

2024 NORTH IOWA TRAUMA CONFERENCE

April 19, 2024
8 am - 4:30 pm

Registration deadline: April 12, 2024

Fee: \$50 in person, \$40 virtual

North Iowa Area Community College
Muse Norris Conference Center
Or online via Zoom

500 College Drive
Mason City, IA 50401
Telephone: 641-422-4358 or
1-888-466-4222, ext. 4358 or
Fax: 641-422-4112

Register online: <https://niacc.augusoft.net/> or follow
QR Code below

Company Payment: Call Continuing Education

Dietary restrictions: requests for alternate lunch
option MUST be made at time of registration



FEES, REGISTRATION, REFUNDS

Program fees are \$50/\$40: Fees include tuition, continuing education records, supplies, and food. Fees are due upon pre-registration for the program.

The registration deadline is: April 12, 2024

To drop or withdraw your registration and receive an electronic voucher refund, you must notify our registration staff by email (cereg@niacc.edu) or phone at 641-422-4358 at least two (2) business days before the start of the class. If NIACC cancels a class, you will receive an automatic refund. Payments made by check or cash are refunded by check. Payments made by debit or credit card are refunded to the card. Please allow up to three weeks to receive your refund.

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CONTINUING EDUCATION

(To receive continuing education credit, you must be present for the ENTIRE program)

- CME: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Iowa Medical Society (IMS) through the joint providership of MercyOne North Iowa Medical Center and North Iowa Area Community College. MercyOne North Iowa Medical Center is accredited by IMS to provide continuing medical education for physicians.
- MercyOne North Iowa Medical Center designates this live activity for a maximum of 6.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in the activity.
- Contact Hours: 6.5 contact hours for Registered Nurses, Licensed Practical Nurses; NIACC is Iowa Board of Nursing Provider #3 of continuing education programs.
- CEH: 6.5 CEHs for EMS Personnel. NIACC is a State Department of Health Emergency Medical Services approved sponsor #2 of continuing education programs for EMS Personnel.
- Other health care personnel will receive a CE certificate reflecting 6.5 hours of education.



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2024 NORTH IOWA Trauma Conference

In partnership with **MERCYONE**
North Iowa Medical Center

Speakers:

Erik Brink, DO, FACOS, FACS Mark Mannenbach, M.D.
Bill Hampton, DO, FACOEP Shea Jorgensen, M.D.
Jonathan Thompson, M.D. Angeles Morcuende, M.D.
Joshua Trebach, M.D.

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Muse Norris Conference Center
NIACC Campus - Mason City, Iowa

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500 College Drive
Mason City, IA 50401

2024 NORTH IOWA Trauma Conference

This program is designed to provide participants with current information regarding aspects of care for trauma related injuries.

Audience

Physicians, Advanced Practice Providers, Registered and Licensed Practical Nurses, EMS, and other health care providers interested in the care of the critically ill and injured patients.

AGENDA

7:30 - 8 AM	Registration, Refreshments & Exhibits
8 - 8:15 AM	Welcome & Introduction <i>Tavi Madden-LeDuc, DO</i>
8:15 - 9 AM	Tranexamic Acid (TXA) & Whole Blood <i>Erik Brink, DO, FACOS, FACS</i>
9 AM - 10 AM	Alcohol Emergencies <i>Bill Hampton, DO, FACOEP</i>
10 - 10:15 AM	Break
10:15 - 11:15 AM	Elderly Trauma <i>Bill Hampton, DO, FACOEP</i>
11:15 AM - 12:15 PM	Firearm Injuries <i>Jonathan Thompson, M.D.</i>
12:15 - 1 PM	Lunch
1 - 1:45 PM	Toxicology & Trauma <i>Joshua Trebach, M.D.</i>
1:45 - 2:45 PM	Bruises, Burns, & Broken Bones - When They Are Not Physical Abuse <i>Mark Mannenbach, M.D.</i>
2:45 - 3 PM	Break
3 - 4 PM	Child Maltreatment, Brain Development & Later Relational Patterns: How To Break The Cycle <i>Shea Jorgensen, M.D. & Angeles Morcuende, M.D.</i>
4 - 4:30 PM	Post-test & Wrap-Up

PRESENTERS



Erik Brink, DO, FACOS, FACS
Tranexamic Acid (TXA) & Whole Blood

Description: Blood loss and hemorrhagic shock is the number one cause of preventable death in trauma. Therefore, hypotension must be surmised to be bleeding until otherwise proven. Exsanguination must be identified and dealt with in an expedient fashion. This topic is dedicated to the recognition of exsanguinating hemorrhage, types of hemorrhage, and benefits of early administration of tranexamic acid and whole blood resuscitation versus transfusion of standard component therapy.

Learning Objectives:

- Identify the seven locations of hemorrhage and how to rapidly recognize ongoing hemorrhage.
- Describe the elements of the lethal "Diamond" vs. the lethal "Triad".
- List the benefits of early TXA administration and the risk stratification.
- Compare and contrast benefits of whole blood resuscitation vs. standard component therapy.



Bill Hampton, DO, FACOEP
Alcohol Emergencies

Description: There is so much minutiae in emergency medicine, that occasionally we "miss the forest for the trees." Instead, if we take the intoxicated patient and learn a few key actions/interventions, in a memorable and entertaining case-based format, we can actually improve our patient care. This topic is devoted to gaining a great understanding of alcohol emergencies, with particular emphasis placed on the care of the chronic alcoholic in his/her various presentations (heavily intoxicated, injured, with superimposed medical illness, in alcohol withdrawal, and with delirium tremens). Included (and highly relevant) is a section examining alcohol's effect on vital signs, initial as well as the importance of ongoing assessments and how changes can often anticipate comorbidities. There is also a review of the toxic alcohols (ethylene glycol, methanol, and isopropyl alcohol). This topic takes a condition that all of us see every day, and gives great, clinically relevant information that can change the way we assess and treat some of our most challenging patients.

Learning Objectives:

- Discuss the scope of alcohol's morbidity and mortality.
- Explain alcohol's effect on vital signs and how alterations in vitals can give clues to other illnesses and metabolic derangements.
- Recognize and advocate for appropriate treatment and resuscitation for the chronic alcoholic patient who is acutely intoxicated or in various stages of alcohol withdrawal.
- Anticipate other common electrolyte emergencies and correctly triage, resuscitate, and treat alcohol intoxication, Wernicke's encephalopathy, and seizures in the chronic alcoholic.



Bill Hampton, DO, FACOEP
Elderly Trauma

Description: While most emergency departments are not specifically designated as geriatric EDs, all of us regularly care for trauma patients in their 80s, 90s, and 100s. Who needs spinal immobilization? Who needs imaging? What are the differences in injury patterns and resuscitation of the elderly vs. the adult trauma patient? Is there a reliable way to predict mortality? This lecture takes state of the art evidence-based medicine and shows how to expertly apply it in a community emergency department setting.

Learning Objectives:

- Identify the differences in physiology between an elderly trauma patient vs an adult trauma patient.
- Examine best practices in stabilizing the cABCDEs in elderly trauma patients.
- Describe how the injury patterns in an elderly trauma patient may differ from those of an adult.
- Explain the differences in the resuscitation of the elderly trauma patient.
- Apply this knowledge and become better aware of elderly trauma prevention, specifically fall prevention.

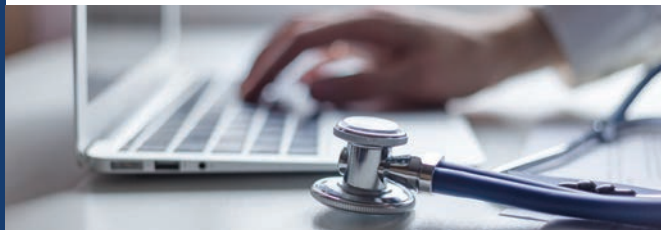


Jonathan Thompson, M.D.
Firearm Injuries

Description: This presentation will cover the basics of firearm injuries including the firearms and ammunitions commonly encountered during a medicolegal death investigation, differentiating an entrance wound from an exit wound, and identifying the different ranges of fire for entrance wounds. The importance of postmortem radiographs in firearm injuries will be discussed. Atypical entrance wounds, shored exit wounds, and wounding theory will also be covered. Numerous case examples will be utilized to reinforce the topics.

Learning Objectives:

- Describe basics of firearms and ammunitions encountered in a medicolegal death investigation.
- Be able to differentiate an entrance wound from an exit wound.
- Be able to determine range of fire for each entrance wound.
- Demonstrate the importance of postmortem radiographs in firearm injuries.
- Describe the importance of a temporary cavity associated with high-powered rifle rounds.



Joshua Trebach, MD
Toxicology & Trauma

Description: Presentation on managing trauma patients with toxicological pathology on board.

Learning Objectives:

- Identify strategies for the care of trauma patients with toxicological pathology on board.



Mark Mannenbach, M.D.
Bruises, Burns, & Broken Bones – When they are NOT Physical Abuse

Description: The challenges involved in the decision to report concerns for child physical abuse are many. This presentation will highlight several medical conditions that mimic abuse and provide tools to distinguish abusive injuries.

Learning Objectives:

At the conclusion of this presentation, the participant will:

- Develop an appreciation for a variety of mimics of child abuse involving bruising, burns, and broken bones.
- Be prepared to apply several tools that will be helpful in identifying children who have and have not been abused.
- Be prepared to report appropriate concerns of child physical abuse.



Shea Jorgensen, M.D.
Angeles Morcuende, M.D.



Child Maltreatment, Brain Development & Later Relational Patterns: How To Break The Cycle

Description: The study of childhood adversity in the past few decades has shown that maltreatment changes the development of structures and circuits of the brain. This has significant consequences for mental health in adulthood and it complicates the development of secure attachments as partners and parents. Recent research provides crucial direction for early intervention and prevention in vulnerable families.

Learning Objectives:

- Describe known effects of maltreatment on the developing structure of the child's brain, adaptation to stress, and capacity for self-regulation.
- Identify the connection between maltreatment and misplaced guilt and shame as an adult that increases vulnerability to further relational adversity.
- Discuss strategies for early intervention and prevention informed by brain development to promote secure attachment in two-generation approaches.