, 2012, revocation for violating Chapter 53 of the Texas Occupations Code, Section 53.021(b) related to a felony conviction and imprisonment for indecency with a child.

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.

Star Med EMS, Inc., Houston, TX. May 29, 2012, assessed a \$1,000.00 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, failing to store and maintain all solutions and pharmaceuticals in accordance with FDA recommendations and failing to have EMS crew properly identified by, last name, certification or license level and provider name.

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.

TC Care Ambulance Services, Inc., dba TC Care EMS, Houston, TX. June 24, 2012, revocation for violating EMS Rules §157.11(d)(1), 157.11(i)(3), 157.11(j)(1), 157.11(m)(20), 157.16(d)(12) and 157.16(d)(19) related to failure to notify the department of a change of its medical director, failure to respond to the department's request for information and violating any local, state, or national code or regulation.

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

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).

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.

Williams, Emily M., Corpus Christi, TX. June 24, 2012, revocation for violating EMS Rules §157.36(b)(2), 157.36(b)(21), 157.36(b)(23), 157.36(b)(27), 157.36(b)(28), 157.36(b)(29) and 157.36(b)(30) related to an arrest for intoxication manslaughter with a vehicle, arrest for assault causing bodily injury, failure to notify the department with 10 days of arrests, and failure to respond to the department's request for information.

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.

Meetings & Notices

Jobs

CareFlite: Paramedic applications are now being accepted for full-time open positions in ground ambulance and 9-1-1/EMS operations. Experience preferred but new medics are encouraged to apply. Visit www.careflite.org to submit your application. CareFlite is an equal opportunity employer. +

Allegiance Ambulance: Seeking qualified EMT and paramedic applicants for both full and part-time positions. Allegiance provides both emergency (9-1-1) and non-emergency services in the DFW metroplex, Bryan/College Station, San Jacinto County and Leon County areas. Learn more about us and download an application at www.allegiance-ambulance.com. For additional information please contact Charlie Lynn at 855-835-2424 ext. 2111. +

U.S. Security Associates: Hiring EMT/security specialist in the Coastal

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.

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 is 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 associate or bachelor degree 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 an extensive background check and drug test. Preferred applicant is a 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 five years. Send resumes to 302 S. Main, Seminole, TX 79360 or email emsdir@mywdo.com.*

Job opening - Performs physical examination of donors and potential donors, including blood pressure and review of body systems. Graduation from a recognized educational program such as nursing, paramedic, or physician assistant with current certification/licensure and one to two years experience in health care required. Fax resume to Biotest Pharmaceuticals at 210-224-4337 or call 210-224-1749 for more information. +

Miscellaneous

CCEMT-P Course: Offered under the auspices of the University of Maryland, Baltimore County, the course will be conducted at the Mabee EMS Training Center at CareFlite in Grand Prairie, Texas. The course dates are November 4 – 17, 2012. Information and registration are available at www.careflite.org. +

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 needs. Visit www.able1rs.com or email training@able1rs.com.*

Formal refresher/recertification courses: EMR (ECA) and EMT-B

Meetings & Notices

National Registry and Texas DSHS courses available. LifeStart Training & Consulting, LLC, offers DSHS-approved formal recertification courses twice a month in our school in Austin, Texas. In 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. *

Specialized Billing and Collection Systems of Texas: Provides EMS and fire billing services throughout the state of Texas. With over 25 years' experience, we are able to approach any situation and reach a viable solution to your specific problem areas. We keep you informed on state and federal reporting and filing requirements and utilize the latest computer hardware and software technologies, providing higher rates of returns. For more information contact Bruce Glover at (800) 999-2417 ext. 214 or visit www.specializedbilling.com.*

CE Solutions: www.ems-ce.com offers online EMS & Fire continuing education that is convenient, cost effective and interesting. Visit www.ems-ce.com for a free test-drive today or call toll free: (888) 447-1993. +

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 November 10.

For more info go to [/www.dshs.state.tx.us/emstraumasystems/photocontest.pdf](http://www.dshs.state.tx.us/emstraumasystems/photocontest.pdf)

Placing an ad? Renewing your subscription?

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 Ben Oakley, EMT-P


EMS Profile: North Blanco County EMS

About us: North Blanco County EMS is a non-profit organization that has been providing prehospital emergency care to the citizens of Blanco County for the past 40 years under contract to the North Blanco County Emergency Services District #1. We service an area of approximately 550 square miles, with an estimated population of 6,300 people. Our response district encompasses the Johnson City ISD and includes the communities of Johnson City, Round Mountain, Hye and Sandy. Our territory includes 44 miles of three heavily-traveled major highways (US Highway 290, US Highway 281 and State Highway 71), Lyndon B. Johnson National Park and Pedernales Falls State Park. Our central station houses our three ambulances, administrative offices and staff, crew quarters and training center. Our station is staffed 24/7 by our dedicated personnel, with full-time coverage at the MICU level.

Number of personnel: North Blanco County EMS has a total staff of 24 providers, of which 11 are paramedics, 10 are EMT-Basics and three are ECAs. North Blanco County EMS utilizes a combination of volunteers, part-time career staff and full-time career staff to make up our team. Medical Director Larry Miller, MD, has been providing clinical oversight to our system since 2006.

Years of service: North Blanco County EMS was established in 1972 by a dedicated group of volunteers and was originally formed as the Johnson City Volunteer Ambulance Association. Through the past 40 years of service to our community, North Blanco County EMS has steadily grown in size, capabilities and call volume. We made the transition to a combination department and began utilizing paid staff in 2006.

Number of units: North Blanco County EMS operates three Medtec Type III ambulances from our central station. All three ambulances are identically stocked and are licensed as BLS with MICU capability. We operate our 9-1-1

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	Austin, Texas 78714-9347	



ambulances at the MICU level, which are typically staffed with a paramedic and an EMT-Basic. All of our units are equipped with LifePak 15 cardiac monitors with numerous features including 12-lead ECG and end tidal CO2 technology, as well as EZ-IO devices, CPAP, video laryngoscopes, 32 different medications, Stryker PowerPro XT stretchers and electronic PCR toughbooks.

Number of calls: North Blanco County EMS responds to 800 calls annually and has seen a 43 percent increase in call volume since 2006.

Current activities: In addition to providing prehospital emergency care, North Blanco County EMS is a very active member of our community, providing numerous other services. North Blanco County EMS established the William Watson Memorial Scholarship Fund for local high school students shortly after the death of our longtime leader, Bill Watson, who served as director from 1988 to 2003. Each year, the Watson family selects an

LBJ High School student to receive the scholarship. North Blanco County EMS holds fundraisers throughout the year for this scholarship fund. Furthermore, North Blanco County EMS participates in the Vial of Life program, encouraging residents to fill out emergency medical information forms and storing them in a container and placing them in their refrigerator, so that responders can quickly gather medical information in situations where the patient may not be able to provide such information. In addition, North Blanco County EMS works in conjunction with the Cruz Roja in Miramar, Costa Rica, donating expired supplies to them. We also operate a continuing education program that is open to outside agencies, as well as provide community education to local schools and organizations, including injury prevention education and CPR/first aid courses. We offer routine blood pressure checks to the community at no cost to promote wellness within our community.