CCEMT$ Course Registration

Name: __________________________
Address: __________________________
City: __________________________
State/Province: _________ Zip: ______
E-mail Address: ____________________
Social Security #: ___________________
Phone: (      ) _________________(Home)
Phone: (      ) _________________(Work)

Check one:
☐ EMT-P  ☐ R.N.

Place of Employment:_______________

Have you ever worked on a critical care transport team?  ☐ Yes  ☐ No

Please send this registration form and your check made payable to “NS-LIJ Center for E.M.S.”

Please enclose copies of your required Certifications:
☐ Paramedic or Nursing license
☐ BTLS/PHTLS/TNCC/FNATC
☐ BCLS (CPR)
☐ ACLS
☐ PALS/ PEPP/ PPC/ ENPC

WHO WE ARE !!!

The North Shore/LIJ Center for Emergency Medical Services is part of the North Shore/LIJ Health System, the third largest non-profit, secular health system in the United States and the largest healthcare network in New York State. The system is comprised of 15 hospitals (including three world-class tertiary hospitals as well as a nationally recognized children's hospital and a psychiatric facility), hospice and home care services, a major medical research institute and many other health-related facilities. The Center for Emergency Medical Services is the largest hospital-based ambulance service in the East, with over 60 EMS vehicles and over 300 EMTs and Paramedics. The EMS System operations include the Interfacility Transport Division, New York City 911 Division, Suffolk 911-Islip First Response Division, Critical Care Transports, Network Emergency Management, and a state-of-the-art Communications Center. All aspects of CEMS come together to provide EMS services to the community and making over 70,000 patient contacts per year.

If you would like information concerning other scheduled courses, please see our website: www.northshorelij.com/cemsti

In cooperation with the:

"This product meets the highest standard set by the NAEMSE Endorsement Committee"

This continuing education activity is approved by UMBC, an organization accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS).

Sponsored by:

CRITICAL CARE TRANSPORT

November 11th, 2008 – January 29th, 2009

Tuesdays, Thursdays and every other Sunday (No class on 11/27, 12/25 or 1/1)
6PM – 10PM Weeknights

(One additional 8-hr weekend day may be incorporated into the course)
PURPOSE
This intensive nineteen day course will prepare the paramedic or nurse to become a critical care transport specialist. The 80+ hour class will cover a wide variety of topics including ventilators, 12-lead ECG's, IV pumps, pharmacology, invasive lines, intra-aortic balloon pumps, and complications of transport.

ATTENDEES
The CCEMTPSM course is open to any paramedic or nurse who has worked in that capacity for two (2) years. Current certifications are required. Copies of certifications MUST be submitted with your registration.

CLINICAL
Paramedics and nurses not experienced in critical care may have the opportunity for observation time with the critical care ground transport service of the North Shore-LIJ Health System EMS Department. Additional observation time can be scheduled with the Intensive Care Units and Cardiac Cath Lab at North Shore - Long Island Jewish Health System.

TUITION
$1050 per person payable to “NS-LIJ Center for EMS”. Enrollment is limited to 24 people. ($450 for present North Shore CEMS employees)

FACULTY
The course faculty is made up of physicians, nurses & critical care paramedics with extensive experience in critical care. The University of Maryland, Baltimore County Department of Emergency Health Services has approved all instructors.

If you would like information concerning other scheduled courses, please contact Shawn Bowe at:
Office (516) 719-5065
Fax (516) 719-5076
Email RBowe@NSHS.edu

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CRITICAL CARE TRANSPORT
November 11th, 2008 through January 29th, 2009
Final Testing January 29th, 2009

Module A: Critical Care Environment
- Concepts and Components of a Critical Care team
- Medical/Legal Aspects of Critical Care Transport
- Laboratory Data Interpretation
- Shock
- Multi-System Organ Failure
- Infection Control
- Communicable Diseases
- Transports: Start to Finish

Module B: Breathing Management
- Breathing Assessment
- Pulmonary Physiology
- Pleural Decompression
- Chest Tubes
- Portable Ventilators
- Endotracheal Tube
- Tracheal Suctioning
- Rapid Sequence Induction (Intubation)

Module C: Surgical Airway Management
- Tracheostomies
- Needle Cricothyrotomy
- Surgical Cricothyrotomy
- Retrograde Intubation

Module D: Hemodynamic Management
- Invasive Lines
- Hemodynamic Monitoring
- Blood Administration

Module E: Cardiac Management
- 12-Lead Electrocardiography
- Implantable, Cardioverter-Defibrillators
- Cardiac Pacemakers
- Intra-Aortic Balloon Pumps

Module F: Pharmacological Management
- Sedatives
- Analgesics
- Paralytics
- Antihypertensives
- Volume Expanders
- Vasopressors
- Bronchodilators
- Antiarrhythmics
- Antianginals
- Thrombolytics
- Anticoagulants
- Pharmaceutical Calculations

Module G: GI, GU and Renal Management
- GI, GU and Renal Assessment
- NG and OG Feeding Tubes
- Urinary Catheters
- Ostomies
- Hemodialysis and Peritoneal Dialysis
- Rectal Considerations

Module H: Neurological Management
- Neurological Assessment
- Intracranial Pressure (ICP) Monitoring

Module I: Transport Considerations
- Aeromedical Physiology
- Case Studies

Module J: Special Considerations
- Pediatric Considerations
- Obstetrical Considerations
Long Island Jewish Medical Center
REGISTRATION FORM
November 11th, 2008 – January 29th, 2009

Name: ____________________________________________

(Please type/print name as it should appear on the Certificate of completion.)

Address: ____________________________________________

City, State, Zip: ____________________________________________

Phone(s): (________) ____________________________________________

e-mail: ____________________________________________

Date of initial certification / licensure:

EMT-P ____________  R.N. ____________

Place of Employment: ____________________________________________

Have you ever worked on a critical care transport team? ____________

**Current** Copies of Certifications **Submitted with Application:**

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<thead>
<tr>
<th>CERTIFICATION CARD/DOCUMENT</th>
<th>EXPIRATION DATE</th>
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<tr>
<td>PARAMEDIC OR NURSING LICENSE</td>
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