

ATLS®

ADVANCED TRAUMA LIFE SUPPORT

**APRIL 4–5, 2019 OR
OCTOBER 10–11, 2019**



LOCATION

**MAHEC Mary C. Nesbitt Biltmore Campus
Simulation Center**
119 Hendersonville Rd, Asheville, NC 28803

DATE

**Thursday, April 4, 2019 or
Thursday, October 10, 2019**

REGISTRATION PROGRAM

7:30 am–7:45 am (*light breakfast provided*)
7:45 am–6:15 pm (*lunch provided*)

DATE

**Friday, April 5, 2019 or
Friday, October 11, 2019**

REGISTRATION PROGRAM

7:45 am–8:00 am (*light breakfast provided*)
8:00 am–7:00 pm (*lunch provided*)

Early registration fees through March 25, 2019/Sept. 30, 2019.

PHYSICIANS

\$1,175.00

APPs & PAs

\$775.00

EMS, EMTs & PARAMEDICS

\$200.00 (*audit only; limited availability*)

RNs

\$200.00 (*audit only; limited availability*)

**All fees include the
ATLS® Student Course
manual and shipping.**

DESCRIPTION

Injured patients present a wide range of complex problems. The ATLS® 10th Edition Student Course presents a concise approach to assessing and managing multiple injured patients. The course presents doctors with knowledge and techniques that are comprehensive and easily adapted to fit their needs. The skills described in the manual represent one safe way to perform each technique, and the ACS recognizes that there are other acceptable approaches. However, the knowledge and skills taught in the course are easily adapted to all venues for the care of patients.

The American College of Surgeons (ACS) and its Committee on Trauma (COT) developed the Advanced Trauma Life Support® (ATLS®) program. This program provides systemic and concise training for the early care of trauma patients. The ATLS® program provides participants with a safe, reliable method for immediate management of the injured patient and the basic knowledge necessary to:

- Assess the patient's condition rapidly and accurately
- Resuscitate and stabilize the patient according to priority
- Determine if the patient's needs exceed a facility's capacity
- Arrange appropriately for the patient's inter-hospital transfer (who, what, when, and how)
- Ensure that optimum care is provided and that the level of care does not deteriorate at any point during the evaluation, resuscitation, or transfer process

For participants who infrequently treat trauma, the ATLS® course provides an easy to remember method for evaluating and treating the victim of a traumatic event. For participants who treat traumatic disease on a frequent basis, the ATLS® Student Course provides a scaffold for evaluation, treatment, education, and quality assurance. In short, ATLS® is a measurable, reproducible, and comprehensive system of trauma care.

ATLS® STUDENT COURSE MANUAL

All participants are expected to bring with them an ATLS® Student Course Manual. Registration fees include the manual and shipping. Every effort will be made to deliver these materials one month prior to the course. Shipping Address will be the address entered on the brochure registration page or at online checkout. Please update if necessary. **NO PO BOXES.**

ACS guidelines require that all students (excluding auditors) complete the pre-test online for this course prior to attending the live course. A link to the online pre-test will be emailed to all students in advance of the course. Please provide your preferred email address on the brochure registration page or at online registration.

In order to accommodate these requirements, process your registration, provide you with a manual and the link to take the pre-test in a timely manner, registration for the April 4-5, 2019 course will close at noon, Friday, March 29th and registration for the October 10-11, 2019 course will close at noon, Friday, October 4th.

AUDIENCE

Physicians and Advanced Practice Providers. **Audit Only:** Nurses, EMS, EMTs, and Paramedics (*only 4 seats available for auditors!*).

OBJECTIVES

Upon completion of this course, participants will be able to:

- Assess the patient's condition rapidly and accurately
- Resuscitate and stabilize the patient according to priority
- Determine if the patient's needs exceed a facility's capabilities
- Arrange appropriately for the patient's definitive care
- Ensure that optimum care is provided

JOINTLY PROVIDED BY



HAVE A QUESTION?

Contact the Program Planner

Elaine Alexander, RN, MSN, RNC-OB

elaine.alexander@mahec.net or 828-257-4414

REGISTRATION INFORMATION:

828-257-4475

FAX REGISTRATION:

828-257-4768

ONLINE REGISTRATION:

www.mahec.net

EMAIL:

registration@mahec.net

MAIL:

MAHEC Registration
121 Hendersonville Road, Asheville, NC 28803



Special Services

828-257-4485



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

100+years

DAY ONE

7:30–7:45	Registration and Light Breakfast (<i>provided</i>)
7:45–8:00	Course Overview
8:00–8:15	Initial Assessment (<i>Demo Disorganized</i>)
8:15–9:00	Initial Assessment and Management
9:00–9:15	Initial Assessment (<i>Demo Organized</i>)
9:15–9:30	Break
9:30–9:55	Airway and Ventilatory Management
9:55–10:35	Shock
10:35–11:10	Thoracic Trauma
11:10–11:45	Abdominal and Pelvic Trauma
11:45–12:30	Lunch (<i>provided</i>)
12:30–12:45	Surgical Skills Practicum Discussion
12:45–1:00	Break (<i>move to Surgical and Practical Skills</i>)
1:00–2:30	Surgical Skills Session
2:30–2:40	Break (<i>move to next station</i>)
2:40–4:10	Surgical Skills Session
4:10–4:20	Break (<i>move to next station</i>)
4:20–5:50	Surgical Skills Session
5:50–6:00	Break (<i>move to conference room</i>)
6:00–6:15	Summary and Adjourn

DAY TWO

7:45–8:00	Registration and Light Breakfast (<i>provided</i>)
8:00–8:40	Head Trauma
8:40–9:20	Spine Trauma
9:20–9:45	Musculoskeletal Trauma
9:45–10:15	Secondary Survey Demonstration
10:30–11:10	Practical Skills Sessions
11:10–11:50	Practical Skills Sessions
11:50–12:30	Practical Skills Sessions
12:30–1:10	Practical Skills Sessions
1:10–1:45	Lunch (<i>provided</i>)
1:45–2:15	Thermal Injuries
2:15–2:45	Trauma in the Extremes of Age
2:45–3:10	Trauma in Pregnancy and Intimate Partner Violence
3:10–3:30	Transfer to Definitive Care
3:30–3:45	Break (<i>move to Skill Stations</i>)
3:45–6:45	Practical Skills Sessions and Written Test
6:45–7:00	Course Summary and Adjourn

MAHEC assumes permission to use audio, video and still images from this program for promotional and educational purposes. Please speak with a staff member if you have any concerns.



Stay connected! Follow us on Facebook: @MAHECED

MEDICAL COURSE DIRECTORS

Ann Conquest, MD

Mission Hospital

William Shillinglaw, MD

Mission Hospital

**CLICK HERE
TO REGISTER**

A NOTE ON CREDITS

The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education (CME) for physicians.

The American College of Surgeons designates this live activity for a maximum of 17 AMA PRA Category 1 Credits. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The American College of Emergency Physicians has approved ACEP Category 1 credit for up to 17 hours.

Nursing: For the purposes of recertification, the American Nurses Credentialing Center accepts AMA PRA Category 1 Credit issued by organizations accredited by the ACCME.

A non-physician certificate of attendance is available at MyATLS.com and in the ATLS Course Management system.

REGISTRATION

EARLY REGISTRATION DEADLINE for the April course is Monday, March 25, 2019 and for the October course is Monday, September 30, 2019.

The registration fee is \$1,175.00 for Physicians; \$775.00 for APPs; \$200.00 for EMS, EMTs and Paramedics (*audit only; limited availability*); and \$200.00 for Nurses (*audit only; limited availability*). Fees include administrative costs, educational materials, light breakfast and lunch. If your registration is received after these deadlines, the total will be the registration fee + a \$50.00 charge to ship the manual via Federal Express.

MAHEC has a pay-up-front policy for all CE programs. The only exceptions will be for pre-approved programs where an individual payment plan is appropriate. Registrations received without accompanying payment will not be processed and participants who have not paid the course fee will not be admitted into the program.

Cancellations received at least two weeks in advance of the program date will receive a full refund unless otherwise noted. Cancellations received between two weeks and up to 48 hours prior to the program date will receive a 70% refund unless otherwise noted. No refunds will be given for cancellations received less than 48 hours prior to the program date. All cancellations must be made in writing (fax, mail, or email). Substitutes can be accommodated in advance of the program.

DIRECTIONS

**MAHEC Mary C. Nesbitt Biltmore Campus, Simulation Center
119 Hendersonville Road, Asheville, NC 28803**

From I-40 E: Take Exit 50 and turn left onto Hendersonville Road.

From I-40 W: Take Exit 50B and merge onto Hendersonville Road.

At the first light, turn left into the DoubleTree Hotel complex. Turn left (away from the hotel). You will see a steep driveway on your right. Turn right and go up that driveway to the MAHEC Biltmore Campus.

From 19-23 (I-26): Take 240 East to Exit 5B (Charlotte Street). Exit right onto Charlotte Street. At the 4th light, make a left onto Biltmore Avenue. Proceed through 8 traffic lights. At the 9th light, turn right into the DoubleTree Hotel complex. Turn left (away from the hotel). You will see a steep driveway on your right. Turn right and go up that driveway to the MAHEC Biltmore Campus.

LODGING

MAHEC has negotiated reduced rates with several local hotels. More information can be found [here](#).



☐ Updated contact information.

NAME _____

CREDENTIALS _____

SOCIAL SECURITY # XXX-XX- ____ (last 4 digits required)

OCCUPATION _____

EMAIL ADDRESS _____ (required)

SHIPPING ADDRESS _____ (no PO Box)

CITY _____ **STATE** _____ **ZIP** _____

HOME COUNTY _____

HOME # _____ **WORK #** _____

EMPLOYER _____

DEPARTMENT _____

EMPLOYER'S ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

WORK COUNTY _____

Program announcements will be sent to your email unless you opt out from receiving MAHEC emails. We never share our mailing lists.

☐ Please remove my name from the MAHEC mailing list.

MEAL PREFERENCE ☐ Vegetarian ☐ Gluten-free ☐ Vegan

APRIL 4-5, 2019

#19IDSIM038/58097

PHYSICIANS	<input type="checkbox"/> \$1,175.00	<input type="checkbox"/> \$1,225.00 (after 3/25/19)
APPs	<input type="checkbox"/> \$775.00	<input type="checkbox"/> \$825.00 (after 3/25/19)
EMS, EMTs & PARAMEDICS (audit only; limited availability)	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$250.00 (after 3/25/19)
RNs (audit only; limited availability)	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$250.00 (after 3/25/19)

OCTOBER 10-11, 2019

#20IDSIM006/58105

PHYSICIANS	<input type="checkbox"/> \$1,175.00	<input type="checkbox"/> \$1,225.00 (after 9/30/19)
APPs	<input type="checkbox"/> \$775.00	<input type="checkbox"/> \$825.00 (after 9/30/19)
EMS, EMTs & PARAMEDICS (audit only; limited availability)	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$250.00 (after 9/30/19)
RNs (audit only; limited availability)	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$250.00 (after 9/30/19)

Full payment must accompany all submitted registrations unless a payment plan has been approved in advance. Registrations received without accompanying payment will not be processed.

☐ Check is enclosed ☐ Credit card information provided

☐ Visa ☐ MasterCard ☐ Discover Card ☐ American Express

ACCOUNT # _____

EXP ____ / ____ **CODE ON BACK OF CARD** _____ (3 digits)

NAME ON CARD _____

SIGNATURE _____

Send completed registration form to:

Fax: 828-257-4768

MAHEC Registration

121 Hendersonville Road, Asheville, NC 28803