

## ITLS Course Info

### SBLHC EMS System Members

2 Day Provider	<b>\$100</b>
1 Day Recert	<b>\$75</b>

### Non System Members/Independents

2 Day Provider	<b>\$150</b>
1 Day Recert	<b>\$125</b>

ITLS follows the recommendations of the ITLS International. Fees charged for this course do not reflect income to ITLS International



Sponsored by:  
**Sarah Bush Lincoln Health Center  
& ITLS International**

ADDRESS CORRECTION REQUIRED

  
**Sarah Bush  
Lincoln**  
Emergency Medical Services  
104 Professional Plaza  
Mattoon, IL 61938  
[www.sarahbush.org](http://www.sarahbush.org)

# Emergency Medical Services International Trauma Life Support



  
**Sarah Bush  
Lincoln**  
Trusted Compassionate Care

## Course Overview

International Trauma Life Support (ITLS) is designed for EMS professionals, as well as ED/trauma nurses who must initially evaluate and stabilize the trauma patient.

The course is designed so participants learn rapid assessment, aggressive resuscitation packaging, and transport.

ITLS also stresses those conditions that cannot be stabilized in the field, and require immediate transport.



## ITLS Core Concepts

### Day 1: Lectures and Activities

- Scene size up
- Assessment and initial management
- Airway management
- Shock evaluation management
- Chest trauma
- Abdominal trauma
- Spinal trauma
- Head trauma
- Patient assessment demonstration
- Skills station rotations

### Day 2: Lectures and Activities

- Extremity trauma
- Trauma in the elderly
- Burns
- Pediatric trauma
- Trauma in pregnancy
- Patient assessment stations
- Test rotations and written evaluation

### EMS Instructors

Ryan Berkheimer, EMT-P  
Lucas Ruholl, EMT-P  
Mike Schwenke, EMT-P  
Shirley Sherwood, RN  
Dawn Theis, EMT-P  
Jason Wright, EMT-P

## ITLS Registration

### 2021 schedule

#### 2-Day Provider

- April 17 & 18                      8 am    4 pm  
 October 16 & 17                      8 am    4 pm

#### 1-Day Recert

- April 13            (Recert Only)    8 am    Noon  
 October 12    (Recert Only)    8 am    Noon

*Please circle the time you will be attending class.*

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

#### Method of Payment

Check             Other

Bill EMS service \_\_\_\_\_

Bill Hospital Dept \_\_\_\_\_

Licensed as: \_\_\_\_\_                      Expiration \_\_\_\_\_

### Sarah Bush Lincoln EMS

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