



The Pre-hospital Difficult Airway: *Taming the Beast*

Saturday, April 24, 2010
Career Programs Building, Room 125
Hagerstown Community College



Program Agenda

- 7:30 – 8:00 am Registration Check-in
Continental Breakfast
sponsored by Air Methods
- 8:00 – 8:15 am **Overview & Objectives**
- 8:15 - 8:45 am **Key Anatomy and Physiology**
- 8:45 – 9:30 am **Key Markers of Morbidity & Mortality**
- 9:30 – 9:45 am Break
- 9:45 - 10:30 am **Rapid Sequence Intubation**
- 10:30 – 11:30 am **Strategies for Failed Airways**
- 11:30 – 12:30 pm Lunch *sponsored by Air Methods*
- 12:30 – 3:45 pm **Skill Stations**
 - A. Airway Options Proficiency
 - B. The Surgical Airway
 - C. Unique Situational Presentations
- 3:45 – 4:00 pm Break
- 4:00 – 5:15 pm **Airway Megacode Stations**
- 5:15 – 5:30 pm Wrap-up and Evaluations

Our outstanding critical care faculty. . .

- Bruce Foster, DO, Course Director**
Dean, PIAHS
Medical Director, Air Methods Maryland, LifeNet 8-1
Chief of Emergency Medicine, Waynesboro Hospital
- Austin G. Rinker, Jr., MS, NREMT-P, Coordinator**
Hagerstown Community College Paramedic Emergency Services Program
- Kathryn A. Reihard, MD, FACEP**
Associate Dean, PIAHS
Dept of Emergency Medicine, Waynesboro Hospital
- Ron Brown, BS, NREMT-P, FP-C**
Base Supervisor, Air Methods Maryland, LifeNet 8-1
Assistant Professor, PIAHS
- Mark Miller, NREMT-P**
Deputy Chief of Operations, Franklin County Medic 2
- Crissy Cessna, RN, NREMT-P**
Staff Flight Nurse, Air Methods Maryland, LifeNet 8-1
- Todd J. Van de Bussche, NREMT-P, FP-C**
Clinical Educator, Air Methods- Area 6
- Kristopher Lawson, RN, CFRN**
Staff Flight Nurse, Air Methods Maryland, LifeNet 8-1

Continuing Education Credits

Maryland EMS: The Maryland Institute for Emergency Medical Services Systems (MIEMSS) has reviewed this program and awarded 8hrs. A (ALS). To receive contact hours, EMS personnel must attend 100% of the class and complete a course evaluation.

Pennsylvania EMS: HCC has made provisions for Pennsylvania EMS participants to apply for continuing education credits through Pennsylvania Emergency Health Services Foundation.

Nurses & Nurse Practitioners (8 contact hours)
The Maryland Community College Association for Continuing Education and Training is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

NRS 876 A

Course Fee: \$ 59.00



www.hagerstowncc.edu/coned/seminars
Phone Reservations: 301-790-2800, ext 236

Center for Continuing Education

Hagerstown Community College
11400 Robinwood Drive
Hagerstown, Maryland 21742-6514

Phone: 301-790-2800, Ext. 236
Fax: 301-582-4001
E-mail: learn@hagerstowncc.edu

Fax Transmittal Form

TO: _____ FROM: _____
 Name: _____ Name: _____
 Organization Name/Dept.: _____ Organization Name/Dept.: _____
 Phone Number: _____ Phone Number: _____
 Fax Number: _____ Fax Number: _____
 Date Sent: _____ Time Sent: _____ Number of pages (including cover page): _____

FOUR EASY WAYS TO REGISTER!

FAX your registration form with credit card info to: 301-582-4001

-OR-

MAIL your registration form and payment to: Center for Continuing Education, Hagerstown Community College, 11400 Robinwood Drive, Hagerstown MD 21742-6514

-OR-

PHONE 301-790-2800, ext. 236; please have credit card information available. You will be mailed a pre-paid postcard to sign and return to the college

-OR-

IN PERSON visit HCC's Valley Mall Training Center located across from the Valley Mall Management Office near the rear entrance of JC Penney or visit HCC's Main Campus, Administration Building

Walk-in registrations will be processed before mail-in, faxed, and phone-in registrations.

 TS:RS:cm 2/26/10



11400 Robinwood Drive • Hagerstown, Maryland 21742-6514
301-790-2800, extension 236 • Fax: 301-582-4001 • learn@hagerstowncc.edu

Center for Continuing Education

Registration Form

Each student must use a separate registration form. Please send completed registration form and payment to the College. (Payment, invoice, or purchase order must accompany this registration.) **This form may be duplicated.**

To avoid delay, please complete all information requested.

Mr. Ms. Mrs. Other _____

Last Name _____ First _____ MI _____ Maiden/Former _____

Home Address _____

City _____ State _____ Zip Code _____ County _____

Phone: Home _____ Work _____ E-mail Address _____

Social Security # _____

Birthdate (mo/day/yr) _____

Senior Citizen (60 and over) Yes No

Employer's Name _____

Ethnicity: Are you of Hispanic or Latino origin?

Yes No

Race: You may check more than one race.

White

Black or African American

Asian

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

Information not used for admission. Federal regulations require colleges to report enrollment data by ethnic, racial, and gender categories.

Course #	Course Title	Begin Date	Tuition	Materials Fee	Total
				Total Fee	

For Credit Card Use Only:

Card Holder's Name _____

Account No. _____

Expiration Date _____

Signature _____

Billing Address for Card _____

The Refund Policy is published in the current issue of the HCC Continuing Education Non-Credit Schedule.

I certify that the information on this form is correct.

Signature _____ Date _____

