

MISSION STATEMENT

The International Trauma Life Support (ITLS) training program is aimed at preventing death and disability through education and emergency trauma care. ITLS is endorsed by the American College of Emergency Physicians (ACEP) and the National Association of EMS Physicians (NAEMSP). ITLS courses give the student the knowledge and hands-on skills to take better care of trauma patients emphasizing rapid assessment, appropriate intervention and identification of immediate life threats.

The ITLS framework for rapid, appropriate and effective trauma care is a global standard that works in any situation. ITLS courses combine classroom learning and hands-on skills stations. They also challenge the student with scenario assessment stations where learning is put to work in simulated trauma situations.

INTENDED AUDIENCE

Prehospital and emergency care providers (First Responder, EMT-B, EMT-I, EMT-P, RN, MD, and other licensed healthcare professionals) that currently have a need to increase their knowledge and skills for treating the trauma patient.

PAEMS Medical Director

Cheryl Colbenson, DO

Course Coordinator

Dale Tippett, EMT-P

PAEMS System Manager

Dave Klings, RN



OSF Saint Francis Medical Center
605 NE Jefferson Ave.
Peoria, IL 61603

ITLS

PROVIDER COURSES

February 9 & 10, 2013 LTFPD
8am - 4pm

May 8 & 9, 2013
August 10 & 11, 2013
or
November 6 & 7, 2013
9am - 5pm

RENEWAL COURSES

February 23, 2013
8am - 4pm

May 7, 2013
August 24, 2013
or
November 5, 2013
9am - 5pm



COURSE DESCRIPTION

It's proven. The ITLS course provides an opportunity to improve the quality of trauma care and has been shown to improve mortality and morbidity rates.

It's critical thinking. ITLS promotes critical thinking as the foundation for providing quality care and helps providers make informed decisions in the field.

It's current. The ITLS course has been updated and revised to keep up with advances in the field, ATLS guidelines, and feedback from ITLS participants.

It's consistent. The backing and support of an international organization ensures consistency in all ITLS programs.

COURSE GOALS & OBJECTIVES

- To provide a description of the physiology and kinematics of injury.
- To provide an understanding of the need for a rapid assessment of the trauma patient.
- To advance the participant's level of knowledge in regard to examination and diagnostic skills.
- To enhance the participant's performance in the assessment and treatment of the trauma patient.
- To advance the participant's level of competence in regard to specific prehospital trauma intervention skills.
- To provide an overview and establish a management method for the prehospital care of the multisystem trauma patient.

COURSE LOCATION

Peoria Area EMS Office
605 NE Jefferson Ave.
Peoria, IL 61603
For additional information, call (309) 655-2113.

CANCELLATION POLICY

- No refunds will be given once payment is accepted at the EMS Office.
- 10 or more participants are required for each class. Class will be cancelled if less than 10 participants are registered.
- If the EMS Office cancels the course, participants will automatically be registered for the next available course.
- Non-attendance will result in the forfeiting of the course fee. Non-attendance includes cancellation with less than 24 hours notice.
- If registration is cancelled 24 hours or more prior to the start of the course, the participant will be enrolled in the next available course.
- The EMS Course Coordinator and the EMS System Manager have the ability to make exceptions to the cancellation policy.

REGISTRATION INFORMATION

Fee: \$80* - Provider Course
\$50* - Renewal/Bridge Course
\$60 - ITLS Book
**Price does not include ITLS book.*

Deadline: Registration form and payment due 14 days prior to the start of class.

Mail to: Peoria Area EMS
OSF Saint Francis Medical Center
605 NE Jefferson Ave.
Peoria, IL 61603

REGISTRATION FORM

ITLS Provider – must attend both days

Please Check One

- Feb. 9 & 10, 2013 Aug. 10 & 11, 2013
 May 8 & 9, 2013 Nov. 6 & 7, 2013

ITLS Renewal

Please Check One

- Feb. 23, 2013 Aug. 24, 2013
 May 7, 2013 Nov. 5, 2013

Please Print

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone _____

Day Phone _____

Email _____

EMT Level _____ RN _____ MD/DO _____

BOOK ORDER FORM

- Purchase Book
 Have Book

PAYMENT INFORMATION

- Check (*payable to OSF Saint Francis Medical Center*)
 Master Card Visa Discover

Account Number _____ Exp. Date _____

Signature _____