

## (Not the Usual) Can You Make the Diagnosis?



**Art Proust,  
MD, FACEP**

It was our last day of vacation. Nothing was planned, no scheduled fishing excursion or golf tee time or shopping. We finally had a day at the beach with a promising forecast. After a

leisurely morning, we settled in our beach chairs to relax and enjoy the afternoon and not think about the inevitable return to reality. The beach was fairly crowded; body surfers, sunbathers and kids playing football. Off to our left, my wife and I noticed an ultralight aircraft circling the beach and water. As it was making figure eights over the water and beach, my wife made the comment, "God, honey, I hope that thing doesn't crash."

I didn't have an opportunity to respond because, unbelievably, it did! The aircraft had crashed onto the beach. We looked at

each other and it was déjà vu as my wife asked me if I was an ER doctor today. (We have had three prior scene responses in the last 20 years.) I said, "I am. Are you an ER nurse if I need you?" She responded to have someone get her if needed.

The crash appeared to be just 500 yards away which, in reality, was quite deceiving. It was actually about three-quarters of a mile as I trudged up the beach to the scene, which gave me quite a bit of time to think about what I might see and what I might be getting involved with. Was it a single pilot? Was anyone on the beach hurt? Was there gas leaking and a potential fire hazard? As these and other thoughts were on my mind, I also kept thinking how uncomfortable I was responding in this unfamiliar environment.

At the scene were bystanders and police officers trying to help a just-arriving EMT-P and his EMT partner. The scene was a remote, limited access beach fronting a steep forest preserve bluff. No one on the beach appeared to be injured. The ultralight aircraft had been piloted by two males. The smaller adolescent was partially pinned and underneath the larger middle-aged



**Figure 1: The scene of the ultralight plane crash on the beach.**

male, who was pinned by the bent frame of the aircraft itself (Figure 1). There was no sign of chemical spillage.

I informed the lead paramedic that I was an ER physician and was there to help. My only thoughts were to be supportive; in no way did I want to assume scene control or be a source of conflict. I relieved the bystander holding c-spine control of the older male. The younger male seemed to have a concussion; he was amnesic for the event and had repetitive questions. Visually, he appeared to have an open nasal fracture. His observed primary survey was reassuring and he reported no complaints to his neck, chest, abdomen, or extremities. The EMT finished his assessment, including obtaining the SAMPLE history from the adolescent.

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# Can You Make the Diagnosis?

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The older male, however, seemed to be severely injured. He was complaining of extreme pain in his back and his right leg. He also said he couldn't move his legs. I couldn't tell if it was from his legs being pinned or if it was from a spinal cord injury. I was praying for the former. The older male's mental status seemed to be clear, as he said the crash was caused by a broken wing. His clarity was hard to believe considering the mechanism; he estimated his speed to be 40 mph and bystanders estimated the drop of the aircraft to be from 30 feet.

The patient was asking for analgesics as he was complaining of severe back pain. Unfortunately, there was no cellular coverage from this location to on-line medical control. I asked the lead paramedic, "What pain medication do you use in your protocol?" His response, "Fentanyl, but I need on-line approval." Since the patient's BP was 100/60 and pulse rate 100, I suggested he would get approval later and should go ahead and give it to try to provide pain control. I also suggested zofran if they carried it because portable suction wasn't set up yet and it would be impossible to log roll this patient. In my mind, I kept thinking, *we need more help*. When was it coming?

The lead paramedic continued his trauma assessment. Exposure of the patient's right leg by cutting through his boot revealed an open fracture angulated at 45 degrees. Pulses were intact distally. The patient, however, became pale, diaphoretic and complained of being unable to breathe as I continued c-spine control. The patient was going into decompensated hypovolemic shock, but from where? Was it a hemothorax? A retroperitoneal bleed or a splenic rupture? I let the lead paramedic know of his change. His on-going reassessment noted diminished left posterior breath sounds, a BP of 80/60, and a pulse oximetry of 90% (from 98%). He needed to be moved, and now — but how? I asked, "How are we going to get him out of this?" His response was, "Manpower." Just when I was going to ask from whom, another team of paramedics arrived on the scene with a 4-wheel "gator" which would be the only way to negotiate the steep bluff.

I was relieved of c-spine control and the patient was extricated, immobilized, and his leg splinted. As he was being secured to the back of the gator to begin the trek up the bluff, the lead paramedic was verbalizing that he was going to ask for a flight team to

transfer the older male to a trauma center. I thought this was a good decision on his part; this was a small town and the local hospital probably didn't have the resources to potentially care for him. The younger male was more easily extricated and immobilized; he was going to the local hospital for evaluation.

Before leaving the scene, I sought out the lead paramedic and told him what a great job he did in managing and organizing this stressful scene. He thanked me for my help and support. On the way back to my wife, I reflected on the events that took place. From my ITLS and EMS perspective, I was both proud and impressed with the way the EMS team not only managed two potentially critically injured patients, but their ability to overcome the numerous obstacles presented in this situation with calm, decisive, and appropriate decisions.

Later after watching the local news reports, I found the older male was indeed flown to a trauma center, while the younger male had been treated and released for a concussion, nasal fracture, and fractured ribs. In my opinion, they were both lucky to have survived.

## ITLS Illinois Launches Facebook Page

ITLS Illinois is starting to build a social networking community on Facebook. The Chapter just launched its Facebook page in mid-October. Be one of the first to "like" the page and help our fan base grow.

To find ITLS Illinois on Facebook, log on to [www.facebook.com/ITLSIL](http://www.facebook.com/ITLSIL) or search "ITLS Illinois" on Facebook. Be sure to "like" the page to get status updates on your news feed.



ITLS Illinois' goal is to connect with ITLS providers, instructors and coordinators from around Illinois via the social networking

site, creating another portal to network and share information.

ITLS Illinois encourages its instructors and coordinators to write on ITLS's Facebook timeline, post photos from an event, and share links. More content on the page makes it

more useful for everyone, and encourages the growth and visibility of ITLS Illinois on Facebook.

# ITLS IL AF Tony Cellitti Honored with Award

ITLS Illinois Affiliate Faculty Tony Cellitti, CCEMTP, NREMT-P, ATF, was recognized with the ITLS Ambassador Award at the 2013 International Trauma Conference. The ITLS Ambassador award is one of ITLS' highest honors, recognizing an individual for promoting ITLS programs and demonstrating a clear belief in the ITLS mission.

Mr. Cellitti is a longtime course coordinator and instructor from Rockford who served on the ITLS Illinois Advisory Committee for years.

He is a past member of the ITLS International Board of Directors as well as past chair and current member of the ITLS Access Committee. He has been an active



participant on numerous other committees over the years and is a constant presence at the annual ITLS conferences.

A true ambassador for ITLS, he has traveled around the globe to bring training to locations in Europe, Asia and Africa, most recently teaching Access courses in South Africa.

## Clarification on Written Exam Time Parameters

The ITLS Editorial Board has clarified the amount of time students at a Provider course should be given to complete the Written Exam.

Now that the Written Exam is 50 questions in length, students should be given up to 60 minutes to complete.

The Instructor Guide has sample agendas for 30 minutes, 45 minutes, and 60 minutes. The 60 minute version should be used going forward.

Please make sure all future courses at your facility allow 60 minutes for the exam.

## Becoming ITLS Illinois Affiliate Faculty

Appointments to serve as Affiliate Faculty for the ITLS Illinois Chapter are made by the ITLS Illinois Advisory Committee and the Chapter Medical Director.

Prerequisites to apply for AF status are:

- Must be a certified ITLS Instructor for at least one year
- Must have participated in at least three courses since becoming an ITLS instructor, one of which must be outside his/her own EMS system.
- Must have served as Course Director or Coordinator for at least two courses
- Must be a physician, RN or EMT-P
- Must possess considerable knowledge

with respect to the ITLS chapter structure and operations

- Must be willing to maintain active involvement with the development of ITLS educational materials
- Must possess a willingness to actively promote the growth and development of the ITLS program

To apply for AF status, the individual must submit to the Advisory Committee a current curriculum vitae, two letters of recommendation from current affiliate faculty members (with one from an AF outside the applicant's EMS system), and a letter stating intent to fulfill the stated responsibilities.

The affiliate faculty letters will attest to the candidate's qualifications, knowledge and abilities as an ITLS instructor. Affiliate faculty will be equally distributed throughout the chapter.

To maintain AF status, individuals must keep ITLS instructor certification current and **attend an Advisory Committee meeting once every two years**. An Affiliate Faculty may request a one-year sabbatical from ITLS duties with prior, written approval of the Advisory Committee

Please contact Sue McDonough with questions about Affiliate Faculty procedures.



# ITLS IL Instructors Conduct Course for Illinois National Guard in Springfield

By Gregory J. Love, BS, EMT-P  
ITLS Illinois Affiliate Faculty and  
Advisory Committee Member

We all appreciate the feeling we get when we are given the opportunity to care for a patient and make a difference. When the patient or family tell us they appreciate what we did for them, we realize why we work the hours we do in EMS when we too could have nine-to-five, Monday-through-Friday jobs. Those of us who also teach get the same reward when we get to present a class to students who really care and will use the information we provide.

Last winter, I was given the opportunity to help coordinate an ITLS class for a medical unit in the Illinois National Guard in Springfield. I have never served in the military, but I have a great deal of respect for individuals who will volunteer to leave their families, their homes and their jobs to fight for those who cannot fight for themselves. I was delighted to be able to give something to these brave young men and women.

I was introduced to Sgt. Michael Johnson, who had taken ITLS in the rural courses offered a number of years ago and again through the military classes held at Rush. Sgt. Johnson wanted to offer his medical unit the same training he had been able to receive and make this ITLS course a training they would enjoy. But he had one problem: a limited budget. He didn't know if they could pay the instructors for their time. The instructors could stay in on-base housing if they needed to stay overnight, however.

Dave Meiners agreed to be the Affiliate Faculty for the course to be offered in Springfield at Camp Lincoln, the Illinois National Guard base there. Together with Sue McDonough,



we put together a group of ITLS instructors from all over central Illinois. Since we knew we would have approximately 30 students, we planned for at least 6 instructors to be present each day. All together, we had 12 instructors who agreed to assist in teaching the class for no pay, no mileage and no stipend. As we approached instructors, we did not have a single instructor turn down our request because they would not get paid.



The instructors for the weekend were: Julia Brumley, Mike Dant, Kevin DeMastro, Les Heffner, Sgt. Michael Johnson, Courtney Kennedy, Greg Love, Rosemary McGinnis, Dave Meiners, Ed Spa, Jr. and Randy Stroud. Dr. Paula Willoughby DeJesus served as off-site medical director.

We planned the schedule to start Saturday morning at 0800 and end Saturday evening at 1830. This would allow an extra rotation to be put into the skill rotations and for the first 50 minutes, all six skill stations would practice assessment. The stations would reset and then the typical rotation would start with 45 minutes in each station. Sgt. Johnson had procured a cadaver for the course, to be used in the ALS skill station. As Dave



Meiners discusses on Page 5, the cadaver was used for students to practice needle cricothyrotomy, needle chest decompression and intraosseous needle insertion with the EZ IO drill.

While reviewing the student list and making rotation group assignments, we realized that the majority of the class, 24 students,

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# Cadaver Lab at ITLS Course a Unique Experience for Students, Faculty Alike

By Dave Meiners, NREMT-P, FP-C  
ITLS Illinois Affiliate Faculty and  
Advisory Committee Member

What do a cadaver lab and an ITLS course have to do with each other? Never, to our knowledge, since ITLS came to Illinois in 1986 has any Illinois course ever offered a cadaver lab as a skills station. The ITLS course run for the Illinois National Guard in Springfield in March wasn't your typical ITLS course, however.

The coordinator of the course, Sgt. Michael Johnson, managed to obtain approval and procure a cadaver for the guardsmen to practice needle cric, chest decompression and interosseous infusion. Chain of command approvals and tight budgets made this an unbelievable accomplishment.

The cadaver was obtained from a commercial company and delivered to Camp Lincoln the morning of the course. A large room in the armory was prepared with heavy plastic sheeting and tape to contain potential biohazard material from the cadaver. Gowns, gloves, masks, shoe covers and hats were available in abundant supply. All cell phones were gathered prior to students' entrance to the cadaver room, preventing unauthorized photography. Once in the room, students were lectured in appropriate behavior and demeanor toward the cadaver. It was stressed this is the remains of a human being who donated their body so these students could practice skills. At no time would any inappropriate behavior be tolerated. Absolute respect and deference to the cadaver was shown at all times.

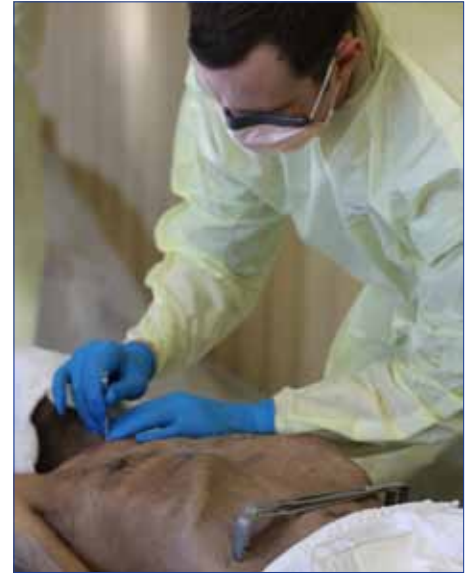
Appropriate sized groups were ushered in once BSI was worn. Battalion Surgeon Capt. Mike Thomas, MD and ITLS Affiliate

Faculty Dave Meiners were in the room at all times. Short reinforcing lectures were given on indications, contraindications and technique and then students were allowed to practice under close and direct supervision. Uniformly, students were stunned and grateful for the experience.

Several high-ranking officers dropped by to investigate the unusual goings-on throughout the day and were encouraged to participate. Some were more than reluctant but gave in once the concept of "force multiplier" was played. This concept encourages members of the military to get experiences outside their normal comfort level so that they may bring them into play should they find themselves in unexpected circumstances. They unanimously praised the simple explanations given them and the close supervision. They saw the benefit of the experience and even though they were far out of their comfort level, all the high ranking officers and NCOs acted professionally and were grateful for the experience.

At the end of skills practice, Capt. Thomas dissected the chest and abdomen for the entire class, showing something no one at the class had seen before: The inside of the human body. I would describe their reaction as awe and amazement. They were further given the chance to touch and hold various organs. The tenderness and reverence they displayed toward the cadaver would bring tears to your eyes.

This was an amazing and unprecedented experience for me in an ITLS course. Great gratitude and respect to Sgt. Johnson and all who worked to give the students this experience.



# ITLS IL Instructors Conduct Course for National Guard in Springfield

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were EMT-Basics who were trained through the army but did not work in the EMS field when not serving in the Illinois National Guard. Yet, when serving, they could start IVs, administer some drugs, intubate, perform needle chest decompression and needle cricothyrotomy. Since they performed these advanced skills as medics in the army, these students are required by ITLS to take the Advanced course.

Dave and I arrived at the classroom before 0700 Saturday to set up and were somewhat surprised when all — not most, but all — 28 students were in the room by 0700. After a brief conference, Dave started registration while instructors were notified we would start early at 0730. In the end, the earlier start time proved fortuitous since the students actually asked pertinent questions of lecturers. Each of the instructors commented on how close attention the students paid to the lectures. They asked questions to clarify information they did not understand. It was very apparent they had read the texts in advance (books were distributed a month before the course), but were simply overwhelmed by the advanced level information.

The students remained engaged and worked together as teams in every skill station throughout the afternoon. An initial decision that we would not be able to use army vehicles for rapid extrication as planned due to weather conditions was quickly overturned when a Sergeant Major reviewing the class voiced a concern when informed we had moved the rapid extrication inside. To paraphrase, he said something like “These soldiers will never have to extricate someone from a chair.” When told that we would be glad to actually extricate from the Humvee if they had a space to do it, a flurry of phone calls began and within

10 minutes, the Humvee was pulled into the armory. We had our vehicle for extrication. It is great to know what mountains a Sergeant Major can move.

At the end of the day, we were all beat. The learning did not end, however, because a member of the medical unit, Captain Mike Thomas, a trauma surgeon from Springfield, performed a dissection of the cadaver for all the students and the instructors. Captain Thomas had sat through all of the lectures Saturday morning with the rest of the unit. Many of the instructors were never aware he was a physician and not just another member of the unit. After the dissection lab ended at 2100 hours, those instructors who were still standing convened for a late meal and enjoyed the Springfield delicacy of Horseshoes. We will all be seeing cardiologists soon.

Sunday morning, all of the students were in their seats at 0700 again. At the end of lectures, the students asked all of the instructors to come back into the classroom. There each instructor was presented with a certificate of appreciation from the unit, signed by their Company Sergeant and their Commanding Officer. The certificate from the Charlie Company, 634th BSB, 33rd Infantry Brigade Combat Team of the Illinois National Guard expressed their appreciation for providing the ITLS training, supporting their mission, and serving our country. After the certificates were presented, they all stood and clapped. I don’t think a single instructor present had dry eyes. None of us expected this recognition and it made everything worthwhile. No stipend could make us feel better than that moment.

At 1230, we started testing with 5 practical assessment testing stations and a written testing station. Students were given the op-

portunity to practice at one station reserved for that purpose until everyone who wanted to practice had done so. We ended up with no failures on the practical testing station and three students who needed to retake the Advanced written test.

At the completion of the ITLS course, the students were trucked to lowlands along the Sangamon River where they participated in an exercise to assess, treat, and extricate victims under simulated battlefield conditions, complete with smoke flares, loudspeakers and pyrotechnics simulating gunshots and explosions. If you think your last disaster drill was an experience, imagine responding to a forest with victims all over while someone waved a smoke flare in your face and threw firecrackers at you. Those instructors who had followed the trucks to the exercise area were allowed to walk through the exercise, talk with facilitators and watch Charlie Company at work. We were impressed with their work and dedication.

During the post-course meeting, every instructor involved volunteered to do it again, for no pay, whenever they wanted us back. We were all so impressed by the group of men and women from Charlie Company we met that weekend, and we were all so grateful for what they are willing to do for us. The entire weekend had been such a pleasure, teaching a group who listened attentively, engaged in discussion, worked hard at the skill stations and expressed their thanks to us for giving up a weekend to teach them.

From all of the instructors involved, thank you to Charlie Company, 634th BSB, 33rd Infantry Brigade Combat Team of the Illinois National Guard and all the other serving members of our military and veterans for all you do for us.



# Highlights of 2013 ITLS International Trauma Conference in Vancouver

The 2013 ITLS International Trauma Conference, held November 6-9 in Vancouver, British Columbia, Canada, was a success. More than 225 trauma care and EMS professionals from 12 countries worldwide attended.

ITLS Illinois was represented by 9 voting delegates at the conference, including Chapter Medical Director Art Proust, MD, FACEP; Amy Ludford; Rosemary McGinnis; Melissa Mallory; Tony Cellitti; Debbie Niedermeier; Edward Kemnitz; Brad Bull; and Andrew Schultz. Also in attendance from Illinois was ITLS Instructor Jeremy Hafliker.

## Board of Directors Elections

Three members of the Board of Directors were elected during the conference's Business Session. Serving his first term on the Board of Directors is John Holloway, Sr., MBA, FFEMT-P, of Tennessee. Returning to the Board are incumbents Tony Connelly, EMT-P, BHSc, PGCEd., of Alberta, Canada, and Gianluca Ghiselli, MD, of Italy.

## ITLS Annual Awards

Three individuals were honored with ITLS' annual awards, including Illinois Affiliate Faculty Tony Cellitti, CCEMTP, NREMT-P, ATF. Mr. Cellitti was presented with the ITLS Ambassador award, one of ITLS' highest honors. For more about Mr. Cellitti's award, please see the story on Page 3.

The recipients of other awards were not in attendance at the conference but their awards were taken home to them by their Chapters.

Carl Lind, EMT-P, of Arizona, was presented with the Ray Fowler, MD, FACEP 2013 ITLS Instructor for the

Year Award for excellence in teaching and innovation in ITLS programs. Mr. Lind has been involved with the ITLS Arizona chapter since its beginning in 1989.

Johann Claassen, Paramedic, of South Africa, was presented with the Pat S. Gandy, RN 2013 ITLS Coordinator of the Year Award for outstanding leadership in promoting ITLS and prehospital trauma training. Mr. Claassen is one of the most active course coordinators for the ITLS Southern Africa chapter.

## ITLS Competition

Six teams competed in the annual ITLS Competition at the conference, using the ITLS assessment to triage and treat trauma patients in 3 creative and challenging simulated scenarios. Teams represented China 120, Canadian Forces, Japan, Niagara EMS #1, Niagara EMS #2, and Toronto.

The team from Niagara EMS #2 were declared the 2013 winners. Team members were Brock Browett, ACP, Shane Eickmann, ACP, Brianne Lavery, ACP, and Hal Klassen, ACP, captain.

In second place was the team from Toronto. In third place was the team from Niagara EMS #1.

The 2014 conference will be held November 5-7 in Cleveland, Ohio. We hope many from ITLS Illinois will be able to join us!



Winners of the 2013 ITLS Competition, the team from Niagara EMS #2 in Canada.



Newly elected Board members Gianluca Ghiselli, John Holloway, and Tony Connelly at the conclusion of the conference.

# ILLINOIS ITLS *news*

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## 7e Instructor Update Online Extended

The 7th Edition Instructor Update Online was extended by the ITLS International Board of Directors this summer and will remain available online.

If you have not yet taken the Instructor Update Online, please go online to [ITRAUMA.org/instructor](http://ITRAUMA.org/instructor) to register and complete this program as soon as possible. This program is mandatory to be allowed to teach 7e ITLS Provider courses.

To be recertified through this



program, you must also have met the ITLS Illinois teaching requirement of serving as an instructor at 3 courses during your 3-year certification period.

If you have any questions about whether you are eligible to renew, please contact Sue McDonough at [suem@icep.org](mailto:suem@icep.org) or 630.495.6400, ext. 201.

## 2013 Advisory Committee Dates

The ITLS Illinois Advisory Committee has three meetings scheduled in 2013. The final meeting of 2013 will be held:

- **Wednesday, December 11, 2013**

As a reminder, all Affiliate Faculty are **required** to attend **one meeting every 2 years**. Attendance at additional meetings is optional.

Meetings are held from 10:00 AM to 12:00 PM at the ICEP office in Downers Grove, as well as at Illinois Central College in Peoria and Memorial Hospital in Belleville. Videoconferencing will be available at all sites so you can attend at the location most convenient to you.

## Upcoming ITLS Illinois Courses

For the most updated list of upcoming courses in ITLS Illinois, including registration information, please visit <http://cms.itrauma.org/CourseSearch.aspx>. You do not need to log in to access this page. Here are a few upcoming 2014 courses in Illinois:

**January 13-15: Advanced Provider Course**

Coordinator: Laura Ludford

Vista Medical Center West, Waukegan, IL

**January 18-19: Combined Provider Course**

Coordinator: Doug Sears

Sauk Valley Community College, Dixon, IL

**February 11: Combined Provider Recert**

Coordinator: Dale Tippet

Peoria Area EMS, Peoria, IL

**February 12-13: Combined Provider Course**

Coordinator: Dale Tippet

Peoria Area EMS, Peoria, IL