This year marks the 37th Annual Winter Conference on Emergency Medicine. This outstanding two day conference features opportunities for CME and CEU credits with speakers from multiple disciplines. Topics include: Allergies & Anaphylaxis, Ketamine for Pre & Post hospital use, Groundbreaking Stroke and Congestive Heart Failure Management, and many more!!

Target Audience & Objectives
This two-day workshop is designed to provide physician, nurses, physician assistants, nurse practitioners, residents, advanced EMS personnel, and students with continuing education in current emergency medical issues. Upon completion of this educational activity, participants should be able to apply new principles to improve their everyday practice of emergency medicine and to increase their understanding of the emergency medicine workplace.

Accreditation Statement:
The Rapid City Regional Hospital is accredited by the Iowa Medical Society to provide continuing medical education for physicians.

Credit Designation:
The Rapid City Regional Hospital designates this education activity for a maximum of 11 AMA PRA Category I Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the American College of Emergency Physicians is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Emergency Physicians designates this live activity for a maximum of 2.00 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Approved by the American College of Emergency Physicians for a maximum of 2.00 hour(s) of ACEP Category I credit.

Course Director: Scott VanKeulen, MD
Email: info@sdacepconference.com
Friday, March 3rd, 2017

7:15-8:00am Registration, complimentary continental breakfast, meet our sponsors/Exhibitors

8:00am Welcome & Introduction - Scott Vankeulen, MD, FACEP President Elect, SD ACEP

8:10am Darren Manthey, MD, FACEP: Heart Failure Management: From the Emergency Department to Hospital Admission and Discharge & Cases from the Community

10:15am Break

10:30am Marco Duic, MD, CCFP(EM), MBA, FCFP: Less is More: Better outcomes through decreased inputs

12:30pm-2:00pm 1st Session Skills Refresher
**Lunch 2:00pm-3:30pm

2:00pm-3:30pm 2nd Session Skills Refresher
**Lunch 12:30pm-2:00pm

Valeriy V. Kozmenko, MD, CHSE, Parry Center SIM Lab: Skills Refresher SIM Lab

1:30pm Valeriy V. Kozmenko, MD, CHSE, Parry Center SIM Lab: Skills Refresher SIM Lab (must register to attend)

3:30pm Break

3:45pm Hilary Rockwell, MD, FACEP: Game-Changing Procedures in Stroke Management: Maximizing the Effectiveness of Endovascular Treatment

4:45pm Brook Eide, MD, FACEP: Allergies & Anaphylaxis; the Itch that Kills

5:45pm Adjourn for the day

Thank you to our sponsors:

Avera
SANFORD HEALTH
Regional Health
American College of Emergency Physicians

Saturday, March 4th, 2017

7:30-8:00am Registration, complimentary continental breakfast, meet our sponsors/Exhibitors

8:00am Welcome & Introduction - Scott Vankeulen, MD, FACEP President Elect, SD ACEP

8:10am Hilary Rockwell, MD, FACEP: Ketamine in pre-hospital and hospital setting

9:00am Guarav Puri, MD: Common Sense Medicine

10:10am Break

10:20am Benjamin Aaker, MD, FACEP: Laying Blame and the Mysterious Case of T25

11:30am Scott Vankeulen, MD, FACEP: Panel Discussion

1:30pm Conclusion, Thank you.

Refresh Your Skills

This year we are pleased to include a special SIM Lab Skills Refresher course!
- FAST Exam, there will be a patient to scan
- Intubations, infant through adult, includes direct and video laryngoscopy
- Lumbar Puncture, simulated trainers range from infant to adult
- Central Venous Access, with the use of ultrasound technology
- Surgical Airway/IO Placement

You will need to pre-register for this session.
The two-hour simulation skills course is open to all attendees. It will be offered simultaneously with other lectures. It is scheduled for Friday March 3. There are no additional fees associated with this session. Visit sdacepconference.com to register!
Emergency medicine clinicians and hospitalists have a unique, collaborative relationship in the continuum of care of acute heart failure (AHF) treatment and in providing optimal patient care from first point of access through hospitalization to discharge. The purpose of this education is to provide up-to-date evidence-based information on the clinical presentation of AHF, the importance of an accurate and timely diagnosis, and implementation of early therapeutic decisions. It will also address how to determine whether patients are to be admitted or discharged and, if admitted, what the appropriate initial level of inpatient care should be as the care of the patient then transfers to the hospitalist who makes additional care and treatment decisions.

Intended Audience
Emergency medicine physicians, hospitalists, and other clinicians who treat patients with heart failure

Learning Objectives
After participating in this session, learners should be better able to:

• Identify heart failure (HF) patients by their clinical profiles and phenotypes and assess comorbid conditions
• Produce the diagnosis of acute heart failure (AHF) based on clinical presentation, history, laboratory assessment, and radiographic findings
• Integrate the data of related clinical trials and the evidence to support the use of current therapies as well as novel therapies that are in development for AHF
• Collaborate with the interdisciplinary team to properly assess when HF patients need to be admitted to the hospital, placed in observation status, or discharged
• Distinguish the importance of early re-initiation of guideline-directed medical therapy, including beta blockers, and discuss the initiation or continuation of newer FDA-approved treatments for patients admitted to the hospital or placed in observation status
• Describe evidence-based practices, including methods to improve care transitions for AHF patients once they are ready for discharge from the hospital

Accreditation Statement:
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American College of Emergency Physicians, Haymarket Medical Education, Society of Hospital Medicine, and The American College of Emergency Physicians is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement
The American College of Emergency Physicians designates this enduring activity for a maximum of 1.00 AMA PR A Category 1 Credit™.

Conflict of Interest Disclosure Policy
In accordance with the ACCME Standards for Commercial Support, ACEP requires that individuals in a position to control the content of an educational activity disclose all relevant financial relationships with any commercial interest. ACEP resolves all conflicts of interest to ensure independence, objectivity, balance, and scientific rigor in all its educational programs. All relevant financial relationships shall be disclosed to participants prior to the start of the activity.

Furthermore, ACEP seeks to verify that all scientific research referred to, reported, or used in a continuing medical education (CME) activity conforms to the generally accepted standards of experimental design, data collection, and analysis. ACEP is committed to providing its learners with high-quality CME activities that promote improvements in healthcare and not those of a commercial interest.
Due to their broad scope of practice, staying well informed about the latest medical literature and the varied medical issues that present to the emergency department is difficult for emergency clinicians. Providing the latest evidence-based education in the diagnosis and treatment of stroke is key to changing practice patterns and improving patient care. The time-sensitive nature of stroke demands early intervention and confidence in assessment and treatment by the emergency physician. Providing decision-making tools that assist in the risk-benefit assessment when evaluating and treating stroke will assist in identifying patients eligible to receive t-PA and result in earlier interventions and treatment. Emergency physicians must be competent in clinical recognition, rapid initial management, and specialist consultation early in the diagnostic and treatment process.

**Educational Need**
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**Intended Audience**
Emergency medicine physicians and other healthcare providers who manage stroke patients in the acute setting

**Learning Objectives**
After participating in this session, learners should be better able to:

- Interpret the latest clinical trial data evaluating endovascular therapy in the management of acute ischemic stroke and how this data applies to current practice
- Implement evidence-based care consistent with American Heart Association (AHA) and other pertinent guidelines
- Develop regional systems of care to optimize pre-hospital, between-hospital, and in-hospital workflows to improve patient outcomes

**Accreditation Statement**
The American College of Emergency Physicians (ACEP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This continuing nursing education activity was approved by the Emergency Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

**Designation Statement**
The American College of Emergency Physicians designates this live activity for a maximum of 1.00 AMA PRA Category 1 Credit™. This activity is approved by the American College of Emergency Physicians for a maximum of 1.00 hour of ACEP Category 1 credit. This program is approved for 1.0 contact hours of continuing nursing education.

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