

FP News

For Critical Care Paramedics



From the President...

For years we as an organization have struggled with a way to represent our critical care paramedics who provide transport by ground. In 2009, we took the first step by writing a position paper defining qualifications for critical care paramedics. Last year we appointed a ground representative to our board and supported the BCCTPC's roll-out of the CCP-C exam. With many states now moving to define and establish standards for critical care paramedics, the timing for all of this could not have been better.

Those of us who have worked in EMS for a significant amount of time know critical care has been ignored in paramedicine. A few educational institutions saw the need years ago and developed programs. Some have become very successful and widely recognized. For the most part however, none of the national organizations that traditionally represent ground paramedics were willing to provide formal representation to critical care ground paramedics. It was for that reason a few years ago our board began to act on behalf of our critical care peers on the ground.

The fact is that paramedics have practiced critical care medicine since the beginning of EMS. Most states have very few critical care ground programs. When air medical is unavailable or the patient condition does not quite warrant rapid transport, the patients are often moved by ground with a paramedic being the only advanced provider on board. The

Continued on page 2

2011 EMS on the Hill Day

May 3-4, 2011 Washington, DC



This annual event will:

- Include representation from EMS organizations in all sectors of the EMS community.
- Provide a consistent message to Congress on the key issues affecting EMS and EMS practitioners.
- Encourage and promote broad participation within the EMS community.

Mark your calendars now—and be there for EMS!

Information updates at www.NAEMT.org

International Association of Flight Paramedics

Special points of interest:

- **EMS Today**
Baltimore, MD
March 3-5, 2011
Critical Care Review
February 1-March 1
CCP-C/FP-C Exam March 2
- **Critical Care Transport Medicine Conference**
Nashville, TN
April 4-6, 2011
All day-Skills Lab Sunday, April 3, 2011
FP-C/CCP-C Exams
April 3, 2011
- **Day on the Hill**
Washington, DC
May 3-4, 2011
- **Air Medical Transport Conference (AMTC)**
October 17-19, 2011
St. Louis, Missouri



Inside this issue:

IAFP & ASTNA Team Up with TraCER	2
CCTMC Program	3-6
IAFP Invited to Participate on ACEP Safety Committee	7
Water Intoxication	8
IAFP GLAC	9
Helicopter Transport Increases Survival	11
AAMS Board Forms New Task-force	12
Sponsors	13



From the President...continued

bulk of out of hospital transport has always and will continue to fall on paramedics. Many of these patients need some level of critical care intervention. Paramedics who are involved with interfacility transport need to be trained in critical care medicine. There hasn't been, and never will be, enough staff for nurses to fill this role.

"...the Board voted to change our name to the "International Association of Flight and Critical Care Paramedics."

Having long represented critical care paramedics in the flight setting, the IAFP has been debating how we could represent critical care paramedicine as a

whole. After a lot of spirited debate and direction from a member survey, the Board voted to change our name to the "International Association of Flight and Critical Care Paramedics." This was by far the most popular choice of those of you who responded to the survey. I personally think it was the best choice. It still allows us to be

tied to our roots as a flight organization but now doesn't limit us as just an air medical organization. Our logo will, for the most part, stay the same providing a

smooth transition to the new brand.

I would like to thank everyone who responded to the survey and provided input on this. In the next few months you should see a revision of our website and new merchandise reflecting the name change.

We hope, through our efforts to support critical care paramedicine as a whole, that we will continue to grow and thrive as an organization. I look forward to seeing some of you in Nashville.

Toby

IAFP and ASTNA Team up for TraCER

Guiding you to success on your transport certification exam.



Making the decision to obtain certification is a commitment to yourself and to your future. That's why we've teamed up with the Air & Surface Transport Nurses Association and a respected university to develop TraCER, a review course that will put you on the path to success.

TraCER is designed to prepare critical care professionals pursuing CCP-C, CFRN, CTRN and FP-C specialty certifications. Presented by currently certified nurses and paramedics, the program reviews the advanced clinical and operational material that certification-eligible critical care transport providers are expected to understand.

The two day course provides a thorough review of complex subject matter such as trauma patient management and stabilization, ground safety and transport fundamentals, FAR Part 135 survival issues and CAMTS flight safety standards, acid base balance and ventilator management, neurologic patient care, toxic exposure and environmental emergencies, obstetrical emergencies, neonatal and pediatric emergencies, burn management, flight physiology, cardiovascular pathophysiology, hemodynamics and general medical patient management.

Upon enrollment, participants receive a comprehensive study guide to review prior to attending the course. During the course, instructors elaborate on advanced critical care concepts and patient management principles. They build upon fundamental knowledge, working from years of experience illustrating key points with practical examples. Your

questions are answered based upon national standards and exam blueprints.

"If you work in a critical care transport environment, these certifications are the nationally recognized standard for competency and professionalism." Said IAFP President Toby Witt. "As a strong supporter of the FP-C and CCP-C certifications, we have a responsibility to be actively involved in the education process to help members achieve their professional goals."

In addition to a \$150 member discount on TraCER registration, members also receive \$100 off on exam registration.

During 2011, TraCER will be offered at four national conferences:

- Feb. 28—March 1 **EMS Today**, Baltimore, MD
- April 1—2 **CCTMC**, Nashville, TN
- Aug 31—Sept. 1 **EMS World Expo**, Las Vegas, NV
- Oct 14—15 **AMTC**, St. Louis, MO

If you or your staff are not able to attend TraCER at any of these listed conferences, please contact us for details about bringing TraCER to your program.

Course registration is available online at www.flightparamedic.org.

For more information on TraCER, call the IAFP office at 770-979-6372 or go online at www.flightparamedic.org

Monica Newman

2011 CCTMC

Critical Care Transport Conference

**Register
Online at
www.ampa.org**

Sunday, April 3

**Critical Care Procedural Anatomy
Program Limited to 40 persons**

7:30 A.M.

On-Site Registration/Continental Breakfast

8:00 – 8:15 A.M.

**Welcome, Lab Orientation and Program
Overview**

William Hinckley, MD, FACEP

8:15 – 9:00 A.M.

Airway Adjuncts
Christopher Zammit, MD

9:00 – 9:30 A.M.

Surgical Airway Management
William Hinckley, MD, FACEP

9:30 – 10:00 A.M.

**Insertion and Maintenance of Chest Tubes, Pleural
Pigtail Catheters, and
Pericardiocentesis**

Michael T. Bigham, MD, FAAP

10:00 – 10:30 A.M.

**Ventilation Assessment & Ventilator
Management**

Lauri Bolton, MD

10:30 – 10:45 A.M. BREAK

10:45 – 11:15 A.M.

**Transport Considerations for Patients
with Ventricular Assist Devices**

P.S. Martin, MD, FACEP

11:15 – 11:45 A.M.

Intraosseous Vascular Access
Michael Abernethy, MD, FAAEM

11:45 A.M. – 12:15 P.M.

Tourniquets and Control of Bleeding
Harinder S. Dhindsa, MD, MPH, MBA

CCTMC

**CRITICAL CARE TRANSPORT
MEDICINE CONFERENCE**

**Loews Vanderbilt Hotel
Nashville, Tennessee**

12:15 – 12:45 P.M.

Procedure Lab Orientation

Greg Wamack, RN, BSN, CFRN, EMT-IV

12:45 - 1:45 P.M. LUNCH ON OWN

2:00 P.M.

Bus to Vanderbilt Health Science Center

2:15 – 6:00 P.M.

**Procedure Lab: Vanderbilt University Health
Science Center**

Coordinator: Greg Wamack, RN, BSN, CFRN, EMT-IV
Skills Day Faculty/Vanderbilt Life Flight Staff



ADDITIONAL ACTIVITIES

Guiding you to success on your transport certification exams
TRACER
TRANSPORT CERTIFICATION EXAM REVIEW

Friday, April 1 Saturday, April 2, 2011

Register online at www.flightparamedic.org

CEN®, CFRN®, and CTRN® Exams:

Sunday, April 3, 2011 • 9:00 a.m.

To register contact the BCEN Office
at 1-800-900-9659, Ext. 2630

FP-C® / CCP-C® Exams:

Sunday, April 3, 2010

8:00 to 10:30 a.m.

Register online at www.BCCTPC.org

CCTMC Program

Critical Care Transport Conference



**CRITICAL CARE TRANSPORT
MEDICINE CONFERENCE**

Monday, April 4

NOON - 1:00 P.M.

CCTMC Conference Registration
SCIENTIFIC FORUM
Poster Preview

OPENING GENERAL SESSION:

1:00 - 1:50 P.M.

**Airway Management in Critical
Care Transport: Top Ten Studies
Since 2008 That Your Patients
Need You to Know**
William Hinckley, MD, FACEP, CMTE

BREAKOUT SESSIONS:

2:00 - 2:50 P.M.

BREAKOUT I

**Severe Pain + 2 mg of morphine
= Severe Pain – Emergent
Analgesia: Treating Our
Patients, Not Ourselves**
Michael Abernethy, MD, FAAEM

BREAKOUT II

Is High Flow Oxygen Killing Our Patients?
Rick Erickson, NREMT-P, EMS-I, CCP-C, FP-C

2:50 – 3:30 P.M. BREAK

Scientific Forum Informal Poster Presentations
Coordinator: Reed Brozen, MD, FACEP, FAAEM

3:30 – 4:20 P.M. BREAKOUT I

**Pre-Hospital Considerations
in Chest Trauma: A Trauma
Surgeon's Perspective**
J. Bracken Burns, Jr., DO

BREAKOUT II

The Anatomy of an Airway Lawsuit
Eric Beck DO, EMT-P, CCEMT-P

4:30 – 5:20 P.M.

BREAKOUT I

**When Minor Surgery Becomes a
Major Emergency!**
Susan Thibeault, MS, APRN/CFNA, EMT-P

BREAKOUT II

AAA – Advanced Airway Algorithms
Keith H. Carter, BS, MS4, NREMT-P, CCREMT-P, LP, FP-C

Tuesday, April 5

7:30 – 8:00 A.M.

Registration/Continental Breakfast

8:00 – 8:15 A.M.

Welcome & Award Presentations

GENERAL SESSION:

8:15 – 9:05 A.M.

System Performance: Measuring Quality Care
Russell D. MacDonald, MD, MP, FRCPC

BREAKOUT SESSIONS:

9:10 - 10:00 A.M.

BREAKOUT I

Too Hot to Handle...Malignant Hyperthermia
Susan Thibeault, MS, APRN/CFNA, EMT-P

BREAKOUT II

**Achy Breaky Heart-Pediatric Congenital Heart Defects
in the Transport Environment**
Kelly Holdren, RN, BSN, CFRN
Teri Campbell, RN, BSN, CFRN

10:00 – 10:30 A.M. BREAK

CCTMC Program

Critical Care Transport Conference

Tuesday, April 5 Cont'd

**CRITICAL CARE TRANSPORT
MEDICINE CONFERENCE**

10:30 TO 11:20 A.M.

BREAKOUT I**Toxins, Tablets, and Drugs, Oh My!**

Michael D. Gooch, RN, MSN, ACNP-BC,
FNP-BC, CFRN, CEN, NREMT-P

BREAKOUT II**Gizmo's, Gadgets, and Thing-a-ma-bobs:
What Really Secures the Pediatric ETT?**

Leslie Grant, RN, BSN, CCRN, CFRN
Matt Payne, RN, EMT-P, FP-C, CFRN

11:30 A.M. TO 12:20 P.M.

BREAKOUT I**Acute Lung Injury and ARDS: Challenges
in Patient Transport**

Russell D. MacDonald, MD, MPH, FRCPC

BREAKOUT II**Big Hearts and Big Bellies Don't Mix**

Lindsey Little, RN, BSN

12:20 TO 1:40 P.M. **LUNCH ON OWN**

BREAKOUT SESSIONS:

1:40 – 2:30 P.M.

BREAKOUT I:**Don't Put Me with Him! A Look at
Conflict Resolution in the Workplace**

Mike Clumpner, PhD(c), MBA, CHS, NREMT-P, CCEMT-P,
PNCCT, EMT-T, FP-C
Jim Mobley, RN, BSN, CEN, CFRN, NREMT-P, FP-C, CMTE

BREAKOUT II:**In Vogue...Cuffed Pediatric Tracheal Tubes.
Don't be Seen Without One!**

Susan Thibeault, MS, APRN/CFNA, EMT-P

2:40 – 3:30 P.M.

BREAKOUT I:**How Safe are 24hr Shifts?**

Michael D. Gooch, RN, MSN, ACNP-BC, FNP-BC, CFRN,
CEN, NREMT-P

BREAKOUT II:**Managing Little Ones Under High Pressure: Pediatric
Head Injuries**

Christina A. Martinka, NREMT-P, CCEMT-P, PNCCT
Amy Cantwell, BS, FP-C, NREMT-P

3:30 – 4:00 P.M. **BREAK**

4:00 – 4:50 P.M.

BREAKOUT I:**We Can Learn A Lot From Abraham Lincoln**

Janie Ford, RN, MSN, CFRN

BREAKOUT II:**Response to the Critical Burn
Patient: Is Your Assessment and
Treatment Optimal?**

Mike Clumpner, PhD(c), MBA, CHS, NREMT-P, CCEMT-P,
PNCCT, EMT-T, FP-C
Jim Mobley, RN, BSN, CEN, CFRN, NREMT-P, FP-C, CMTE



CCTMC Program

Critical Care Transport Conference

Wednesday, April 6

8:00 – 8:30 A.M.

Registration/Continental Breakfast

BREAKOUT SESSIONS:

8:30 – 9:20 A.M.

BREAKOUT I:

ABCs of ABGs, CBCs, and CMPs:

Mining Alphabet Soup for Clinical Gold

Sean G. Smith, RN, EMT-P, CCRN, CSC, CMC, CEN, CFRN, BS

BREAKOUT II:

It's Not Your Mother's Mother-To-Be

Michael A. Frakes, APRN, MS, CCNS, CFRN, CCRN, EMT-P

9:25-10:15 A.M.

BREAKOUT I:

Out of the Fire and Into the Frying Pan:

Managing Heat Emergencies

Christina A. Martinka, NREMT-P, CCEMT-P, PNCCT
Amy Cantwell, BS, FP-C, NREMT

BREAKOUT II:

The Dangers of Farming

Chris Hartsfield, BA, MSN, FNP

10:15-10:30 A.M. BREAK

10:30-11:20 A.M.

BREAKOUT I:

Stop the Bleeding! Timeless and Cutting Edge Methods and Materials for Establishing Hemostasis in the Field

Christopher Zammit, MD

BREAKOUT II:

What Caliber Was That? The Ballistic Wound

Marsha Roberts, RN, MSN, CNS



**CRITICAL CARE TRANSPORT
MEDICINE CONFERENCE**

CLOSING GENERAL SESSION:

11:25 A.M. - 12:15 P.M.

Thanks, and Hurry Back! A Look at Customer Service Concepts in Healthcare

Mike Clumpner, PhD(c), MBA,

CHS, NREMT-P, CCEMT-P, PNCCT, EMT-T, FP-C

Jim Mobley, RN, BSN, CEN, CFRN, NREMT-P, FP-C, CMTE

CCTMC Adjourned!



IAFP Invited to Participate in ACEP Safety Project

The American College of Emergency Physicians (ACEP) was recently awarded a cooperative agreement from the National Highway Transportation Safety Administration (NHTSA) to coordinate the development and promotion of a National EMS “Culture of Safety” Strategy. The product of this three-year project will be the development and dissemination of a document that identifies the current state of EMS safety issues and to make recommendations for the improvement of future EMS safety practices.

The first step of this project is to form a Steering Committee of national EMS stakeholders which will oversee the development of this document over the next three years.

In January the IAFP accepted an invitation to participate in the Safety Project, and named Critical Care Representative, Anthony Conrardy, to serve on the steering committee for the duration of the project.

Our association has the ability to draw upon the knowledge, experiences, and capabilities of specialized paramedics to assist in developing the strategy for the “Culture of Safety.” Said Conrardy. “The distinctive nature of our association has always placed patient and EMS personnel safety as our top priority. Our belief is, and has been, that we cannot serve our customers appropriately if we do not place the safety of our patients and EMS personnel first.”

The committee will conduct a review of existing material on EMS safety and make recommendations for the National EMS “Culture of Safety” Strategy. With a high priority recommendation of the National EMS Advisory Council, the ultimate goal of the project is to create an agenda document that identifies both opportunities and challenges in developing and promoting a culture of safety for EMS personnel and the patients they care for every day.

“We are proud that ACEP recognizes our expertise and the valuable contributions the IAFP has made to EMS.” Said IAFP President, Toby Witt. “The IAFP will continue its efforts to set high safety standards for all paramedics and EMS as a whole.”

It is a great honor and opportunity to influence safety and establish the IAFP as a leader in EMS, in the air and on the ground.

For more information on this project visit www.EMS.gov.

Monica Newman



IAFP Offers

FP-C Online Review

Only \$25 / 60-day
subscription period

Available only on



Log on through the IAFP
website at

www.flightparamedic.org

IAFP Government Relations

The IAFP has been working very hard over the past year to continue educating fellow EMS organizations and agencies about our pursuit to evolve paramedics in critical care transport. The IAFP spent the better part of 2010 advocating for critical care paramedics to the Department of Homeland Security and NHTSA about the role of the critical care paramedic. Part of our work included collaboration with Advocates for EMS (AEMS) and the development of the EMS Bill. The Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act, H.R. 6528, is now available via the AEMS website. To view please click [here](#). The EMS Bill is not perfect to date, however the Bill is a good foundation for EMS, with an inclusion of critical care transport.

In 2010, the IAFP Board of Directors evaluated our organizational direction and responsibilities to not only our members but our industry. Safety has been center stage in the critical care transport industry since 2008, when we testified in the NTSB hearing on HEMS. The IAFP has made a commitment to advocate for the safety of paramedics. We worked on a NEMSPA-spearheaded human factors study that was expanded to include our constituencies in the critical care transport industry. Recently, the IAFP was chosen to be one of 18 members on the EMS Safety Culture Committee which NHTSA began to develop in early 2010, and now chaired by the American College of Emergency Physicians (ACEP). We will keep you abreast of our contributions to the safety of paramedics!

New in 2011, AEMS is expanding and opening up an organizational board member position. The IAFP is currently seeking an opportunity to broaden our advocacy within the EMS community and will pursue the Board Member position within AEMS.

We have new advocacy opportunities in Washington, DC, coming up with NAEMT's EMS Day On The Hill, May 3-4, 2011, as well as AAMS Spring Conference, March 16-18, 2011. We hope to see some of you there and remember if you have any questions please contact me at jriley@flightmedicmail.com.

Jim Riley, GLAC Chair

Submit Your Work



Editors:

Jacqueline C. Stocking,
RN, MSN, MBA, CMTE,
CEN, CFRN, FP-C,
NREMT-P

Eric R. Swanson, MD,
FACEP

Air Medical Journal

Air Medical Journal, the official journal of five leading air medical transport associations in the United States, is the premier provider of information for the medical transport industry. The Journal addresses the unique concerns of medical transport physicians, nurses, pilots, paramedics, emergency medical technicians, communication specialists and program administrators.

Each issue includes evidence-based, peer-reviewed research, how-to articles, case studies, and more. **Air Medical Journal** accepts clinical articles, management articles, original research, and education articles covering all aspects of the medical transport profession.

Access the Journal at www.airmedicaljournal.com

For information on submitting an article for publication in Air Medical Journal, visit the online submission system at <http://ees.elsevier.com/amj/> or contact Managing Editor, Dawn Drennan Nahlen at d.drennan@elsevier.com.

Water Intoxication

Tragedy struck in January of 2007 when Jennifer Strange, a 28 year old mother of three died hours after competing in a water drinking competition. In the investigation following her death, it was determined that Jennifer was the victim of acute water intoxication. With prehospital emphasis on the dire consequences of potassium disturbances and their easily recognizable ECG hallmarks, we often overlook the serious effects of other electrolyte imbalances, sodium being a prime example. In the previously referenced case, a young woman in good health succumbed to the lethal effects of hyponatremia. Generally defined as a serum sodium level of less than 135mEq/L, hyponatremia can be further divided into one of three categories; hyper, hypo, and euvolemic.

In the case of water intoxication, the patient is usually in a state of acute euvolemic hyponatremia. This state can arise as a result of excessive ingestion (as in water drinking contests). It can also arise inadvertently, for example when athletes attempt to rehydrate with hypotonic fluids, or as a result of several pathological processes. Recognition of the acutely hyponatremic patient must be supported by clinical suspicion as many of its signs and symptoms are non-specific and could easily be misinterpreted for heat exhaustion, heat stroke or hypoglycemia, all of which can occur concurrently and will complicate both diagnosis and treatment.

Initial signs and symptoms of hyponatremia include weakness, dizziness, nausea and muscle cramping with neurological signs such as confusion, agitation, seizure and coma generally appearing as the serum sodium level drops below 120mEq/L. These later signs and symptoms should be interpreted as severe as cerebral swelling, herniation, respiratory arrest and death may result if rapid correction does not occur.

Treatment is based on the severity of symptoms at presentation. Mildly hyponatremic patients may be treated with free water restriction and oral electrolyte solutions. If serial chemistry panels are drawn, efforts should be made to raise

the sodium level by 0.5mEq/L/hr or a total of 12mEq/L/day. Patients who present with moderate to severe symptoms including any neurologic manifestations must be treated aggressively. In such cases, the serum sodium level may be raised at rates up to 4mEq/L/hr for up to 3 hours in efforts to avoid irreparable neurological damage. Hypertonic 3% saline solution is the fluid of choice in these cases. Loop diuretics may be employed to increase the rate of free water loss, keeping in mind that loop diuretics may also lead to hypokalemia, hypocalcemia and hypomagnesemia. Although hyponatremia is a potential adverse reaction to loop diuretic administration, in euvolemic or hypervolemic hyponatremic patients, the rate of free water loss will exceed sodium loss, leading to an overall rise in serum levels.

As of May 2009, the FDA approved tolvaptan, the first approved medication in the novel class of "vaptan" drugs. The class consists of a number of compounds with variable selectivity for the V1a, V1b and V2 vasopressin receptors. The currently approved tolvaptan is selective for the "V2" or AVPR2 receptor which is expressed in the distal convoluted tubule and collecting ducts. Normally, AVP acts to activate the Gs type G-coupled protein receptor eventually leading to insertion of aquaporin 2 channels in the apical cell membrane allowing water to be reabsorbed by the kidney. By antagonizing the action of AVP on these receptors, the pathway is inhibited and free water is lost.

No matter what interventions are taken, it is of utmost importance to maintain the rate of correction at or below the recommended rates as the overly rapid treatment of hyponatremia can have catastrophic effects, specifically in the form of central pontine myelinolysis. Should the rate of correction be observed in excess of the aforementioned rates, Desmopressin may be used to increase water retention in the kidney and halt the rise in serum sodium. The best ways to monitor for, and avoid complications during treatment include serial metabolic panels and frequent neurological assessment.

Judson Boisvert, MD

2011 Tim Hynes Award Nominees

Dana Anderson—Mountain LifeFlight

Patrick Auger—Ornge Transport Medicine

Amy Boise—Trauma Flight

Jesus Rodriguez-Cumba—Gallup Med Flight

Juergen Gollwitzer—ASB Munich Critical Care Team

Joseph Schili—SouthStar Virtua Health System

James Stoof—Air Med University of Utah

Dave Taylor—Eagle III

The IAFP

Congratulates these outstanding individuals for their professional contribution and dedication to critical care paramedicine.

Award sponsored by:

Bell Helicopter **TEXTRON**



March 1-5, 2011
Baltimore Convention
Center Baltimore, Maryland
 Conference Information and Registration
www.emstoday.com

Feb. 28—Mar. 1

TraCER Review
 Course
 Register Online:
www.flightparamedic.org

March 2

FP-C® & CCP-C®
 Exams
 Register Online:
www.bcctpc.org



Sponsored by:



TraCER— Guiding you to success on your transport certification exam

This fast-paced two-day course helps to prepare clinicians for the critical care transport certification exams: CCP-C, CFRN, CTRN, and FP-C. Presented by currently certified nurses and paramedics, the program reviews the advanced clinical and operational material that certification-eligible critical care transport providers are expected to understand. Participants will receive a comprehensive study guide before the course and two full days of interactive presentations on site. A single review course is not enough to prepare for the exam, but this course, the only certification review course offered by the Air & Surface Transport Nurses Association (ASTNA), the International Association of Flight Paramedics (IAFP), is an excellent element of your preparation strategy.

REGISTER ONLINE

www.flightparamedic.org



GET CERTIFIED

Information & Registration

BCCTPC.org

Some of the reasons why you should consider becoming a
Certified Critical Care Professional:

- Validation of critical care knowledge and expertise
- Quantifies competence and professionalism
- Career advancement opportunities

Paper/Pencil CCP-C® / FP-C® Exams April 3, 2011
At CCTMC, Nashville, TN



Helicopter Transport Increases Survival for Seriously Injured Patients

Severely injured patients transported by helicopter from the scene of an accident are more likely to survive than patients brought to trauma centers by ground ambulance, according to a new study published in *The Journal of Trauma: Injury, Infection, and Critical Care*. The study is the first to examine the role of helicopter transport on a national level and includes the largest number of helicopter-transport patients in a single analysis.

The finding that helicopter transport positively impacts patient survival comes amid an ongoing debate surrounding the role of helicopter transport in civilian trauma care in the United States, with advocates citing the benefits of fast transport times and critics pointing to safety, utilization and cost concerns.

The new national data shows that patients selected for helicopter transport to trauma centers are more severely injured, come from greater distances and require more hospital resources, including admission to the intensive care unit, the use of a ventilator to assist breathing and urgent surgery, compared to patients transported by ground ambulance. Despite this, helicopter-transport patients are more likely than ground-transport patients to survive and be sent home following treatment.

“On the national level, it appears as though helicopters are being used appropriately to transport injured patients to trauma centers,” said **Mark Gestring, M.D.**, lead study author and director of the **Kessler Trauma Center** at the University of Rochester Medical Center. “Air medical transport is a valuable resource which can make trauma center care more accessible to patients who would not otherwise be able to reach such centers.”

Gestring serves as a volunteer board member for Mercy Flight Central Inc., a Canandaigua, New York-based air medical services company.

Previous studies on the use of helicopters to transport injured patients report mixed results, but are limited by small patient populations from single institu-

tions or specific regions. Some smaller studies propose helicopters are overused, transporting patients with relatively minor injuries who would likely fare as well if transported by ground. However, the new national data does not reveal such a trend.

“The goal is always to get the sickest people to the trauma center as fast as possible, and our data suggest that’s exactly what’s happening. We’re not seeing helicopters being used to transport trivial cases, which is undoubtedly a poor use of resources,” noted Gestring.

The study included patients transported from the scene of an injury to a trauma center by helicopter or ground transportation in 2007. Gestring and his team used the National Trauma Databank to identify 258,387 patients – 16 percent were transported by helicopter and 84 percent were transported by ground.

The helicopter-transport patients were younger, more likely to be male and more likely to be victims of motor vehicle crashes or falls, compared to ground-transport patients. Overall, almost half of the helicopter-transport patients were admitted to the intensive care unit, 20 percent required assistance breathing for an average of one week and close to 20 percent needed an operation. Even though they arrived at the hospital in worse condition, they ultimately fared better than those transported by ground.

While the study shows that air transport does make a difference in patient outcomes, there is no data available to explain why patients transported by helicopter do better than those transported by ground. Study authors assume that speed of transport – helicopters are capable of higher speeds over longer distances regardless of terrain – and the ability of air-medical crews to provide therapies and utilize technologies that are not universally available to ground unit crews, are the main drivers

of positive patient outcomes.

Helicopter transport has been an integral component of trauma care in the United States since the 1970s, due in large part to the military’s experience transporting sick or injured soldiers during war time. The availability of helicopters in the civilian setting has been credited with improving trauma center access for a significant percentage of the population.

According to Gestring, the study has some limita-

tions. It is not possible to evaluate the multitude of factors that drive the individual decisions to transport a patient by helicopter in each and every case. In addition, the general nature of the dataset limits specific conclusions that may be drawn or applied to any individual trauma system.

The Kessler Trauma Center at the University of Rochester is Western New York’s largest trauma center, serving Rochester and the nearly 2 million people in the 17 counties which surround the Finger Lakes Region. The Center is a Level-1 trauma center, providing 24-hour access to comprehensive emergency services. Physicians treat more than 3,000 traumatic injury patients a year.

In addition to Gestring, Joshua Brown, B.A., Nicole Stassen, M.D., Paul Bankey, M.D., Ph.D., Ayodele Sangosanya, M.D., and Julius Cheng, M.D., M.P.H., from the University of Rochester Medical Center participated in the research. The study was conducted and funded by the University of Rochester.

Printed with permission from the University of Rochester Medical Center





Aug 29—Sept 2, 2011
Las Vegas Convention Center
Las Vegas, Nevada

Review Course and FP-C® / CCP-C® Exams offered at EMSWorldExpo



August 31—September 1, 2011
Registration available online spring of 2011

FP-C® / CCP-C® Exams September 2, 2011

Register online at www.bcctpc.org

2011 Ride in the Rockies

This event will begin on June 22nd in Laramie, Wyoming and travel over three days to end on June 24th in Colorado Springs, CO. Route information will be posted when available.



For more information:

<http://muddyangels.org/>



New location for National EMS Memorial

The National EMS Memorial Service, will be held in Colorado Springs, Colorado, home of the new permanent "Tree of Life," the National EMS Memorial.





Save the Date

*Meet us in
St. Louis*

AMTC 11

Air Medical Transport Conference
October 17–19, 2011
St. Louis, MO

Sponsorship Opportunities

The IAFP offers many sponsorship opportunities. If your program or vendor would like to sponsor any part of our organization's activities, please send an email to IAFP Business Director, Jim Riley– jriley@flightmedicmail.com These sponsorships will assist the organization to grow and continue its great work into the future.

IAFP Sponsors



The Flight Paramedic News

Editor: Gloria Tavenner Dow, FP-C, CCP-C
Gwinnett County Fire and Emergency Services

Executive Committee

Toby Witt, FP-C **President**
Air Methods Corporation

Cliff Larrabee, FP-C **Vice President**

James Riley **Business Director**
Northern CO Med Center

Jason Hums, MPH,
FP-C, CCP-C, NREMT-P **Immed. Past Pres.**
Air Methods Corporation

Board of Directors

Judson Boisvert, MD, FP-C
AmBCare Ambulance

Richard Childress, CMTE, FP-C
MedTrans One

Anthony Conrardy, FP-C
North Shore LIJ Emergency Medical Services

David Crowley
Military Liaison, US Army

Kelly Edwards, FP-C
Air Methods Corporation

Christopher Hall, FP-C
PHI Air Medical

Bridget Keating
Miami Dade Air Rescue

Mike Shown, FP-C
San Antonio AirLife

Liaisons/Advisors

David O. Bump, MBA, REMT-P, FP-C, CCP-C
BCCTPC Liaison: American Jets Air Ambulance

John Clark JD, NREMT-P, FP-C, CCP-C, CMTE
Legal Adviser

Jon Gryniuk, NREMT-P, FP-C, CCP-C
CAMTS Rep.: Life Net of New York

Kevin Savidge, FP-C, CCP-C
Military Adviser: MidAtlantic MedEvac, USAF Reserve

Terri Hoffman, MD
Medical Adviser: Intermountain Healthcare

David Stuhlmiller, MD
Medical Adviser: Emergency Medical Associates

Monica Newman, Account Executive

International Association
of Flight Paramedics



INTERNATIONAL ASSOCIATION
OF FLIGHT PARAMEDICS
REVOLUTIONIZING CRITICAL CARE TRANSPORT

4835 Riveredge Cove
Snellville, GA 30039
Phone: 770-979-6372
Fax: 770-979-6500
E-mail: m.newman@flightparamedic.org

Important 2011 Association Dates

- Critical Care Transport
Medicine Conference—
April 4-6, 2011
Loews Vanderbilt Hotel
Nashville, TN
- IAFP Board Meeting
Nashville, TN
April 3, 2011
- IAFP Summer Board Meeting
Colorado Springs, CO
June 22-24, 2011
- IAFP Annual Board Meeting
AMTC
St. Louis, MO
October 16, 2011
- General Membership Meeting
AMTC
St. Louis, MO
October 19, 2011

The *FP News* is a publication of the IAFP. It is published four times per year—February, May, August and November. Annual subscription is available as a benefit of membership in the Association for \$55/year (\$65 international). Articles and information contained within the *FP News* may not be reproduced in any form or part without written permission of the IAFP. Advertising is per issue and is priced as follows: Full page \$400; Half page \$250; Quarter page \$175; A 10% discount applies to the purchase of any four ads (size can be mixed and matched, but must in four consecutive issues.)

Contact: (770) 979-6372. www.flightparamedic.org. 4835 Riveredge Cove, Snellville, GA 30039