



Emergency Medical Services

393 E Town Street, Suite 214
Columbus, Ohio 43215

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ohiohealthems.com

WINTER UPDATE
Issues in Trauma and Critical Care
February 21, 2015

OhioHealth Grant Medical Center
Hugenberger Auditorium
111 South Grant Ave, Columbus OH 43215

0900-0915	Registration and Continental Breakfast	
0915-0930	Welcome	Holly Herron, DNP, CNS, EMT-P
0930-1020	Airway Management in the Trauma Patient	Jennifer Hartwell, MD
1020-1030	BREAK	
1030-1120	Vascular Access: Ports, PICCS, and More	Mary Lou Garey, DNP, CNP, EMT-P
1120-1210	Radiation Basics	Rob Lowe, MD
1210-1300	LUNCH	
1300-1350	Healthcare Response to Human Trafficking	Ruth Downing, MSN, RN, CNP, SANE-A
1350-1400	BREAK	
1400-1450	Effective Service Models for Serving Survivors of Human Trafficking How Traffickers Manipulate their Victims	Kelli Carey, MSSA, LISW Brent L. Currence Missing Persons Unit-BCI
1450-1500	BREAK	
1500-1550	Altered Mental Status	Erika Kube, MD
1550-1600	Closing and Evaluations	Holly Herron, DNP, CNS, EMT-P

It is our pleasure to offer this program for a \$25.00 registration fee. Continental breakfast, lunch and CE credit are included. Vouchers are provided for free parking at 340 East Town St. (Green Garage) and 393 East Town St. (Orange Garage).

Registration by Mail: Return the completed form below to
OhioHealth Emergency Medical Services, 393 E Town St, Suite 214, Columbus, OH 43215-4785

Registration by Email: Send message to ems@ohiohealth.com with all information from the form below

Payment Options: 1. Check payable to OhioHealth EMS may be mailed with registration form
2. To make credit/debit card payment by phone, call the OhioHealth EMS Office at (614) 566-9111 Option 1

Future Conference Dates: Spring: April 18, 2015; Summer: August 8, 2015; Fall: November 7, 2015

EMS Conference: May 18, 2015

Grant Medical Center LifeLink Is Approved By The Ohio Department of Public Safety Division of EMS As A Continuing Education Provider (Approval # 2084).



REGISTRATION: WINTER UPDATE: February 21, 2015

Name: _____

Address: _____

Email: _____

Telephone: _____

Title: EMT Paramedic LPN RN Physician Other

Payment: Check Payable to OhioHealth EMS is Enclosed Credit/Debit Card Payment by Phone