

**Present:**  
**CRASH**

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The *CRASH* Course in Emergency Medicine for PAs  
**Critical Review And Skills enHancement**  
**For Physician Assistants**

**NOVEMBER 11-13, 2010**  
**OMNI HOTEL**  
**FORT WORTH, TEXAS**



**CREATED ESPECIALLY FOR PAs BY COURSE DIRECTORS:**  
**KEVIN KLAUER, DO, FACEP (ACEP)**  
**CARY STRATFORD, PA-C, DFAAPA (AAPA)**  
**JENNIFER KRUEGER, MBA, PA-C, DFAAPA (SEMPA)**

# CRASH PROGRAM\*

## THURSDAY NOVEMBER 11, 2010

- 6:00 AM REGISTRATION/BREAKFAST
- 7:00 AM WELCOME AND INTRO
- 7:30 AM DYSPNEA I: ASTHMA  
RECOGNIZE CRITICAL PHYSICAL EXAMINATION AND DIAGNOSTIC CLUES IN ASTHMA PATIENTS. DISCUSS TREATMENT STRATEGIES INTO PRACTICE THAT WILL REDUCE DECOMPENSATION IN ASTHMA PATIENTS
- 8:00 AM TOXICOLOGY I THERAPIES COMMON POISONINGS & OVERDOSE  
MANAGEMENT  
IDENTIFY THE TOXIC SYNDROME FOR COMMON EXPOSURES AND UNDERSTAND HOW TO BEST MANAGE THE ACUTELY POISONED PATIENT UTILIZING CURRENT TREATMENT RECOMMENDATIONS IN TOXICOLOGY
- 8:30 AM PREGNANCY ISSUES IN THE ED  
LEARN TO IDENTIFY COMMON PREGNANCY RELATED COMPLICATIONS AND UNDERSTAND HOW TO INCORPORATE PHYSICAL DIAGNOSIS AND MANAGEMENT STRATEGIES INTO PRACTICE
- 9:00 AM BREAK
- 9:30 AM ENVIRONMENTAL I: DROWNING/NEAR DROWNING; HEAT/COLD  
EMERGENCIES  
UNDERSTAND HOW TO IMPLEMENT STRATEGIES TO RECOGNIZE HEAT AND COLD RELATED EMERGENCIES AND KNOW THE CURRENT RECOMMENDATIONS FOR THE MANAGEMENT OF NEAR DROWNING VICTIMS
- 10:00 AM ORTHO I: SPINE  
IMPLEMENT STRATEGIES TO ASSIST WITH THE APPROPRIATE DIAGNOSIS OF SPINAL INJURIES. UNDERSTAND THE CURRENT MANAGEMENT STRATEGIES FOR ACUTE SPINAL INJURIES
- 10:30 AM ALTERED STATES  
DEVELOP A STANDARDIZED APPROACH TO PATIENTS WITH AN ALTERED MENTAL STATUS. LEARN TO RECOGNIZE VARIOUS CLINICAL CAUSES OF ALTERED MENTAL STATES
- 11:00 AM NON-CARDIAC CHEST PAIN THAT KILLS  
RECOGNIZE SERIOUS, NON-CARDIAC CAUSES OF CHEST PAIN AND LEARN TO DEVELOP STRATEGIES TO AVOID MISDIAGNOSIS AND MISMANAGEMENT OF CHEST PAIN PATIENTS
- 11:30 PM REVIEW  
A SHORT REVIEW OF SOME OF THIS MORNING'S KEY CONCEPTS. Q & A
- 12:00 PM LUNCH (PROVIDED)
- 1:00 PM CARDIOLOGY PEARLS: BEYOND ACLS  
IDENTIFY UNCOMMON CONDUCTION DISTURBANCES. LEARN HOW TO INCORPORATE INTO PRACTICE MANAGEMENT STRATEGIES TO AVOID PATIENT DECOMPENSATION
- 1:30 PM ACUTE CORONARY SYNDROME

- RECOGNIZE SUBTLE PRESENTATIONS OF ACS. IDENTIFY LIMITATIONS OF THE DIAGNOSTIC EVALUATION OF CHEST PAIN PATIENTS
- 2:00 PM PEDIATRICS I: COMMON TREATMENT MYTHS  
RECOGNIZE COMMON TREATMENT MYTHS IN PEDIATRICS. UNDERSTAND HOW TO INCORPORATE CURRENT MANAGEMENT STRATEGIES INTO CLINICAL PRACTICE
- 2:30 PM CAN'T SPEAK, CAN'T MOVE: STROKE AND TIA  
DEVELOP ASSESSMENT SKILLS FOR PATIENTS WITH ACUTE CEREBROVASCULAR SYNDROME. LEARN TO INCORPORATE MANAGEMENT STRATEGIES FOR STROKE AND TIA PATIENTS INTO CLINICAL PRACTICE
- 3:00 PM TOXICOLOGY II: SPECIFIC ANTIDOTE  
UNDERSTAND THE CLINICAL APPLICATION OF SPECIFIC ANTIDOTES AND HOW TO INCORPORATE THE USE OF COMMON ANTIDOTES INTO PRACTICE
- 3:30 PM BREAK
- 4:00 PM APPROACH TO THE TRAUMA PATIENT  
DEVELOP A STANDARDIZED APPROACH TO ASSESSING THE TRAUMA PATIENT. LEARN TO RECOGNIZE PITFALLS IN THE INITIAL EVALUATION OF THE TRAUMA
- 4:30 PM UROLOGICAL EMERGENCIES  
IDENTIFY COMMON UROLOGICAL EMERGENCIES ENCOUNTERED IN THE EMERGENCY DEPARTMENT. DISCUSS SPECIFIC TREATMENT RECOMMENDATIONS FOR SUCH EMERGENCIES INTO CLINICAL PRACTICE
- 5:00 PM ABDOMINAL PAIN I  
RECOGNIZE COMMON CAUSES FOR ABDOMINAL PAIN IN THE EMERGENCY DEPARTMENT. UNDERSTAND HOW TO DEVELOP ASSESSMENT SKILLS TO MORE EFFECTIVE DIAGNOSE PATIENTS WITH ABDOMINAL PAIN
- 5:30 PM TICKS & TRICKS: FOREIGN BODY REMOVAL  
IDENTIFY CHALLENGES WITH FOREIGN BODY REMOVAL FROM VARIOUS LOCATIONS. LEARN NEW TECHNIQUES FOR FOREIGN BODY REMOVAL INTO CLINICAL PRACTICE.
- 6:00 PM REVIEW  
A SHORT REVIEW OF THIS AFTERNOON'S KEY CONCEPTS. Q&A

## **FRIDAY NOVEMBER 12, 2010**

- 6:30 AM BREAKFAST
- 7:30 AM I CAN SEE CLEARLY NOW: ORDERING THE RIGHT IMAGING STUDIES

- UNDERSTAND THE INDICATIONS FOR VARIOUS ADVANCED IMAGING STUDIES AND LEARN TO INCORPORATE STRATEGIES INTO PRACTICE THAT WILL RESULT IN MORE APPROPRIATE AND EFFICIENT ORDERING OF RADIOGRAPHIC STUDIES
- 8:00 AM**    **ABDOMINAL PAIN II**  
REVIEW COMMON ABDOMINAL PAIN PRESENTATIONS. UNDERSTAND THE RECOMMENDED DIAGNOSTIC AND TREATMENT STRATEGIES INTO CLINICAL PRACTICE
- 8:30 AM**    **ORTHO II: UPPER EXTREMITY INJURIES**  
IDENTIFY COMMON UPPER EXTREMITY INJURIES. DISCUSS DIAGNOSTIC STRATEGIES TO AVOID MISDIAGNOSIS OF UPPER EXTREMITY INJURIES
- 9:00 AM**    **INFECTIOUS DISEASE: THE FAMOUS KILLERS**  
IDENTIFY COMMON INFECTIOUS DISEASES THAT MAY RESULT IN DECOMPENSATION. LEARN TO INCORPORATE CURRENT MANAGEMENT STRATEGIES INTO CLINICAL PRACTICE
- 9:30 AM**    **BREAK**
- 10:00 AM**    **HEADACHE EVALUATION: AVERTING DISASTERS**  
DEVELOP A RATIONAL APPROACH TO THE EMERGENCY DEPARTMENT PATIENT WITH THE CHIEF COMPLAINT OF HEADACHE. RECOGNIZE COMMON PITFALLS IN THE TREATMENT AND MANAGEMENT OF HEADACHE PATIENTS
- 10:30 AM**    **DYSPNEA II: COPD, CHF**  
DISTINGUISH BETWEEN PULMONARY AND CARDIAC CAUSES OF DYSPNEA. UNDERSTAND HOW TO IMPLEMENT CURRENT MANAGEMENT RECOMMENDATIONS INTO CLINICAL PRACTICE
- 11:00 AM**    **Bitter and Sweet: Critical electrolyte abnormalities**  
Identify critical electrolyte disturbances encountered in the Emergency Department. Learn to incorporate strategies into practice for the rapid detection and management of life threatening electrolyte disturbances.
- 11:30 AM**    **OCULAR EMERGENCIES**  
IDENTIFY THE COMMON OCULAR EMERGENCIES SEEN IN THE EMERGENCY DEPARTMENT. KNOW THE RECOMMENDED TREATMENT STRATEGIES INTO CLINICAL PRACTICE TO AVOID DELAYED OR MISDIAGNOSES
- 12:00 PM**    **REVIEW**  
A SHORT REVIEW OF KEY CONCEPTS OF THIS MORNING'S LECTURES. Q&A
- 12:30 PM**    **LUNCH (PROVIDED)**
- 1:30 PM**    **PEDIATRICS II: CURRENT MANAGEMENT OF COMMON INFECTIONS**  
INCORPORATE CURRENT TREATMENT RECOMMENDATIONS INTO CLINICAL PRACTICE  
RECOGNIZE THE PHYSICAL FINDINGS OF COMMON INFECTIONS SEEN IN PEDIATRIC PATIENTS
- 2:00 PM**    **SEDATION AND ANALGESIA IN THE ED**  
IMPLEMENT STRATEGIES TO SAFELY PROVIDE PROCEDURAL SEDATION IN THE EMERGENCY DEPARTMENT. LEARN TO INCORPORATE STRATEGIES FOR APPROPRIATE PATIENT AND MEDICATION SELECTION
- 2:30 PM**    **DISEASE "DOWN UNDER": STD'S**  
INCORPORATE INTO PRACTICE THE CURRENT MANAGEMENT RECOMMENDATIONS FOR COMMON STD'S. LEARN TO RECOGNIZE THE CLINICAL DIFFERENCES BETWEEN MANY STD'S
- 3:00 PM**    **PEDIATRIC III: APPROACH TO THE FEBRILE CHILD**

- DEVELOP A STANDARDIZED APPROACH TO THE FEBRILE CHILD TO AVOID MISDIAGNOSIS  
RECOGNIZE HIGH RISK CLINICAL FEATURES IN THE FEBRILE CHILD
- 3:30 PM TRAUMA: NOT SO “MINOR HEAD INJURY”  
DEFINE “MINOR HEAD INJURY” LEARN TO IMPLEMENT STRATEGIES TO AVOID MISDIAGNOSIS  
OF PATIENTS WITH “MINOR HEAD INJURY” THAT MAY HAVE TRAUMATIC BRAIN INJURY
- 4:00 PM BREAK
- 4:30 PM ORTHO III: LOWER EXTREMITIES  
RECOGNIZE COMMON LOWER EXTREMITY INJURIES  
INCORPORATE THE CURRENT RECOMMENDATIONS FOR FRACTURE AND DISLOCATION  
MANAGEMENT INTO CLINICAL PRACTICE
- 5:00 PM DYSPNEA III: PNEUMONIA, BRONCHITIS, AND INHALATION INJURIES  
DISTINGUISH BETWEEN VARIOUS PULMONARY CAUSES OF DYSPNEA. UNDERSTAND HOW TO  
INCORPORATE STRATEGIES INTO PRACTICE THAT WILL IMPROVE OUTCOMES WITH RESPIRATORY  
EMERGENCIES
- 5:30 PM INFECTIOUS DISEASE II: THE OCCULT KILLERS  
RECOGNIZE SUBTLE SIGNS OF OCCULT INFECTIONS THAT MAY RESULT IN DECOMPENSATION  
UNDERSTAND TREATMENT STRATEGIES FOR LIFE THREATENING INFECTIONS INTO PRACTICE
- 6:00 PM RISK MANAGEMENT FOR PATIENT SAFETY AND SELF PRESERVATION  
INCORPORATE RISK MANAGEMENT STRATEGIES INTO PRACTICE. IDENTIFY HIGH RISK CLINICAL  
SITUATIONS THAT MAY RESULT IN BAD OUTCOMES AND POTENTIAL MALPRACTICE CLAIMS
- 6:30 PM REVIEW  
A SHORT REVIEW OF THIS AFTERNOON’S KEY CONCEPTS. Q&A

\*\*THE TIMES/TOPICS OF THIS PROGRAM ARE SUBJECT TO CHANGE WITHOUT NOTIFICATION

## **OPTIONAL WORKSHOPS SATURDAY NOVEMBER 13, 2010**

- 7:30AM BREAKFAST
- 8:30-11:30 AM (SELECT ONE WORKSHOP)

- **WOUND CARE:** A skill set critical to the ED is basic wound care, from initial assessment to repair techniques. This invaluable workshop will review the basic approach to acute wound care in the ED, including hands-on practice of a variety of closure techniques.
- **EKG INTERPRETATION:** This workshop will focus on interpreting ECGs in the emergency department, with emphasis on life-threatening diseases such as acute coronary syndromes, cardiac dysrhythmias, metabolic issues which can affect the ECG as well as other conditions such as drug toxicities. Emphasis will be on interpretation skills development, differential diagnosis and interventions. Case studies will be presented for further discussion.
- **RADIOLOGY:** This workshop is an interactive experience reviewing the technical points of radiographic interpretation, as it pertains to critical diagnoses in Emergency Medicine. Experienced or just transitioning into Emergency Medicine, this workshop will provide pearls that will benefit providers of all skill and experience levels. No one will walk away without new tips and skills to apply to daily practice. This workshop will include didactic information, as well as real-world radiographs and patient scenarios to close the loop on each interpretation with actual clinical application.
- 11:30-1:00PM LUNCH ON YOUR OWN

1:00-4:00PM (SELECT ONE WORKSHOP)

- **WOUND CARE:** A skill set critical to the ED is basic wound care, from initial assessment to repair techniques. This invaluable workshop will review the basic approach to acute wound care in the ED, including hands-on practice of a variety of closure techniques.
- **EKG INTERPRETATION:** This workshop will focus on interpreting ECGs in the emergency department, with emphasis on life-threatening diseases such as acute coronary syndromes, cardiac dysrhythmias, metabolic issues which can affect the ECG as well as other conditions such as drug toxicities. Emphasis will be on interpretation skills development, differential diagnosis and interventions. Case studies will be presented for further discussion.
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*This program has been reviewed and is approved for a maximum of 26.5 hours of AAPA Category I CME credit by the American Academy of Physician Assistants. Physician assistants should claim only those hours actually spent participating in the CME activity. This program was planned in accordance with AAPA's CME Standards for Live Programs and for Commercial Support of Live Programs.*