

## have a voice on the “hill”

I am dating myself, but I use to enjoy Saturday morning cartoons, and although corny, “Schoolhouse Rock” with catchy phrases like: “Lolly, Lolly, Lolly, Adverbs Here”; “Conjunction Junction”; and who could forget “I’m Just a Bill”. Today some 30 years later we are able to imitate those processes as children we thought were fun to sing. Thanks to our lobbyist Cal Hultman and members of the legislative committee, the Iowa EMS Association will again host an **“EMS Day On The Hill” on March 21st 2002**. This year more than ever an opportunity exists for you, the members of the Iowa EMS Association, to play a major role in securing future items like State Training Funds. Each year the Iowa EMS Association hosts the EMS Day On The Hill, and each year a handful of EMS representatives show up to **greet 75 – 100 of our state representatives and senators**. As the legislators enter the room, they look for EMS’ers from their part of the state. Sadly enough, often from some parts of the state, there are times when all we can do is offer them an audience with a board member from some other part of the state. The legislators want so desperately to speak with people from their districts. They want to know if the



state training funds are being put to good use. They frequently ask about what other items or concerns we are

struggling with in our own areas. As your voice in EMS, we the board members make every effort to discuss items like recruitment and retention of volunteers, dollars for equipment grants and education, death benefits, and some form of a tax break for EMS. It just doesn’t carry the same weight as when they talk to a person from their own district. This year in light of the events of September 11th, the legislation is sympathetic to the needs of EMS. This year, more than ever, we have an opportunity to raise the awareness level of the legislators to the needs of EMS. We need you to do it. I encourage each county in Iowa to send representation to EMS Day on the Hill. Come in uniform, and if you have equipment or a poster presentation you’d like to show bring it along. The particulars of EMS Day On The Hill are described in greater detail in the legislative report of this newsletter. If you have questions fell free to call or email the office or any one of the board members. Those numbers and email addresses

*This year in light of the events of September 11th, the legislation is sympathetic to the needs of EMS. The time is right, we need to act now!*

## What’s Inside

- **Veteran Emergency Physician Appointed Chief, Medical Director of EMS Bureau**
- **Annual Conference—“Out with the old and in with the new”**
- **IEMSA Continuing Education corner—Altered Mental Status: Medical Causes**

## veteran emergency physician appointed chief, medical director of EMS bureau

**N**ovember 2001—Dr. Stephen Gleason, director of the Iowa Department of Public Health (IDPH), has appointed **Timothy Peterson, MD, FACEP, chief and medical director of the Bureau of Emergency Medical Services.**

A specialist in emergency medicine, Dr. Peterson has many years of experience in rural and urban areas. For six years, he has been the bureau's medical director. He is a graduate of Drake University and the University of Iowa College of Medicine.

"The bureau has benefited from Dr. Peterson's experience for years," said Dr. Gleason. "Now it will benefit from his leadership as well." Dr. Peterson views Iowa's EMS system as an essential public service

that enables timely access to a continuum of care that reduces suffering, disability, death, and costs from serious injury and illness. His vision for EMS in Iowa is to build and sustain an integrated emergency medical system that fully encompasses the continuum of care, from prevention, acute care, and restoration to health.

As the lead agency for EMS in Iowa, the bureau provides leadership and support for the EMS system. Currently, 14,709 certified EMS providers and 945 EMS service programs operate in Iowa. All of Iowa's hospitals are integrated into the system through the categorization and verification process for the Trauma Care Facility certification the bureau manages.

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can be found on our web page at [www.iemsa.net](http://www.iemsa.net). There is strength in numbers and I would love to see the room filled with EMS'ers from all across Iowa talking face to face with the representatives that can turn a bill into a law. A law that may ultimately effect EMS. In the immortal words of "Bill" : "I'm just a bill yes I'm only a bill, and I got as far as Capitol Hill. Well, now I'm stuck in committee and I'll sit here and wait while a few key Congressmen discuss and debate whether they should let me be a law. How I hope and pray that they will, but today I am still just a bill."

I hope this newsletter finds you all in good health and spirit. May 2002 be filled with joy and much prosperity!

## ems day on-the-hill—march 21, 2002

by IEMSA Legislative Committee—Mark Postma, Ric Jones, David Cole, Bill Young

**T**ake an active part in shaping the future of EMS in the 21st century. Join the Iowa EMS Association. Founded in 1987 the IEMSA is your voice in EMS. It's Mission is as follows:

- *To promote and advance the quality of care and professionalism of those who deliver emergency medical care throughout Iowa.*
- *To promote and provide public education and information.*

- *To serve as a channel of communication for local and county EMS groups and promote teamwork among those who are dedicated to saving lives and helping the sick and injured.*
- *To promote and develop the highest ethical standards for EMS.s*

### **Our Annual EMS Day On The Hill will be held March 21, 2002**

We will once again be starting at 0700, this way we may greet each

legislator as the come into the Capital Building.

Please come in uniform. This event is your opportunity to meet and explain to your Iowa Senators and Congressman your role as an EMS provider.

Come join the fun and education. (The best part will be the new metal detectors, you'll think you're on vacation).

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# ems day on-the-hill march 21, 2002

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## IEMSA Legislative Issues 2002

- HF 88 Volunteer Tax Credit:  
Establishes a dollar amount tax credit for volunteer EMS & Firefighters (\$2500)
- Ways and Means Committee  
(introduced by Rep. Heaton 2001)
- We need to continue lobbying for ways we can keep EMS volunteers.
- We also need to help provide them with incentives to volunteer.
- APPROPRIATION FOR EMS TRAINING & EQUIPMENT FUNDS. Thank the legislators for the past appropriations. Ask again for the appropriation. Remind them we have had this appropriation without an increase or decrease in the amount since 1989. EMS needs to keep this appropriation for this year as well.
- HF 2576 Provides a death benefit for certain volunteer emergency service providers killed in the line of duty and providing a standing appropriation. This benefit is for two years and will be reviewed in a study committee this year for future action.
- END OF LIFE BILL

# northwest region report

by Evan Bensley, NW Representative

A special appreciation ceremony was held on January 19th for Marlo Ebel from Paullina. Marlo will be recognized for 30 years of service to the Paullina Ambulance Service as a driver. Marlo had taken the Advanced First Aid course back in the early 1970's before joining the team. This course was the precursor to the First Responder program when EMS was just being introduced into Iowa. In addition to serving 30 years on Paullina Ambulance, he served over 30 years on the Paullina Fire Department. Marlo is a great example of how many small communities rely on volunteers in both areas of emergency response. Congratulations Marlo!

Jerry Sloniker has retired from Iowa Lakes Community College where he served as Fire and EMS Programmer since 1980. Jerry served many years in EMS education providing classes throughout the Lakes region. Jerry was the 2001 recipient of the Iowa EMS Association Award for the Friends of EMS. A special retirement party was held for Jerry on December 18th at the new Health Occupations Building in Emmetsburg. Steve Dobbins has been hired for the vacated position with ILCC. Steve has served as the Palo Alto County Ambulance Director for the past few years.

Steve is also the County representative on the Sioux-Lakes EMS Association Board. We wish Steve well with his new position. I know many of us will miss Jerry Sloniker. We wish him a happy retirement and many years of enjoyment while he spends his time fishing near his cabin on Leech Lake in Minnesota.

The annual Emergency 2002 Conference in Sioux City is scheduled for March 8th & 9th at the Sioux City Convention Center. The Sioux City Conference has remained one of the largest conferences in the state. The conference is sponsored in part by the Sioux-Lakes EMS Association. Be sure to write the dates on your calendar. I will be there both days to work at the Iowa EMS Association booth in the Exhibitor's Hall. I look forward to meeting you at the Conference!

Emmet County Ambulance held a Child Seat Safety class as part of a community safety day. The service received a matching fund equipment grant of \$850. A total of \$1,700 was spent on pediatric equipment to include backboards, B/P cuffs, and other pediatric EMS equipment.

Several northwest Iowa counties submitted RFP's for System Development Grants. These counties included Calhoun, Clay, Emmet, Ida, Palo Alto, and Pocahontas. The grants was awarded on January 15th.

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## legislative news

by Mark Postma, Legislative Chair

The IEMSA Legislative Committee has been staying busy with a number of issues. Ric Jones, Dubuque Fire and our Lobbyist Cal Hultman have been representing us on the “Do Not Resuscitate” Bill. We have voiced our concerns with some of the language and we have been able to craft this legislation with our concerns being addressed. At the time of this writing, it appears this legislation will be introduced and passed which will allow Iowa EMS providers to have a formal DNR law.

Our committee has also been busy looking at the IDPH-EMS Bureau’s recommended re-write of Chapters 131 & 132 of the Iowa Code. A group of IEMSA Board of Directors met with the Bureau to discuss the re-write and voice our concerns. After a number of issues were discussed and re-written, IEMSA endorsed the proposed rule changes to better enhance EMS in Iowa’s rural EMS environment.

In addition, we will be meeting with the Bureau in the near future to discuss the mandatory “trauma

data points” that are required on all EMS calls. As many of you know, this requirement has had a profound effect on how we go about charting EMS reports. It is our intent that we look at a smaller data set for transports that are not trauma related. Our committee will keep you updated on this issue.

At the Federal Level, the Office of Inspector General (OIG) has published rules in regards to restocking of ambulances. We recommend that you visit the website listed below to gain information on this issue if you currently are being restocked for any item at a hospital for your ambulance. Also, CMS (formerly HCFA) has issued a memorandum stating the fee schedule will go into effect on April 1, 2002. Both items can be looked up under the AAA website: [www.the-aaa.org](http://www.the-aaa.org).

The IEMSA Legislative Committee and our lobbyist Cal Hultman will be watching for other EMS related issues as the Iowa Legislature reconvenes. If you have questions, feel free to contact us at [IEMSA.net](http://IEMSA.net).

## calendar of events

by John Copper, Booth Chair

**February 8-9**— Code One, Cedar Rapids

**February 21— Board of Directors Meeting** - WDM Fire Station, 10:00 am.

**February 23-24**—State, Winter Fire School, Ames, Contact Sandy Deacon 888-469-2374

**March 1-2**—Central Iowa EMS Conference, West Des Moines, IA

**March 8-9**—Emergency 2002, Souix City

**March 9**—Kossuth EMS Day

**March 9**—Northwest Iowa Regional EMS/Fire School, Peosta, Dan Neenan, 800-728-7367, ext. 248

**March 16-17**—North west Iowa Regional Fire School, Sioux City, Al Broning, 712-274-8733

**March 21— Board of Directors Meeting** - WDM Fire Station, 10:00 am.

**March 23-24**—Iowa Lakes Regional Fire School, Emmetsburg, J. Slouiker 800-252-5664

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## northwest region report

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I need to end the regional news on a sad note. On November 3, 2001, John Redinius lost his long battle with cancer. John was well known throughout northwest Iowa for teaching EMS classes for over 20

years. He taught classes for EMT’s, Firefighters, Emergency Rescue Technicians, and the medical portion of the law enforcement program at Northwest Iowa Community College. He started teaching EMS classes in

the early 1970’s. John had recently been a salesman for various ambulance manufactures. John will be sorely missed and he leaves a legacy of achievements behind. We miss you, John!

# 2001—Conference—2002

## “Out with the old and in with the new”

by Lori Reeves, Education & Conference Co-Chair

Even though most of you are well into the new year and probably no longer accidentally writing “2001” instead of “2002” on your checks, the IEMSA Conference Committee is just beginning our new year of planning for the 2002 IEMSA conference. We continue to evaluate the 2001 conference to see what we can do to make this next conference even better! We greatly appreciated participants comments on last year’s conference evaluations so that we can see not only what participants liked about the conference but to also evaluate suggestions and concerns.

There were 622 attendees at the 2001 conference. This was down slightly from the record attendance the previous year, but we had expected this with the late change of conference dates. Most participants did attend both days but

about 90 attended only one of the two days of the conference. An overwhelming majority of comments received about the move to the convention center were positive sighting much more room for seating during the sessions. Many positive comments were also received about the expanded vendor/exhibitor hall. The speakers by and large received high ratings and positive comments.

If you haven’t already marked your calendar, the dates for this year’s conference are November 15-17. This year IEMSA will have the entire Polk County Convention Center during the time of the conference allowing us to expand and explore new options and ideas. The conference committee is currently evaluating the possibility of offering some pre-conference workshops or special sessions on the Thursday before the

conference and some new topic tracks during the break-out sessions. We will keep you updated as we evaluate the feasibility of these prospects.

The conference committee is always looking for your suggestions for topics or speakers you would like to see at our conference. If you have knowledge of someone in your area or have attended another conference, perhaps out of the state, and saw a presenter you found particularly effective and enjoyable, please contact us. If you don’t know a speaker but would like to see a session on a particular subject or topic we would also like to hear from you. You may email us your suggestions at [iemsa@iemsa.net](mailto:iemsa@iemsa.net). Remember, the IEMSA conference is your conference.

## Calendar of Events—Continued from Page 4

by John Copper, Booth Chair

**April 6**—NCEMSA Conference, Mason City

**April 6–7**—North Iowa/Southern MN Fire Academy, Mason city

**April 18– Board of Directors Meeting** - WDM Fire Station, 10:00 am.

**May 4–5**—Update 2002, Mary Greeley, Ames

**June 13–16**—State, Summer Fire School, Ames, Sandy Deacon, 888-469-2374

**May 16– Board of Directors Meeting** - WDM Fire Station, 10:00 am.

**August 8-18, 2002—Iowa State Fair** --We’re looking for volunteers to work for the IEMSA booth at the

Iowa State Fair. Consider sending a couple people from your service for a day. Contact John Copper to sign up for a day—515-574-6687 or email - [frontier-net.net](mailto:frontier-net.net). Your help would be greatly appreciated.

# iemsa continuing education corner

## altered mental status: medical causes

### CE Directions

Iowa EMS Association members may read through the article, complete the post-test with an 80% success rate and receive 1 hour of continuing education for EMS at the basic and advanced levels through The University of Iowa Hospitals' EMS Learning Resources Center in Iowa City, EMS Provider Number 18.

Please send the completed post test to: Rosemary Adam,  
RN, EMT-P  
The University of Iowa  
Health Care  
200 Hawkins Drive  
EMSLRC South 608 GH  
Iowa City, IA 52242-1009

Further information may be received by calling (319) 356-2599 or E mail: adamr@uihc.uiowa.edu

**Only IEMSA Members who receive 80% on the post test may receive the 1 hour of continuing education credit. The post test must be received by May 1, 2002.**

Upon completion of the article and post-test, participants will be able to: review the pathophysiology, field impression and differential diagnoses of intracranial and extracranial medical causes of altered mental status;

### Let's Begin

**Scene:** Upon your arrival to the patient's side, you note an unusual atmosphere where 3 or 4 various family members are quietly milling around in a living room where your patient is – all of them have concerned looks on their faces. Your patient is sitting in the recliner. He looks alert, he smiles as you enter and says, "Hi guys. Did you come over for some breakfast?" No distress is apparent.

What are your observations about the home? We are very good about looking for safety, but are you taking a look at this environment for clues to his condition? Are there medical devices sitting around? Is the home neat, are there signs of unusual behavior within the environment?

From the doorway, does this patient look stable or unstable?

How should you begin this medical assessment?

**Scene:** Your experienced partner senses how to do this gig. He smiles and says to the patient that he's come to talk to his family. He quietly motions the family into the kitchen where they can have a quiet conversation while you smile and begin a medical assessment. This is a 72-year-old male with ABCs intact. The patient denies

any discomfort or pain. He is breathing without effort at about 15 per minute. His skin is warm and moist, but slightly pale. He attempts to tell several jokes while you apply a cardiac monitor and pulse oximeter. He displays a normal sinus rhythm at a rate of 55 and his oxygen saturation is at 92% on room air. BP 166/90. The patient is very cooperative through all of this.

The family relates to your partner that their father developed some odd behaviors that began just 4 days ago. They had noticed last week that some things "were not quite right" but saw definite signs of change 4 days ago. They have been coming in every day to clean the house as he has been dumping clothes on the floor from the dressers, stacking dishes on the kitchen floor and garage, and not cleaning himself or shaving as he always has.

What is your field impression? What are the other things that could be wrong with this patient (differential diagnoses)?

What other data do you need before transporting?

If you were to relate to someone else this patient's mental status – is there one word to describe this? Is he alert? Oriented? Confused? This patient, like many others with altered mental status, are sometimes hard to describe. Don't give

it a name – describe it.

Altered mental status is displayed by a variety of behaviors and responses that can vary slightly from normal. Because of the variety, we must describe the patient's behaviors precisely and watch for any change from our baseline assessment that shows improvement or deterioration.

**Scene:** Our OPQRST and SAMPLE History reveals the following: As stated, this began (according to the family) 4 days ago fairly suddenly. He doesn't complain of pain or discomfort. The patient exhibits signs of short-term memory loss but knows his family members by name and relation. Because of the confusion, you document that his Glasgow Coma Score is 14. He has no known allergies and takes Tenormin (beta blocker) for his hypertension and an Aspirin a day. His daughter fixed him some toast that the patient ate about 1 hour ago.

The bedside glucose is 90. The patient passes the Cincinnati Stroke Assessment with flying colors.

What is your field impression and list of differential impressions now?

I'm thinking this guy could have a lot of things wrong with him. Where do we start?

## Intracranial Causes of Altered Mental Status (AMS):

**Trauma:** Yes, I know we've been talking about medical stuff but you can't forget to ask the question,

“Any trauma in the last 4-6 weeks?” The appearance of AMS from trauma can take days or weeks to show up. The subdural hematoma is of particular importance in the case described above. This blood mass occurs at a slow but steady rate when veins below the arachnoid meninges are torn. This occult finding is more prevalent in the elderly where the brain mass has become smaller as a normal part of aging, thereby allowing the veins to become more susceptible to tearing and a larger space to occupy before symptoms appear.

**Stroke:** A brain attack can affect any part of the brain, including the Reticular Activating System (RAS) – comprised of sensory nerve fibers within the brainstem that go to the thalamus. This is not a structure, but fibers that are then directed to specific regions of the cerebrum. The RAS maintains your awareness – consciousness.

Any disruption of blood supply to an area of the brain can be termed a stroke. Strokes are either occlusive or hemorrhagic.

We cannot completely rule out a stroke in the pre-hospital setting but our patient passed the Cincinnati Stroke Assessment, denied any pain (specifically a headache).

**Cranial Infections:** There are many types of disease-producing organisms that can get past the normal defenses. The most common types of CNS infections are meningitis, encephalitis, or abscess.

Meningitis is an infection or inflammation of the meningeal membranes of the brain and spinal cord. This can be bacterial, viral or fungus and a wide variety of symptoms can be displayed that are categorized under altered mental status. This infection/inflammation can create a rise in the intracranial pressure of the brain and spinal cord. Other symptoms besides a change in mental status include, headache, flu symptoms, fever, and intolerance to light (photophobia), sound or ocular movement is common.

Brudzinski and Kernig's signs are classic for meningeal irritation but usually reserved for testing by physicians or physician extenders due to the unique characteristics of the exam. Brudzinski's sign is elicited by flexing the patient's head with chin near chest. Kernig's sign is assessed for by having the patient flex and then extend their lower extremities. Unless specifically educated and ordered by Medical Control, EMS providers should not attempt these two exams in the field.

Encephalitis is an infection of the brain tissue itself and can also be caused by either bacterial, viral or fungal pathogens. The most common cause of encephalitis is viral in nature. Steady nerve degeneration caused by encephalitis causes complaints that include fever, headache, personality changes, and confusion. Some specific neurologic deficits may be noted.

Meningitis and encephalitis are very

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# altered mental status: medical causes

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difficult to differentiate in the pre-hospital setting.

Cerebral Abscess is a localized accumulation of pus within the brain. The abscess begins when residue from a bacterial invasion liquefies and gathers white blood cells, debris and proteins from the immune system. A fibrous capsule forms around this residue/pus and can expand, causing nerve degeneration, restriction of blood and CSF flow and a rise in intracranial pressure.

Signs and symptoms may include obvious changes in mental status, chronic headache that is worsening, local neurologic deficits. Many times while gather history, you'll note that the patient with a cerebral abscess has had a recent infection of the nose, middle ear or mastoid area.

**Intracranial Tumor:** All brain tumors can alter mental status and create an acute neurologic deficit as it grows. As the tumor grows, it gathers its own blood supply (which can create a stroke), and it places pressure on the normal brain cells. The signs and symptoms may be very subtle or overt, depending on the size, location and type of tumor. Common complaints include confusion, amnesia, lethargy, and/or sudden changes in personality. Signs of increasing intracranial pressure occur as the tumor reaches its limits of size

within the cranial vault.

## Extracranial Causes of Altered Mental Status:

**Pulmonary:** Because the brain requires a large portion of the body's oxygen and glucose to perform normally, any condition that causes a decrease in oxygen can cause an alteration in mental status. Mild cerebral hypoxia can cause restlessness, confusion or changes in personality. Moderate to severe hypoxia creates impairment of judgment, changes in motor ability and may even cause delirium, coma and death.

**Cardiac:** Again, alteration in blood flow will limit the ability to oxygenate and send nutrients to the brain. Even if there is an adequate pulmonary system and an intact airway, if the blood flow doesn't get the oxygen to the brain and take away carbon dioxide and other wastes, alterations in mental status can occur. Some cardiac conditions that can cause AMS are: arrest, dysrhythmias, aortic stenosis, carotid sinus syncope, orthostatic hypotension, left ventricular failure, and cardiogenic shock.

**Diabetes Mellitus:** Glucose is essential to normal brain function. With oxygen available, glucose is used by all cells as it produces fuel called ATP. Insulin, a hormone

produced in the pancreas, facilitates the movement of the large molecule of glucose across the cell membrane.

Although brain cells do not depend upon insulin to use glucose – the brain cells are very sensitive to a lack of readily available glucose.

Insulin-Dependent Diabetes Mellitus (IDDM): A complete absence of insulin secretion occurs with this disease and the patient can get into imbalance emergencies of two types: Hypoglycemia and Diabetic Ketoacidosis (DKA). Hypoglycemia, the most rapid of these conditions readily causes alterations in mental status and a properly maintained bedside glucose will usually show a level less than 40 mg/dl.

Diabetic Ketoacidosis is a condition fairly exclusive to the insulin-dependent diabetic. When insulin is not available at all or there is not enough available to the cells, glucose begins to accumulate in the bloodstream. The cells begin to think they are starving and draw from fats to get some food supply. The byproduct of that fat use is ketones – a very strong acid. As the glucose levels rise, the body's blood becomes too rich and begins to draw water from everywhere it can – resulting in a dehydration state. SO – this patient is in acidosis and is dry.

The signs and symptoms come on slowly and are usually associated with someone who has been recently ill, under some other extreme body stress or someone



# altered mental status: medical causes

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body's metabolic rate. This deficiency occurs more frequently than does hyperthyroidism and is many times missed as a diagnosis, especially in the elderly. This patient may show signs of decreasing mental capacity, memory loss, clumsiness. They are typically heavy, very intolerant of the cold and their skin feels cool with edema to hands, face and legs.

## Wernicke's Encephalopathy and Korsakoff's Syndrome:

Carbohydrate metabolism must occur for the cells to produce ATP—its energy. The cells must have an adequate supply of oxygen, glucose and thiamine in order to allow normal carbohydrate metabolism.

Thiamine, (Vitamin B1) must be available to the cells in order to use glucose. This is essentially malnourishment of the brain. This vitamin is usually obtained through normal dietary intake.

Wernicke's Encephalopathy is a brain dysfunction caused by a lack of thiamine. This can cause altered mental status from confusion to coma. These patients usually have ocular paralysis (eyeball can't move) or nystagmus (eyeball bounces back and forth) or dysconjugate gaze. This disease is usually found in those patients who may

be malnourished, for example the elderly, alcoholics, the destitute, or anyone else who may be incapable of obtaining an appropriate diet.

If you administer dextrose to the patient with Wernicke's, it may worsen the condition. If your protocol calls for Thiamine to be given, it must be given before the Dextrose in those patients who you feel may be at risk for Wernicke's.

Korsakoff's Psychosis or Syndrome is a chronic thiamine deficiency that is irreversible. This patient has long-term malnourishment and poor prognosis with memory deficits, inability to think with poor attention span.

Toxins, Environmental Extremes and Shock can also cause major alterations in mental status but will not be covered in this article.

**Scene:** Now that we know what should be on our list of things that could be wrong with our 72-year-old, pleasantly confused gentleman...let's find out some more information.

- Has fallen or had any trauma in the last two months?—"No"
- Has he been ill lately, with fever or headache, cold?—"No"
- Is he on any other medications other than Tenormin and Aspirin?—"No"

- Has he taken any/too many over the counter medications?—"No"
- Has he been eating routinely?—"No"
- Does he have problems with substance abuse: drugs or alcohol?—"No"

Now, what is your list of things that could be wrong with this patient?

**Summary** Our nice little gentleman with the concerned family presented a classic "gray area" call for altered mental status when we have to put our thinking caps on to ask the right questions.

He was evaluated in the ER, admitted and found to have an intracranial tumor which they irradiated then removed. He has had subsequent chemotherapy and radiation therapy and is living a good life. He is active, growing his hair back and enjoying his life.

Altered mental status presents as a sign of some disease or trauma process. The speech with which it comes on, the seriousness of accompanying symptoms and the patient's underlying medical conditions play key roles in our understanding of their disease process. Understanding pathophysiology is essential!

Reference:

Dalton, et al: "Advanced Medical Life Support", Brady, 1999

—Post-Test Begins on Page 11

# post-test—altered mental status: medical causes

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Certification # \_\_\_\_\_

Level \_\_\_\_\_

IEMSA Member #/Expire Date \_\_\_\_\_

*IEMSA members achieving an 80% on this 10-question exam will receive 1 hour of continuing education credit, EMS Provider #18.*

**Choose and clearly circle the one, best answer.**

## 1. The Reticular Activation System is:

- a. part of the cerebrum which controls opposite site movement.
- b. series of nerve fibers that maintain consciousness or awareness.
- c. a disease process that accompanies stroke.
- d. a series of nerve fibers that ascend from the brain stem and control sensation.

## 2. A positive Brudzinski's sign, as elicited by the practitioner, would show:

- a. that the meninges are irritated from either infection or inflammation.
- b. that there is eye irritation in those patients with photophobia.
- c. that the patient has an increased intracranial pressure.
- d. the big toe moving up and the rest of the toes fanning out.

## 3. A cerebral abscess is:

- a. usually a diffuse viral infection brought to the brain from the blood stream.
- b. easy to rule in as a field impression.

- c. the same as encephalitis.
- d. An accumulation of pus in the brain, usually secondary to a nose, ear or mastoid infection.

## 4. Patients with diabetic ketoacidosis and hyperglycemic hyperosmolar non-ketotic coma both exhibit signs of dehydration.

- a. True    b. False

## 5. Hyperglycemic Hyperosmolar Nonketotic Coma patients:

- a. Use fats for cell metabolism because there is no glucose available for the cell.
- b. Have some insulin available for glucose use but it is toxic to the body.
- c. Have high pressures in body tissues and they draw water from the blood stream, thereby causing edema.
- d. Have some insulin available for cellular glucose use but just not enough so glucose levels go up.

## 6. Signs of hepatic failure are:

- a. tachycardia, "bug eyes" (exophthalmos), and anxiety.
- b. fever, headache and rash.
- c. acetone (fruity) odor to the breath, Kussmaul respirations.
- d. edema, including abdomen, spider angiomas, and jaundice.

## 7. When assessing the medical patient, the EMS provider should come up with a field impression and list of other potential causes for the patient's signs and symptoms.

- a. True    b. False

## 8. Subdural hematoma:

- a. occurs when veins are torn in the scalp.
- b. occurs when arteries are torn in the arachnoid area of the brain.
- c. may take days to weeks for the hematoma to be large enough for signs/symptoms.
- d. is less of a risk in the elderly population.

## 9. Meningitis and encephalitis are easy to differentiate in the pre-hospital setting.

- a. True    b. False

## 10. When assessing and treating a chronic alcoholic with altered mental status:

- a. One should assume the blood sugar is low and give Dextrose first.
- b. B1 is probably lacking if Dextrose is given and the patient deteriorates.
- c. Remember that Korsakoff's is reversible, Wernicke's is irreversible.
- d. Remember that Vitamin B 12 must be available to cells to use glucose.

# Board of Directors Meeting Minutes— August 16, 2001

**W**est Des Moines EMS, 3421  
Ashworth Rd., West Des  
Moines, Iowa

**Present:** Steve Noland, Cliff Greedy, Craig Keough, Ray Jones, Dick Harmon, Dave Cole, Ric Jones, Jeff Dumermuth, Connie Leicher, Jerry Johnston, Mark Postma, Melissa Sally-Mueller, John Copper, Lori Reeves, Cindy Hewitt, Evan Bensley, Jeff Messerole

**Call To Order** – 10:04am

Determination of Quorum/Proxies--  
Proxy for Kay Lucas  
Guest Presentations –  
No presentations

**Approval of July Minutes** – Jeff Dumermuth motioned to approve and Connie Leicher seconded.

**Treasurer's Report** Steve Noland presented July, June and August-to-date P&L's as well as YTD P&L. Working on modifying the reports to reflect budget vs. actuals, and a balance sheet. Will be available at the next meeting. YTD financials show a loss, however, we've got a lot of money invested in inventory and 2000 conference expenses. Numbers are down right now, with start up cost of new office. But things should be turning around. Mark Postma motioned to approve Treasurer's Report, Cindy Hewitt seconded.

- We recieved notice from the Winnebago Telephone Association that we have money invested in them from our pre-

vious phone company. We will have to wait and see how they handle these funds.

- **Merchant Pricing Guidelines:** Jeff Dumermuth motioned pursue the merchant number, get the info on the cost of the software and approve purchase of terminal up to \$200 for mechanism to process credit card purchases. Mark Postma seconded.
- Presented the options for us with all charges and equipment expense outlined.

**Bureau of EMS Report:** Craig Keough, Ray M Jones, Dick Harmon all present.

Administrative Rules Chapter 131 & 132- New protocols on the website. County's need to return in their quarterly reports. Dick has been working on data processes and traveling around the state to do that. Intend to file with Govenors office on November 9th, proposed rules will be on web. Advisory council will see them again in October. First round to board of health Nov 14th public hearing Dec 18. ICN sites are all on board for that. Legislative Review and Board of Health then on to Dr. Gleason signs off. To possibly be in effect in February or March 2002. Mark Postma asked when we can make our comments on those rules. Craig recommended we do it in writing at the public hearing. We

will meet with the Bureau before the public hearing to have dialog about it. We will call Mary Jones to set up a meeting. It's a very open process. So it should be really hashed out and have some kind of reasonable consensus on the rules before they go into effect. Do not wait til October. Must be done before Advisory Meeting, which is the second Wed of October.

System Development— RFP Letters should be going out. RFP is due by December 1st and granted by Jan 15th. With cutbacks not as much money. Things in the rural areas are hurting with volunteers, equipment etc. Using some tobacco money to help that area. Veiv it as a key thing they are doing as a Bureau. Data processing— Dave Harmon - establishing an internal internet to send data points on a closed internet access that is secure. End of second quarter, data elements will be in place. Mark Postma expressed concern about data system as it stands now. Bureau understands and is working on streamlining the process in order to produce the numbers that will support our need to get funding from the state. Looking at trimming down the data points to get info that is needed without a lot of excess data.

Pharmaceutical Drug ownership issues – Bureau asking Hospital Association in Iowa to reconsider having the ambulance service to own their own drugs. Big issue that Bureau is working on and trying to resolve.

## Committee Reports

**Legislative** - Presented by Mark Postma and Ric Jones – Medicare - August 22, you can meet the people who are writing the policy on what we're going to be reimbursed for through Medicare. Mark Postma is working to get the reimbursement funds for EMS carved out through legislation.

Patients Bill of Rights about to be passed. There are some excellent definitions in there that support EMS. Supporting the call to EMS, as apposed to insurance.

Can possibly not charge Property tax payers not charge for co-pays.

DNR - End of Life Act – Cal Hultman and Rick Jones represented us. Senator from Souix City says he will run this no matter what.

He's a Pro-Life Republican, and getting calls not to pass uthenesa bill – demonstrates very uninformed public on this issue. We got a good list of talking points on this issue to legislation. Hopefully we can get it signed off in September.

Need to get info from other board members on their positions on 131 and 132 so that we can give the bureau the positives and negatives. Get them to Mark ASAP, so we can approve at the next meeting in September.

**By-Laws**—Jerry Johnston distributed new bi-laws. Reviewed changes. Will be posted to the website.

**Newsletter/Web Page/PI&E** — Newsletter – to be mailed mid next week. Website –Online ordering/shopping and conference registra-

tions – presented 3 options – Full e-commerce site, Basic e-commerce Site A and Basic e-commerce Site B. Discussion of proposal and options. John Copper motioned to pursue option 3 and approve up to \$200 on fees to create Option 3. Seconded by Lori Reeves.

**Booth**—John Copper/Jeff Dumermuth presented --

- Steve Noland suggested adding handling charges to merchandise orders.
- Thanks to all who worked at the State Fair this year. We need to replace some pamphlets.
- IEMSA Association Brochure needs to be updated. Melissa Sally-Mueller will head up this project.
- EMS Brochure – get new stuff from the State

**PI&E** — Jeff Dumermuth suggested reviving the EMS Day at the Fair. It was a great thing for EMS. Logistics are tough, but worth working it back up. Even if we're not on the grand concourse. Just a place to display some ambulances and be there for the public to ask questions and educate the public about EMS. Take advantage of the thousands of people coming through from the small communities around the state to try to encourage volunteerism and involvement in EMS. Need to get some promotional items to draw people in and the vehicles too.

- Need a hand-out about the people that are on the memorial star of life. Tom Bachman did

all the info – can he write a sheet up on them. John Copper will contact Tom Bachman to get this done.

### **State Fire Service and Emerg.**

**Resp. Council** presented by Cindy Hewitt. Distributed List of council members and contact info and Draft Proposal for Minimum Training Standard and discussed. Also distributed "2000 National Volunteer Fire Summit Report".

**Service Directors/Providers** -No report

**Nominating/Elections** presented by Steve Noland—Nomination Forms are going out in the newsletter.

**Annual Conference** presented by Evan Bensley and Lori Reeves

- Board Members and Speaker Reservations will be at Savery Hotel.
- Exhibitor Flyers went out on Friday. Rec'd

### **911/Telecommunications—**

No Report

**Advisory Council**—No Report

### **State Medical Examiner Advisory**

**Council**—presented by Jeff Dumermuth, they met last week, will forward minutes.

### **Old Business**

- Thank you gift purchased and delivered to Tami Brincks.
- Davenport Fire Department – letter sent 3 weeks ago. No official word back from them yet.

**Adjournment**—motion to adjourn

Kay Lucas seconded by Dana Sechler. Next Meeting – September 20, 2001.

# Board of Directors Meeting Minutes— *September 20, 2001*

**W**est Des Moines EMS – Station  
#2, 3421 Ashworth  
Rd., West Des Moines, IA

**Present:** Bruce Thomas, Evan Bensley, Brett Bredman, Jeff Dumermuth, Joe Ferrell, Lori Reeves, Kay Lucas, Steve Noland, Jerry Johnston, John Copper, Cindy Hewitt, Mark Postma, Larry Cruchelow, Mary Jones, Ray M. Jones

**Call To Order** – 10:13

Determination of Quorum/Proxies  
Proxies presented on behalf of Jeff Messerole, Rosie Adam, Cliff Greedy, Connie Leicher

**Guest Presentations** –

EMS Survey — Tim Trosky-, Service Director- Area Ambulance  
Requesting support for development of statewide EMS Salary and Wage Survey. His employer is interested in gathering this information. They are legally bound, as it is illegal to do it as a private entity. Mercy Medical Center has offered to do the work of processing the surveys. Final Report would come back to us for use. We would work with them to develop the Survey tool. Try to have it done by February of 2002. He would be willing to work up a draft survey for review and modification by Bruce Thomas asked “ there are a variety of services (ie volunteer/paid) in the state of Iowa would this survey hit all entities.

Yes, that would be indicated on the survey and agree it’s an important issue/item. To get the most complete picture of what benefits beyond pay that are offered in all services. Hope for a 20-30% return on the survey. Other states have done it. Other associations do this – like the Iowa Hospital Association does do a similar survey. Jeff Dumermuth asked if he had a problem expanding the scope of the survey to include other pertinent information that would be useful to assist services in getting wage increases. Steve Noland concern is that it done legally and ethically and have the work done here at the IEMSA headquarters. Assured us everything will be run by their legal advisors prior to the start of this project. He will proceed with that if the IAEMS agreed to do this in partnership. Mark Postma alerted that the data is owned by us and we have control of how it is used and published. Potentially it could hurt some services as well as help some. Mark Postmas suggested using an outside accounting firm to do the survey to keep it very ethical, confidential and legal. Mary Jones of EMS Bureau mentioned that the report would only indicate ranges not exact numbers and services. No names of services would be used all would be anonymous. Jeff Dumermuth suggested using

Drake—Masters program to process the surveys. Brett Bredman suggested UNI has done this type of thing as well. Looking for a respected and credible tool of information that will be used by all. Jeff Dumermuth suggested we’re not apposed, but needs to be done 3rd party (i.e. a university or accounting firm) to handle the surveys. Funds are very limited at this time for this organization to commit the monies. Bruce Thomas questioned Tim Trosky asked purpose of this, don’t they let the market dictate the salaries. Problem is information is not very good or credible that is out there. Uses the hospital association’s report but it doesn’t reflect an accurate information about EMS across the board. Suggestion made that possibly Fitch and Associates might work with us on it. Lori Reeves stated that we should think about the benefit to our members as individuals not just the impact to services. Jerry Johnston agrees but has not answer to that. Jerry Johnston suggested it is something the Executive Committee should take up. Mark Postma asked if we should send it to Service Directors. Brett said that Service Directors has already looked at this information and decided they were not the forum for this type of project. Steve Noland is concerned on the tight timeline they outlined in order to do it right. Tim Trosky agreed and is willing to set a timeline at a later date once it is agreed on that we will or won’t do it. Tim Trosky is

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# Board of Directors Meeting Minutes

## September 20, 2001—continued

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not looking for an answer today. Steve Noland motioned and retracted we put a committee together, with not expenses involved, to put a survey together with a list of objectives to go with it. Evan Bensley seconded and retracted the second. Bruce Thomas suggested Tim Trosky research a third party options and return to us with more information. Jeff Dumermuth suggested that the Board take no action at this point until there is more information. Tim Trosky agreed and said he'd like to come back at a later date for more information. Mark Postma still thinks this is a Service Directors issue because it is a proposal that needs to be addressed and decided on by the Board and should be presented by a committee of members. Jeff Dumermuth agrees as it was brought to us as a Service issue. Brett Bredman says they can do that, but was concerned that the Board make the final decision. Brett Bredman will form a sub-committee to gather and put together a proposal that we can address that gives us all the information and recommendations and options. Tim Trosky did not come here to ask us to do it.

**SEQUIC Representation** - Linda Frederiksen from MEDIC not pres-

ent – Mary Jones, EMS Bureau gave report. They are working on Surgeon minutes to the outcome of the patient. Whether a Definitive airway established before the leave the ER. EMS data available – next meeting will look at this. Linda Frederiksen is representing EMS well.

**Iowa Donor Network** — Michelle Kelsey, Development Specialist & ? Purpose to gather info from us Distributed packets of an overview of their organizations and about legislative plan goals.

Bruce Thomas asked what the window of opportunity is for organ donations – most handled over the phone with high rate of success. It takes teams recover from DSM and Iowa City – longest is 4-5 hours – can charter a plane or drive. Mostly driving lately. As long as the body is kept cold, they have up to 24 hours to recover the tissue donated. Lori Reeves asked about when they should notify IDN about a body.

IDN advised that EMS providers call the hotline immediately and let them know where the body is. They will call the organization that has the body and get info on whether the family has been notified, and work with them to talk to the family and decide about donation with the family. Dana Sechler advised the law enforcement normally handles the decision on what to do with the body. Advised IDN

talk to them as well as us. Jeff Dumermuth - Education to EMS providers about how to work with IDN. Jeff Dumermuth advised getting on conference programs around the state to speak to EMS providers directly.

Hospitals are mandated to contact IDN. IDN is making large effort to get calls of notification to the Iowa Donor Network for patients that never make it to hospitals and are sent to funeral homes directly from the scene.

The few calls they have received from EMS personnel have a very high rate of success in donor donation.

Lori Reeves recommended they mail letter to all services in state and some kind of sticker with hotline number on it. EMS Bureau offered their assistance on their efforts with access to EMS provider and personnel list and information.

Cindy Hewitt asked the response of families to the question of donating organs of a loved one. Most respond that this is not the worse news they've gotten as the loss of the loved one it top. So they are very receptive to the opportunity to donate. IDN offered to present at our conference.

**Approval of August & June Minutes** –Motion to accept the minutes for both June and August minutes with minor changes – motion made by Jeff Dumermuth and seconded by Steve Noland.

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## Board of Directors Meeting Minutes

### September 20, 2001—continued

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**Treasurer's Report:** Steve Noland distributed Financial's. Significant variances in profit and loss. There are some expense areas that we did not allocate money for originally. Jeff Dumermuth and Steve Noland have filed the merchant application for a credit card account.

Dana Sechler motions Cindy motioned to approve the financial report Lori Reeves seconded. Insurance Certificate – we have quotes

#### **Bureau of EMS Report:**

Announcement about EMS Bureau Chief posting within the next month. That posting will be different than previously, it will request a physician as a requirement of the applicants. Announcements will go to all physicians' organizations. First looking locally then will go national.

- Mary Jones accepted the position for 6 months only. Regarding the Twin Towers bombing. Bureau inundated with phone calls from all professions. What they did is put an announcement on web page that a press release will be posted that there has been a call or request for volunteers. At that point they will take calls and direct Iowa volunteers to the disaster scene. They have been telling people that there is no

need for volunteer. Good lesson learned that we need a list service for the State of Iowa for this type of information dispersal of information to the state EMS personnel and organizations. Once it's set up and running, no maintenance, people maintain Jeff Dumermuth stated that this is something we absolutely support to get communication heightened in the profession across the state. Meryl Mees is going to head up; this project from within the bureau. The thought is if we can establish, is there a way to allow associations to have a branch available to them for their needs of dispersal of information. These are all things that will be discussed and taken into consideration. Kay Lucas suggested Mary Jones check into the selective service BORA AND WHAT THEY DO.

- The fire service is now under state patrol have rec'd federal funds for terrorist training for EMS folks, will be over the next 14 months. After that they are assured of getting more information later. FEMA now has an online self study course. The other recommendation the FS B asked to consider, the training

of have some kind of decontamination training knowledge before getting certified.

- Iowa's EMS Agenda for the Future – ties into the federal program. They will be presenting in February. Tentatively planned for Siemand Center in Ames, Iowa health is working with them. Premiering the EMS data statistics report and trauma data. Final Leadership symposium type of contract
- Chapter d131&132 they have a mini list server – so they she can stay in touch with us. All drafts will come to

#### **RFP – System Development**

- Letter went out August 31st – reorganized some things from last year. Prior to Dec 1, cut off is by November 15th. Awards of Grants much quicker this year by January 15th. One RFP might be good for up to 4 grants – today we have \$200,000 to award. Goals are:
- planning implementation evaluation and enhancement
- Strategic Planning Task Force – seed money the goal is an accountable and sustainable system development. Tied to the system development strategic planning course.
- EMS Bureau will come in and help an organization.
- CQI class is also a key component and goal.

Mark Postma stated we have our comments on Chapter 131 &132 in

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# Board of Directors Meeting Minutes— September 20, 2001

—Continued from Page 16

draft and would like to discuss with Mary and asked about setting up an appointment with them to discuss if we can approve the draft of comments today. We need to meet with Mary before filing at the end of October. Changes can be made after, but she'd like to work with us prior to filing. Do not wait till October, can not get information to the committee in time to have any effect. Ray Jones suggested they meet before Advisory Council. Mark Postma will proceed to confirm an October 5th tentative meeting after we have a final draft approval.

## Committee Reports

By-Laws—posted on Web Page — Newsletter/Web Page/PI&E — Newsletter— Concerned about tardiness of newsletter, Mailing List needs to be cleaned up.

Affiliate Members employees are not given CE article benefits if they are not paid and active IEMSA Individual member.

PI&E – no report

Web-Page – send ideas for the website to comments@iemsa.net

- pictures were taken of merchandise, will be sent to webmaster
- Got recommendation that we should put a link up to fire-house.com/ems

- Cindy Hewitt and Jeff Dumermuth recommended we have our website up and running

For IEMSA Booth – get a cheap give-away with our website on it. Dana S will research and take care of.

- Still need EMS oriented pictures for use on our website.

## Booth

- Got fact sheet about star of life memorial put together and available for use at booths.
- Reviewed fall conferences we're attending—distributed to website and newsletter chairs
- Connie Leicher and John Copper are working the booth.

## State Fire Service and Emergency Resp. Council—

- Cindy Hewitt reviewed letters from Firefighters in state. Had meeting about State Fire Service Standards everyone agreed. Pushing for high level of standards. Fire Service Training Bureau is willing to help with our conference. We are becoming closer as organizations, they have contacts at the Polk Co. Convention Center. They called Brett Bredman to get a booth in the trade show. We will allow for a space for them. Brett Bredman will take care of . October 16th --next meeting.

Service Directors/Providers—No report - next meeting is scheduled tentatively in November.

## Nominating/Elections

- At-Large Nominations – we did not receive any forms from the request for nominations due to the late arrival of the newsletter.
- Jerry Johnston motioned a timeline that would get it done within the by-laws
- Dana gave some figures to get Ballot mailing done. Dana will get it done.

Annual Conference- reported by Evan Bensley and Lori Reeves

- Do we have a DJ for the dance - Jeff Dumermuth, DJ all set
- A proposed budget for CEH's for next year's conference. Any and all job assignments during the conference.
- Pharmaceutical Company wants to host a lunch for Medical Directors during their workshop. She needs a contact person for Evan Bensley will refer her to Mary Jones.
- Request to attend just the EMS Instructor Update Course. Decision is they will need to pay the 1-Day fee.
- EMS CEU's and Nursing CEH's – Need budget to process Nursing CEH's. Eastern Iowa Community College will do the CEU's and CEH's for us this year.
- Rosemary needs an AV assistant – Dana Sechler will assist.

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# Board of Directors Meeting Minutes— *September 20, 2001*

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- Extend late fee deadline
- Meet in lobby at convention center – for job assignments at noon on October 25, 2001
- Attendance and Room Pick-up Numbers Update: As of 9/17/01 – Our room block pick-ups are as follows:
  - Marriott – 87 Thursday night – (250 rooms in block), 113 Friday night – (275 rooms in block), 60 – Saturday night (no block)

Hotel Savery – 32 – Thursday night – (60 rooms in block, 50 – Friday night – (60 rooms in block). As of 9/19/01 – we have a total 101 conference registrations, 90 – 2-Day passes and 11 – 1-Day Passes

Exhibits – Brett Bredman reported we have 8 vendors to date

Discount for corporate sponsors – currently 10% is being re-worked

- New database is being developed for our organization by an EMS medic – Bill McKibben. Mark Postma motions to pay him \$500 for this and help with processing registrations. Seconded by Dana Sechler.
- Need to have back up presentations – Mark Postma and Dana Sechler can extend their session and possibly Iowa Donor Network.

911/Telecommunications - No Report

Advisory Council-No Report

**State Medical Examiner Advisory Council** —Proposed Administrative Rule Changes – distributed published 8/27/01 draft. Suppose to have gone to the BOH on the 12th.

**Legislative** –Mark Postma reported.

- Fee Schedule Reimbursement pushed back to April.
- Distributing an email to Rick Jones on the End of Life. Met with Nettle. But held up as a result of the WTC disaster.
- Review draft recommendations on Chap. 131 & 132 for discussion—
- Distributed draft of comments by IEMSA on Chap 131 & 132. Need an ok to send this letter to Mary Jones requesting a meeting. Would like to have Board approve. Dana Sechler motions to ok sending the letter to Mary Jones at the EMS Bureau. Jerry seconded. Mark proposes we send the draft to Mary before our meeting so she has time to review before we actually sit down and meet. Any comments must be in by Monday, it will go out to Mary Jones as soon after as that.

## **Other Reports**

IEMSA Awards Nominations – Got a great response. Nominations are sealed, so there is not report of how many in each category. Jeff

Dumermuth will forward nominations to Rosemary Adam for processing and selection.

- Jeff Dumermuth asked if we could be involved in the search for and EMS Bureau Chief. EMS Bureau says it's a very closed interview process. Do we need to comment as an association on this issue being more open to EMS involvement. Jerry Johnston suggested that Board Members put concerns in writing to president and he can use his discretion to send on to Dr. Gleason.
- Limit time for committee reports and guest presentations. Possibly re-evaluate meeting structure. Possibly a dinner hour meeting or have the meeting the next day. We need to be more effective.
- NAEMT's official Pediatric Pre-hospital Care Course is out published by Brady. Iowa is secured for a national rollout of this course. Possibly will be offset by NAEMT funds so we can do it for \$100 per person.
- Donations to the WTC Disaster – should we make one? We'll revisit this issue in November.

**Adjournment** motion to by Kay Lucas adjourn seconded by Dana Sechler 2:30p.

**Next Meeting** – October 25, 2001 at 1pm at the convention center.

# Board of Directors

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## Southeast Region

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## EMS Bureau

401 SW 7th Street  
Des Moines, Iowa 50309  
515-725-0326

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# Annual Members Meeting Minutes— October 25, 2001

## **Polk County Convention Center Des Moines, Iowa**

Present: Bruce Thomas, Cliff Greedy, Brett Bredman, Mark Postma, John Copper, Jerry Johnston, Cindy Hewitt, Jeff Messerole, Steve Noland, Jeff Dumermuth, Dana Sechler, Evan Bensley, Lori Reeves, Rosemary Adam, Kay Lucas

**Call To Order** – 7:20 pm  
Determination of Quorum/Proxies  
– Meet Quorum/ No Proxies

**Guest Presentations** –No Guest Presentations

Approval of September Minutes - approved – Jerry Johnston – motioned and John Copper seconded.

### **Treasurer's Report**

Overview of Account Balances  
Made a office management change  
Jeff Messerole motions to approve the Treasurers Report seconded by Dana Sechler.

### **Bureau of EMS Report:**

Dick Harmond – Announced he is now Acting Bureau Chief of EMS Bureau as of last week.

Bureau Update in full is tomorrow on the schedule at the conference  
Budget cuts have effected EMS Bureau – but able to do it without any layoffs. There will be more layoffs, but we'll still have to wait and see how it comes out.

They interviewed for the Bureau Chief this week. Anticipating an offer to someone within the next

week. Staff positions will fill an administrative assistant position and a few other positions. See Dick for more details.

System Development Grants – Anita Bailey — Have discretionary funds to distribute out to various counties. Reviewed hand-out of “Out-of-Hospital EMS System Development proposal”.

Counties looking for funds for special programs contact your board of supervisor representative — must be submitted by December 1 and awarded by January 15th.

### **Committee Reports**

By-Laws - Jerry Johnston reviewed By-Law changes made this year.

They are posted on the Web. Rosie motioned to approve the by-law changes. Jerry indicated that we are reviewing the make up of the board in the regions itself. After the first of the year, the by-laws committee will meet monthly to outline the “new” IEMSA structure and encouraged members to get involved in the sweeping changes.

Seconded by Dana Sechler

Newsletter/Web Page/PI&E –

- PI &E – We decided we wanted to step up our attention to this area, how we can serve public education and members better – members that want to get involved get a hold of a Board Member.
- Web Page – Dana Sechler–

gave address of new website

- Asked for Photos from members – explained how to email pictures to be used
- Looking for online registration and a shopping cart feature to get shirts/patches or other merchandise.

Newsletter – Rosemary Adam was recently appointed the Newsletter Editor. Encouraged members to write both news article or CE Articles or new ideas.

Booth —John Copper updated the membership of the conferences we attended this year.

- New Patches and New Merchandise

State Fire Service and Emergency

Response Council - Cindy Hewitt is the IEMSA Representative and is one of the few who represent volunteer services – all others are paid services.

- Tomorrow the Fire Service Training Bureau will have a booth. Get in touch with them with questions. They are going to be hit by budget cuts heavily. We will try to do some training here at our conference for them next year (2002).

Service Directors/Providers—Brett Bredman reported. Reps from Medicare and Experts in the Field talk about the Fee Schedule. April is the recommended start date. It's an educational committee as well as a working committee.

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## Annual Members Meeting Minutes— October 25, 2001—continued

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Nominating/Elections—Jerry Johnston reported the At-Large Election was held – Rosemary Adam was elected to continue in the role of At-Large Board. He motioned to destroy the ballots, Mark Postma seconded. Motion carried.

Annual Conference—Evan Bensley presented report—

- Outlined Reasons for the dates this year. Announced Dates for next year – November 14-16, 2002. Back to normal weekend. Plans are already in the works for the next year's program. Possibly a full day pre-conference instructor course and much more. Sunday session has been eliminated. Let us know if you want Sunday's back. Possibly instead do the third day on Thursday. Thanks to Lisa Arndt and Lori Reeves for all their help. New Feature this year – "Personal Continuing Education Record" given in the book for members to track the classes they attended for CE's. Look for certificates in mail. We'll have the entire building reserved. Thanks to Brett for his work on the exhibit hall. Thanks also to EMS Bureau for their work on the Medical Director/EMS Bureau Workshop.

Get your ideas to us about next year's program. Steve Murphy is here with us this year – he's a lot of fun and will be our keynote in the morning.

911/Telecommunications—Dennis Bachman reported --

- Overview of 911 Board. They meet monthly around the state on the third Thursday of the month
- Work on tying the cell phone towers will talk to 911 system. Completed on the 23rd of the this month. Now you can dial 911 on your cell phones and you will now get the local emergency provider.
- Phase Two – is to make it so when you make a 911 call on your cell phone the dispatcher can recognize where you are. That is a couple years down the road, as the cell phone folks are not sure how they are going to do it.
- Rewriting 35A – to take out some of the surcharges. There is a ceiling on the charge of \$1. Some places that's not high enough. Communities should be able to vote on that and not put a level on by the Board. So they are re-writing that to eliminate the \$1 cap.
- Wireless Surcharge – not

enough money in the fund to implement phase two at .50 asking to move that to \$1. 20% would go back to system equipment.

- 911 Tapes are public record – this has been abused so they're looking at a restriction so that that information can not be accessed for abusive purposes.

Advisory Council—Jeff Messerole reported the Advisory Council is group of EMS personnel from all levels and areas of EMS. They discuss once a month the issues facing EMS and Advises the EMS bureau on those issues. Mark Postma and Jerry Johnston and Jeff Messerole are our committee members. Anyone with questions or suggestions on the latest legislation should get those things to the committee.

State Medical Examiner Advisory Council—Jeff Dumermuth Composed of pathologist, Physicians, funeral directors around the state. Trying to get approval for a new lab. Primary project is developing and financing administrative rules for Medical Examiner Department.

Legislative—Mark Postma reported that many Board Members are very involved in this committee.

- DNR Bill is a big issue. Got the change made pretty quickly late last year. Still pushing this issue — Ric Jones and Cal Hultman our lobbyist and Dr. Pederson are staying on top of this issue. You dues are going
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who has yet to be diagnosed with this disease. Tachycardia, decreased BP, dry mucous membranes, Kussmaul's respirations, sweet acetone odor and altered mental status are all signs/symptoms of this derangement.

**Non-Insulin-Dependent Diabetes (NIDDM):** Occurs in those who produce inadequate amounts of insulin or they have too many cells to cover with the normal amounts of insulin they secrete. This patient is usually prescribed a diet and/or oral antihyperglycemic medications to control their glucose levels. This patient can get into trouble with hyperglycemia that causes non-ketotic coma.

**Hyperglycemic Hyperosmolar Nonketotic Coma (HHNC)** is a condition exclusive to this group of non-insulin-dependent diabetics. Remember, these folks have some insulin and can use some glucose for their cells but not all – thereby hyperglycemia occurs. This high glucose level pulls water from the tissues – thereby causing dehydration for the body. The body will not use fats for cell energy so no ketones are produced. This patient presents dry (similar to DKA) but not acidotic.

**Hepatic Encephalopathy:** Changes in liver function can affect mental status. One of the functions of the liver is to convert ammonia into urea. When that does not occur efficiently, ammonia begins to accumulate and becomes toxic to the brain. Symptoms include irri-

tability, confusion, lethargy, and coma. This patient will also exhibit signs of liver failure, which includes jaundice, edema (including the abdomen), and spider-like broken blood vessels over the body, called spider angiomas.

**Uremic Encephalopathy:** Renal failure patients sometimes develop uremia, which translates into “urine in the blood” because the kidney cannot function adequately. Uremia can cause alterations in mental status that include lethargy, confusion, seizures, coma. Many of these patients have a past medical history of severe hypertension and/or diabetes which caused them to develop the renal failure.

**Electrolyte Imbalances:** Electrolytes are electrically charged ions suspended in body fluids that are responsible for key cellular and metabolic reactions. Most electrolytes are obtained by the body through the food and fluids we ingest. These are mostly regulated by the kidneys, so those with renal failure have a tendency to have major derangements of electrolyte balance.

Sodium and calcium are two most common electrolyte disturbances that create mental status changes.

**Sodium:** This electrolyte is essential in the regulation of water and muscle action in the body. When sodium gets too high, the body's water is under too much pressure and causes the circulating blood to pull water from the tissues

and cells. This makes the brain actually shrink.

When the sodium level gets too low the body's water is not under enough pressure so it causes the blood vessels to release water into the tissues and cells causing edema, cerebral edema.

**Calcium:** This is an abundant electrolyte in the body and is responsible for cell membrane stability, blood clotting, nerve conduction, muscle action, and regulates sodium movement into the cell. It is stored in the teeth and bones. A high level of calcium decreases nerve cell conduction, which impacts the brain and heart. Parathyroid dysfunction and thiazide diuretics can cause of calcium elevation. A low level of calcium creates too much excitement between nerve cells, that can be exhibited by agitation, irritability and even tetany.

**Thyroid Disorders:** This endocrine gland is responsible for regulation of metabolism through hormones. Disturbances can cause confusion, anxiety, coma. Hyperthyroidism creates a hypermetabolic state and the patient exhibits signs and symptoms like nervousness, paranoia, decreased attention span, dramatic mood changes. This patient is intolerant of heat and is usually thin and may have “bug eyes”, called exophthalmos.

Hypothyroidism results from inefficient levels of thyroid hormone which creates a decrease in the

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# Annual Members Meeting Minutes— October 25, 2001—continued

to taking this bill to the hill and we are the the lead group.

- Stars of Life Program – Meet the legislators and congressman – we send two people to each year.
- Federal Level – Medicare Reimbursement Fee Schedule Issue – April 1, 2002 CMS (used to be HCFA) will implement – we worked very hard to get this bill done correctly to get the most for EMS. Have met with some congressmen and are making some great headway.
- Review CHAPTER 131 Revisions & Suggestions —Mark Postma
- Comments are being made from IEMSA Board on the Chapter 131 & 132 with the re-writes verbally, and will now make written comments and suggestions on behalf of the IEMSA. Distributed the written rule changes we will be submitting to the Bureau. Mark Postma reviewed these changes with the membership and Board present. Mark Postma motioned to adopt the suggested revisions and comments for Chapter 131 and 132, Rosemary Adam seconded – approved.

## Other Reports

- TSAC Report presented by Rosemary Adam
- SEQIC – Linda Frederiksen presented report.

## New Business –

- Jerry Johnston NAEMT Update – is our representative – NAEMT has donated \$1,000 to their disaster relief fund. Executive council voted to donate \$500 to that fund. NAEMT fund 100% of that money goes to the victims and their families. NAEMT collected money at the banquet and collected another \$1,100. It is ear-marked for the EMS families first. There were 9 families that loss EMS workers and they weren't recognized in any other disaster funds. We will set up a bucket at the booth for donations to that fund and announce the amount at the end of the conference.
- PHTLS will be rolling out of the new course, both the provider and the instructor pieces. Opportunity to get involved in on the ground level of an initial product. Three previously done successful rollouts. Still working out some bugs but it's a good roll out.

**Adjournment** — motion to adjourn Jerry Johnston first and Dana Sechler seconded – 8:36pm.

**Next Meeting** – November 15, 2001.

# Treasurers Report

## September 30, 2001

Checking	\$ 44,274.19
Savings	\$ 6,458.07
Petty Cash	\$ 205.47
Investment	\$ 23,068.03
Total Balance	\$ 74,005.76

## October 30, 2001

Checking	\$ 85,763.72
Savings	\$ 6,464.89
Petty Cash	\$ 5.47
Investment	\$ 23,104.02
Total Balance	\$ 115,338.10

## November 30, 2001

Checking	\$ 30,565.96
Savings	\$ 6,471.49
Petty Cash	\$ 5.47
Investment	\$ 23,144.96
Total Balance	\$ 60,187.88

## December 30, 2001

Checking	\$ 53,013.77
Savings	\$ 6,478.32
Petty Cash	\$ 5.47
Investment	\$ 23,144.96
Total Balance	\$ 82,642.52

**Don't Miss  
EMS Day on-the-hill!**  
March 21, 2002  
at the  
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