

PREHOSPITAL and DISASTER MEDICINE

Médecine Pré-Hospitalière et Médecine de Catastrophe
Medicina Prehospitalaria y de C at strofes

病院にかかる前の処置と
災害医療

Volume 11, Number 4

October–December 1996

Original Research

Critical Thinking in Continuing Education
EMS Knowledge and Skills
On-Line Medical Command for Helicopter Requests
EMS on College/University Campuses
Effects of CO on CO₂ Detection
Civilian Evacuation in a HazMat Incident
Metered Dose vs. Hand-Held Nebulization
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Thank You to Our Reviewers

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Volume 11

The Official Journal of the
National Association of EMS Physicians and the
World Association for Disaster and Emergency Medicine
in association with the
National Association of State EMS Directors

Published Quarterly by Jems Communications

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NAEMSP & Janssen Research Foundation Announces

First National PREHOSPITAL "Fascinomas" CASE COMPETITION



January 9-11, 1997, Registry Resort, Naples, Florida

The National Association of EMS Physicians (NAEMSP) and Janssen Research Foundation are sponsoring the first national Prehospital "Fascinomas" Case Competition - interesting and unusual EMS cases in the prehospital setting. Three (3) finalists will be selected to present their case at the NAEMSP Annual Meeting, held at the Registry Resort in Naples, Florida, January 9-11, 1997. Two thousand (\$2,000) dollars in prize money will be awarded to the three finalists. Eligible cases must describe unique situations which present operational and clinical challenges to the prehospital care provider.

Joint presentation by different prehospital care providers (Emergency Medical Technicians, Paramedics, Fire Fighters, Nurses, Physicians, etc.) is highly encourage. Eligible cases **MUST** be real life prehospital emergencies never before published.

Call the NAEMSP National Office at 800-228-3677 for more details on submission rules and official forms. Submission deadline is November 30, 1996.

SUBMISSION RULES:

- Type all case summaries on official case summary form. Form requests: (800) 228-3677
- Submitted summaries should be limited to 500 words and should not include graphics or illustrations.
- Case summaries not submitted on official form will not be considered for review.
- Seven copies of the case summary forms must be received by November 30, 1996 and received in the national office no later than 5:00 pm on this date.
- Omit using the author(s) name(s) or institution(s) names(s) in the body of the case summary.
- Body of case summary must be as follows:
 1. Initial call and dispatch
 2. Scene description
 3. Initial evaluation and treatment (including discussion of main "challenges")
 4. Final disposition and patient outcome
 5. Description of literature review

The National Association of EMS Physicians Announces First National Prehospital "Fascinomas" Competition

January 9-11, 1997 * Registry Resort * Naples, Florida

DEADLINE FOR SUBMISSION: November 30, 1996

The National Association of EMS Physicians (NAEMSP) is sponsoring the First National Prehospital Case Competition. Three finalists will be selected to present their case at the NAEMSP Annual Meeting, held at the Registry Resort in Naples, Florida, January 9-11, 1997. Two thousand (\$2,000) dollars in prize money will be awarded to the three finalists. Eligible cases must describe unique situations which present operational and clinical challenges to the prehospital care provider.

Joint presentation by different prehospital care providers (EMTs, Paramedics, Fire Fighters, Nurses, Physicians, etc.) is highly encouraged. Eligible cases *MUST* be real life prehospital emergencies never before published.

General Information

- NAEMSP will select three finalists for presentation at the Annual Meeting in Naples, January, 1997. Cases will be blinded prior to review by selected members of the program, research and standards committees.
- Cases must emphasize innovative solutions to the presented challenges and must have educational value for the audience. Human aspects from the patient and provider's perspective should be discussed.
- Finalists cases will be delivered in a 20 minute oral and visual presentation to include a brief discussion of pertinent literature review. Use of tapes, EKG, X-rays, pictures or video are strongly encouraged. A 10 minute session for questions will follow each presentation.
- Cases will be evaluated on uniqueness of the situation, innovative approach, educational value, human and/or ethical content.
- Cases will be published in the NAEMSP Journal, *Prehospital Emergency Care*.
- Case summaries should be mailed to:

NAEMSP
230 McKee Place, Suite 500
Pittsburgh, PA 15213

Questions: Call (800) 228-3677

Submission Rules

- Type all case summaries on official case summary form. Both pages of the case summary form should be submitted on hard copy and 3.5" diskette (indicate word processing software).
- Submitted summaries should be limited to 500 words and should not include graphics or illustrations.
- Case summaries not submitted on official form will not be considered for review.
- Facsimile copies of the summary forms will *NOT* be accepted for review.
- Seven copies of the case summary forms must be received by November 30, 1996 and received in the national office no later than 5:00 p.m. on this date.
- On the "Author" page, please list affiliations of each author. If no institution is involved, list city and state.
- List the presenter's current mailing address and phone number. Notification of acceptance will be sent to this address.
- Omit using the author(s) name(s) or institution(s) name(s) in the body of the case summary.
- Body of case summary must be as follows: (1)Initial call and dispatch; (2)Scene description; (3) Initial evaluation and treatment (including discussion of main "challenges"); (4)Final disposition and patient outcome; (5)Description of literature review
- Use standard abbreviations. Define abbreviations in parenthesis after full word the first time they appear in text.

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NAEMSP's new journal, *Prehospital Emergency Care*, needs people who are willing to act as peer reviewers of manuscripts submitted to the journal for publication. If you are interested in serving as a reviewer, please forward your curriculum vitae to:

James J. Menegazzi, PhD
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230 McKee Place, Suite 500
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E-mail: menegazz+@pitt.edu

Please identify your areas of interest, or topics that you have particular expertise. **Please forward this information even if you have previously reviewed for *Prehospital and Disaster Medicine*.** Please feel free to call Dr. Menegazzi if you have any questions (412) 578-3245.

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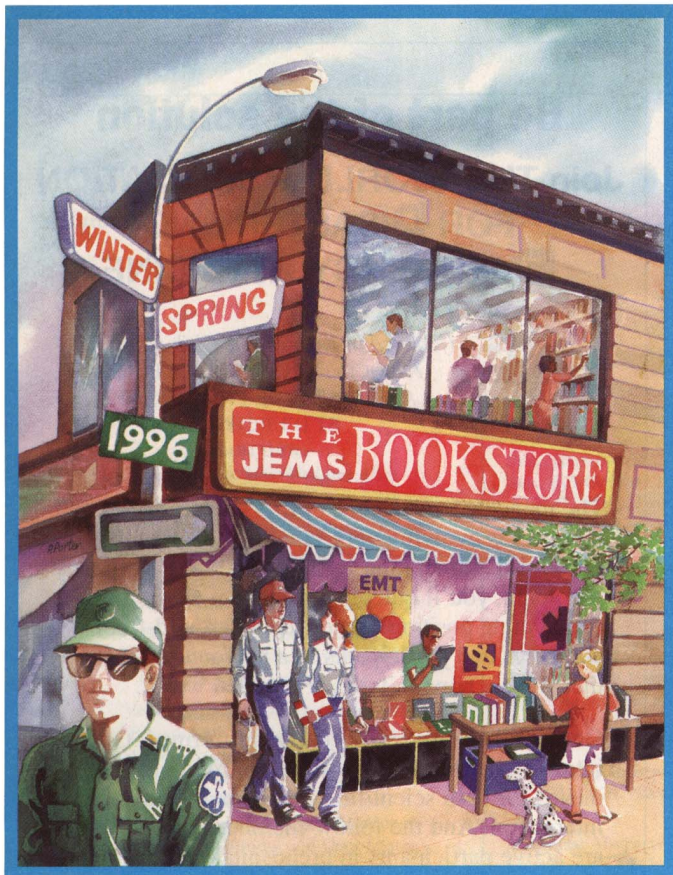
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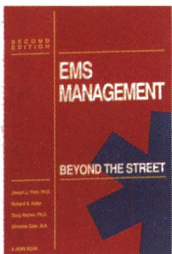
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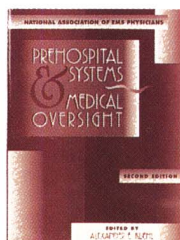
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Prehospital Systems and Medical Oversight

National Association of EMS Physicians and National Resource Center;
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A revision of the *EMS Medical Directors' Handbook*, this second edition includes: a broad overview of EMS; a historical perspective and mechanisms for the provision of medical oversight; operational issues; comprehensive glossary. Infectious diseases, quality management, and legal issues are only a few of the topics covered in this text's 48 chapters. Ideal for professionals involved in the medical aspects of designing, implementing, and operating EMS systems. 2nd edition. PB, 492 pages.

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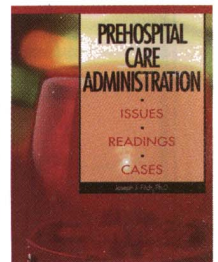


Prehospital Care Administration: Issues, Readings, Cases

Joseph J. Fitch, PhD

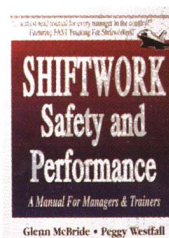
This work is a blend of original and previously published articles from key professional journals and trade magazines. The text serves as a ready reference for every EMS administrator. Topics covered range from handling human resource issues to reimbursement and EMS system design. More than 100 articles represent both landmark cases shaping the profession as well as original articles which offer new insights for the future. *Prehospital Care Administration* is edited by Joseph J. Fitch, founder of Fitch and Associates, Inc., the most widely utilized EMS medical transportation firm in North America. PB, 746 pages.

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January 8, 1997

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Computers for Medical Professionals Workshop

January 9, 1997

This course is broken out into two parts - Introductory and Advanced. Attendees may select one or both sessions. The goal of the introductory workshop is to familiarize the medical professional with computer terminology and technology. Emphasis will be on learn by doing, with hands-on demonstration of most principles. At the conclusion of the workshop, the student will be more comfortable operating an IBM compatible computer and using the computer to connect to remote hosts, send and receive e-mail, and use resources available on the Internet. Introductory phases to the course will include hardware types (capabilities and choices) such as pentium co-processors and upgrades. The course will feature software configuration, troubleshooting, maintenance utility and an understanding of communications packages as well as introductions to the NAEMSP computer database and the World Wide Web. This course is highly interactive and flexible to meet individual student needs in a small classroom setting.

Roll Out of The Teaching Resource for Instructors in Prehospital Pediatrics

January 12, 1997

A Teaching Resource for Instructors in Prehospital Pediatrics (TRIPP) which is relevant to emergency medical services for children in urban, rural and suburban environments. This one day workshop is intended to augment the pediatric portions of the National Highway Traffic Safety Administration's newly revised EMT-Basic National Standard Curriculum and facilitate the communication of this information by EMT Instructors to their students.

National EMS Alliance Issues Forum & Annual Membership Meeting

January 13, 1997

Featuring Leaders of National EMS Organizations, the Issues Forum provides an opportunity for members to submit issue topics that they wish to "run up the flagpole" prior to submitting them for consideration as a National EMS Alliance position paper.

NAEMSP '97

January 9-11, 1997

NAEMSP '97 provides a forum for discussion on improving quality out-of-hospital emergency medical care. NAEMSP '97 will discuss cutting edge issues important to the future of EMS and present new ideas and concepts vital to EMS professionals interested in being prepared to work in the EMS Systems of the Future. This meeting is clearly the meeting of choice for everyone who shares in the responsibility for providing quality out-of-hospital emergency medical care.



11 HOT TOPICS BEING ADDRESSED AT NAEMSP '97

NAEMSP '97

Improving The Quality of Out-of-Hospital Emergency Medical Care

*January 9-11, 1997
The Registry Resort
Naples, Florida*

1. FIRE DOC! What Is The Job All About?
Invited Speaker: Franklin Pratt, MD
2. The Big Debate: Expanded Scope of Practice - Who Needs It?
Invited Speakers: Joseph Ryan, MD and Dan Spaite, MD
3. Public Access Defibrillation
Invited Speaker: Robert R. Bass, MD
4. The Makings Of The EMT-P National Standard Curriculum
Invited Speakers: Walt A. Stoy, Ph.D. and Paul M. Paris, MD
5. Chest Pain & Stroke Centers: EMS Implications for Triage & Transport
Invited Speaker: Michael Sayre, MD
6. Pediatric Airway Project: A prospective randomized study of the effect of pediatric endotracheal intubation on patient outcomes
Invited Speaker: Marianne Gausche, MD
7. Legalities & Ethical Issues in Managed Care: The EMS and Health Care Systems Perspective
Invited Speaker: Ron J. Anderson, MD
8. CQI - How To Make It Work For You
Invited Speaker: David Miller
9. The Integration of Air and Ground Interfacility Transport
Invited Speaker: Daniel Hankins, MD
10. EMS & Managed Care
Invited Speaker: Keith Neely, MBA
11. What Does The Fire Service Need From Its Medical Director?
Invited Speaker: Al Whitehead

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1997

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1977–1996

Types of Events of Disasters
 Organization for Disaster Situations
 Resuscitation and Life Support in Disasters
 and Mass Emergencies
 Relief of Pain, Suffering, and Social Disruption
 Establishment of Emergency and Disaster Medicine
 Delivery of Prehospital Emergency Care

1997 and Beyond....

National Emergency and Disaster Preparedness
 International Actions in Disasters
 Research and Training
 New Equipment, Techniques, and Concepts
 Manpower in Disaster Medicine
 Social and Psychological Impact of Disasters
 Total Disaster Management

***Lectures, Workshops, Panel Discussions, Demonstrations,
 Hands-on Sessions, Free Papers (oral and poster), Organization Meetings,
 and more...***

***Covering ALL Aspects of Pre-Hospital and In-Hospital Emergency Care
 and Disaster Medicine and Management***

Including meetings of the: General Assembly of WADEM, European Society of Emergency Medicine, International Trauma, Anaesthesia, and Critical Care Society (ITACCS), European Resuscitation Council, Deutsche Gesellschaft für Katastrophenmedizin, Sektion Rettung und Katastrophenmedizin der DIVI

Preliminary Programme

Psychological Impact of Disasters Ethical Dilemmas in Disasters Disaster Relief Manpower
 Resuscitation and Life Support Alarm Systems and Communications Transportation Shock
 Disaster vs War Extreme Situations Types of Disasters and Events Emergency Medicine
 National and International Actions Airway Management Analgesia and Sedation Hospital Plans
 Research Methodologies Triage Education and Training Epidemics Explosion/Fire
 Paediatric Considerations Table Top and Disaster Exercises LuftHansa Aircraft Evacuation
 Prehospital Emergency Care



September 24th–27th, 1997

Mainz, Germany

Hosted by the Clinic of Anaesthesiology

University of Mainz

Prof. Dr. W. Dick, Klinik für Anästhesiologie, Johannes Gutenberg Universität, Langenbeckstr. 1

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Advertising Policy and Guidelines

General Statement

Unlike any other publication dedicated to the delivery of pre-hospital emergency medical services, *Prehospital and Disaster Medicine* (PDM) is a scientifically based, peer-reviewed, medical journal. Its purpose is to stimulate and report the science associated with the delivery of prehospital emergency medical services and the practice of Disaster Medicine. As with all peer-reviewed, scientific journals, all of the content published in *Prehospital and Disaster Medicine* is submitted for review to acknowledged experts in the field. Each reviewer is asked to evaluate each piece submitted for publication using the Guidelines for Scientific Publications.

In this light, it is important to recognize that the readership of *PDM* is quite sophisticated. It is clear that credible, accurate, and correct advertising is attractive to the readers of *PDM*, and that advertising not based on science has little impact. Therefore, it is the policy of the Editorial Office of *PDM*, that all advertising published in the Journal be sound scientifically. Each advertisement submitted for publication will be submitted to careful scrutiny. All ads which do not meet the following guidelines will be returned to the advertisers with suggestions for improvement, and will not be published without resolution of the perceived problems. Consultation to each advertiser can be obtained from the Editorial Office without charge to the advertiser. Early review often will help to enhance the overall quality of an ad, and is available to potential advertisers at any time.

Guidelines

- 1) Advertisements should be aimed at a sophisticated, medical audience;
- 2) References to well-established facts and concepts enhance the credibility of the ad;
- 3) No claims can be made that cannot be supported scientifically;
- 4) All claims of effectiveness, efficacy, and all comparisons with other products must have appropriate scientific documentation with references provided either within the advertisement or made available on request (a statement thereto must be conspicuous in the substance of the advertisement);
- 5) Every effort must be directed to minimize the likelihood of

possible erroneous interpretation of the claims;

- 6) Sensationalism and half-truths are not well-received by the readers and should be avoided. Such efforts actually may detract from the impact of the advertisement.

Process for Review

- 1) Each advertisement is submitted to the advertising staff of the publisher (Jems Communications, Inc.);
- 2) Each advertisement being considered for publication is submitted to the Editorial Office for review and comment by the Editor. When potential for controversy is generated by the ad, it is submitted to members of the Editorial Board of the Journal for further review;
- 3) If approved for publication, the advertising staff of the publisher is notified who then, in turn, inform the advertiser;
- 4) If not approved for publication, the critique and suggestions for improvement are returned to the involved member of the advertising staff of the publisher, who in turn notifies the potential advertiser. Often, the Editor will contact the advertiser directly and discuss the issues with the advertiser;
- 5) Revised ads are subjected to the same scrutiny as are all pieces initially submitted;
- 6) All comments received by the Editorial Office relative to a particular advertisement are forwarded promptly to the advertiser for review.

Use of these guidelines and the process used for review add to the credibility of *PDM* and of the product. Use of this policy will produce substantial benefits to all involved.

Your interest in and support of *PDM* is appreciated, and I welcome any suggestions you may have relative to this matter. I solicit your input in any way that can contribute to enhancing the utility and credibility of *PDM*. If you have any questions, please contact me directly at your convenience (608-263-9641; e-mail: mlb@genie.medicine.wisc.edu).

Marvin L. Birnbaum, MD, PhD
Editor-in-Chief

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