

A list of objectives are available for each session upon request. NCCP Categories are listed in **red** according to the October 1, 2016 NCCP revision. All topics can be shortened to 30 minutes in order to better fit your needs with filling NCCP model guidelines

**"Pour Some Sugar on Me" : Diabetic Emergencies (1 hour)**

In addition to reviewing basic diabetes, different medications and complications and go into depth with hypoglycemia and each of the hyperglycemic states. We will also differentiate between Diabetic Keto-Acidosis (DKA) and Hyperosmolar Hyperglycemic State (HHS) and the treatment options for each as well as review some of the new medications that have been released to help diabetics better control their blood sugar. **NCCP Medical**

**"Don't know nothin 'bout birthin No babies!" : Pre-hospital Delivery and how to survive it (1 hour)**

We review a normal pregnancy state and go right in to basic delivery techniques as well as complications in childbirth including breech delivery, turtle sign with shoulder dystocia, and post-partum complications. \*Disclaimer\* Lots of pictures and videos are used in this presentation including frank pictures of the female perineum with crowning. **NCCP Medical**

**She's Having a Baby!: Pregnancy Complications (1 hour)**

This course looks at pregnancy from the very start. Miscarriage, tubal pregnancy, gestational diabetes, pre-term labor, incompetent cervix and more!. Great for fulfilling the core content for paramedic refresher transition courses. (This course can also be used as a "Part One" in that it does not address childbirth. See, "Don't Know Nothin 'bout birthin' no babies!" for the popular childbirth lecture.) **NCCP Medical**

### **"First Blood" : Blood Transfusions in EMS (1 hour)**

We learn the indications of requiring a blood transfusion and why certain types of blood react with others and why O- is referred to as the "Universal Donor". What do you do when a patient goes into a transfusion reaction? Do you even know what to look for in a reaction? What do you carry on the ambulance that can be given to lessen the effects of a reaction? [NCCP Medical](#)

### **"Thoracic Park" : Chest Tubes in EMS transport ( 1 hour)**

This session reviews why chest tubes are indicated and how they work. We will practice assessment, troubleshooting, and maintenance of a chest tube set up while in transport. On hand, I offer different chest tubes, the chest drainage systems, and various items found on an average ambulance that can be used for troubleshooting. [NCCP Medical, Airway, Respiration & Ventilation, Trauma](#)

### **"Readin' and Rightin'" : Documentation and how to write it correctly (1 hour)**

We review the importance of good spelling, the reasons behind this "necessary evil", how to chart not only to benefit the patient but to cover your butt. How to chart in a way to increase the amount of reimbursement from healthcare coverage agencies, terms to use and to avoid in charting, special considerations like elder and child abuse/neglect situations and how to chart regarding subjective and objective data.

### **"Going Mainstream" : Handling Central Lines (1 hour)**

The basics in dealing with central lines and keeping them patent during transport. We discuss maintaining infusions, flushing central lines, troubleshooting and what emergency procedure you need to do in case a line becomes dislodged or pulled out completely.

### **"To Pee or Not to Pee" : Renal Failure and Dialysis in EMS (1 hour)**

We see so many patients who have multiple chronic illnesses and even those who are compliant with their lifestyle will still develop complications. We will review the different types of dialysis, what a dialysis patient must go through on a daily basis and the high maintenance each type of dialysis requires. We will also review what things EMS personnel are liable to find when responding to a patient who happens to have renal failure or is on dialysis despite what the reason for calling EMS was. **NCCP Medical**

### **"Every breath you take" : The most common respiratory diagnoses (1 hour)**

We will review the most common respiratory diagnoses found in EMS and the differences between the way the symptoms present in EMS and the treatment options. Included in the list of diagnoses are COPD, Asthma, CHF, Pneumonia, Pulmonary Embolus and ARDS. Also included are special notes about Ventilator Acquired Pneumonia (VAP) and what we can do in EMS to prevent VAP and improve our patient's outcome in the long run. **NCCP Airway/Respiration/Ventilation**

### **"Just the Basics" : Pharmacology for the EMT (1 hour)**

Often used as a Continuing Education module, this class reviews the medications that an EMT is able to give without ALS assistance. We review the indications, contraindications, side effects, and little known trivia about SL Nitro, Charcoal, Epi-Pen, Oxygen, Oral Glucose Gel, and aspirin and Albuterol. Did you know?.. The same activated charcoal used for overdoses is also great for removing odor from cat litter? And it works the same way in your gut! **NCCP Medical (Medication Delivery)**

### **All Jacked Up! : Endocrine Emergencies (1 hour)**

We see endocrine emergencies more often than we realize, not counting Diabetic Emergencies. From Myxedema Coma and Thyroid Storm to Adrenal Crisis, we learn the different presentations of each emergency and the treatments for each. Please Note: Although diabetes is an endocrine disorder, it is covered in a separate presentation entitled, "Pour Some Sugar On Me: Diabetic Emergencies". **NCCP Medical**

### **"Sort them Out" : S-A-L-T Triage in an MCI (1 hour)**

In 2011, SALT triage became a nationally recognized system for sorting through an event with multiple victims and limited resources. We will go over the "sorting" process and why it works so well. At the end of the session, we will put this process to the test and practice the SALT triage system in the classroom. **NCCP Operations**

### **Toxic Avenger: Sepsis in EMS (1 hour)**

Sepsis is the hot topic with one person dying every 3.5 seconds somewhere in the world. The International Sepsis Campaign has developed guidelines for improving patient outcomes including interventions that can be started in the field. In this presentation we will develop a better understanding of sepsis and how it is more than "just an infection" **NCCP Medical**

### **"Heart Breaker" : Acute Coronary Syndromes and the Cath Lab (1 hour)**

We go on so many calls where, "chest pain" is the complaint. What happens that causes chest pain? What is the reason why Nitroglycerin works as well as it does but we have to be careful when administering it to someone who we suspect is having an Inferior MI? What happens when someone earns a trip to the cath lab and what really is the difference between a balloon and a stent? Why does Retavase work better than Heparin in an MI? We will see video clips of actual angioplasties and stent applications, restored blood flow and EKG's of the before and after. **NCCP Cardiovascular**

## **"I've Got a Crush on You" : Dealing with Crush Injuries in EMS (1 hour)**

Why isn't the systemic effect of crushing your hand the same as crushing your leg? What happens that makes crush injuries distinctive from other trauma injuries? In this session, we will go over crush injuries from start to finish. What happens at the moment a heavy weight hits the body and what we need to do before that weight comes off. We will review some common medications in EMS that we need to have available in order to improve your patient's outcome and why they should be given. **NCCP Trauma**

## **"Killer Bees" : Anaphylaxis in EMS (1 hour)**

What is the difference between a side effect, an allergy and anaphylaxis? What do you do when a patient says he/she is allergic to epinephrine? Why do so many people have allergies to Aspirin? And why is it that someone who is allergic to peanuts can eat french fries fried in peanut oil? In this session, we will review what happens in the body when it is exposed to an allergen and what we need to assess for to determine whether this is a side effect, an allergy or a true allergic reaction. **NCCP Airway/Respiration/Ventilation, Medical**

## **"It's All in Your Head" : Neuro Assessment for Non-neuro folks (1 hour)**

This session is geared toward EMS assessment and care of the neurological insults to the brain whether traumatic or non-traumatic. We review the basic normal neurological assessment and go on to learn what small assessment changes can occur and how to recognize those changes. We learn common non-invasive interventions we can do in the field to reduce the intracranial pressure on any patient with neurological insult and the importance of frequent re-assessments when you have someone who has suffered a potential brain injury. **NCCP Trauma, Medical,**

## **"Free Food!" : Becoming an EMS Conference Speaker and How to**

## **Get Noticed. (1 hour)**

Have you ever listened in on a lecture and thought to yourself, “I think I could explain that a lot better than this person”? There are so many great speakers and educators out there who want a chance at speaking at a conference and getting noticed. Whether you are just thinking about becoming a speaker or you are already a speaker but want to move forward with your material, this presentation is all inclusive.

What is a Speakers Bureau Packet or an Elevator Speech?

How much does an average speaker make?

What kinds of things do conference planners look for?

What can I do to get noticed and what do audience members really like in a speaker?

What kind of equipment do I need to have?

What kinds of topics are in big demand and are likely to get picked by conference planners?

Why do conference planners need objectives and what is Bloom’s Taxonomy?

All of this and so much more! Lots of information and insights from both national conference speakers and conference planners.

## **“Drugs On The Run”: Transitional Pharmacology (1 hour)**

In order to meet the standards set by Paramedic Refresher Courses, we are offering Transitional Pharmacy, a presentation looking at the medications that every Paramedic should be familiar with. Some of these medications have been around for a while and others haven’t been used in EMS until recently. We will go over these medications and look at some new ways to utilizing them in your arsenal for good patient care.

The medications covered include *Fentanyl, Phenergan, Magnesium Sulfate, Oxytocin, Amiodarone, Morphine, Nitrous Oxide, Ativan, Thiamine and Narcan.* **NCCP Medical**

## **Good To the Last Drop: Lab Value Interpretation made Easy (1**

**hour)**

Deciphering the numbers on a bunch of lab values can be daunting. Not to mention the fact that some tests have more than one name for the same thing! This course will navigate you through the most common lab tests that are performed as well as what the results indicate. CBC, BMP, D-Dimer, Blood Cultures and Sensitivities, TSH, CMP and many many more. Handouts and worksheets available. **NCCP Medical**

**“Frozen: The Cold Hard Truth about Hypothermia in Trauma” (1 hour)**

A spin-off from “Chill Out” we take a look at the negative effects of hypothermia specifically in the trauma patient. From vasoconstriction to cold diuresis and the trauma triad of death, we will look at ways of preventing hypothermia and the detrimental effects it has on the body. **NCCP Trauma**

**Man Vs Wild: Environmental Emergencies for the EMT (1 hour or 75 minute versions available)**

Lions, Tigers and Bears... wait... Okay maybe not wildlife but there are several things that are necessary to know in order to treat patients who have decided to “rough it” in the outdoors. Rather than discuss advanced interventions, we are going back to the basics and using common sense knowledge to treat a variety of environment emergencies including hypothermia, hyperthermia, diving emergencies, snake bites, lightning, near drowning, and much much more. **NCCP Trauma**

**Dirty Dozen: Infection Control in EMS (1 hour)**

This is more than just, “Wash your Hands and Wipe Down Your Equipment!” this presentation addresses the most common infections we encounter as well as the different isolations and how we can safely transport an isolation patient and what we need to have ready to make the transport. C. Diff, MRSA, VRE, Ebola and Normal Flora and much more including some interesting trivia.  
**NCCP Operations, Medical**

### **Rock-A-Bye Baby: Pediatric Tips and Tricks (1 hour)**

With the guidelines for the NAEMT Paramedic Refresher requiring so many obstetrics and pediatrics lectures, Janet came up with this one to fill in the gaps of not only trying to meet the standards set by NAEMT but to help out those in EMS who aren't completely comfortable with pediatrics and their little idiosyncrasies. Is a pediatric fever a true emergency? Should a parent be concerned over the color of snot? All of this and more. **NCCP Operations, Medical**

### **“Grandma Got Run over by a Reindeer: Geriatric Emergencies” (1 hour)**

With the baby-boomer generation beginning retirement and enjoying their “golden years”, the healthcare industry will be seeing an influx of elderly patients in the next 10 years. What is different about geriatrics that we need to consider with assessment and treatment? What changes go on with the human body that makes geriatrics so different than a young adult? We will answer these questions and more by going from one body system to another addressing bone calcification, brain atrophy, kyphosis and much more. **NCCP Operations**

### **“Waiting to Exhale: Capnography” (1 hour)**

The American Heart Association has deemed Capnography the gold standard for many years in assessing circulatory status and confirming ETT placement. But we aren't just applying it to assessing the severity of a respiratory distress any longer; we use it for post anesthesia, assessing the efficiency of compressions during CPR, monitor patients on magnesium drips, and many more applications. This presentation goes through how ETCO<sub>2</sub> is created, exhaled and a step-by-step method for analyzing waveforms and assessing the respiratory and circulatory status of your patient.

**NCCP Airway, Respiration & Ventilation**

### **No O<sub>2</sub> for You! : Using Too Much of a Good Thing (1 hour)**

30 years ago it was thought that if a little oxygen is good for you, then a lot must be even better. And that was the case until studies proved that too much of a good thing really isn't the best for our patients. Oxygen titration is now recommended in many nationally recognized programs such as ACLS, NRP, PALS and more. But why can't we give some extra oxygen to our patients? What bad could really happen if we continue to do what we have been doing for 30 years? **NCCP Airway, Respiration & Ventilation**

### **Pre-Con Instructor Workshop (4 hours)**

**Show-Me Creative Ideas in the Classroom: Kinesthetic Applications for increasing learning and enthusiasm in the classroom.** Lori Sizer and Janet Taylor work together in creating a fast paced class for instructors who need to increasing the energy level in the same old topics. All kinesthetic, all the time. Using Cucumbers and salt to describe Osmosis and Diffusion. Strawberries and Sugar to describe diuresis in a hyperglycemic patient, shaving cream, baking soda, balloons, and much much more! All on a shoestring budget!

This presentation is based on the availability of both instructors' schedules as well as availability of a Dollar Store, Dollar Tree or a Walmart nearby. Maximum class size is 50 students. Additional \$200 for cost of supplies.

### **Lil' Rascals: Pediatric Airway and Respiratory Distress (1 hour)**

Lil' Rascals looks at Airway and respiratory from a pediatric view. Starting at respiratory distress and looking at ventilation (BLS and ALS application) asthma, croup, RSV, pertussis, and more and working our way to Airway issues and indications for intubation and how to prep for a pediatric intubation as well as tricks to make the intubation process go more smoothly. We discuss "obligate nose breathers" and how kids breathe when they CAN'T breathe through their nose **NCCP Airway, Respiratory & Ventilation, Medical**

### **Caring for Special People: Unique Situations in EMS (1 hour)**

Fortunately for most patients with special needs, they and their caregivers are very knowledgeable on how to care for their special need(s). **Unfortunately**, it is when they have tried everything that they were taught and it still doesn't work that they call 9-1-1. It can be daunting to walk in and find a patient with equipment you aren't familiar with or have a condition that you may or may not have learned about in paramedic or nursing school. We will go over the most common situations that instill fear in those who respond to a patient with a special need. We will go over and handle actual tracheostomy equipment, feeding tubes, Cerebral/Ventral Shunts, dialysis catheters, central lines and review the most common reasons for calling 9-1-1 in each of the special needs situation. **NCCP Medical, Operations**

### **Pump Up the Volume: Ventricular Assist Devices in EMS (1 hour)**

Ventricular Assist Devices (VAD) are becoming more common with improvement in technology and affordability. Knowing what type of VAD a patient has as well as the assessing heart tones, blood pressure and how to read the controls on the device will help you give the best care possible to your patient. We will review all the major brands and go over why a patient needs a VAD in the first place as well as common complications and what to do when they have a VAD related problem.

**NCCP Cardiovascular**

### **All Bleeding Stops...Eventually: Bleeding Control (1 hour)**

Stop The Bleed is a National Awareness Campaign launched in October of 2015 by the White House in order to train and equip bystanders with what they need to do in order to stop or significantly slow the bleed enough to potentially save a person's life. This presentation goes a step further and explores the different types of hemostatic agents, tourniquets and Tranexamic Acid (TXA). Which tourniquets work the best? Which hemostatic agent is most recommended by the U.S. Military? **NCCP Trauma**

### **A Change of Heart: CHF (1 hour)**

Congestive Heart Failure is a complicated condition that is a cardiac AND a respiratory condition. Depending on the severity, patients who have this condition can be so severely disabled from a weak heart that they can no longer walk across a room without extreme shortness of breath and fatigue. These patients require a LOT of care and intervention. But what happens when a normally well “controlled” CHF patient goes into exacerbation? What are some things that are proven to work and work quickly? How aggressive do we need to be with our patient’s? Can we treat them using BLS level interventions? (answer: YES) In this presentation we look into the day-to-day lifestyle of someone who has moderate to severe CHF. There is a LOT more to this condition than what most EMS/ER healthcare providers realize.

**NCCP Cardiovascular**