

833 Princeton Ave SW  
POB III Suite 200E  
Birmingham, AL 35211

BROOKWOOD BAPTIST HEALTH

# EMS Stroke 2020

DATE

**Friday, January 24, 2020**

TIME

**1:00pm-5:30pm**

LOCATION

**Renaissance Ross Bridge  
4000 Grand Ave.  
Birmingham, AL 35226**

PROGRAM DIRECTOR

**Bruce Burns, MD**



**Brookwood Baptist  
Health®**

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**A COMMUNITY BUILT ON CARE**

Brookwood Baptist Medical Center | Citizens Baptist Medical Center  
Princeton Baptist Medical Center | Shelby Baptist Medical Center | Walker Baptist Medical Center

## INTRODUCTION

To provide a review and update of emergency stroke care

**Target Audience:** EMT and paramedics

### Course Objectives:

- Discuss the Code Stroke protocols.
- Discuss and have hands on sessions performing a basic neurological exam

## Agenda - EMS Stroke 2020

12:30 - 1:00 pm	Registration
1:00 - 2:00 pm	BREMSS Stroke System - Michael Minor, MD
2:00 - 2:30 pm	Alabama State Prehospital Stroke Evaluation - Buddy Ingleright, BS, NRP
2:30 - 3:00 pm	Code Stroke: Brookwood - Josh Talley, RN
3:00 - 3:30 pm	Code Stroke: Shelby - Brittany Stegall, RN
3:30 - 3:45 pm	Break
3:45 - 4:45 pm	Keynote Speaker - Jitendra Sharma, MD
4:45 - 5:30 pm	Breakout Session: The Neurologic Exam - Bruce Burns, MD Jitendra Sharma, MD William Barr, MD

Meets the requirements set by the NREMT and Alabama OEMS for 4 hours of Continuing Medical Education.



[www.brookwoodstroke.com](http://www.brookwoodstroke.com)

## REGISTRATION FORM - EMS Stroke 2020

To pre-register, simply complete the form included in this brochure and mail along with registration fee by **January 17, 2020** or you may fax to **205.599.4833** or email **kim.bentley@bhsala.com**.

Please make checks payable to: **Brookwood Baptist Health**

Please return from and payment to:

**Kim Bentley**  
**Princeton Baptist Medical Center**  
**833 Princeton Ave SW**  
**POB III, Suite 200-E**  
**Birmingham, AL 35211**  
Ph: 205.599.4818  
Fax: 205.783.7399

We will confirm registration by email. If your registration is mailed after **January 17, 2020**, please call **205.599.4818** to confirm your registration if we don't contact you.

### REGISTRATION FEES

**ADVANCED REGISTRATION BY 1/17/20: \$15.00**

**LATE OR ON-SITE REGISTRATION FEE: \$25.00**

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

Please enclose full payment with registration form.

CHECK AMOUNT ENCLOSED \$ \_\_\_\_\_

Make payable to Brookwood Baptist Health

CHARGE THE AMOUNT OF \$ \_\_\_\_\_ TO MY VISA MASTERCARD

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Please detach and mail in payment and registration form.