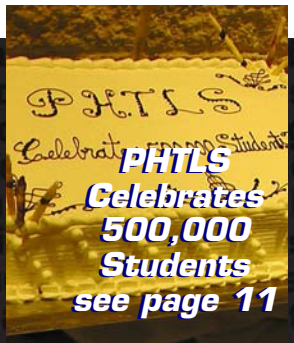
NAEMT news



INSIDE:

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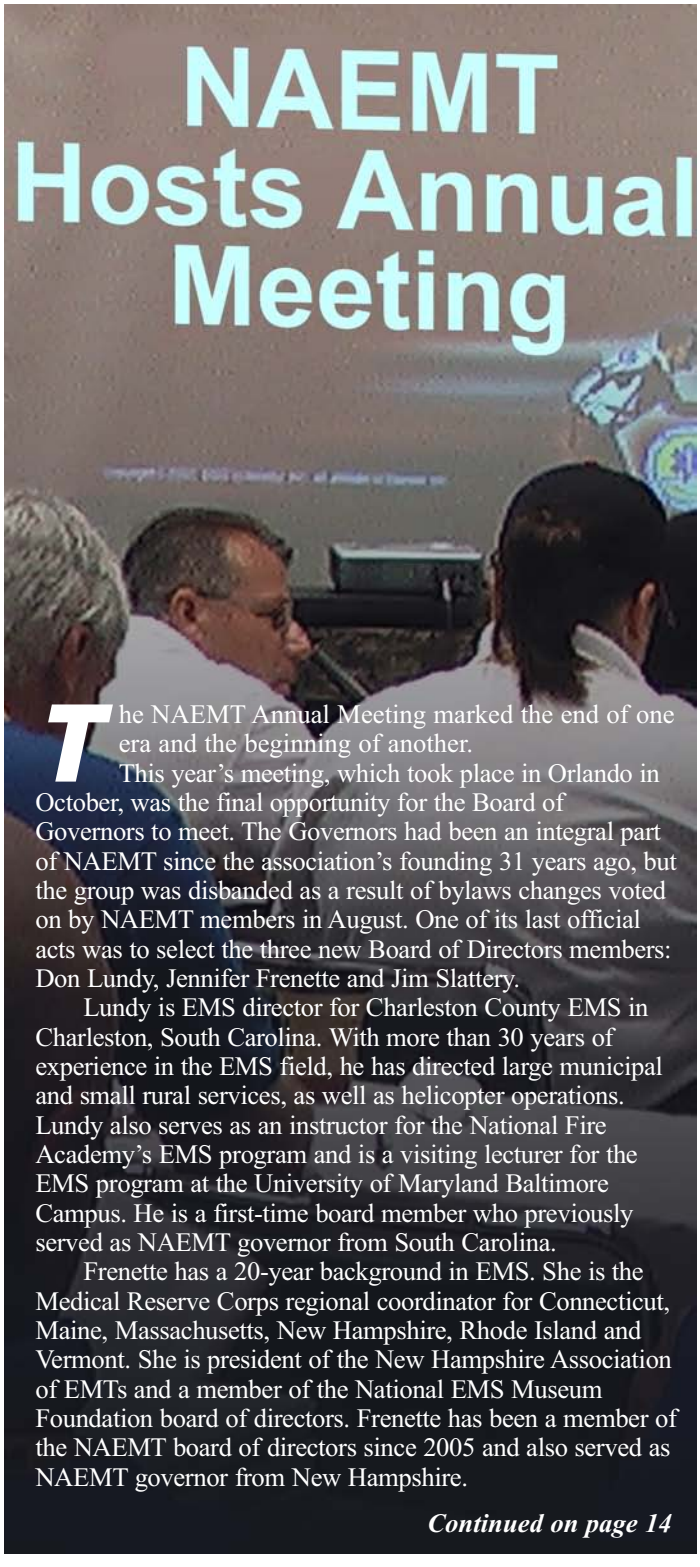

NAEMT Hosts Annual Meeting

The NAEMT Annual Meeting marked the end of one era and the beginning of another.

This year's meeting, which took place in Orlando in October, was the final opportunity for the Board of Governors to meet. The Governors had been an integral part of NAEMT since the association's founding 31 years ago, but the group was disbanded as a result of bylaws changes voted on by NAEMT members in August. One of its last official acts was to select the three new Board of Directors members: Don Lundy, Jennifer Frenette and Jim Slattery.

Lundy is EMS director for Charleston County EMS in Charleston, South Carolina. With more than 30 years of experience in the EMS field, he has directed large municipal and small rural services, as well as helicopter operations. Lundy also serves as an instructor for the National Fire Academy's EMS program and is a visiting lecturer for the EMS program at the University of Maryland Baltimore Campus. He is a first-time board member who previously served as NAEMT governor from South Carolina.

Frenette has a 20-year background in EMS. She is the Medical Reserve Corps regional coordinator for Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont. She is president of the New Hampshire Association of EMTs and a member of the National EMS Museum Foundation board of directors. Frenette has been a member of the NAEMT board of directors since 2005 and also served as NAEMT governor from New Hampshire.

Continued on page 14

VIEW FROM THE TRENCHES

By Jerry Johnston

Now What?

Well…the bylaws changes have passed; EXPO and our Annual Meeting have come and gone…Now what?

Now, the real work begins. It's time to operationalize those changes that you, the membership, so overwhelmingly approved. My first task after returning from Orlando was to appoint our Ad Hoc Bylaws Committee. I wanted to be sure that we achieved cross representation from all NAEMT constituencies. This group is chaired by NAEMT Past President Nathan Williams and is comprised of representatives from the Board of Directors, the former Governors, past leadership, education, Divisions/Committees, and general membership. I am happy to report that as of this writing this group is already making significant progress toward their two-fold goal of restructuring the Board of Directors, as well as crafting a

Continued on page 3

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NAEMT news

NAEMT News, Volume 19, Number 4, is an official publication of the NAEMT Foundation, a not-for-profit corporation associated with the National Association of Emergency Medical Technicians (NAEMT). This newsletter is published four times yearly as a service to the association's members and the national EMS community. Only the officers or the Board of Directors may make official statements on behalf of the National Association of Emergency Medical Technicians. Advertisement in NAEMT News does not constitute endorsement by the Association of any particular product or service.

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Submission Guidelines for *NAEMT News*

Articles for *NAEMT News* range in length from 150 words for short news items to 600 words for member profiles. Submit your materials for consideration to jarach1963@aol.com in the text of an e-mail. Photos are welcome, too. Please submit photos in .jpg format that are 300 dpi for the best reproduction quality in the printed newsletter.

View from the Trenches

Continued from cover

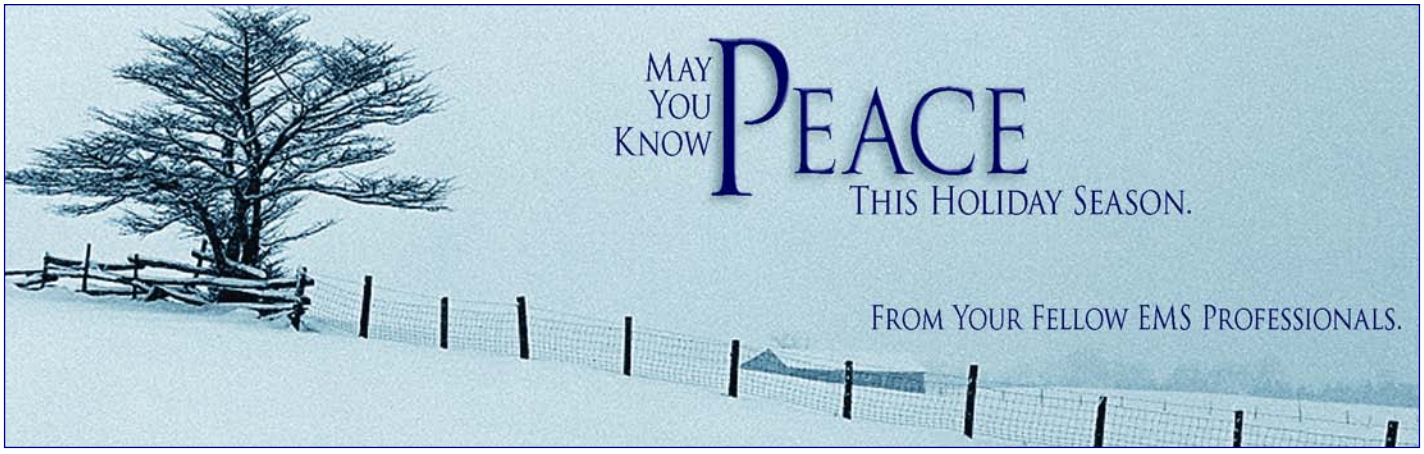
plan to transition to that leadership structure. Once completed, I will ask this group to formulate a plan to keep the states engaged through a "State Advisory Committee." While there will be no formal Board of Governors, it was always our intent to continue the dialogue with the states. Formulating this "committee" will do just that. This Bylaws Committee is discussed elsewhere in this issue, but I want to publicly thank them for the hours of work they have committed to this most important step in moving NAEMT forward.

I have tasked the NAEMT Executive Committee with the job of reorganizing our division/committee structure. It's time to get back to the basics…we're going to "start from scratch" based on input we have received from the existing groups. Our first challenge will be to decide just what we are actually going to call these groups. There is no longer a need for that confusing gray area that delineates divisions from committees. While in Orlando, I personally met with each division/committee. During those meetings, I highlighted my vision and provided each with a template document that could be used in crafting their respective business plans. The direction of the Board is that our divisions/committees bring value-added service to their representative constituency groups while fostering NAEMT's mission.

Much of my time has been spent traveling on NAEMT's behalf, representing your interests at various meetings. The most noteworthy may be the convening of the Institute of Medicine's (IOM) Forum on Medical and Public Health Preparedness for Catastrophic Events. As you may be aware, the IOM recently released a series of reports on the state of emergency medical care in the US. Now, they are embarking on convening stakeholder organizations to discuss the state of preparedness in the US. I am pleased to report that NAEMT is the only organization representing EMS at the table. This is just another example of how our stature has grown within the industry over the last several years.

I would like to welcome our new Executive Director, Pam Cohen, to the NAEMT family. Pam brings a wealth of knowledge in the management of associations. She has already proven that she will not only be a welcome addition, but an asset as we continue to move forward.

In closing, I congratulate you, the membership, for having the foresight and courage in voting forward the most sweeping bylaws changes in NAEMT's existence. Change is not an easy thing; but you have embraced it and entrusted your leadership with seeing that change through. That trust is not taken lightly. We understand that it is easy to become frustrated during times of change and transition. My pledge to you is that we will move this process forward as diligently and thoughtfully as possible. We promise to keep you informed as we progress. I thank you for your patience and cooperation during this time. I am sure you will like the "new look" NAEMT!



Anthony S. Maniscalco Memorial Scholarship

Michael Newburger (left) and Paul Maniscalco (right) presented the Anthony S. Maniscalco Memorial Scholarship to Geoff Miller, EMT-P, of Miami, Florida. The Michael and Susan Newburger Foundation sponsors this award annually.

Mary Ann Talley EMS Instructor/Coordinator of the Year

NAEMT Secretary Robert Loftus (left) and Joy Knobel of Mosby (right) presented the Mary Ann Talley EMS Instructor/Coordinator of the Year award to Jill M. Torres, NREMT-P, CCEMT-P, of Salem, Wisconsin.

William Klingensmith EMS Administrator of the Year

Lori Steinberg of Moore Medical (left) and NAEMT President-Elect Patrick Moore (right) presented the William Klingensmith EMS Administrator of the Year award to Richard Serino, NREMT-P, of Boston, Massachusetts.

Richard "Dick" Ferneau EMS Medical Director of the Year

Howard Brokenshire of Ferno (left) and NAEMT Immediate Past President Ken Bouvier (right) presented the Richard "Dick" Ferneau EMS Medical Director of the Year award to Timothy D. Peterson, MD, of the Village of Taos Ski Valley, New Mexico.

Robert E. Motley EMT of the Year

NAEMT board member Jim Slattery (left) and Jeff Berend of Jems Communications (right) presented the Robert E. Motley EMT of the Year award to Leroy Funderburk, EMT, of Largo, Florida.

Asmund S. Laerdal Award for Excellence—EMT-Paramedic of the Year

NAEMT Vice President Connie Meyer (left) and John Hawkins of Laerdal (right) presented the Asmund S. Laerdal Award for Excellence – EMT-Paramedic of the Year award to Tom E. Wilson, NREMT-P, of El Dorado, Arkansas.

NAEMT Children's Champion Award

Greg Hobbs, MD, of Vidacare Corp. (left) and NAEMT Pediatrics Committee Chair Tommy Loyacono (right) presented the first-ever NAEMT National Children's Champion Award to Katrina B. Altenhofen, MPH, EMT-P, of Washington, Iowa.

Rocco V. Morando Lifetime Achievement Award

NAEMT board member Jennifer Frenette (left) and William E. Brown, Jr., executive director of the National Registry of EMTs (right) presented the Rocco V. Morando Lifetime Achievement Award to Col. Patricia Hastings, MD, of San Antonio, Texas.

Special Military Division Award

NAEMT Military Division Chair Michael Hay, MHA, LP, N-REMTP, EMS-C, presented a special award to Maureen Walsh, whose son, Chris, was killed Sept. 4 in Iraq. Walsh had refused an early return home in order to help an Iraqi infant girl.

Table of Honor

NREMT Executive Director William E. Brown participated in the Table of Honor ceremony during the NAEMT Awards Dinner. Also participating were NAEMT board members Don Lundy, Jennifer Frenette, Richard Ellis, Michael Hay and Vice President Connie Myer.

2008 ADPI/NAEMT National EMS Chiefs, Officers and Administrators Division - Harvard Executive Session Scholarship

NAEMT National EMS Chiefs, Officers and Administrators Division Chair Paul Maniscalco (left), Doug Shamon of ADPI (center left) and Gregg Lord (right) presented the 2008 ADPI/NAEMT National EMS Chiefs, Officers and Administrators Division - Harvard Executive Session Scholarship to Larry Tan (center right) of Newark, Delaware.

Presidential Leadership Awards

NAEMT President Jerry Johnston (left) presented Presidential Leadership Awards to Immediate Past President Ken Bouvier, board member Jennifer Frenette, and Past President Nathan Williams. Also honored were John Becknell and Lauren Simon of EMS Best Practices, Inc. (not pictured).

Photography by Eddie Sperling

Ad Hoc Committee Members Named to Draft Bylaws Transition Plan

NAEMT President Jerry Johnston appointed fifteen NAEMT members to the newly formed Bylaws Committee. The committee is comprised of representatives of the current Board of Directors, the former Board of Governors, past NAEMT leadership, the NAEMT educational programs, the NAEMT Divisions and Committees and NAEMT members.

Members of the committee are Board of Directors representatives Ken Bouvier, Patrick Moore and Jennifer Frenette; Board of Governors representatives Terry Bracy, Doug Meyer and Don Lundy; past NAEMT leadership representatives Mark Lockhart and Nathan Williams; Divisions and Committees representatives Tommy Loyacano and Gregg Lord; and members Carla Ebard, Jules Scadden, Wes Ogilve and Gary Saffer. NAEMT Legal Counsel Marty Stillman is also a member of the committee. Johnston serves as an ex-officio member.

According to Johnston, the Bylaws Committee has two tasks: First, to draft a transitional plan that incorporates the added Board positions and properly staggers terms of both the executive officers and the board and, second, to formulate operational policy to implement the bylaws changes that were passed by the membership in August.

Pamela Cohen Named NAEMT Executive Director

Pamela Cohen has been named as the new executive director of NAEMT. Her appointment comes after an extensive executive search that began last summer, according to NAEMT President Jerry Johnston. She was selected from a field of 60 applicants.

Pamela Cohen

"We are pleased to welcome Pam to NAEMT," said Johnston. "She brings the depth and breadth of executive level association management experience that will help guide NAEMT with its many strategic initiatives. We believe that Pam brings the leadership qualities that will help to propel the association forward on a number of fronts."

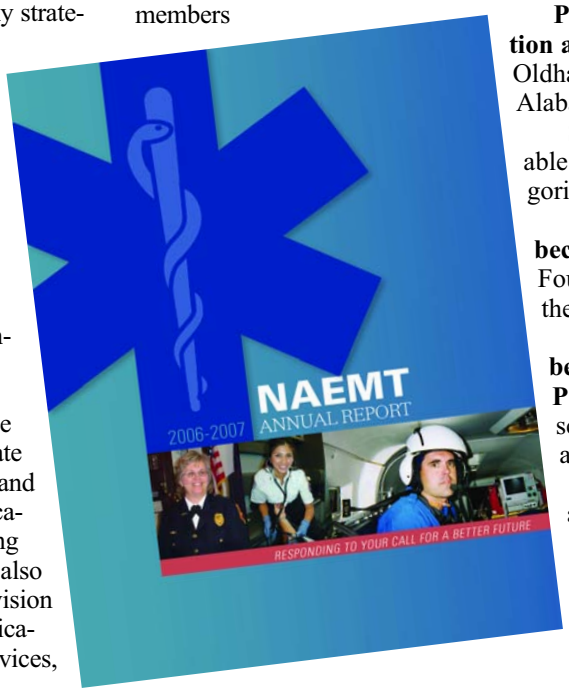
Prior to joining NAEMT, Cohen served as general manager for Rotary International. She led the development of the organization's corporate sponsorship program and directed member education, leadership training and conventions. She also served as Rotary's division manager for communications and program services, the division manager for program and membership services and the department manager for program development.

Cohen holds a master of arts in strategic communications from Seton Hall University and a bachelor of arts in political science from Roosevelt University in Chicago. She is a member of the American Society of Association Executives and the Illinois Public Interest Research Group.

"I am very excited about this opportunity to work with the EMS community," said Cohen. "I look forward to contributing my skills and experience to helping NAEMT grow and achieve its strategic goals."

NAEMT Releases Annual Report

During its Annual Meeting in October, NAEMT released its 2006-2007 Annual Report to members and representatives of the media.



The report provides updates on the association's educational programs and its work in advocacy and research. It also offers a brief financial summary and a summary of the association's important achievements in the past year.

The report is available for viewing and downloading in the "For the Media" section of the NAEMT Web site.

NAEMT Awards First Scholarships

The NAEMT Scholarship Review Board has announced the first recipients of NAEMT scholarships. They are:

EMT-Basic to EMT-Paramedic: James Casey, Omaha, Nebraska; Lara Wooley, Yuma, Colorado; and Rhea Campbell, Asheville, North Carolina.

Paramedic EMS education advancement,: Linda Oldham, Robertsdale, Alabama.

Scholarships are available for the following categories:

First Responders (to become EMT-Basic): Four scholarships each in the amount of $500

EMT-Basic (to become EMT-Paramedic): Three scholarships each in the amount of $5,000

Paramedics (to advance their education in the realm of EMS): Four scholarships each in the amount of $2,000

Continued on page 8

She doesn't know she's been poisoned by carbon monoxide. You can't afford not to.

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The scholarship program is open to all active, dues-paying NAEMT members who wish to further their EMS education. More information on the scholarship program is available online at www.naemt.org/joinNAEMT/scholarshipinfo.htm.

Tommy Loyacono Elected NREMT Treasurer

NAEMT Pediatrics Committee Chair Tommy Loyacono was recently elected treasurer of the National Registry of Emergency Medical Technicians. He has been a member of the NREMT Board of Directors since 2001.

Loyacono is a 22-year veteran of the government of the City of Baton Rouge and Parish of East Baton Rouge, currently serving as the Chief Operations Officer in its Department of Emergency Medical Services. He is a Nationally Registered Emergency Medical Technician-Paramedic with 32 years of experience in prehospital EMS.

Loyacono received his EMS education at the University of South Alabama, his Bachelor of Science degree Summa Cum Laude from the University of Alabama, and his Master of Public Administration degree from Southern University.

In addition to his duties with NAEMT and NREMT, Loyacono is a member of the Board of Directors of Advocates for EMS, and a member of the Institute of Medicine of the National Academies of Science Future of Emergency Care in the U.S. Health System committee.

NAEMT Foundation Unveils Web Pages

The NAEMT Foundation will soon have a home on the Web. Visitors can learn more about the Foundation to find out more about the Foundation and how it helps EMS workers whose lives have been affected by disaster.

The Foundation pages include an online opportunity to make donations to the Foundation, the EMS & Rescuer Relief Fund and the Scott B. Frame Memorial Educational Fund.

Visit www.naemt.org/ foundation for more details.

EMS Researchers Wanted

The National Association of EMTs and the PreHospital Trauma Life Support program are offering two $5,000 research grants in conjunction with the Prehospital Care Research Forum. One grant is for the study of EMS workforce issues. The other grant is for a study of issues related to prehospital trauma care. Grant application review will be provided by Prehospital Care Research Forum. Only NAEMT Members are eligible to apply.

Application Deadline: Dec. 31, 2007

Go to www.NAEMT.org/aboutNAEMT/grantsandprojects.htm to learn more. (If you're not an NAEMT member, you still have time to activate your membership and apply for the grant. Go to www.NAEMT.org/ joinNAEMT to join now.)

Indications and Usage: DuoDote Auto-Injectors are indicated for the treatment of poisoning by organophosphorus nerve agents as well as organophosphorus insecticides. DuoDote Auto-Injectors should be administered by emergency medical services personnel who have had adequate training in the recognition and treatment of nerve agent or insecticide intoxication.

Important Safety Information: Individuals should not rely solely upon atropine and pralidoxime to provide complete protection from chemical nerve agents and insecticide poisoning. Primary protection against exposure to chemical nerve agents and insecticide poisoning is the wearing of protective garments including masks designed specifically for this use. Evacuation and decontamination procedures should be undertaken as soon as possible. Medical personnel assisting evacuated victims of nerve agent poisoning should avoid contaminating themselves by exposure to the victim's clothing.

In the presence of life-threatening poisoning by organophosphorus nerve agents or insecticides, there are no absolute contraindications to the use of the DuoDote Auto-Injector. When symptoms of poisoning are not severe, DuoDote Auto-Injectors should be used with extreme caution in people with heart disease, arrhythmias, recent myocardial infarction, severe narrow angle glaucoma, pyloric stenosis, prostatic hypertrophy, significant renal insufficiency, chronic pulmonary disease, or hypersensitivity to any component of the product. **PLEASE SEE BRIEF SUMMARY OF FULL PRESCRIBING INFORMATION ON ADJACENT PAGE.**

References: 1. DuoDote™ (atropine and pralidoxime chloride injection) Auto-Injector [package insert]. Columbia, MD: Meridian Medical Technologies™, Inc.; 2007. **2.** Agency for Toxic Substances and Disease Registry. Medical Management Guidelines (MMGs) for nerve agents: tabun (GA); sarin (GB); soman (GD); and VX. Available at: http://www.atsdr.cdc.gov/MHMI/mmg166.html. Accessed February 21, 2007. **3.** Holstege CP, Dobmeier SG. Nerve agent toxicity and treatment. *Curr Treat Options Neurol.* 2005;7:91-98. **4.** Data on file. Columbia, MD: Meridian Medical Technologies™, Inc.

DuoDote™ AUTO-INJECTOR
(atropine and pralidoxime chloride injection)

Rx Only
Atropine 2.1 mg/0.7 mL
Pralidoxime Chloride 600 mg/2 mL

Sterile solutions for intramuscular use only

FOR USE IN NERVE AGENT AND INSECTICIDE POISONING ONLY

THE DUODOTE™ AUTO-INJECTOR SHOULD BE ADMINISTERED BY EMERGENCY MEDICAL SERVICES PERSONNEL WHO HAVE HAD ADEQUATE TRAINING IN THE RECOGNITION AND TREATMENT OF NERVE AGENT OR INSECTICIDE INTOXICATION.

INDICATIONS AND USAGE

DuoDote™ Auto-Injector is indicated for the treatment of poisoning by organophosphorus nerve agents as well as organophosphorus insecticides.

DuoDote™ Auto-Injector should be administered by emergency medical services personnel who have had adequate training in the recognition and treatment of nerve agent or insecticide intoxication.

DuoDote™ Auto-Injector is intended as an initial treatment of the symptoms of organophosphorus insecticide or nerve agent poisonings; definitive medical care should be sought immediately.

DuoDote™ Auto-Injector should be administered as soon as symptoms of organophosphorus poisoning appear (eg, usually tearing, excessive oral secretions, sneezing, muscle fasciculations).

CONTRAINDICATIONS

In the presence of life-threatening poisoning by organophosphorus nerve agents or insecticides, there are no absolute contraindications to the use of DuoDote™ Auto-Injector.

WARNINGS

CAUTION! INDIVIDUALS SHOULD NOT RELY SOLELY UPON ATROPINE AND PRALIDOXIME TO PROVIDE COMPLETE PROTECTION FROM CHEMICAL NERVE AGENTS AND INSECTICIDE POISONING.

PRIMARY PROTECTION AGAINST EXPOSURE TO CHEMICAL NERVE AGENTS AND INSECTICIDE POISONING IS THE WEARING OF PROTECTIVE GARMENTS INCLUDING MASKS DESIGNED SPECIFICALLY FOR THIS USE.

EVACUATION AND DECONTAMINATION PROCEDURES SHOULD BE UNDERTAKEN AS SOON AS POSSIBLE. MEDICAL PERSONNEL ASSISTING EVACUATED VICTIMS OF NERVE AGENT POISONING SHOULD AVOID CONTAMINATING THEMSELVES BY EXPOSURE TO THE VICTIM'S CLOTHING.

When symptoms of poisoning are not severe, DuoDote™ Auto-Injector should be used with extreme caution in people with heart disease, arrhythmias, recent myocardial infarction, severe narrow angle glaucoma, pyloric stenosis, prostatic hypertrophy, significant renal insufficiency, chronic pulmonary disease, or hypersensitivity to any component of the product. Organophosphorus nerve agent poisoning often causes bradycardia but can be associated with a heart rate in the low, high, or normal range. Atropine increases heart rate and alleviates the bradycardia. In patients with a recent myocardial infarction and/or severe coronary artery disease, there is a possibility that atropine-induced tachycardia may cause ischemia, extend or initiate myocardial infarcts, and stimulate ventricular ectopy and fibrillation. In patients without cardiac disease, atropine administration is associated with the rare occurrence of ventricular ectopy or ventricular tachycardia. Conventional systemic doses may precipitate acute glaucoma in susceptible individuals, convert partial pyloric stenosis into complete pyloric obstruction, precipitate urinary retention in individuals with prostatic hypertrophy, or cause inspiration of bronchial secretions and formation of dangerous viscid plugs in individuals with chronic lung disease.

More than 1 dose of DuoDote™ Auto-Injector, to a maximum of 3 doses, may be necessary initially when symptoms are severe. **No more than 3 doses should be administered unless definitive medical care (eg, hospitalization, respiratory support) is available.**

Severe difficulty in breathing after organophosphorus poisoning requires artificial respiration in addition to the use of DuoDote™ Auto-Injector.

A potential hazardous effect of atropine is inhibition of sweating, which in a warm environment or with exercise, can lead to hyperthermia and heat injury.

The elderly and children may be more susceptible to the effects of atropine.

PRECAUTIONS

General: The desperate condition of the organophosphorus-poisoned individual will generally mask such minor signs and symptoms of atropine and pralidoxime treatment as have been noted in normal subjects.

Because pralidoxime is excreted in the urine, a decrease in renal function will result in increased blood levels of the drug.

DuoDote™ Auto-Injector temporarily increases blood pressure, a known effect of pralidoxime. In a study of 24 healthy young adults administered a single dose of atropine and pralidoxime auto-injector intramuscularly (approximately 9 mg/kg pralidoxime chloride), diastolic blood pressure increased from baseline by 11 ± 14 mmHg (mean ± SD), and systolic blood pressure increased by 16 ± 19 mmHg, at 15 minutes post-dose. Blood pressures remained elevated at these approximate levels through 1 hour post-dose, began to decrease at 2 hours post-dose and were near pre-dose baseline at 4 hours post-dose. Intravenous pralidoxime doses of 30-45 mg/kg can produce moderate to marked increases in diastolic and systolic blood pressure.

Laboratory Tests: If organophosphorus poisoning is known or suspected, treatment should be instituted without waiting for confirmation of the diagnosis by laboratory tests. Red blood cell and plasma cholinesterase, and urinary paranitrophenol measurements (in the case of parathion exposure) may be helpful in confirming the diagnosis and following the course of the illness. However, miosis, rhinorrhea, and/or airway symptoms due to nerve agent vapor exposure may occur with normal cholinesterase levels. Also, normal red blood cell and plasma cholinesterase values vary widely by ethnic group, age, and whether the person is pregnant. A reduction in red blood cell cholinesterase concentration to below 50% of normal is strongly suggestive of organophosphorus ester poisoning.

Drug Interactions: When atropine and pralidoxime are used together, pralidoxime may potentiate the effect of atropine. When used in combination, signs of atropinization (flushing, mydriasis, tachycardia, dryness of the mouth and nose) may occur earlier than might be expected when atropine is used alone.

The following precautions should be kept in mind in the treatment of anticholinesterase poisoning, although they do not bear directly on the use of atropine and pralidoxime.

- Barbiturates are potentiated by the anticholinesterases; therefore, barbiturates should be used cautiously in the treatment of convulsions.
- Morphine, theophylline, aminophylline, succinylcholine, reserpine, and phenothiazine-type tranquilizers should be avoided in treating personnel with organophosphorus poisoning.
- Succinylcholine and mivacurium are metabolized by cholinesterases. Since pralidoxime reactivates cholinesterases, use of pralidoxime in organophosphorus poisoning may accelerate reversal of the neuromuscular blocking effects of succinylcholine and mivacurium.

Drug-drug interaction potential involving cytochrome P450 isozymes has not been studied.

Carcinogenesis, Mutagenesis, Impairment of Fertility: DuoDote™ Auto-Injector is indicated for short-term emergency use only, and no adequate studies regarding the potential of atropine or pralidoxime chloride for carcinogenesis or mutagenesis have been conducted.

Impairment of Fertility: In studies in which male rats were orally administered atropine (62.5 to 125 mg/kg) for one week prior to mating and throughout a 5-day mating period with untreated females, a dose-related decrease in fertility was observed. A no-effect dose for male reproductive toxicity was not established. The low-effect dose was 290 times (on a mg/m^2 basis) the dose of atropine in a single application of DuoDote™ Auto-Injector (2.1 mg).

Fertility studies of atropine in females or of pralidoxime in males or females have not been conducted.

Pregnancy:

Pregnancy Category C: Adequate animal reproduction studies have not been conducted with atropine, pralidoxime, or the combination. It is not known whether pralidoxime or atropine can cause fetal harm when administered to a pregnant woman or if they can affect reproductive capacity. Atropine readily crosses the placental barrier and enters the fetal circulation.

DuoDote™ Auto-Injector should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Atropine has been reported to be excreted in human milk. It is not known whether pralidoxime is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when DuoDote™ Auto-Injector is administered to a nursing woman.

Pediatric Use: Safety and effectiveness of DuoDote™ Auto-Injector in pediatric patients have not been established.

ADVERSE REACTIONS

Muscle tightness and sometimes pain may occur at the injection site.

Atropine

The most common side effects of atropine can be attributed to its antimuscarinic action. These include dryness of the mouth, blurred vision, dry eyes, photophobia, confusion, headache, dizziness, tachycardia, palpitations, flushing, urinary hesitancy or retention, constipation, abdominal pain, abdominal distention, nausea and vomiting, loss of libido, and impotence. Anhidrosis may produce heat intolerance and impairment of temperature regulation in a hot environment. Dysphagia, paralytic ileus, and acute angle closure glaucoma, maculopapular rash, petechial rash, and scarletiniform rash have also been reported.

Larger or toxic doses may produce such central effects as restlessness, tremor, fatigue, locomotor difficulties, delirium followed by hallucinations, depression, and, ultimately medullary paralysis and death. Large doses can also lead to circulatory collapse. In such cases, blood pressure declines and death due to respiratory failure may ensue following paralysis and coma.

Cardiovascular adverse events reported in the literature for atropine include, but are not limited to, sinus tachycardia, palpitations, premature ventricular contractions, atrial flutter, atrial fibrillation, ventricular flutter, ventricular fibrillation, cardiac syncope, asystole, and myocardial infarction. (See **PRECAUTIONS**.)

Hypersensitivity reactions will occasionally occur, are usually seen as skin rashes, and may progress to exfoliation. Anaphylactic reaction and laryngospasm are rare.

Pralidoxime Chloride

Pralidoxime can cause blurred vision, diplopia and impaired accommodation, dizziness, headache, drowsiness, nausea, tachycardia, increased systolic and diastolic blood pressure, muscular weakness, dry mouth, emesis, rash, dry skin, hyperventilation, decreased renal function, and decreased sweating when given parenterally to normal volunteers who have not been exposed to anticholinesterase poisons.

In several cases of organophosphorus poisoning, excitement and manic behavior have occurred immediately following recovery of consciousness, in either the presence or absence of pralidoxime administration. However, similar behavior has not been reported in subjects given pralidoxime in the absence of organophosphorus poisoning.

Elevations in SGOT and/or SGPT enzyme levels were observed in 1 of 6 normal volunteers given 1200 mg of pralidoxime intramuscularly, and in 4 of 6 volunteers given 1800 mg intramuscularly. Levels returned to normal in about 2 weeks. Transient elevations in creatine kinase were observed in all normal volunteers given the drug.

Atropine and Pralidoxime Chloride

When atropine and pralidoxime are used together, the signs of atropinization may occur earlier than might be expected when atropine is used alone.

OVERDOSAGE

Symptoms:

Atropine

Manifestations of atropine overdose are dose-related and include flushing, dry skin and mucous membranes, tachycardia, widely dilated pupils that are poorly responsive to light, blurred vision, and fever (which can sometimes be dangerously elevated). Locomotor difficulties, disorientation, hallucinations, delirium, confusion, agitation, coma, and central depression can occur and may last 48 hours or longer. In instances of severe atropine intoxication, respiratory depression, coma, circulatory collapse, and death may occur.

The fatal dose of atropine is unknown. In the treatment of organophosphorus poisoning, doses as high as 1000 mg have been given. The few deaths in adults reported in the literature were generally seen using typical clinical doses of atropine often in the setting of bradycardia associated with an acute myocardial infarction, or with larger doses, due to overheating in a setting of vigorous physical activity in a hot environment.

Pralidoxime

It may be difficult to differentiate some of the side effects due to pralidoxime from those due to organophosphorus poisoning. Symptoms of pralidoxime overdose may include: dizziness, blurred vision, diplopia, headache, impaired accommodation, nausea, and slight tachycardia. Transient hypertension due to pralidoxime may last several hours.

Treatment: For atropine overdose, supportive treatment should be administered. If respiration is depressed, artificial respiration with oxygen is necessary. Ice bags, a hypothermia blanket, or other methods of cooling may be required to reduce atropine-induced fever, especially in children. Catheterization may be necessary if urinary retention occurs. Since atropine elimination takes place through the kidney, urinary output must be maintained and increased if possible; intravenous fluids may be indicated. Because of atropine-induced photophobia, the room should be darkened.

A short-acting barbiturate or diazepam may be needed to control marked excitement and convulsions. However, large doses for sedation should be avoided because central depressant action may coincide with the depression occurring late in severe atropine poisoning. Central stimulants are not recommended.

Physostigmine, given as an atropine antidote by slow intravenous injection of 1 to 4 mg (0.5 to 1.0 mg in children) rapidly abolishes delirium and coma caused by large doses of atropine. Since physostigmine has a short duration of action, the patient may again lapse into coma after 1 or 2 hours, and require repeated doses. Neostigmine, pilocarpine, and methacholine are of little benefit, since they do not penetrate the blood-brain barrier.

Pralidoxime-induced hypertension has been treated by administering phentolamine 5 mg intravenously, repeated if necessary due to phentolamine's short duration of action. In the absence of substantial clinical data regarding use of phentolamine to treat pralidoxime-induced hypertension, consider slow infusion to avoid precipitous corrections in blood pressure.

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PHTLS

Conference News: The 2007 EMS EXPO/NAEMT General Meeting held in Orlando, Florida, was a very busy time for PHTLS. The events began with the preconference PHTLS Instructor/ Transition course attended by approximately 30 people. The course was presented by the PHTLS EC as well as several Affiliate Faculty members. Special thanks to Chad MacIntyre and Trauma One for providing the equipment for the course, as well as sponsoring the luncheon for the participants.

The PHTLS Annual Meeting was attended by both domestic and international delegates. The Executive Council reported on current activities, including progress of the 6th edition since the 2006 Rollout. The meeting also provided the EC with an opportunity to confer and discuss plans as work begins for the upcoming 7th edition. It was a very productive meeting and all the input and discussion contributed by the attending delegates was greatly appreciated. If anyone has further information, thoughts or ideas to relate, please do forward a note to a member of the Executive Council (contact information for all EC members are listed on the PHTLS Web site).

A special note of thanks to Dr. Francis Levy, medical director for PHTLS-France. "Dr. Levy was instrumental in bringing PHTLS into France and continues to push forward to improve prehospital care in France. He guided translations of the 5th and 6th editions into French and the texts are used in several countries that have French speakers," said PHTLS Chair Will Chapleau.

"Following Katrina, Dr. Levy found himself stranded at the New Orleans Airport, where he worked with arriving responders to set up a hospital and continued to assist in treating patients and assisting in their transfer out of New Orleans."

Thank you, Dr. Levy, for your important work for PHTLS and the community at large.

Note: Dr. Levy's "Cynanide Poisoning" presentation can be found on the Web site at: www.naemt.org/PHTLS/resourceLibrary/2007ExpoNotes.htm.

Several awards were presented at the various events held during the conference. Please join us in congratulating the following individuals for their efforts and dedication:

PHTLS Appreciation Awards:

Jennifer Ashcraft - Arkansas
Deanna Moore - Tennessee
Ruth Dyson - United Kingdom
Claudia Borioli - Sweden
Dra Ana Maria Montanez Mendoza - Peru
Cathie Hedges - Ontario, Canada
Debra Kitchens - Georgia
Saud Al Turki - Saudi Arabia
Chad MacIntyre - Florida
Brad Pierson - Illinois
Mark Leuder - Illinois

PHTLS Military Service Award

Keith Cox, Joint Special Operations Medical Training Center - Ft. Bragg, NC

Scott B. Frame Memorial Lecture Award:

Osvaldo Rois, MD – Argentina

Scott B. Frame Service Award

Josh Vayer

Continued on page 12

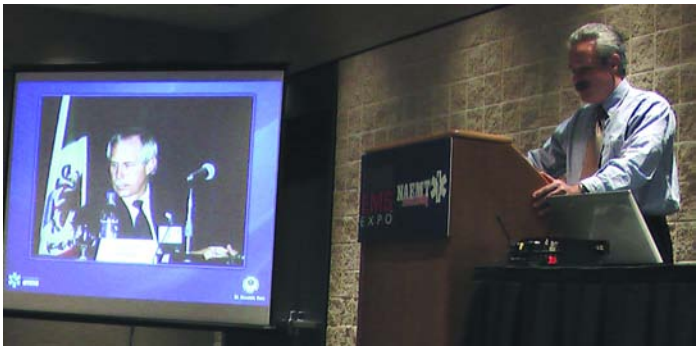
AMLS

AMLS was formally introduced to the Kingdom of Saudi Arabia on Sept. 8, 2007. The course was hosted by and held at the National Guard Health Affairs, King Abdulaziz Medical City. This world-class training facility and health care center already provides primary and continuing medical education such as PHTLS, TNCC and ATLS, just to name a few. The center hosts approximately 300 con-ed programs annually. AMLS was warmly received by the faculty of Saudi Arabian physicians, EMS professionals and multinational personnel working in the Kingdom. Two Provider programs were offered and monitored following the Instructor program with good success, and very positive evaluations from both the faculty and students attending. Pictured is the first class of Instructors.

PHTLS celebrated its 500,000th student with a special cake during its Annual Meeting.

Norman E. McSwain Jr., MD, (left) presented his namesake award to Jeffrey Salomone, MD, during the PHTLS Annual Meeting.

Both domestic and international delegates attended the PHTLS Annual Meeting.



Osvaldo Rois, MD, of Argentina presented the 2007 Scott B. Frame Memorial Lecture. His topic was "The History of PHTLS in Latin America."

In the Classroom

Continued from 11

Norman E. McSwain Jr. Leadership Award

Jeffrey P. Salomone, MD - Atlanta, Georgia

Scott B. Frame, MD, FACS, FCCM, EMT-P, served as medical director for PHTLS from 1994 until 2001, when he died after a battle with cancer. In his honor, the Scott B. Frame Memorial Educational Fund was set up to facilitate a sponsored lecture every year. This year's Scott B. Frame Memorial Lecture was presented by Osvaldo Rois, MD, PHTLS Coordinator-Argentina/Regional Coordinator-Latin America. (Rois's presentation is available on the PHTLS Web site at: www.naemt.org/PHTLS/resourceLibrary/2007ExpoNotes.htm.)

In other news, International Faculty traveled to Germany and Pakistan in October to facilitate programs. Several programs for the Philippines, Brunei and Costa Rica are planned for the new year.

The Executive Council will be meeting again in December to engage in further work needed as part of the strategic planning process. If you have any suggestions for the EC to utilize as part of this endeavor, please be sure to contact a member of the EC with your thoughts.

A portable display is now available for use at state/provincial conferences and events. If you are interested in utilizing this display, please contact Corine Curd at the PHTLS office for information.

From all of us on the PHTLS Executive Council and staff, we end the 2007 year grateful to all of you for your efforts through PHTLS to better the outcomes of trauma patients all over the world. Best regards to you and your families during the holiday season, and best wishes for the upcoming year. *–Mary-Ann Clarkes*

EPC

Nearly 40 EMS Providers from around the country attended the new Emergency Pediatric Care (EPC) Provider course on October 9 and 10, 2007, at EMS EXPO in Orlando. The program has been edited and updated to include the integration of Family Centered Care, the Pediatric Assessment Triangle and case-based evaluations. Over the past 18 months, the EPC course materials have been revised to ensure the knowledge points are founded in evidence-based medicine wherever possible, the Instructor support materials are educationally sound and leading edge, and that the flexibility exists to meet the various administrative demands of our Course Coordinators.

The major changes include:

- a completely new set of PowerPoint slides
- new look
- new graphics
- integration of Family Centered Care throughout
- updated information, include the new AHA guidelines
- New evaluation tool
- New scenarios and format
- New schedule
- didactic schedule includes Family Centered Care skills stations to include objective based learning

In evaluating the possibility of writing yet another pediatric care text vs. utilizing materials currently integrated into EMS education programs and based on information provided by our Affiliate Faculty and educational experts alike, the requirement of a single course text was eliminated. Sanctioned EPC programs can use one of the various "recommended" texts and make the decision regarding a required text for each student. The cost savings to the programs could be significant. Additionally the benefit of having an integrated pediatric reference text instead of a one-time-use course text promotes the concepts of lifelong learning. For our international programs, this will allow them to have greater access to properly translated materials and allow for regionalization where required.

Although always an option, the ability for a Course Coordinator to modulate a program will be greatly increased in 2008. EPC will be the first NAEMT course to offer the entire didactic portion of the course online. The new hybrid course will facilitate distance education and independent learning at a level never before seen with the continuing education courses. The ability to take the online course at your leisure and then schedule with your Training Center to attend a one-day skills and practical session will facilitate greater flexibility for both the student and the program alike. If you prefer the interactions of a face-to-face program, that is also available. Do you like the face-to-face format but don't want to stretch it out over the entire semester? You can do that also. Modulated formats are available to meet your logistical needs and the educational needs of the students. The online hybrid course is set to debut in early 2008.

With the new online capabilities of the programs, updates and enhancements will also be made available via the NAEMT Web site. Unless you really need hard copies sent to you, all the Instructor support materials can be downloaded by authorized Coordinators and Affiliates. What happens if you have a great case study, some additional test questions or want to share some of the latest research you found? Submit the information electronically for review and dissemination! EPC is becoming not only a course, but a complete pediatric resource.

And finally, EPC Instructors and Affiliates will be receiving a letter from me in the very near future regarding how to receive the new support materials and how to integrate the changes into their current course offerings. Currently certified EPC Instructors or Affiliate Faculty (and former PPC Instructors or Affiliate Faculty) will be required to contact Sylvia McGowan by e-mail at Sylvia.McGowan@ naemt.org or by phone at 800-346-2368, and provide her with your updated contact information, including a mailing address. She will then send you the updated support materials on CD. If you need to update your Instructor or Affiliate status, Sylvia can assist you with that also.

On the international front, Mexico will be offering its inaugural EPC course in February 2008. Portugal is tentatively planning for the start of their program in March or April.

EPC National Rollout courses will be conducted throughout the 2008 calendar year. If you have an interest in hosting a course, please contact Sylvia McGowan at NAEMT headquarters.

–Robert K. Waddell II, EPC Program Chair

New Software Features Available Online

NAEMT is adding new Web-based software features for its education courses. In addition to features that are already available, course participants will be able to enter their own registration data on the NAEMT Web site.

The data will be accessible to course coordinators at any time, and will allow them to print certificates and form letters right from the Web site! Features that are already available are electronic submission of site data, course applications, course payment and student rosters. Please visit the NAEMT Web site for further details.

Annual Meeting

Continued from cover

Slattery has been involved in EMS for more than 40 years. He is president of the Massachusetts EMT Association, the acting executive director for Southeastern Massachusetts EMS Council and a member of the National EMS Museum Foundation board of directors. Slattery has been a member of the NAEMT board since 2006 and previously served as NAEMT governor from Massachusetts.

"Although this was the last meeting of the Governors, we will continue to keep states engaged through a yet-to-be-named state advisory committee," said NAEMT President Jerry Johnston.

Beginning with next year's elections in Las Vegas, NAEMT members will vote directly for the association's officers and board members.

Gold Awards Presented

This year's Annual Meeting marked a change in the way some NAEMT awards are presented. In addition to the presentations made at the Annual Awards Dinner (see photos, pages 4 and 5), the Gold Service Awards for volunteer and paid services were presented during the opening ceremonies of EMS EXPO on October 11.

Receiving the Gold Award for Volunteer Services was Slaterville Volunteer Ambulance Inc. of Slaterville Springs, New York. The Baxter Regional Medical Center Ambulance of Mountain Home, Arkansas, received the Gold Award for Paid Services.

NAEMT co-sponsored these awards with EMS Magazine for the first time in 2007, according to awards committee chair Connie Meyer.

"The Gold Service awards were similar to our Service of the Year awards and we hoped to get increased exposure for NAEMT and the award winners from the process," she said. "We did get an increased number of applicants but not as much increased exposure as we hoped for."

Meyer added that because of the numerous other changes going on in the association in the coming year, the traditional awards format will be followed in 2008.

Pictured above are the NAEMT Board for 2007-2008. From left, front row, Director Richard Ellis, Vice President Connie Meyer, Secretary Robert Loftus, Director Jennifer Frenette and Director Jim Slattery. From left, back row, Treasurer Edward Sawicki, President-Elect Patrick Moore, Immediate Past President Ken Bouvier, Director Don Lundy and President Jerry Johnston. Not pictured is Director Will Chapleau.

Other Meeting Highlights

One highlight of this year's meeting was the introduction of Executive Director Pamela Cohen and Medical Director Paul Hinchey, MD, FACEP. Cohen was hired in October and Hinchey became part of the NAEMT board in June.

NAEMT members also heard presentations from a number of industry experts, including Baxter Larmon from the Prehospital Care Research Forum, William E. Brown, Jr. of the National Registry of EMTs, Drew Dawson of the National Highway Traffic Safety Administration Office of EMS, Jim McPartlon of the American Ambulance Association and Lisa Meyer of Advocates for EMS.

One major topic of discussion during the Annual Meeting was the future of the association's divisions and committees, which are currently being evaluated after the recent bylaws change.

AMLS was taught for the first time in the Kingdom of Saudi Arabia in September. President Jerry Johnston received a plaque commemorating the event from Brett Huntley from Saudi Arabia during the Awards Dinner.

"I explained the importance of bringing a business approach to NAEMT," said Johnston. "Divisions and committees should be productive parts of helping NAEMT move its mission forward. I shared my vision for the organizational structure as NAEMT continues to move forward."

Johnston and Immediate Past President Ken Bouvier visited each NAEMT sponsor in attendance at the trade show to express appreciation for their continued support of the association.

"The conference would not have been as successful without the support of our sponsors," he added.

Preconference sponsors included HPSO, Ferno, Vidacare and Trauma One-Shands/Jacksonville. The annual awards dinner was sponsored by Masimo, and ongoing support was provided by conference partner EMS EXPO.

During the Annual Meeting, NAEMT reaffirmed its commitment to making the EMS Memorial Bike Ride, which coincides with EMS Week in May, a truly national event. Board member Jennifer Frenette has participated in the ride for the past two years, and the association continues to support efforts to create one unified bike ride to commemorate EMS providers who died in the line of duty.

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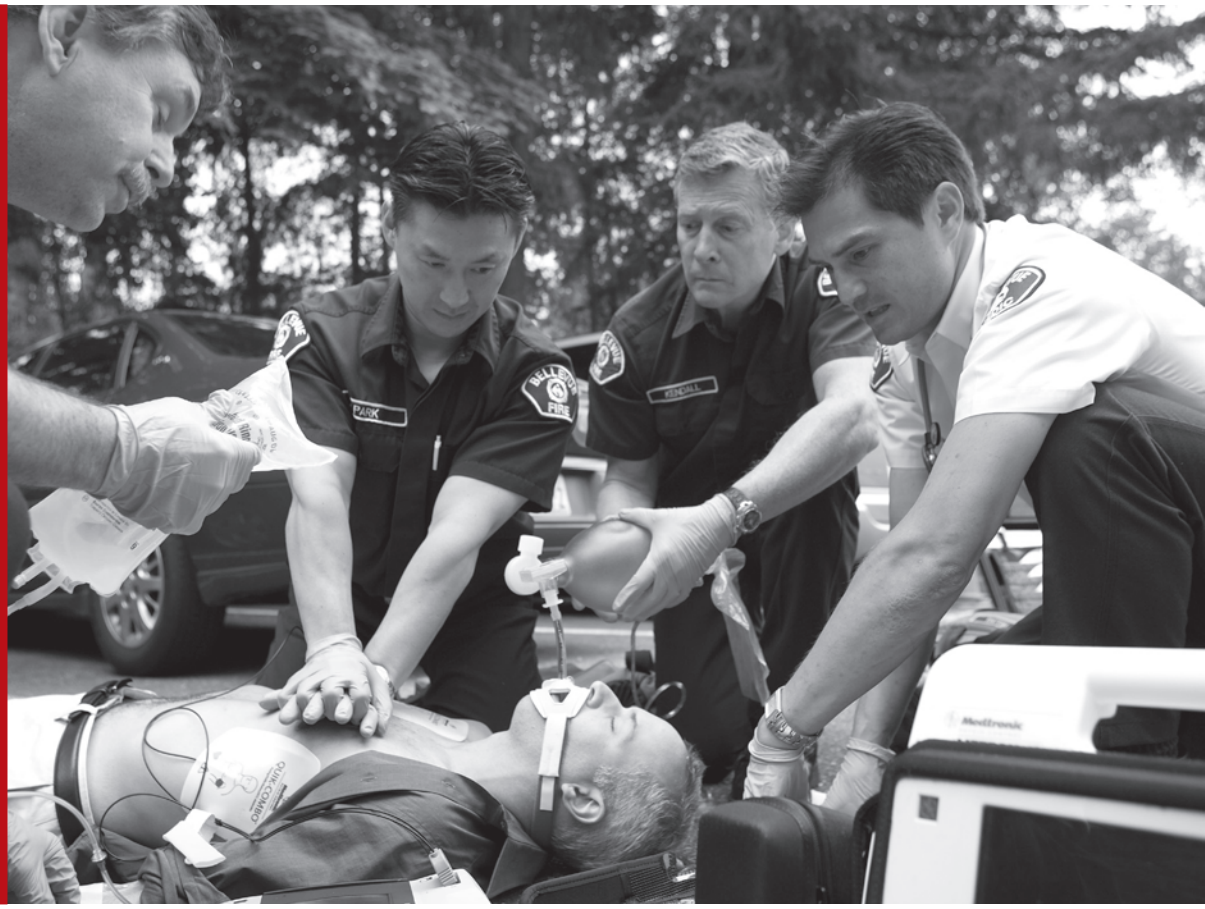

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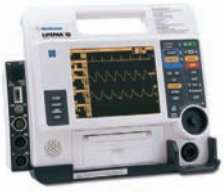

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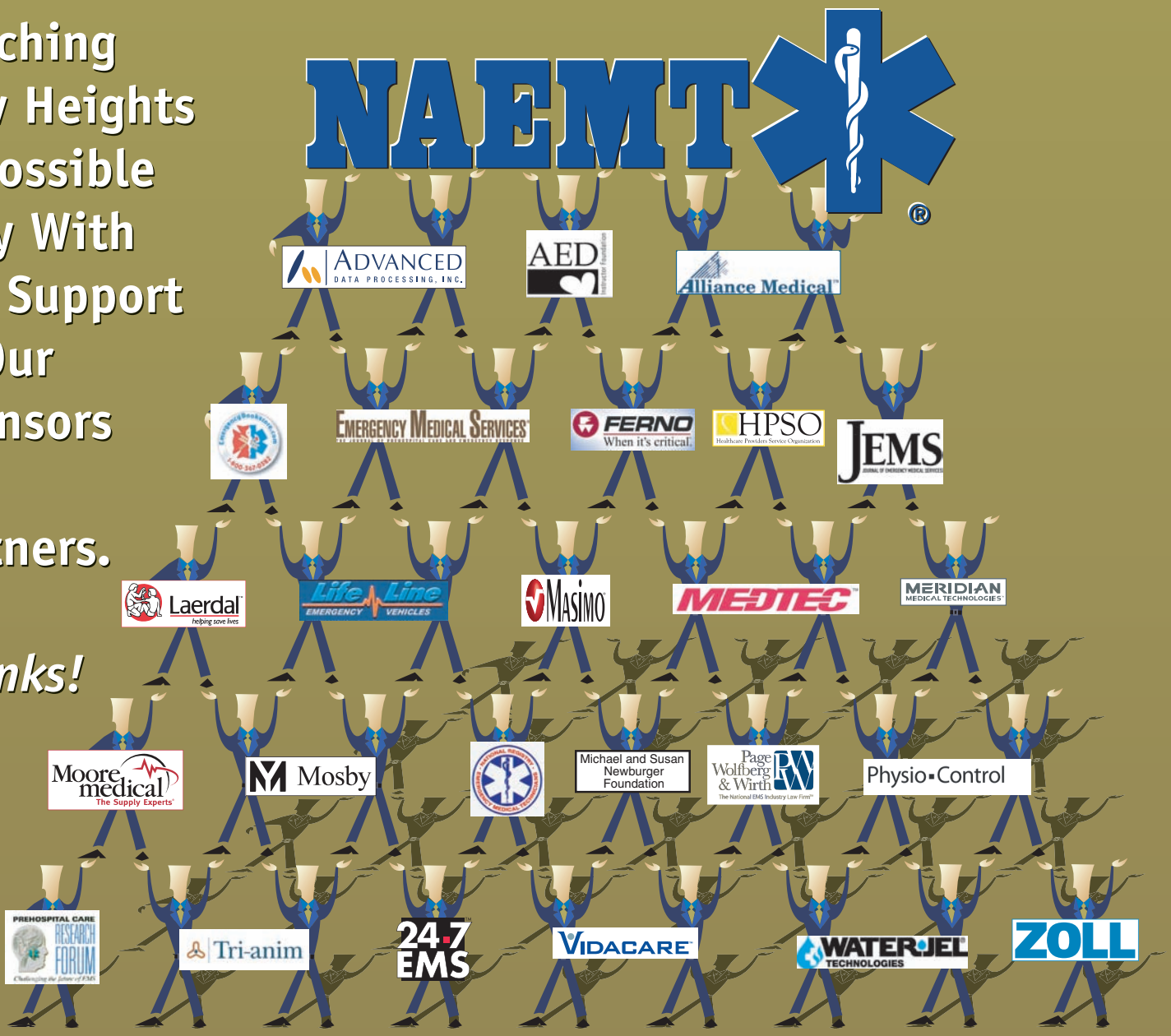

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