ATLS calls for rapid transfer of trauma patients to higher levels of care. This however is not practical in many systems. The timing, constraints of EMTALA and availability of transfer mechanisms all challenge the provider at the smaller or rural hospital. Best strategies for transfer, workup and evaluation of the trauma patient will be explored.

- Recognize who needs to be transferred to a higher level of care and understand the ideal timing of this care
- Determine who can stay locally in your system and receive care without transfer safely
- Understand the barriers to rapid transfer and potential solutions for your practice location
Spinal cord imaging & injury is a major aspect of the evaluation of most trauma patients in both adults & children. It is necessary to understand the biomechanics of head & neck trauma to help determine the extent of injury. Several cervical spine clearance rules exist & will be reviewed. In addition, the speaker will discuss the questions that are pertinent to ask the patient suspected of having cervical injury, & how to perform a proper neurologic examination to better guide imaging decisions.

- Discuss the biomechanics & neurology of head & neck trauma, the questions to ask, how to examine, & who to image.
- Discuss evidence-based clinical algorithms that exist in the literature.

This case-based presentation will focus on physiological changes & important management decisions in the obstetrical trauma patient.

- Discuss physiological changes in pregnancy.
- Explore options for stabilization, management, evaluation, and disposition of the pregnant trauma victim.
- Discuss recommendations, guidelines & protocols for maternal & fetal monitoring following obstetrical trauma.
**Trauma**

*Pediatric Trauma Pearls & Pitfalls*

10/25/2021 | 1:30:00 PM - 2:00:00 PM

The speaker will review the hottest topics in pediatric trauma. Clinical pearls & how to avoid pitfalls will be discussed during this course.

- Discuss various topics, including don’t miss this on x-ray; evaluate the need for trauma labs in the pediatric trauma patient; reconsider the need for CT in head, neck & abdominal injuries from an evidence-based position; & evaluating ultrasounds used.
- Apply principles in risk-stratifying the patient.
- Discuss FAST reliability in pediatric trauma patients.
- Discuss management of pediatric concussion.

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**Trauma**

*Traumacology: Drugs for the Trauma Bay*

10/25/2021 | 2:00:00 PM - 2:30:00 PM

The speaker will discuss the drugs you need to be using during your trauma resuscitations, from Ketamine to TXA (tranexamic acid). Old medications being utilized today for major & minor trauma treatment, sedation & pain management will also be discussed.

- The speaker will discuss the drugs you need to be using during your trauma resuscitations, from Ketamine to TXA (tranexamic acid). Old medications being utilized today for major & minor trauma treatment, sedation & pain management will also be discussed.
- Review the evidence behind the use of TXA in both major & minor trauma patients.
- Discuss the physiologic effects of ketamine.
- Discuss the current literature to support using ketamine in trauma patients for sedation & pain relief.
Over the few decades, the evaluation & management of many traumatic injuries has improved dramatically. However, in many practice environments outdated ideas often persist. During this interactive course, the speaker will challenge the audience to identify the “best practices” in trauma assessment & management that remain today, & those that have been replaced with better evidence-based techniques.

- Over the few decades, the evaluation & management of many traumatic injuries has improved dramatically. However, in many practice environments outdated ideas often persist. During this interactive course, the speaker will challenge the audience to identify the “best practices” in trauma assessment & management that remain today, & those that have been replaced with better evidence-based techniques.
- Describe recent evidence-based advances in assessment of the trauma patient.
- Explain new techniques in the management of a wide variety of traumatic injuries.

This speaker will review the key management issues when dealing with the agitated trauma patient. It will include determination of capacity and sedation of the agitated and potentially head injured patient when indicated.

- This speaker will review the key management issues when dealing with the agitated trauma patient. It will include determination of capacity and sedation of the agitated and potentially head injured patient when indicated.
- Review the key principals involved when managing the agitated trauma patient.
- Discuss the assessment of capacity and review the key decision points of that assessment.
- Discuss management strategies including sedation of the agitated trauma patient.
Trauma

**Trauma STAT! Don’t Miss This Visual Cue!**

10/26/2021 | 8:00:00 AM - 9:00:00 AM

Good trauma care requires prompt recognition of a constellation of injuries. Presentation of these injuries may be readily apparent or subtle. Functional outcome is often sensitive, requiring the emergency physician to have skills in prompt recognition & management of the injury. The speaker will highlight important clinical pearls & pitfalls in the management of trauma patients from a visual perspective. The speaker will also integrate physical examination findings, radiographs, CT scans, & other visual cues necessary for management of trauma patients.

- Good trauma care requires prompt recognition of a constellation of injuries. Presentation of these injuries may be readily apparent or subtle. Functional outcome is often sensitive, requiring the emergency physician to have skills in prompt recognition &
- Describe important physical findings in the injured patient that require immediate attention.
- Identify subtle radiographic findings on x-ray & CT that are indicative of serious injury.
- Identify commonly missed injuries.

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**Trauma**

**Facial Trauma**

10/26/2021 | 8:00:00 AM - 9:00:00 AM

Facial trauma is a frequent sequelae of a variety of mechanisms of trauma. It can be very distracting and dramatic and can appear in a number of injury patterns. It is important to recognize the patterns and risks to underlying structures.

- Discuss different patterns of facial trauma and the risks to the underlying structures.
- Understand the diagnosis, care and disposition of the different patterns of facial trauma.
- Realize that facial trauma is often less important that ensuring the underlying structures are intact and cared for in resuscitation.
Trauma

Traumatic Brain Injury- What Matters Most in Severe TBI
10/26/2021 | 9:00:00 AM - 9:30:00 AM

Severe head injury is a leading cause of death in trauma and a major challenge for resuscitation in the Emergency Department. TBI is a heterogenous group of injuries. Careful resuscitation of the patient with TBI is important and sometimes a challenge with other traumatic injuries and medical conditions. Optimal strategies and key measures will be explored in this lecture.

- Describe the heterogeneity of TBI and the challenges this presents in care of patients
- Explain key strategies in the resuscitation of patients with TBI and the importance of critical markers in that resuscitation
- Identify potential critical errors in the care of patients with severe TBI in the Emergency Department

Trauma

Trauma at Your Doorstep: Different Environments, Different Approaches
10/26/2021 | 12:30:00 PM - 1:30:00 PM

ATLS was created to ensure there was a baseline standard of care for trauma patients, regardless of practice environment. The most innovative trauma care, however, may not be as universal. The speakers will present several trauma cases, and each will discuss how their respective clinical practice environments dictate medical decision making and interventions. Does a state-of-the-art trauma bay equate to better trauma care?

- ATLS was created to ensure there was a baseline standard of care for trauma patients, regardless of practice environment. The most innovative trauma care, however, may not be as universal. The speakers will present several trauma cases, and each will
- Explain the difference in resources in different practice environments.
- Apply the ATLS guidelines and most current evidence-driven trauma care to patients across the environment continuum.
- Identify how environment plays a role in clinical decision making.
Do you really need a 36 French chest tube? The speaker will discuss the indications for inserting & NOT inserting chest tubes. Selection of appropriate sized tube for the appropriate patient will be emphasized & pearls for successful performance will be shared.
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- Describe the indications for placing chest tubes & those for observation of pneumothorax.
- Apply the evidence for & technique of inserting a pigtail catheter for pneumothorax.
- Describe pearls for successful chest tube insertion.

Vascular imaging of blunt neck injuries is an area of active research. From hangings to seat belt signs, come brush up on the latest evidence & learn which patients to image & which to rely on physical exam findings.
- Vascular imaging of blunt neck injuries is an area of active research. From hangings to seat belt signs, come brush up on the latest evidence & learn which patients to image & which to rely on physical exam findings.
- Review the anatomy & pathology involved in blunt neck trauma.
- Discuss current evidence on imaging recommendations in blunt neck trauma.
The military often provides civilian medicine with new innovations or lessons learned—Tourniquets, QuickClot, REBOA. Some military medical teams are providing damage control surgery & resuscitation in extreme austere conditions. The speaker will discuss a recent deployment from a far forward special operations surgical team in an austere environment, including medical decision-making in austere locations, unique tools and innovations to manage limited resources, and the necessity of teamwork & flexibility.

- Identify and translate battlefield trauma care innovations to be applied in civilian setting.
- Describe unique practices to manage hemorrhagic shock and traumatic injuries.
- Identify physician behaviors & skills for adapting to austere environment.

Your trauma patient is dying. Are you ready to perform these life saving procedures? Attend this course to review the critical life-saving procedures in trauma care in the ED, including cricothyrotomy, thoracotomy, & peri-mortem c-section.

- Review the indications for critical life-saving procedures in the ED.
- Review the critical life-saving procedures, specifically cricothyrotomy, thoracotomy, & peri-mortem c-section.
- Discuss some of the barriers to performing these procedures & how to overcome them.
Trauma

Resuscitation of the Trauma Patient
10/27/2021 | 10:00:00 AM - 11:00:00 AM

The best approach to the acute resuscitation of the critically ill trauma patient continues to evolve both exciting and sometimes confusing ways. The best approach to access, fluids, blood products, TXA, and more remains the subject of considerable research. The speaker will summarize the current literature and recommend approaches to the emergency department resuscitation of the critically ill trauma patient.

- The best approach to the acute resuscitation of the critically ill trauma patient continues to evolve both exciting and sometimes confusing ways. The best approach to access, fluids, blood products, TXA, and more remains the subject of considerable research.
- Review and discuss the best approach the acute resuscitation of the critically ill trauma patient.
- Review the current literature on fluids and blood product resuscitation.
- Discuss resuscitation adjuncts, including TXA and viscoelastic assays and their role in acute resuscitation of the critically ill trauma patient.

Trauma

Breaking the Cycle: Implementing a Community Violence Intervention Program in the ED (James D. Mills, Jr. Memorial Lecture)
10/27/2021 | 1:30:00 PM - 2:30:00 PM

Community violence has become an increasing problem and the effects are seen more and more in the ED. It is important for the clinician to understand the origins, ongoing evolution and most importantly the possibility for interventions to mitigate the growing epidemic of trauma.

- Describe the epidemic of community violence
- Discuss interventional programs that ED providers can utilize to break the cycle of violence
- Understand the unique role the ED can play in breaking the cycle of community violence
Trauma

Management of Pelvic Trauma
10/27/2021 | 3:30:00 PM - 4:00:00 PM

Attend this session to learn what's new in the management of pelvic trauma in 2020 & the options in the approach to significant pelvic injury, particularly those in hemorrhagic shock.

- Attend this session to learn what's new in the management of pelvic trauma in 2020 & the options in the approach to significant pelvic injury, particularly those in hemorrhagic shock.
- Review core pelvic injuries.
- Discuss current options in managing pelvic trauma in the ED.
- Discuss current guidelines & options for management of critical pelvic trauma.

Trauma

Cruising the Literature: Trauma 2021
10/28/2021 | 8:00:00 AM - 9:00:00 AM

Trauma in 2020! Trauma management has been considered cook-book medicine, but there is still ongoing research to support changes in the management of patients. A review of this year’s top articles will be presented, with insight as to how to modify your standard of practice.

- Trauma in 2020! Trauma management has been considered cook-book medicine, but there is still ongoing research to support changes in the management of patients. A review of this year’s top articles will be presented, with insight as to how to modify your standard of practice.
- Review the current top trauma related articles.
- Review a perspective as to how to change your practice.

Trauma

Trauma STAT! Fluids, Factors & the TEG!
10/28/2021 | 12:00:00 PM - 12:30:00 PM

Resuscitation of unstable multiple trauma patients includes fluid replacement. How much intravenous fluid is appropriate in hemorrhagic shock? When should PRBCs, platelets, & other blood products be administered? What new synthetic blood replacement products are available to resuscitate patients? Can we use the TEG to guide resuscitative efforts? Attend this course to find out when to hook ’em up, what to give, & when to stop.

- Incorporate the principles of hypovolemic fluid resuscitation in trauma in regular practice.
- Discuss when it is appropriate to administer PRBCs in hypovolemic shock.
- Administer platelets, factor replacements, & other blood products.