



## 2012 Scientific Assembly Course Descriptions

# Critical Care

### **Beyond EM: Emergent Interventions in the Developing World**

TH-309 / 1 Hour

Faculty: Ravi S. Morchi, MD

Thursday, October 11 / 12:00 PM - 1:00 PM

Many emergency physicians spend a significant portion of their practice volunteering and working on the international front. A wide range of medical environments exist - from urban centers with specialists and modern EDs to rural settings in villages without organized EM. What can the EP learn from these practice environments and what skills can be brought back to improve care in the US? The speaker will discuss the bedside diagnosis and treatment of critical surgical emergencies in resource-poor, rural settings, and share lessons learned about the impact abroad and the potential impact at home.

### **Critical Care Update 2012: The Year in Review**

MO-18 / 1 Hour

Faculty: Evie G. Marcolini, MD, FACEP (Moderator); Michael W. Donnino, MD; Michael E. Winters, MD, FACEP

Monday, October 8 / 12:30 PM - 1:20 PM

The field of EM critical care is growing because technological advances make critical monitoring and treatment easier to access. The emergency physician who is able to apply critical care principles early on in the resuscitation can make the difference in a patient's outcome. The speakers will discuss the most important recent critical care literature and game-changing therapy that can help every emergency physician be a better bedside ED intensivist.

### **Critical Care for the Morbidly Obese Patient**

MO-54 / 1 Hour

Faculty: Tiffany M. Osborn, MD, FACEP

Monday, October 8 / 4:00 PM - 4:50 PM

Obesity is a growing epidemic in America and abroad. When a critically ill obese patient enters the ED, questions begin to form about how to best evaluate and treat this particular patient. What if they exceed the CT scanner weight? What is the best way to intubate the bariatric patient in respiratory failure? Once intubated, how do I keep them sedated safely? The speaker will address these questions and more.

### **Critical Care: An Interactive Experience**

TU-88 / 2 hours

Faculty: Tiffany M. Osborn, MD, FACEP; Michael E. Winters, MD, FACEP

Tuesday, October 9 / 8:00 AM - 9:50 AM

ED management of critically ill patients has been shown to benefit patients in decreasing morbidity, mortality, and length of hospital stay. With the development of non-invasive technologies for hemodynamic assessment, it is reasonable to predict that future emergency physicians may be expected to obtain, interpret, and act upon these measures. During this workshop, the speakers will use a case-based format to walk participants through developing a differential diagnosis and choosing a diagnostic and therapeutic strategy. *(This course is limited to 50 participants.)*

## **Critical Care for the Non-Intensivist**

*WE-173 / 1 Hour*

*Faculty: Scott D. Weingart, MD, FACEP*

**Wednesday, October 10 / 8:00 AM - 8:50 AM**

If you are an emergency physician working without an intensivist in-house 24/7, the burden of managing a critically ill patient often falls onto your shoulders for extended periods of time. Both medical and surgical critical care pose unique challenges that must be addressed in a timely fashion. The speaker will discuss the fundamentals of caring for these patients in the ED with limited subspecialty resources as well as available alternative resources.

## **From Ordinary to Extraordinary: Critical Care Medicine in the ED**

*TH-305 / 1 Hour*

*Faculty: Scott D. Weingart, MD, FACEP*

**Thursday, October 11 / 11:00 AM - 11:50 AM**

Whether you have mastered early goal-directed therapy or are just beginning to manage critical patients in the ED, there are a multitude of management options for extraordinary critical care. Bolus dose pressors, high frequency oscillatory ventilation, and delayed sequence intubation may sound out of the ordinary, but if they happen to be used in your ED you want to be prepared.

## **Just the Pearls: Bedside Tips and Tricks for the Critically Ill Patient**

*WE-220 / 1 Hour*

*Faculty: Scott D. Weingart, MD, FACEP*

**Wednesday, October 10 / 1:30 PM - 2:20 PM**

A critically ill patient in the ED can utilize a substantial amount of resources and time. The speaker will cover 20 topics, distilling it all down to just the pearls. This is the ultimate lecture for the ADHD emergency physician. The speaker will also present strategies and skills to enable rapid assessment and treatment of the critically ill patient.

## **Life After Death: Post-Resuscitation Hypothermia**

*WE-256 / 30 Minutes*

*Faculty: Todd M. Larabee, MD*

**Wednesday, October 10 / 5:00 PM - 5:25 PM**

Induced hypothermia after CPR has been shown to increase survival after cardiac arrest, but it can also have many adverse effects. If pre-hospital and/or in-hospital induction of hypothermia occurs without adequate monitoring and controlled cooling, hypothermia can cause serious complications without beneficial effects on the brain. The speaker will cover the pros and cons of inducing hypothermia, recent advances, and pearls and pitfalls to implementing a hypothermia protocol.

## **Neuro-Critical Care: What Every Physician Needs to Know**

*TH-293 / 1 Hour*

*Faculty: Evie G. Marcolini, MD, FACEP*

**Thursday, October 11 / 10:00 AM - 10:50 AM**

Whether you are in a big city trauma center or what seems like a rural medical outpost, there are time-critical actions that every emergency physician must know when caring for the neurologically injured patient. Who gets a hole in their head? Who get intubated? Who gets osmotic therapies? The speaker will focus on fundamental care of the critically ill patient with neurological injury complexes. From monitoring these patients to controversies surrounding some of the most common neurological illnesses, this course is not to be missed.

## **P.O.O.P. Pathology: Why “Pain Out of Proportion” Kills**

*TU-120 / 1 Hour*

*Faculty: Mimi Lu, MD, MS*

**Tuesday, October 9 / 12:30 PM - 1:20 PM**

Sore throat? Abdominal pain? Leg pain? Remember the last patient you had who reported “20 out of 10” on the pain scale? Were you unimpressed with the physical exam? During this case-based lecture, the speaker will discuss select emergencies that often present with pain out of proportion to the physical exam, namely, acute epiglottitis, mesenteric ischemia, and compartment syndrome. Time is of the essence in diagnosing and treating these potentially deadly disorders.

## **Protect that Airway! The Perils of Intubating and Sedating a Critically Ill Patient**

*WE-228 / 30 Minutes*

*Faculty: Tarlan Hedayati, MD, FACEP*

**Wednesday, October 10 / 3:00 PM - 3:25 PM**

The decision to intubate a critically ill patient is often multifaceted. Careful consideration of the pharmacotherapy used in these patients needs to be addressed before, during, and after intubation. Does it make a difference which agents are used to perform the intubation of a patient with sepsis due to pneumonia? What medications can be administered to the hypotensive trauma patient who is in pain? What is the safest method of sedating the uncooperative, combative patient? You will learn the answers to these difficult problems during this case-based presentation.

## **Undifferentiated Shock: Making a Difference**

*TU-84 / 1 Hour*

*Faculty: Matthew Strehlow, MD*

**Tuesday, October 9 / 8:00 AM - 8:50 AM**

Emergency physicians can easily identify patients suffering from uncompensated shock—the patient’s vital signs are grossly abnormal and they look ill. The challenge lies in identifying patients with early, compensated shock. Using a case-based approach, the speaker will discuss novel approaches to identifying, treating, and monitoring patients suffering from shock. Audience participation will be encouraged.

## **Vasopressor Use in the Emergency Department**

*TU-169 / 1 Hour*

*Faculty: Jeffrey Sankoff, MD, FACEP*

**Tuesday, October 9 / 5:00 PM - 6:00 PM**

Emergency physicians can choose from various vasoactive agents to treat patients in shock. However, when to begin therapy, the optimal drug or drug combination to select, and the dosages are not always clear. Using a case-based format, the speaker will review the indications and dosing strategies for currently available pressor agents and what to do when one agent is not enough.

**MO = Monday TU = Tuesday WE = Wednesday TH = Thursday**