

The CALS Trauma Module

Procedures Covered

- Cricothyrotomy
- Needle thoracostomy for tension pneumothorax
- Chest tube insertion
- Percutaneous pericardiocentesis
- Helmet removal
- Leg traction splint
- Primary and secondary assessment of the trauma patient
- FAST Exam: introduction to the use of ultrasound in trauma care
- Bleeding Control



CALS-TRAINED HEALTHCARE PROVIDERS SAY...

Most valuable part of the course: "The hands-on experience/trauma modules."

-Nurse, Minnesota

"Hands-on training with highly skilled instructors and colleagues, making it exceptionally educational but also fun and encouraging."

-Physician, Minnesota

"Opportunity to refresh trauma skill sets that are infrequently used."

-Physician, Minnesota

CALS Development

The CALS Program was started in 1996 in Minnesota by a grassroots coalition of volunteer health care providers who had the goal of improving patient care and outcomes in rural settings. The CALS Program has developed affiliate programs in Maine and Montana and has hosted courses in many additional states including Wisconsin, Michigan, Iowa, South Dakota, North Dakota, Oklahoma, Missouri, and Texas. The CALS Program has also trained US Embassy medical personnel around the globe in eight other countries. The newest expansion of the CALS program is Global CALS, a humanitarian project that brings medical education to under-served countries, such as, Kenya and Haiti.

CALS education and resources were designed for physicians, physician assistants, nurse practitioners, RN's, LPN's, paramedics, and allied health care professionals who work in rural, remote, or global settings.



CALS Comprehensive
Advanced Life Support
RURAL EMERGENCY MEDICAL EDUCATION

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CALS Trauma Module

for Rural Emergency Teams

Comprehensive Advanced Life
Support education and resources
for rural, remote, and global
healthcare providers

CME Credits Available from
American Academy of Family Physicians (AAFP)



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CALS Education and Resources:

Created for the unique needs of rural emergency patient care teams.

The CALS Trauma Module was designed to provide physicians, nurses, physician assistants, nurse practitioners and paramedics with the opportunity to learn and practice infrequently used life-saving trauma skills.

Offered in conjunction with the CALS 2-day Provider Course, the CALS Trauma Module is held the day before the CALS 2-day Provider Course.

The CALS Trauma Module covers skills applicable to trauma scenarios that will complement the material of the CALS Provider Course.

CALS Trauma Module satisfies the Minnesota education requirements for Level III and IV trauma certification. The Trauma Module may also fulfill requirements for trauma system designation in other states.

The CALS website provides a wide range of resources on-line, intended to reinforce and extend the benefits of CALS training.

www.calsprogram.org

CALS Learning Outcomes

Upon completion of the CALS Trauma Module, students will be able to:

- Describe and perform an ultrasound examination of a trauma patient
- Perform rapid and accurate primary and secondary surveys for all trauma victims, including pregnant and pediatric patients
- Describe and perform trauma procedures consistent with the provider's role on the advanced life support team
- Identify key life threats and demonstrate appropriate therapeutic interventions
- Describe and perform helmet removal and leg traction splinting



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About CALS Rural Emergency Medical Education

CALS improves patient care in rural and resource-limited hospitals through intensive advanced life support training. The curriculum is specifically designed for medical teams who work in settings exposed to undifferentiated medical emergencies without the luxury of on-site subspecialty assistance.

The CALS Resuscitation Diamond

The CALS curriculum is continually updated to ensure that the latest developments in clinical practice are combined with appropriate equipment and the patient-centered training CALS is known for.



Rural, Remote, and Global Impact

CALS education has improved patient care in rural and remote communities across the United States and Canada, globally in US embassies abroad, and within developing countries in Africa, Haiti, Latin America and the middle East.

