



**Emergency Medical Services**

393 E Town Street, Suite 214  
Columbus, Ohio 43215

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ohiohealthems.com

**SPRING UPDATE**  
**Issues in Trauma and Critical Care**  
**April 6, 2019**

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	Trauma Case Scenarios	Shay O'Mara, MD, MBA, FACS
1020-1030	BREAK	
1030-1120	Trauma in Pregnancy	Holly Herron, DNP, RN, CNP, Paramedic
1120-1210	Travel Diseases You Should Know	Barbara Dean, BSN, RN, Paramedic
1210-1300	LUNCH	
1300-1350	Medical Myths	Todd Monroe, BSN, RN, Paramedic
1350-1400	BREAK	
1400-1450	Medical Emergencies in the Air	Robert Lowe, MD, FACEP, FAEMS
1450-1500	BREAK	
1500-1550	Orthopedic Emergencies	Rodney Bair, RN, Paramedic
1550-1600	Closing and Evaluations	Holly Herron, DNP, RN, CNP, 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, 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

**Quarterly Update:** August 10, 2019; November 2, 2019  
OhioHealth Grant Medical Center

**Mansfield Update:** April 26, 2019 at OhioHealth Mansfield Hospital

**The Ohio EMS Conference:** May 20 & 21, 2019

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



**REGISTRATION: SPRING UPDATE: April 6, 2019**

**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