Airway, Anesthesia, Analgesia

Avoiding Common Airway Errors: ACEP Connect
Faculty: Christopher M. Couch, MD; Marie-Carmelle Elie, MD, FACEP; Matthew A. Roginski, MD

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, & 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.

- Discuss the pathophysiology regarding respiratory failure as it pertains to the decision to intubate.
- Provide examples of pitfalls in the peri-intubation period.
- Contrast the different pharmacologic agents used in the intubation & sedation of critically ill patients.

Avoiding Pediatric Airway Panic: Advanced Pediatric Airway Management
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, & tube dimensions for children of various ages. Airway management in neonates & other useful airway management tips will also highlight how to provide meaningful quality care for this special population.

- Identify the appropriate management skills for pediatric patients with airway problems.
- Describe the issues & risks associated with pediatric RSI techniques.
- Identify the indications for, & explain the use of, mechanical ventilation in the pediatric patient.

Been There, but Hope to Never Do That Again: Averting Common Airway Errors
Faculty: Katren R. Tyler, MD, FACEP

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 & strategies to minimize the potential for errors & mistakes will be tackled. The presenter will also discuss error disclosure, as well as strategies to prevent error scenarios in your practice.

- Identify common pitfalls inherent to critical airway management in the ED.
- Define strategies to prevent errors in advanced airway management.
- Discuss the importance of error disclosure.
Blocks Unblinded: Ultrasound Guided Regional Anesthesia
Faculty: Jennifer Carnell, MD, FACEP

With an opioid epidemic on our hands we need to look to alternate therapies for pain management. This presenter will review various nerve block techniques that you can perform in the ED.

- Review nerve blocks for headache.
- Review interscalene nerve block.
- Review the hip nerve block.
- Review rib nerve block.

Breathe Easy: Airway Cases
Faculty: 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 & help avoid disastrous outcomes. Join these experts in an interactive & relaxed environment to cover some of their enlightening cases. By discussing the anatomic & physiologic hazards, as well as the strengths & weaknesses of individual rescue devices, this course aims to improve everyone’s ability to recognize & manage the difficult & challenging cases before they become disastrous.

- Discuss anatomic & physiologic hazards of specific medical & traumatic conditions that require advanced airway management.
- Describe airway devices can be used as well as those to avoid.
- Develop a sophisticated airway management plan for the dying ED patient.

Capnography - Not Just For the Intubated
Faculty: Veer Vithalani, MD, FACEP

During this session, the speaker will discuss the critical role of waveform capnography in your ED practice. Though most commonly implemented for airway confirmation and procedural sedation, we will also discuss newer case uses, such as identification of severe sepsis, early recognition of respiratory insufficiency, and CPR quality.

- Identify underlying respiratory physiology necessary for interpretation of waveform capnography.
- Identify capnography waveforms and their causal clinical conditions.
- Discuss standard and novel uses for waveform capnography.

How to Prevent Intubation
Faculty: Haney Mallemat, MD

There have been several recent publications regarding management of patients with respiratory distress with HFNC vs. BIPAP vs. intubation. Hear what the data says and the pros & cons of each.

- Discuss the EBM behind HFNC for acute respiratory distress.
- Discuss the EBM behind BIPAP for acute respiratory distress.
- Discuss the pros & cons for each modality.
New Concepts for Pain Management: FAST FACTS
Faculty: Alexis M. LaPietra, DO, FACEP; Malia J. Moore, MD; Arian Nachat, MD

Pain is commonly encountered in the ED. Both acute & 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 us to develop approaches to the management of both acute & chronic pain? Join this panel of experts in a fast facts, high yield, tour through pain management.

- Describe how to manage geriatric pain.
- Identify topical medications for pain.
- Discuss intranasal medications.
- Discuss dissociative drugs and injectable anesthetics.

Paranoid to Paralyze: How to Safely Perform Awake Intubations
Faculty: Erik K. Nordquist, MD, FACEP

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 & when awake intubations are required. Strategies & techniques to safely & effectively perform awake intubations will be discussed.

- Describe clinical scenarios when paralytics should be avoided.
- Discuss strategies to optimize the safety & success of an awake intubation.

Pearls for Procedural Sedation
Faculty: Steven T. Haywood, MD

Procedural sedation is a defining skill for emergency medicine & a practice area fraught with risk & regulatory oversight. Join the speaker for a review of the best practices in procedural sedation in a fast-paced, case-based format. Discuss cases that didn’t go as planned & develop strategies to manage the inevitable complications. The regulatory issues surrounding this area of practice will be discussed, as well as how to work with your hospital to provide the best full-spectrum sedation care possible.

- Review the current state of the sedation literature & incorporate the latest recommendations & trends into your sedation practice.
- Describe different approaches to sedation & how to safely provide adequate sedation for a variety of clinical situations.
- Develop strategies to ensure regulatory compliance & keep your providers & nurses safe while maintaining harmony with your hospital.
- Discuss high-risk populations: geriatrics, patients with comorbidities and pregnant patients.
Preoxygenate Like a Pro
Faculty: Steven T. Haywood, MD

Unquestionably, one of the most important steps to successful airway management is the act of preoxygenation. While seemingly simple, this process & 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 will answer these questions & more.

- Describe the process of preoxygenation.
- Discuss the basic strategies to safely & effectively preoxygenate.
- Discuss the use of positive pressure devices to assist with preoxygenation & know the steps for delayed sequence intubation.

Secured the Airway, Now What? Best Practices for Post-Intubation Sedation
Faculty: Veer Vithalani, MD, FACEP

Secured the airway – check. So, what’s next? Intubated patients require some form of sedation. What are the best agents to reach for initially – opiates, benzos, perhaps both? What are the other effective sedative options in our armamentarium? What about paralytics – what are the pearls & pitfalls of paralyzing patients who have just been intubated? This presentation will provide useful pearls for effectively managing patients in the immediate post-intubation period.

- Discuss agents used for post intubation sedation.
- Discuss the use of paralytics for intubated patients.
- Discuss pearls & pitfalls for post-intubation care.

The Unexpected Difficult Airway: How to Avoid It & How to Manage It
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 & skillfully executed. In addition, a sophisticated understanding of contemporary airway rescue devices & techniques is crucial. (This course is a prerequisite to the "Advanced Airway Techniques Lab").

- Discuss the essentials of the airway assessment (anatomic & physiologic).
- Explain the importance of maximizing the chance of a first-pass intubation.
- Review the pros & cons of contemporary rescue devices & techniques.
- Describe logical strategies to rescue the failed or difficult airway.