Airway, Anesthesia, Analgesia

- **High-Risk Procedural Sedation**
  
  TH - 355/1 Hour(s)

  *Faculty: Rebecca A. Bavolek, MD, FACEP*

  Procedural sedation has its innate risks that must be mitigated, but there are special patient populations that have even greater inherent risk. This course will focus on those populations, like pediatric, elderly, and obstetric, to illustrate what pitfalls need to be anticipated in order to avoid potential hazardous complications.

Airway, Anesthesia, Analgesia

- **Been There, but Hope to Never Do That Again: Averting Common Airway Errors**
  
  MO - 36/0.5 Hour(s)

  *Faculty: Calvin A. Brown, III, MD*

  Through the use of real-life critical airway cases, this presentation will focus on strategies to avert frequent errors in advanced ED airway management. Common airway pitfalls and strategies to minimize the potential for errors and mistakes will be tackled. The presenter will also discuss error disclosure, as well as strategies to prevent error scenarios in your practice.

Airway, Anesthesia, Analgesia

- **Difficult Airway Cases Workshop: Staying Out of Hot Water**
  
  WE - 242/2 Hour(s)

  *Faculty: Calvin A. Brown, III, MD (Moderator); Michael A. Gibbs, MD, FACEP*

  This workshop will afford participants the opportunity to improve their cognitive skills around developing a sophisticated airway management plan in the dying ED patient. Using a case based format, anatomic and physiologic hazards, as well as the strengths and weaknesses of individual rescue devices, will be discussed. Case examples include: severe facial trauma, decompensated respiratory failure, angioedema, severe TBI, penetrating neck trauma, the morbidly obese patient, pediatric status epilepticus and aspirated foreign body. (This workshop is limited to 50 attendees.)
Airway, Anesthesia, Analgesia

• ACEP Connect: Breathe Easy - Airway Cases Managed by Experts
  MO - 85/1 Hour(s)
  Faculty: Calvin A. Brown, III, MD; Howard Kim, MD; Katren R. Tyler, MD, FACEP
  We have all had them; cases that challenged our airway management skills. Discussing these challenging cases is the best way to improve and help avoid disastrous outcomes. Join these experts in an interactive and relaxed environment to cover some of their enlightening cases. By discussing the anatomic and physiologic hazards, as well as the strengths and weaknesses of individual rescue devices, this course aims to improve everyone’s ability to recognize and manage the difficult and challenging cases before they become disastrous.

Airway, Anesthesia, Analgesia

• Ultrasound-Guided Regional Anesthesia Lab
  WE - 214/2 Hour(s)
  Faculty: Jennifer Carnell, MD, FACEP (Moderator)
  During this hands-on lab, participants will perform simulations of all the regional anesthesia blocks described in the lecture: distal forearm, brachial plexus, femoral, cluneal, paraspinal, popliteal, etc. Attendees will employ the use of phantoms, patient models, and their fellow participants themselves as anatomic fodder. A representative sample of currently available ultrasound machines will be used. (This lab is limited to 30 participants.)

Airway, Anesthesia, Analgesia

• Ultrasound-Guided Regional Anesthesia Lab
  WE - 259/2 Hour(s)
  Faculty: Jennifer Carnell, MD, FACEP (Moderator)
  During this hands-on lab, participants will perform simulations of all the regional anesthesia blocks described in the lecture: distal forearm, brachial plexus, femoral, cluneal, paraspinal, popliteal, etc. Attendees will employ the use of phantoms, patient models, and their fellow participants themselves as anatomic fodder. A representative sample of currently available ultrasound machines will be used. (This lab is limited to 30 participants.)
Airway, Anesthesia, Analgesia

- **Ultrasound-Guided Regional Anesthesia Lab**
  WE - 290/ 2 Hour(s)
  *Faculty: Jennifer Carnell, MD, FACEP (Moderator)*
  During this hands-on lab, participants will perform simulations of all the regional anesthesia blocks described in the lecture: distal forearm, brachial plexus, femoral, cluneal, paraspinal, popliteal, etc. Attendees will employ the use of phantoms, patient models, and their fellow participants themselves as anatomic fodder. A representative sample of currently available ultrasound machines will be used. (This lab is limited to 30 participants.)

Airway, Anesthesia, Analgesia

- **Advanced Airway Techniques Lab and Clinical Cases**
  TU - 105/ 2 Hour(s)
  *Faculty: Michael A Gibbs, MD, FACEP (Moderator)*
  Emergency physicians must be experts in airway management. This lab is designed to provide hands-on experience in several key emergency airway management techniques and adjuncts including open and percutaneous cricothyrotomy, intubating LMA, Bougie, Combitube, intubating stylet, and hand-held fiberoptic technology (Glidescope, Shikani Optical Stylet, Levitan Scope, RIFL). The skills of this lab will then be integrated with clinical application during case discussion (Prior attendance in "Unexpected Difficult Airway: How to Avoid It and How to Manage It is" required. This lab is limited to 35 participants.)

Airway, Anesthesia, Analgesia

- **Advanced Airway Techniques Lab and Clinical Cases**
  TU - 149/ 2 Hour(s)
  *Faculty: Michael A Gibbs, MD, FACEP (Moderator)*
  Emergency physicians must be experts in airway management. This lab is designed to provide hands-on experience in several key emergency airway management techniques and adjuncts including open and percutaneous cricothyrotomy, intubating LMA, Bougie, Combitube, intubating stylet, and hand-held fiberoptic technology (Glidescope, Shikani Optical Stylet, Levitan Scope, RIFL). The skills of this lab will then be integrated with clinical application during case discussion (Prior attendance in "Unexpected Difficult Airway: How to Avoid It and How to Manage It is" required. This lab is limited to 35 participants.)
Airway, Anesthesia, Analgesia

- **Advanced Airway Techniques Lab and Clinical Cases**
  TU - 181/ 2 Hour(s)
  *Faculty: Michael A. Gibbs, MD, FACEP (Moderator)*

  Emergency physicians must be experts in airway management. This lab is designed to provide hands-on experience in several key emergency airway management techniques and adjuncts including open and percutaneous cricothyrotomy, intubating LMA, Bougie, Combitube, intubating stylet, and hand-held fiberoptic technology (Glidescope, Shikani Optical Stylet, Levitan Scope, RFL). The skills of this lab will then be integrated with clinical application during case discussion (Prior attendance in "Unexpected Difficult Airway: How to Avoid It and How to Manage It is" required. This lab is limited to 35 participants.)

- **The Unexpected Difficult Airway: How to Avoid It and How to Manage It**
  MO - 75/ 1 Hour(s)
  *Faculty: Michael A. Gibbs, MD, FACEP*

  Nothing is more stressful for the emergency physician than a “cannot intubate, cannot ventilate” airway scenario. To stay out of trouble, the emergency physician must possess the skills to identify the potentially difficult airway before a management approach is chosen and skillfully executed. In addition, a sophisticated understanding of contemporary airway rescue devices and techniques is crucial. (This course is a prerequisite to the "Advanced Airway Techniques Lab").

- **Painful Conversations: Managing Expectations and Introducing Non-Opioid Therapies**
  TU - 156/ 0.5 Hour(s)
  *Faculty: Christopher A. Griggs, MD, FACEP*

  The management of chronic pain in the ED often creates difficult conversations with patients around expectations for pain control and of using opioids in pain management. The speaker will outline effective therapies for chronic pain and discuss strategies on how to navigate conversations with patients regarding opioid and non-opioid therapies.
Airway, Anesthesia, Analgesia

• **FAST FACTS: New Concepts for Pain Management**
  
  **TU - 130/ 1 Hour(s)**
  
  *Faculty: Christopher A. Griggs, MD, FACEP; Andrew Herring, MD; Alexis M. LaPietra, DO, FACEP*

  Pain is commonly encountered in the ED. Both acute and chronic pain offer many challenges. In an effort to control pain opiates are often used, but alternatives are needed. How does our current understanding of pain help use to develop approaches to the management of both acute and chronic pain? Join this panel of experts in a fast facts, high yield, tour through pain management.

Airway, Anesthesia, Analgesia

• **ACEP Connect: East and West Makes Best - Complementary Alternative Medicine Integration for ED Pain Management**
  
  **TU - 98/ 1 Hour(s)**
  
  *Faculty: Christopher A. Griggs, MD, FACEP; Alexis M. LaPietra, DO, FACEP; Arian Nachat, MD*

  New alternatives to opiates continue to evolve, but there are older methods used by many of our patients that we may overlook. Traditional Chinese medicine is used for pain relief and it is important for us to understand it. This group of physicians will discuss, in a relaxed and interactive environment, how traditional Chinese medicine and other complimentary therapies are used by our patients and how they may be used in the ED.

Airway, Anesthesia, Analgesia

• **Paranoid to Paralyze: How to Safely Perform Awake Intubations**
  
  **TU - 172/ 0.5 Hour(s)**
  
  *Faculty: Amy Ho, MD*

  The act of ordering paralytics can be nerve-wracking, but few airway cases will cause more trepidation than when a paralytic may be too dangerous to use. The presenter will discuss clinical situations when paralytics may be catastrophic and when awake intubations are required. Strategies and techniques to safely and effectively perform awake intubations will be discussed.

Airway, Anesthesia, Analgesia

• **Parachutes for Pain Management: Therapies that Work in the Post-Opiate Era**
  
  **TU - 200/ 0.5 Hour(s)**
  
  *Faculty: Arian Nachat, MD*

  Pain is a multifactorial condition and does not always respond well to a singular approach. This course will help us treat our patients’ pain effectively in an era where opiates are being discouraged and limited. The speaker will address a multimodality approach that can be applied successfully in your ED.
Airway, Anesthesia, Analgesia

- **Preoxygenate Like a Pro**
  TH - 308/ 0.5 Hour(s)
  *Faculty: David Pearson, MD, FACEP*

  Unquestionably, one of the most important steps to successful airway management is the act of preoxygenation. While seemingly simple, this process and all of the potential devices to assist with it can be confusing. Is oxygenating with facemask adequate? Does adding nasal cannula lead to any benefit? How do you appropriately use a BVM to preoxygenate? What do you do when simple techniques do not work? How can you use CPAP, humidified high flow nasal cannula to preoxygenate? The presenter answer these questions and more.

Airway, Anesthesia, Analgesia

- **Airway Checklist: Are You Ready**
  TH - 336/ 0.5 Hour(s)
  *Faculty: David Pearson, MD, FACEP*

  Many high-risk jobs rely on checklists to help optimize safety. Recently the benefit of checklists has been realized in various medical realms as well, including surgery, anesthesia, and obstetrics. The presenter will discuss the current evidence that pertains to the use of safety checklists in the ED. A practical approach to designing an airway checklist and difficult airway plan will be discussed.

Airway, Anesthesia, Analgesia

- **Avoiding Pediatric Airway Panic: Advanced Pediatric Airway Management**
  TH - 356/ 1 Hour(s)
  *Faculty: Alfred D. Sacchetti, MD, FACEP*

  Do you panic when there is an agitated, semiconscious infant or toddler with a compromised airway? The ability to manage a child's airway quickly is one of the most important lifesaving skills an emergency physician can possess. The speaker will address indications for invasive vs. non-invasive airway management, RSI, correct drug dosages, unique indications for pharmacologic agents, and tube dimensions for children of various ages. Airway management in neonates and other useful airway management tips will also highlight how to provide meaningful quality care for this special population.