

# EMS Update

An Emergency Medical Services Learning  
Resources Center Publication

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*Hurricane Katrina broke levees on either side of the city, allowing water to flood New Orleans, on August 30, 2005. The storm left thousands homeless in Louisiana, Mississippi, Alabama, and Florida.*



## Iowa EMS volunteers respond to Hurricane Katrina victims

**T**here is nothing like them in the atmosphere. Born in warm tropical waters, these spiraling masses require a complex combination of atmospheric pro-

cesses to develop. They are called hurricanes—a colonial Spanish and Caribbean Indian word for evil spirits and big winds.

Hurricane Katrina, with 140-mile-an-hour winds and a storm surge nearly two stories tall, came ashore early August 30 at the mouth of the Mississippi River near New Orleans. Many of the Louisiana city's 500,000 residents live below sea level and are surrounded by the waters of the Mississippi River, Lake

Pontchartrain, and several bays. The storm left thousands homeless.

Iowa Volunteer Disaster Medical Assistance Teams (IA-DMATS), through the Iowa Department of Public Health, deployed a 30-member team of doctors, paramedics, nurses, respiratory therapists and environmental health specialists to Baton Rouge, Louisiana, for two weeks to assist in the relief efforts.

*continued on page 2*

# Hurricane con't

*New Orleans floodwaters forced tens of thousands of Hurricane Katrina evacuees into the Superdome and Ernest N. Morial Convention Center at right.*



**Clark Christensen**



**Aiko Kamies**



**Dave Wilson**



**Roy Werner, MD**

Clark Christensen, PS, Logistics and DMAT Officer/Bioterrorism EMS Education Coordinator, Iowa Department of Public Health, was the team leader.

“We left September 3 and first help set up a field hospital in an old K-Mart in Baton Rouge,” says Christensen. “We moved to the Pete Maravich Activity Center and eventually to the Louisiana State University fieldhouse.

“We helped in areas where residents were without access to needed daily medical care and health care assistance. My job was to orchestrate the logistics and keep everyone safe.

“We responded to the Emergency Mutual Aid Contract between states,” says Christensen. “A disaster of this magnitude erases state borders and calls on us all to act as a single community and do what we can to help.”

Volunteers were split into two teams to run day and night shifts.

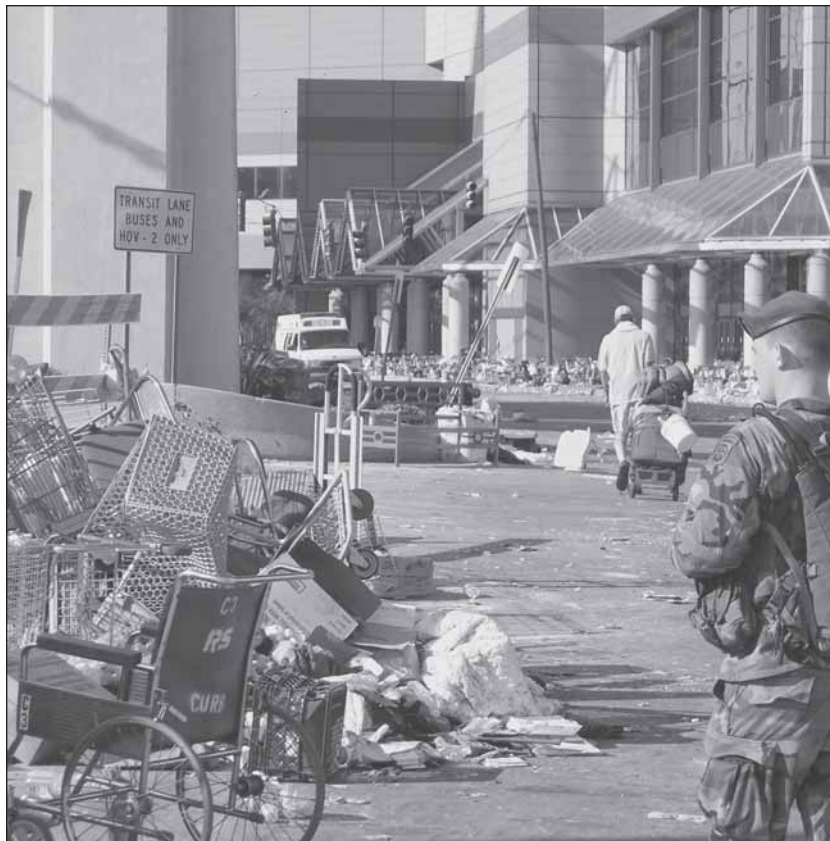
Aiko Kamies, PS, CCP, EMS Coordinator, Orange City Health System, Orange City, Iowa, also volunteered to go to Baton Rouge.

“Most of the patients we saw needed to get back on their medications and have their blood pressures, blood sugars, etc, regulated,” says Kamies. “Some needed wound care and pain control.”

Most of the people that came to the facilities had been evacuated from their home or had spent days in the New Orleans flood waters before coming to Baton Rouge.

“The first thing I noticed was the number of people wearing two different shoes—two right shoes or two left, or shoes that did not match. One of the evacuees told me that the water was coming up so fast that she grabbed the first shoes she could find—and those were the shoes she was wearing,” adds Kamies.

Six Iowa environmental health specialists also responded to the needs in Louisiana and inspected



water, indoor air quality, sewage, food/eating establishments, electricity, coolers, etc.

Another team of eastern Iowa nurses and paramedics were pre-deployed to Memphis, Tennessee.

“We established a field hospital in Bay St. Louis, Mississippi, two days after Katrina destroyed the city,” says Dave Wilson, PS, firefighter, Hiawatha, Iowa; paramedic, Johnson County Ambulance Service; and team commander of a federal Disaster Medical Assistance Team including Iowa City/Cedar Rapids area nurses and paramedics.

They set up a field hospital in the parking lot of the Hancock County Memorial Hospital which was devastated by the storm.

“The hospital staff was treating patients in the flooded lobby when we got there,” says Wilson.

“We set up six tents, three for patient care and three for living. The first day we saw 80 patients and the fifth day we saw 500; we averaged 200 a day. We saw 1,900 patients on site in those 14 days and gave nearly 5,000 doses of tetanus vaccines. We acted as the local pharmacy and treated everything from cuts to

dehydration and severe heat stroke, along with chronic illnesses.”

Two Emergency Medical Services Learning Resources Center staff members helped an overburdened EMS system in San Antonio, Texas while attending a conference September 9-10 in the city.

Roy Werner, MD, MS, Medical Director, EMSLRC, Clinical Assistant Professor, Department of Emergency Medicine, and Lee Ridge, PS, EMS Instructor, EMSLRC, provided initial care and stabilization of patients with medical complaints at displacement camps set up at the decommissioned Kelly Air Force Base and closed Levi-Strauss factory.

“We saw injuries such as puncture wounds resulting from exposed nails, or glass, and bone fractures,” says Werner. “We also had a lot of pulmonary complaints, pain syndromes and skin infections.

“One five-year-old said he never went anywhere, but the last two days he was in a boat, a helicopter a bus and a plane,” adds Werner. “I tossed a ball with another little boy and his mom said that was the first time he had smiled since the hurricane hit two weeks before.”

# Accreditation staff applaud EMSLRC paramedic program



**Doug York**

**Doug York, PS, Director, EMS Learning Resources Center, evaluates a paramedic specialist students' Advanced Cardiac Life Support skills, at right.**

“**T**he Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) Board reviewed your request for continuing accreditation for the Paramedic Specialist Training Program sponsored by the University of Iowa Hospitals and Clinics,” says Richard Walker, Executive Director, CoAEMSP. “After careful consideration, the Committee has forwarded its recommendation to the Commission on Accreditation of Allied Health Science Education Programs for accreditation action.”

The evaluations included administrative, self, peer, current student, and a program graduate evaluation. Following the June evaluation, site visit team member, John Karduck, MD, said, “Mr. York has developed, and the staff have implemented, a very professional program that well prepares the graduates for the real world. The program has a fine reputation, drawing students from many states who are impressed with the quality education they receive. Mr. York and the entire EMSLRC staff are responsible for the quality program, which should assure future success.”

The accreditation allows the release of government financial aid to qualifying students.

“Accreditation also initiates a quality assurance assessment for all aspects of our paramedic program,” says Doug York, PS, Director, EMS Learning Resources Center. “The accreditation holds us to a high set of training standards.”

The EMSLRC program is one of only two Paramedic Specialist Training programs in Iowa to receive accreditation with only 147 programs in the U.S. who meet the nationally established standards.

The next re-affirmation is scheduled for November 18, 2010.



## EMS Update

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## They evaluated and improved burn care in Africa



**Barbara Latenser, MD**



**Jackie Heinle**

**T**hrough her involvement with the American Burn Association, Barbara Latenser, MD, Medical Director, Burn Treatment Center (BTC), University of Iowa Hospitals and Clinics, has worked to extend burn care to patients in the Third World. She has been active in organizing the American Burn Association's international outreach, educational, and clinical efforts and has been instrumental in developing clinics in India and, most recently, in Africa.

The American Burn Association partnered with Health Volunteers Overseas, an organization which takes specialized areas of health care to Third World countries.

Latenser, chairperson of the International Burn Society, was chosen by the American Burn

Association (ABA) to lead the effort to evaluate obstacles and resources for burn care in developing countries. Working with the ABA, she spearheaded the first overseas evaluation in Lusaka, Zambia.

Latenser visited Lusaka, Zambia twice before and this time invited Jackie Heinle, RN, Nurse Manager, BTC, to accompany her for four weeks last July.

Zambia has 11 million people with a per capita income of less than \$400 per year. The average woman has 7 to 9 children and dies by age 35 from sexually transmitted HIV. Zambia has an 85 percent mortality with an average of 600 burns each year.

"They see 500 to 600 burn patients each year in their hospital and so many die unnecessarily," says Heinle. "Here, in our burn unit, we see about 240 burn patients a year and the number we lose is in the single digits.

"In the U.S., half the people with a 70 percent total body surface area burn will die from injury. In Zambia, an 8 percent total body surface area

full thickness burn is often fatal," says Heinle.

Most burn victims in Zambia are children. They are left with other children while their mothers are out gathering wood and searching for food and water.

"It was winter when we visited Africa in July. The majority of burns occur during the winter season there. Children sit around huge bonfires in the villages with limited parental supervision. Most of the pediatric burn patients are one month to three years old; often they are burned by cooking fires."

Hospitalized patients going for surgery are identified by tape placed on the forehead listing their name, age, diagnosis, and procedure.

"Many of the hospital patients lay on a one-inch mattress provided by the family and positioned on the floor," says Heinle. "There is one to two nurses per 80 patients in the surgical ward. The family sits at the patient's bedside to provide care. The family also supplies the sheets and pillows, food and medications. Pain medications are provided by the family if resources are available."

Patients walk for days to see a doctor or a nurse. Hundreds of them stood in line for two days to see Heinle and Latenser in clinic where they treated 15 to 20 patients a day.

"We helped set up a burn center to meet their specific needs," Heinle adds. "The focus was on burn prevention and basic burn care."

With limited ventilators available, the anesthetists would often handbag the patient to support them during surgery. There was limited phone access, crash carts, or oxygen equipment in the hospital. Protective gloves are in a locked cabinet so they can be rationed out as needed.

Latenser performed burn reconstructive surgery. "We released contractures, allowing full use of fingers, hands, elbows, and knees," says Latenser. "We also performed skin grafts on burns that were sustained months previously."

This visit is just the first of four evaluations scheduled to be

*continued on page 5*

# Africa con't

*Most burn victims in Zambia are children ages one month to three years. They are left with other children while the mother is out gathering wood and looking for food and water. It was winter there when Latenser and Heinle visited in July. Children sat around bonfires to keep warm, with minimal parental supervision.*

performed by ABA members in Cambodia, India and Uganda in the coming year.

“Our goal is to help local health care providers establish rudimentary burn care centers and teach the care to physicians, nurses and therapists. We aim to create a network of sister burn units throughout the U.S.

“We anticipate our next visit to Zambia in summer 2006. With the continued support of UIHC administration and the Department of Surgery, we will continue our efforts in the international communities.”

Latenser and Heinle conducted a two-day, Advanced Burn Life Support course for Zambian physicians and nurses which taught them initial and ongoing basic burn care to prevent infection and relieve pain.

“We taught the Zambians to do the best they can with the resources available to them,” says Heinle.

Heinle has presented burn lectures to EMS groups across Iowa for more than 25 years.

“The key to burn patient outcome begins with the start of the accident with EMS providers giving



excellent care,” says Heinle. “I’m dedicated and committed for my life to EMS outreach burn education.”

Heinle was also curious about emergency services in Zambia. The ambulance was an old bread truck.

“There is no emergency scene care in Zambia,” she says. “They

reuse all their equipment; they clean their endotracheal tubes with a cleaning solution and a toothbrush and use it on the next patient.”

To request an outreach burn education session, please contact Jackie Heinle at [heinlej@uihc.uiowa.edu](mailto:heinlej@uihc.uiowa.edu)

*Barbara Latenser, MD, has a national and international reputation as a leader in research and care of trauma and burn patients.*



## Latenser named Clara L. Smith Professor

Barbara Latenser, M.D., Clinical Associate Professor, Department of Surgery, the University of Iowa Roy J. and Lucille A. Carver College of Medicine, and Medical Director, Burn Treatment Center, UI Hospitals and Clinics, has been named the Clara L. Smith Associate Professor of Burn Treatment.

The professorship is only the second endowed position in burn treatment in the country, and Latenser is the first woman to be appointed to such a position. Latenser will hold the endowed professorship for the duration of her tenure as Medical Director of the UI Burn Treatment Center.

Clara Smith of Cedar Rapids, Iowa, died in 2002 and made an estate gift to establish a fund to be used for the greatest needs of the UI Burn Treatment Center. Clara Smith made the gift in thanks to the Burn Treatment Center and the hospital,

which had saved her husband’s life when he was a burn patient.

The professorship supports the work, including outreach efforts, of the medical director of the Burn Treatment Center.

Latenser, who joined the UI faculty in 2004, has a national and international reputation as a leader in research and care of trauma and burn patients. She also has widely shared her clinical expertise on managing burn and trauma patients with physicians around the world.

Latenser’s research focuses on the treatment of burns and trauma. Her interests include the acute management of burn and trauma patients, the physiologic alterations that occur in the single or multiple trauma patient, abdominal compartment syndrome, necrotizing acute soft tissue infections, and burn prevention.

# Skeete named UIHC Trauma Service Medical Director

More information about Dionne Skeete, MD, Clinical Assistant Professor, Department of Surgery, Medical Director, Trauma Service, can be found at <http://www.surgery.uiowa.edu/htmpages/generalsurgery>



“Dr Skeete maintains the Trauma Service’s daily functions. She works with all other services to develop patient care standards that reflect our commitment to excellence as an institution,” says G. Patrick Kealey, MD, Professor, Department of Surgery.

Dionne Skeete, MD, Clinical Assistant Professor, Department of Surgery, was recently named Medical Director, Trauma Service, UI Hospitals and Clinics.

“Dr Skeete is a superb clinical surgeon and is doubly boarded in surgery and in critical care/trauma. She is a careful and committed teacher and is collegial and collaborative in her approach to her colleagues in all disciplines in the care of patients,” adds Kealey.

The trauma team, administered by the Department of Surgery, includes six trauma surgeons, four of whom are also critical-care specialists. In addition, multiply-injured patients receive care from specialists in many areas including but not limited to orthopedic surgery, neurosurgery, otolaryngology, ophthalmology, anesthesia, radiology and the Emergency Treatment Center.



G. Patrick Kealey, MD



## A Message from Dr Eric Dickson

Lee Ridge, PS, (above) EMS Instructor, EMS Learning Resources Center, was recently named Director of the Emergency Medicine Simulator Center at the University of Iowa Hospitals and Clinics.

Ridge is a dedicated teacher and certified flight paramedic who also flies with *AirCare*.

As Ridge was assuming his new role, an important article by Canadian researchers, “Human Patient Simulation is Effective for Teaching Paramedic Students Endotracheal Intubation”, was published in *Academic Emergency Medicine*.

Specifically, the authors showed that paramedic students trained to perform intubations on high fidelity simulators were just as good at intubating (same human success rate) as students trained in the operating room.

Today’s computerized patient simulators have a pulse, a blood pressure, breathe, talk, and can undergo the same life saving procedures that are necessary to care for the critically ill and/or injured persons. Medical simulation can prepare clinicians from all disciplines to care for patients with emergent health care needs, even if it is something that they have never experienced in their training.

When completed, the Emergency Medicine Simulator Center - located in

the EMSLRC - will consist of a field setting and hospital room. Both pediatric and adult simulators will be used in both rooms.

The two rooms are being completed using donations from grateful patients, emergency medicine practitioners and other generous individuals committed to improving Emergency Medicine education. If you are able, please consider making a gift to the Emergency Medicine Education and Research Fund at [www.givetoiowa.org/em](http://www.givetoiowa.org/em)

We are extremely grateful to the list of persons below, who through their generosity, are helping us realize this important dream.

Eric W. Dickson, MD, FAAEM  
Head, Department of  
Emergency Medicine

Donor list as of November 1, 2005:

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Contributors to the Emergency Medicine Education and Research Fund will be recognized in the **EMS Update** for their giving during our fiscal year (July 1 - June 30).

*Michael Miller, MD, second year resident, Iowa's Emergency Medicine Residency Program, prepares to fly in the AirCare helicopter.*



**Michael Miller, MD**



## Residents fly, enhance physician to physician communication

Second and third year University of Iowa Emergency Medicine Residents, like Michael Miller, MD, now fly in the AirCare helicopter to gain experience in a rural care setting.

Miller, a second year resident, is board certified in family practice.

"Our fundamental philosophy for the Emergency Medicine Residency program is to provide residents with a broad exposure to all facets of emergency medicine," says Eric Dickson, MD, Head, Department of Emergency Medicine, University of Iowa Hospitals and Clinics. "We now have a physician flying in the helicopter who can receive the patient from a physician and transfer a patient to another physician."

Established in 1979, the Air and Mobile Critical Care Service program

at University of Iowa Hospitals and Clinics supports two helicopters; AirCare I in Iowa City and AirCare II in Waterloo, Iowa.

Iowa's Emergency Medicine Residency program offers educational options to provide residents the education and experience to be successful in their emergency medicine career.

Rick Ogren, RN, Flight Nurse, UI Hospitals and Clinics says, "I think this is a good opportunity for the residents to see firsthand how well small hospitals handle emergencies in spite of their limited resources."

Ogren says it also gives the residents insight into what is involved in a helicopter transport so they are able to make patient transport decisions.

"Sometimes it can be beneficial for patients when the physician to physician relationship enhances communication," says Miller.

"We are teammates working to provide the best patient care," adds Miller. "It helped me to 'walk a mile in their shoes.'"



## Ahmed, flight physician, named AirCare director

"As a native of Bettendorf, Iowa and a graduate of the University of Iowa College of Medicine, I am excited to return home to be a part of Iowa's Emergency Medicine Residency Program, AirCare, as well as the UI Carver College of Medicine," says Azeem Ahmed, MD.

Ahmed, Clinical Assistant Professor and Flight Physician, Department of Emergency Medicine, is the new Medical Director of Air and Mobile Critical Care Services.

"I want to be a role model for the residents and medical students as they embark on careers in emergency medicine," says Ahmed. "I hope to enhance the great tradition of AirCare and contribute on multiple levels as a flight physician and medical director. I want to provide excellent emergent medical care here as well as for the patients that are transferred in from surrounding hospitals."

"We welcome Dr Ahmed as the physician dedicated to AirCare," says Diane Lamb, RN, Nurse Manager, AirCare. "In the past, our medical directors had other obligations besides AirCare. He is our first medical director with aeromedical experience; he knows the industry well."

Ahmed will also communicate and watch quality assurance with physician follow-up.

Ahmed was an emergency medicine and flight physician with Spectrum Health, (affiliated with Michigan State University College of Human Medicine) before coming to Iowa.



**Eric Dickson, MD**



**Rick Ogren**

# EMSLRC course calendar

## **2005**

- Nov 18 Iowa City: Advanced Trauma Life Support Refresher  
Dec 7 Iowa City: Neonatal Resuscitation Program  
Dec 8 Iowa City: Prehospital Trauma Life Support Instructor/Coordinator  
Dec 9 Iowa City: Advanced Cardiac Life Support Provider Renewal

## **2006**

- Jan 3 Iowa City: Paramedic Specialist Training Program begins  
Jan 16,18  
23,25 Iowa City: Basic Cardiac Rhythm Interpretation and Introduction to 12-Lead Courses  
Jan 21-22 Iowa City: Prehospital Trauma Life Support Basic/Advanced Provider  
Jan 28 Iowa City: National Registry Exam  
Feb 4 Iowa City: Basic Life Support Training Center Faculty Update and Orientation  
Feb 11-12 Council Bluffs: Prehospital Trauma Life Support Basic/Advanced Provider  
Feb 24 Davenport: Advanced Trauma Life Support Refresher  
Feb 24 Ottumwa: Advanced Cardiac Life Support/Pediatric Advanced Life Support Instructor Renewal and Update  
Mar 3-5,  
17-19 Iowa City: EMS Refresher Training  
Mar 6-7 Iowa City: Pediatric Education for Prehospital Professionals  
Mar 9-10 Iowa City: Advanced Trauma Life Support Student  
Mar 10 Iowa City: Advanced Trauma Life Support Student Refresher  
Mar 20-21 Iowa City: Geriatric Education for Emergency Medical Services  
Mar 24 Iowa City: Advanced Cardiac Life Support/Pediatric Advanced Life Support Instructor Renewal and Update  
Mar 25-26 Iowa City: National Registry Exam  
Mar 27-28 Iowa City: Advanced Medical Life Support Provider/Refresher  
Apr 1 Fort Dodge: Advanced Cardiac Life Support/Pediatric Advanced Life Support Instructor Renewal and Update  
Apr 7 Iowa City: Advanced Trauma Life Support Student Refresher  
Apr 10-11 Iowa City: Prehospital Trauma Life Support Basic/Advanced Provider  
Apr 10-11 Davenport: Trauma Nursing Core Course  
Apr 13-14 Iowa City: Advanced Trauma Life Support Instructor



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