



**Emergency Medical Services**

393 E Town Street, Suite 214  
Columbus, Ohio 43215

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ohiohealthems.com

**EMS WINTER UPDATE**  
**Issues in Trauma and Critical Care**  
**January 20, 2018**

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, RN, CNP, Paramedic
0930-1020	Surgical Emergencies in the OB Patient	Shay O'Mara, MD
1020-1030	BREAK	
1030-1120	Preventing Maternal Death	OhioHealth Grant Medical Center Women's Health
1120-1210	Maternal Cardiac Arrest	OhioHealth Grant Medical Center Women's Health
1210-1300	LUNCH	
1300-1350	Case Studies in Maternal & Neonatal Emergencies	OhioHealth Grant Medical Center Women's Health
1350-1400	BREAK	
1400-1550	OB and Neonatal Simulation	OhioHealth EMS and OhioHealth Learning
1550-1600	Closing and Evaluations	Holly Herron, DNP, RN, CNP, CNS, Paramedic

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, Ste 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 card payment by phone, call the OhioHealth EMS Office at (614) 566-9111 Option 1

**Future Conference Dates:** April 7, 2018 (Spring); August 11, 2018 (Summer); November 3, 2018 (Fall)  
The Ohio EMS Conference: May 21 & 22, 2018 (Greater Columbus Convention Center)

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



**REGISTRATION: EMS WINTER UPDATE January 20, 2018**

**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

