

ITLS Course Info

SBLHC EMS System Members

2 Day Provider	\$100
1 Day Recert	\$75

Non System Members/Independents

2 Day Provider	\$150
1 Day Recert	\$125

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

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

Sarah Bush Lincoln EMS Staff

Shirley Sherwood, RN, EMS Coordinator
ITLS Regional Faculty, Course Director

Jason Wright, EMT-P
Course Coordinator

EMS Instructors

Sheri Barnett, APN
Ryan Berkheimer, EMT-P
Stephanie Philpott, RN
Mike Schwenke, EMT-P
Dawn Theis, EMT-P
Joseph Burton, DO, FACEP
SBLHC EMS Medical Director

ITLS Registration

2017 schedule

	Start	End
<input type="checkbox"/> April 22 & 23	8 am	4 pm
<input type="checkbox"/> April 18 (Recert Only)	8 am	Noon
<input type="checkbox"/> October 14 & 15	8 am	4 pm
<input type="checkbox"/> October 10 (Recert Only)	8 am	Noon

Name _____

Address _____

Phone _____

E-mail _____

Method of Payment

Check Other

Bill EMS service _____

Bill Hospital Dept _____

Licensed as:

Expiration

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