

# EMSC Connects

Volume 5, Issue 2

February 2016

Emergency Medical Services for Children  
Utah Bureau of EMS and Preparedness

## Special points of interest:

- The EMSC program update
- Pediatric education offerings
- The CHIRP program
- Your EMSC staff

## Inside this issue:

Pedi Points	2
Did You Know?	8
News From National	8
Happenings	8
Calendar	9
The Final Word	10

## A Word From Our Program Manager

The Utah EMS for Children program is federally funded and allows us to focus on opportunities to improve pediatric emergency care through education, injury prevention, performance improvement, and research. We are required through the federal grant to strive to meet certain performance measures. We think it is important to periodically provide you with a snapshot of how we are doing. This is not just an EMSC effort, hospitals and all Utah EMS agencies are important in these performance measures. Below is a list each measure and goal and where we stand in meeting them.

### EMS for Children Performance Measures

**Performance Measure 71** - The percent of prehospital provider agencies in the state/territory that have on-line pediatric medical direction available from dispatch through patient transport to a definitive care facility. Annual performance objective 90%; Utah 88.5

**Performance Measure 72** - The percent of prehospital provider agencies in the state/territory that have off-line pediatric medical direction available from dispatch through patient transport to a definitive care facility. Annual performance objective 90%; Utah BLS 53.3%; ALS 83.8%

**Performance Measure 73** - The percent of patient care units in the state/territory that have essential pediatric equipment and supplies as outlined in national guidelines. Annual performance objective 90%; Utah BLS 69.2%; ALS 62.1%

**Performance Measure 74** - The percent of hospitals recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric medical emergencies. Annual performance objective 50%; Utah 43.4% (20 IHC facilities meet minimum pediatric training, staffing and equipment standards established by PCH).

**Performance Measure 75** - The percent of hospitals recognized through a statewide, territorial, or regional standardized system that are able to stabilize and/or manage pediatric traumatic emergencies. In addition triage and transfer guidelines have been adopted that outline the initial triage and transport of trauma patients with a track specific to pediatric patients. Annual performance objective 50%; Utah 56.5% (26 designated trauma centers)

**Performance Measure 76** - The percentage of hospitals in the state/territory that have written interfacility transfer guidelines that cover pediatric patients and that include pre-defined components of transfer. Annual performance objective 90%; Utah 54.3%

**Performance Measure 77** - The percent of hospitals in the state/territory that have written interfacility transfer agreements that cover pediatric patients. Annual performance objective 90%; Utah is at 73.9%

**Performance Measure 78** - The adoption of requirements by the state/territory for pediatric emergency education for license/certification renewal of BLS/ALS providers. Annual performance objective Yes; Utah Yes

**Performance Measure 79** - The degree to which state/territories have established permanence of EMSC in the state/territory EMS system by establishing an EMSC Advisory Committee, incorporating pediatric representation on the EMS Board, and hiring a full-time EMSC manager. Yes; yes

**Performance Measure 80** - The degree to which state/territories have established permanence of EMSC in the state/territory EMS system by integrating EMSC priorities into statutes/regulations. Annual performance objective 8 items; Utah 7 are yes.

The National EMSC program is considering additional performance measures. These proposed measures are:

- 1) Submission of NEMSIS compliant version 3.x data submitted to the State EMS Office for submission to the NEMSIS Technical Assistance Center.
- 2) Identifying a pediatric emergency care coordinator for every EMS provider agency
- 3) Identifying and implementing a process to demonstrate proficiency on pediatric specific equipment

As you can see, we have some work to do in order to make improvements with our current performance measures.

Periodically, we will ask hospitals and EMS agencies to participate in assessments. This data determines our focus. So.... if you receive a survey/assessment or phone call from us, please answer. Your responses direct our activities. The results are ultimately published on national websites. Your participation in the assessments is essential to improving pediatric care in Utah. To those who have graciously taken the time to respond, as accurately as possible, we thank you. Heads up! New and follow-up assessments are coming.

As always, thank you for your time, efforts, and interest in providing quality and timely emergency pediatric care. Be safe.

Jolene Whitney [jrwhitney@utah.gov](mailto:jrwhitney@utah.gov)



To submit or subscribe to this newsletter

Email: [Dalrymple@utah.gov](mailto:Dalrymple@utah.gov)

## Pedi Points

### Tia Dalrymple RN, BSN

Once a year we like to dedicate our newsletter to the EMSC program itself. We want to be sure that our readers are taking full advantage of the resources and other offerings within this program. We are, after all, funded by your tax dollars and are ready and willing to be taken advantage of.



Dr. Calvin Sia and Senator Daniel Inouye (D-HI)  
"The Fathers of EMSC"

## The History of EMSC

In the late 1970s, Calvin Sia, MD, president of the Hawaii Medical Association, urged members of the American Academy of Pediatrics to develop EMS programs that would decrease illness and death in children. Dr. Sia worked with U.S. Senator Daniel Inouye (D-HI) to generate legislation for an initiative on pediatric emergency medical services for children.

In 1984, Senators Orrin Hatch (R-UT) and Lowell Weicker (R-CT) joined Senator Inouye in sponsoring the first EMSC legislation. C. Everett Koop, MD, then Surgeon General of the United States, strongly supported this measure, as did the American Academy of Pediatrics.

The 1984 legislation led to the establishment of the Emergency Medical Services for Children (EMSC) Program. Since then, EMSC grants have helped all 50 states, the District of Columbia, and five U.S. territories (the Commonwealth of the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, Guam, and Puerto Rico) with funds specifically earmarked to improve pediatric emergency medical services.

Grant funds have improved the availability of child-appropriate equipment in ambulances and emergency departments; supported hundreds of programs to prevent injuries; and provided thousands of hours of training to EMTs, paramedics, and other emergency medical care providers. EMSC efforts are saving kids' lives.<sup>1</sup>

1. <http://www.health.ny.gov/professionals/ems/emsc/>

## EMSC Program National Goal Statement

The EMSC Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system. We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, acute care, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

Future EMSC program goals are:

- To develop effective and sustainable training methods to improve pediatric knowledge among EMS providers.
- To assure that program grantees address improvements in pediatric care provided by emergency medical services (EMS) providers in the pre-hospital setting.
- To identify evidence-based triage protocols and hospital designation choice of acutely ill or injured children.
- To evaluate the health outcomes of pre-hospital pediatric care.
- To develop modules of regionalization and telemedicine that allow for timely transfers or care delivery to critically ill or injured children in rural settings where specialty care is not readily available.

"The EMSC Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system"



**Pedi Points –continued**

**So What Does Utah EMSC Offer?**

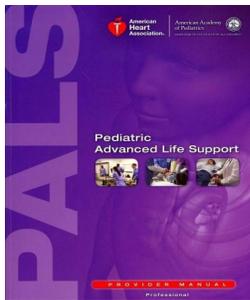
**Pediatric Education**

Once an EMT completes their training they begin practice and much of what they learned in school solidifies as they see it on the street. In fact studies have shown that the expertise we build over the life of our career is broken up like this;

- 10% from what we learned in the classroom
- 20% from peer learning and example
- 70% from on the job training

So what about the things prehospital providers need to know, need to keep current, but don't encounter as often on the job? Only 11% of your overall patient encounters have to do with the pediatric population. How do you become expert in something you don't see all the time? This is where continuing education comes in. Education in the absence of exposure leads to expertise. In 2014 there was a rule change in the pediatric education requirement for recertification of EMT-IA and above. Every EMT I, IA and above must have current PALS/PEPP or equivalent during time of recertification. EMSC wants to help you fulfill this requirement.

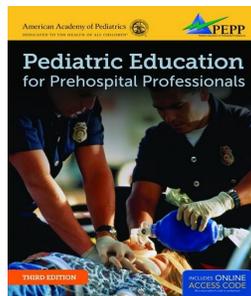
“Education in the absence of exposure leads to expertise”



**Pediatric Advanced Life Support (PALS)**

Developed by American Heart Association (AHA)

A classroom, video-based, Instructor-led course. The goal of the PALS Course is to improve the quality of care provided to seriously ill or injured children, resulting in improved outcomes.



**Pediatric Education for Prehospital Professionals (PEPP)**

Developed by the American Academy of Pediatrics (AAP)

A complete source of prehospital medical information for the emergency care of infants and children. Curriculum is designed to teach prehospital professionals how to better assess and manage ill or injured children. Case-based tures, live-action video, hands-on skills stations, and small group scenarios.



**“Or Equivalent”**

Your training officer or agency can develop education equivalent to the PALS or PEPP courses and seek approval from the Bureau of Emergency Medical Services to use in their place.

The state and EMSC does not endorse any one class over another. However, EMSC has tried to find ways to help you comply with this new rule. We can bring PALS classes to your agency but our cheapest option is our PEPP offerings. We have regionalize our classes as a way of keeping costs as low as possible. Andy Ostler, our Lead Course Coordinator will lay out the plan...

Greetings, my name is Andy Ostler and I am the Lead Course Coordinator for Emergency Medical Services for Children or EMSC. It is our desire and EMSC to help provide pediatric training for EMS providers in the state. We have worked on a way to have enough classes that everyone can become and stay certified. To do that we have the following plan.

We have regionalized classes as follows:

**Region 1:** Box Elder, Cache, and Rich counties

**Region 2:** Weber, Davis, Tooele, Summit, Morgan, Wasatch, Utah, and Salt Lake counties

**Region 3:** Millard, Sevier, Juab, and Sanpete counties

**Region 4:** Daggett, Duchesne, and Uintah counties

## Pedi Points–continued

**Region 5:** Emery, Carbon, Grand counties

**Region 6:** Beaver, Washington, and Iron counties.

**Region 7:** Kane, Garfield, Wayne and Piute counties

**Region 8:** San Juan county

Regions are set up so that your travel to a class should be less than 1 hour. Renewal classes only take one day. They are often scheduled on Saturdays from 1000 to 1500. The Initial training class is a two day class and we have traditionally held these classes on Friday night from 1800 to 2200 and Saturday 0800 to 1700.

The schedule will be in this newsletter and will be sent to all EMS agency directors and training officers. The only cost for PEPP students is the \$16.95 online code and hotel accommodations if you are taking an initial class and do not want drive back and forth. EMSC will cover equipment and instructors. Any questions can be addressed to me at [aostler@utah.gov](mailto:aostler@utah.gov) or by phone or text at 801-597-7098.

## Free Monthly Digital Newsletter

You're reading it! Our target audience is anyone that wants to improve their care and understanding of children in healthcare. It will also benefit anyone interested in understanding the EMSC program goals and objectives. We focus on providing current and timely pediatric information to help Utah's emergency responders care for the ill and injured child or adolescent wherever they are in the state. We strive to make our information basic and easy to remember since many of our providers only see a pediatric patient once or twice a month.

EMSC Connects distribution includes all EMS agency training officers and medical directors in the state, all ER nurse managers, and many private physicians and providers. We archive the newsletters on our [website](#) with links to the [national EMSC website](#). We also maintain a monthly calendar of upcoming EMSC events and pediatric educational offerings.

We invite submissions from our audience both for calendar events and articles. We want to hear about your pediatric experiences, teaching points, and perspectives. Please feel free to reproduce and recirculate the newsletter to anyone who may find it beneficial.

## Web Resources

Under the General Public tab find links to:

- [The CHIRP Program](#): a program to increase communication between EMS and children with special healthcare needs
- [Archived Newsletters](#)
- [The EMSC Needs Assessment](#) Results

Under the EMS Responders tab find links to:

- [Pediatric Off-line Protocol Guidelines](#)
- [Training](#)
- Information on [Family Centered Care](#)
- Your [County Coordinator](#) Contact Information

Under the EMSC Coordinators Page find:

- An explanation and [application](#) for the role

[www.health.utah.gov/ems/emsc/](http://www.health.utah.gov/ems/emsc/)

[www.health.utah.gov/ems/emsc/](http://www.health.utah.gov/ems/emsc/)



“We invite submissions from our audience both for calendar events and articles. We want to hear about your pediatric experiences, teaching points, and perspectives”



## “CHIRP” The Children’s Health Information Red Pack Program

EMSC has worked with many of our partners to create a registry for children with complicated healthcare needs. This registry is the Emergency Health Information System.

**Purpose:** to provide a way of giving key emergency health information to EMS responding to a call on a child with special healthcare needs (CSHCN) in order to improve the care of these children.

### Who does it serve?

- **Parents of CSHCN**

Once enrolled, a parent can easily update their child’s changing medical needs, medications, and recommendations online. Knowing that their child has up-to-date information available to anyone caring for their child can give them peace of mind.

- **EMS**

It satisfies the HIPPA requirements to allow you (the EMS provider) access to medical information on a particular child in your service area, a child that you will likely have to respond to, before you are called. It also promotes easy access to current key information when you get that call.

### Who can be enrolled? Children with...

**Frequent seizures**

**Tracheostomy**

**Ventilator dependency- CPAP / BIPAP**

**Congenital heart disease**

**Severe asthma with past admittance to ICU**

**Severe Autism**

**Complex respiratory and cardiology needs**

**Brittle Diabetes**

**Neurologically compromised and requires suctioning for airway patency**

### What happens after they are enrolled?

- Their information will be reviewed by the EMSC Pediatric Clinical Consultant RN.
- Parents will be sent the following at no charge;
  - \* A letter explaining the program.
  - \* Two document vials to store current copies of the Health Information Sheet. One to be kept with the patient at all times, the other to go in the door of the refrigerator where the child resides (because most every has a fridge).
  - \* An EMSC sticker that the family can place on the inside of their main door as a signal to EMS to look in the fridge.
  - \* An EMSC Magnet to go on the fridge containing the information sheet.
- A letter will be sent to local EMS to “flag” that child’s home.
- EMS providers will have a chance to review and file the information on the child in advance of any calls.
- The sheet will include contact information for the family if you would like to meet with them before an emergency arises.

### How do I encourage parents in my area to enroll?

Give parents of children who qualify the info sheet the was sent with this newsletter or refer them to the [www.health.utah.gov/ems/emsc](http://www.health.utah.gov/ems/emsc), You can access more information about this amazing program at the above website under the General Public Page. Contact Tia Dickson with any questions (801)707-3763, [Dalrymple@utah.gov](mailto:Dalrymple@utah.gov)



Parents are sent two vial to keep up-to-date medical info in. One to stay with the child in the red bag, the other to be kept in the fridge of the child’s home



You will find an EMSC sticker on the inside of the door, signaling that up-to-date medical info is kept in a vial in the fridge



A magnet is placed on the fridge containing the vial

### HOWTO ENROLL A CHILD?

**For on-line completion and updating of the Emergency Health Information Sheet go online to:**

**[www.health.utah.gov/ems/emsc](http://www.health.utah.gov/ems/emsc)**

**Pedi Points –continued**

**Your EMSC Staff**

**Jolene Whitney** EMSC Program Manager



Jolene is currently the Director for the Specialty Care and Performance Improvement Program for the Utah Bureau of Emergency Medical Services and Preparedness, and serves as the state EMS for Children program manager and the state trauma system program manager. She provides oversight for three functional areas and staff related to Trauma System Development (and other time sensitive emergencies such as Stroke and STEMI), ED, Trauma and Pre-hospital databases and performance improvement, and the EMS for Children program. She has worked with the Bureau for 35 years. Contact Jolene at [jrwhitney@utah.gov](mailto:jrwhitney@utah.gov).

**Alexander (Chuck) Cruz** Pediatric Disaster Preparedness Coordinator

Chuck Cruz started in Fire & EMS in the early 1980's. He became a nurse in the 1990's and he still loves them both. He works as in an RN in the Pediatric Intensive Care Unit at Primary Children's Medical Center and as the EMSC Pediatric Preparedness Coordinator.



My role with EMSC is to coordinate the Pediatric Strike Teams and develop partnerships with government and private agencies in working toward preparedness for Utah's children. We have become more than just an acute response team, we are also a mobile medical unit. We can help with temporary medical oversight at event such as the Ironman in St. George. If you have this type of need or want to learn more about the peds strike teams, contact me. [Ccruz@utah.gov](mailto:Ccruz@utah.gov)

**Tia Dickson** Pediatric Clinical Nurse Consultant



Tia Dickson is the Trauma Charge Nurse Lead in the Emergency Department at Primary Children's Hospital. She has been a pediatric nurse for 20 years and has worked all over the country and in various areas of pediatrics.

My job is to act as liaison between the EMS community and Primary Children's to provide the most up-to-date education in pediatrics. I share the latest pediatric education and information from our state's only level 1 pediatric hospital (Primary Children's Hospital) with the state. I work to increase communication between the different providers and link your community with PCH resources. Please contact me with your needs, I am waiting to help. [Dalrymple@utah.gov](mailto:Dalrymple@utah.gov)

**Andy Ostler** EMSC Lead Course Coordinator

Andy retired from Salt Lake City Fire Department in 2006 after 33yrs of service. He has been working with EMSC since 1993. He balances his EMSC role with his other responsibilities; pediatric strike team lead, Utah DMAT, PES Educator, Unit Commissioner in the Boy Scouts of America, and grandfather to ten.



My job is to coordinate the EMSC coordinators. We provide courses in PALS, PEPP, and various pediatric CME's. We will bring the classes to you, just contact me to make arrangements.

[Aostler@utah.gov](mailto:Aostler@utah.gov)



**Hilary Hewes**

EMSC Medical Director  
[Hilary.hewes@hsc.utah.edu](mailto:Hilary.hewes@hsc.utah.edu)



**Kris Hansen**

PCH Trauma Program Manager  
[Kris.Hansen@imail.org](mailto:Kris.Hansen@imail.org)



**Whitney Levano**

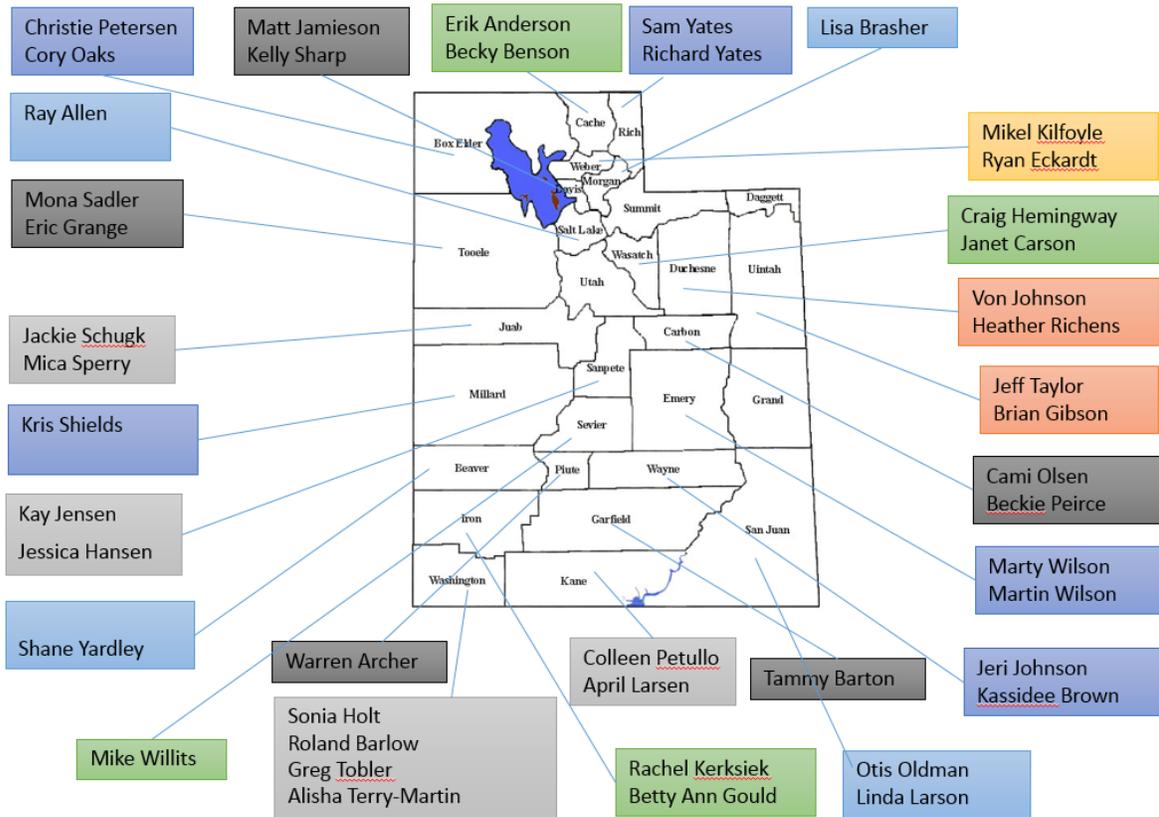
EMSC Parent Liaison  
[wannjohnson@gmail.com](mailto:wannjohnson@gmail.com)

**Pedi Points –continued**

**Local EMSC Representatives**

Beginning in 1999, Utah EMSC established what is presently known as the EMSC Coordinator Program. The purpose of the Utah EMSC Coordinator Program is to create a pool of EMS Instructors who could promote pediatrics through 1) teaching and coordinating educational programs and 2) promoting and conducting injury prevention activities. Through our EMSC Coordinators we disseminate pediatric education throughout the state. They are experts within your own communities that have direct access to Primary Children’s Hospital resources, pediatric equipment, and additional pediatric training. We try to maintain 2 Coordinator in each county. Do you know who your EMSC Coordinator is? [Contact my Coordinator](#)

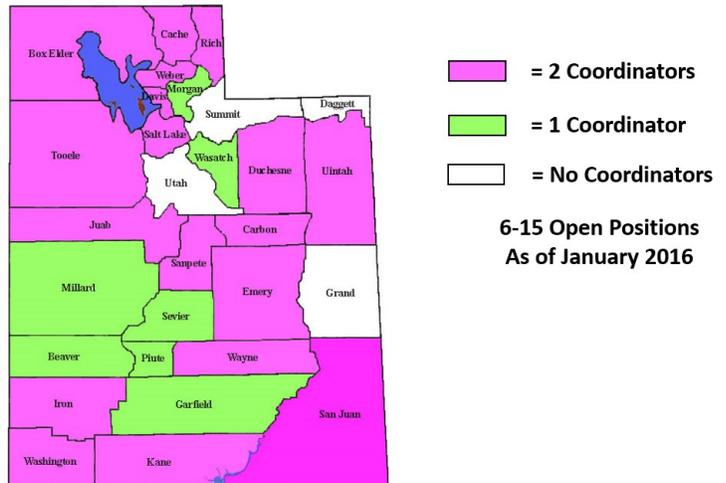
**Current EMSC Coordinators As of Dec 2015**



**Interested in Becoming A Coordinator?**

Check out the job description and perks of the role on our [website](#). If interested, fill out an application and send it to our Lead Coordinator at [Aostler@utah.gov](mailto:Aostler@utah.gov)

**EMSC is a program designed to help EMS providers access the best in current, timely pediatric information. Your tax dollars are at work. We all want to take great care of kids, let EMSC make your job a little easier.**



### Did You Know?

#### Primary Children's has a process for getting follow up information on the patients you deliver to them

Can EMS receive information on patients they transport to our hospital? The answer is yes, but there is a specific process for both ground and air agencies. Do you know what the process is? There are two ways to receive this information.

1. If EMS is at our hospital they can fill out a patient update form and drop it in the drop box. Both the forms and the drop box are located in the ambulance bay entrance. I will then send the requested information to their agency contact person.
2. You can call the ER or better yet email me to request follow-up. I will need the patients name, the date and time you transported the patient and the agency you are from. If you call the Charge Nurse will take this information from you and send me an e-mail. I will then e-mail the information to your agency contact person and this person should relay the information to you.

This is the process that has been approved by our hospital administration. If you have any questions or concerns please let me know.



**Lynsey Cooper**

Primary Children's Hospital  
Emergency Department EMS Liaison

#### Lynsey Cooper, RN

Primary Children's Hospital  
Emergency Department EMS Liaison  
[Lynsey.Cooper@imail.org](mailto:Lynsey.Cooper@imail.org)  
801-662-1234



### News From National

#### National Burn Awareness Week 2016

February 1-7, marks the 30th anniversary of National Burn Awareness Week. This year's focus will be scald prevention. National Scald Prevention Campaign materials to educate families and caregivers can be found at [www.flashsplash.org](http://www.flashsplash.org). Help get the word out about these preventable injuries.

#### Winter Safety Tips

Winter is here and the temperatures are dipping. To help parents and caregivers keep children safe and warm in cold weather, the American Academy of Pediatrics has developed a very useful list of [Winter Safety Tips](#).

### Happenings

#### The Safe Kids Fair is looking for volunteers



The 18th annual Safe Kids Fair is being held on Saturday, February 27th from 9 a.m. to 6 p.m. at the South Towne Expo Center (9575 South State Street, Sandy, Utah). Admission is free! Spiderman will be there at 10 a.m., 1 p.m., and 4 p.m. Free bicycle helmet giveaways while supplies last from 9 a.m. to 10 a.m. Activities, music, entertainment and more for the whole family.

This is a fantastic event that serves thousands of Utah's families each year. They are looking for volunteers. They need entry counters, radio station assistance, bike rodeo conductors, assistants for safety booths, greeters, runners, etc.

To volunteer, contact Aleisha Balderas at [aleishabalderas10@gmail.com](mailto:aleishabalderas10@gmail.com)

# February 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4 PGR	5	6
7	8	9	10	11 PGR	12	13
14 	15	16	17 <a href="#">Project ECHO</a>	18 EMSC Advisory Board TRG/PGR	19	20
21	22	23	24	25 Cassia PALS → PGR	26	27 Safe Kids Fair
28	29					

## Pediatric Education Around the State

**Pediatric Grand Rounds (PGR)** are educational/CME offerings webcast weekly (Sept-May) you can watch live or archived presentations. It is geared towards hospital personnel. But will certify as BEMSP CME Access at <https://intermountainhealthcare.org/locations/primary-childrens-hospital/for-referring-physicians/pediatric-grand-rounds/>

**Trauma Grand Rounds (TGR)** This free offering alternates with EMS Grand Rounds every other month, it is geared towards hospital personnel.

**Feb 18** "Penetrating Abdominal Trauma" Jade Nunez, MD

### There are 3 ways to participate

- Attend in person 0700-0800 Classroom A SOM University Hospital.
- Attend live via the internet at : <http://utn.org/live/trauma/> To receive CME for viewing via live stream, please send an email with your name and the presentation you viewed to [zachery.robinson@hsc.utah.edu](mailto:zachery.robinson@hsc.utah.edu). A CME certificate will be emailed to you within two weeks.
- View the archived presentation two weeks after the live date at [www.healthcare.utah.edu/trauma](http://www.healthcare.utah.edu/trauma)

See the upcoming schedule attached to our newsletter email

## Upcoming Peds Classes, 2016

For PEPP and PALS classes throughout the state contact Andy Ostler

[Aostler@utah.gov](mailto:Aostler@utah.gov)

### Initial PEPP classes

- March 11 (6p-10p) - 12 (8a-5p) Nacor Manufacturing, Brigham City
- April 11-12 (8a-4p) UVU, Provo

### Renewal PEPP classes

- Mar 19 (10a-5p) Daggett Co Sheriff Office, Manila
- April 9 (9a-4p) Carbon Co, Price
- April 16 (9a-4p) Willard City Hall, Willard

For PALS and ENPC classes in Filmore, Delta and MVH contact Kris Shields at [shields57@gmail.com](mailto:shields57@gmail.com)



## Save the Date

**Feb 17, 2016** 1200-1300 Project ECHO—Burn and Soft Tissue Injury educational series. [Register now](#)

**Feb 27, 2016** Safe Kids Fair, to volunteer contact [Aleisabalderas10@gmail.com](mailto:Aleisabalderas10@gmail.com)

**Mar 17-18, 2016** Mountain West EMS Conference, [register now](#)

**April 13-14, 2016** [Zero Fatalities Safety Summit](#) scholarships are available for EMS but you must act quickly.

**April 23, 2016** Northern Utah Trauma Conference ([NUTS](#))

**June 16-18, 2016** EMSC Coordinators Retreat

## Emergency Medical Services for Children

Utah Department of Health  
Emergency Medical Services and Preparedness  
Emergency Medical Services for Children  
3760 S. Highland Drive, Room 545  
Salt Lake City, UT 84106

Phone: 801-707-3763  
Fax: 801-273-4165  
E-mail: [Dalrymple@utah.gov](mailto:Dalrymple@utah.gov)  
Salt Lake City, UT 84114-2004



Follow us on the web

<http://health.utah.gov/ems/emsc/>

and on Twitter: EMSCUtah

The Emergency Medical Services for Children (EMSC) Program aims to ensure that emergency medical care for the ill and injured child or adolescent is well integrated into an emergency medical service system. We work to ensure that the system is backed by optimal resources and that the entire spectrum of emergency services (prevention, acute care, and rehabilitation) is provided to children and adolescents, no matter where they live, attend school or travel.

## The Final Word

**Tia Dickson**



February is Marfan syndrome awareness month. Know the symptoms, save a life. I was diagnosed with Marfans as a child but as a healthcare worker I am often surprised how few know about this disease. It occurs in 1 in 5000 people but experts estimate that nearly half the people who have Marfan syndrome don't know it. This is a problem because some of the conditions associated with Marfans can be life threatening if they are not treated. Occasionally Marfan syndrome makes the news, often when a promising young athlete is kept from competing professionally in one sport or another (most recently NBA hopeful [Isaiah Austin](#)).

I was once in a doctors office and noticed Marfan-like symptoms in one of the office staff. We talked briefly about the syndrome. A year later during my follow up I ran into him. I learned that he had gotten checked and was diagnosed with a serious but treatable heart complication. [Know the symptoms, save a life](#)

Every person's experience with Marfan syndrome is slightly different. No one has every feature and people have different combinations of features. Some features of Marfan syndrome are easier to see than others. These include:

- Long arms, legs and fingers
- Tall and thin body type
- Curved spine
- Chest sinks in or sticks out
- Flexible joints
- Flat feet
- Crowded teeth
- Stretch marks on the skin that are not related to weight gain or loss



Get more information at [the Marfan Foundation](#)