

Critical Care

Resuscitation-Minded: Metacognition at the Bedside

Faculty: Marie-Carmelle Elie, MD, FACEP

Working in the ED is hectic and stressful on even the lowest acuity shifts, then you hear a crashing patient will be arriving to your resuscitation bay any moment. How do you mentally prepare yourself to focus when so much is going on around you? The speaker will provide you with strategies to employ in your team and in your own head to help you focus on maximizing your patients outcomes no matter how sick they are.

- List aspects of your practice that lead to distraction in moments that need your complete attention in the resuscitation bay.
- Describe mindfulness techniques that can provide focus to the mind of an emergency physician during an acute resuscitation.
- Identify one change in your team communication to enhance the dynamics of your resuscitations.

Under Pressor! Utilizing IV Pressors in the ED

Faculty: Peter M. DeBlieux, MD, FACEP

Managing profound hypotension in the critically ill can be complex. When is it appropriate to start pressor agents? What pressor should be used & how? The speaker will address the how, when, & why of blood pressure support with IV pressor agents & provide a succinct & functional approach to managing patients with severely low blood pressure.

- Identify the commonly used pressors, how they function, both independently, & in concert with others.
- Discuss the utility & utilization push dose pressors in the emergency department.
- Utilize this information to formulate a plan of assertive blood pressure management in the hypotensive patient.

The ICU is Not Ready for Your Critical Patient, Are You?

Faculty: Carrie E. Harvey, MD

So you've intubated, ventilated, & fluid resuscitated your critically ill patient. The ICU is not ready or there are no beds. Now what? What else should you be thinking about? How can you involve the ICU in the care of the patient before the patient is transferred? During this case-based presentation, the speaker will review the most common post-resuscitation issues in critically ill patients. After attending this lecture you will be better equipped to anticipate & manage these issues in your ICU-bound patient before they become major problems.

- Describe effective communication strategies with inpatient clinical staff.
- Outline practical strategies for patient monitoring.
- Explain evaluation, consultation & management priorities in ED ICU boarders.

Cruising the Literature: Top Articles in Critical Care

Faculty: Michael E. Winters, MD, FACEP

During this case-based interactive discussion, the speaker will review the latest & greatest recent articles in critical care that will impact your practice back in your ED. To bring the literature to life, each article discussion will begin with a brief clinical vignette describing a current hot topic in critical care. A recent article will be presented & reviewed in detail. Take home points will be distilled from the science to improve patient care for your next critically ill patient.

- List recent articles in critical care literature that that impact ED management of the critically ill.
- Discuss the strengths & limitations of each & how they apply ED care.
- Describe key take home points to improve patient care in your ED.

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.

Dying With Dignity: Incorporating Palliative Care Into Your Practice

Faculty: Carrie E. Harvey, MD

This course will give participants an overview of palliative care & how it is relevant to emergency medicine. The speaker will discuss three types of palliative assessments (critical vs. stable, screening, prognosis) as well as three palliative interventions to be used on the suffering patient (symptom management, communication techniques, & disposition).

- Describe how to screen for patients who may benefit from palliative care & formulate a prognosis based on patient's disease status & functional status.
- Perform the "palliative ABCDs" alongside of the usual ABCs of a critical patient, performing a high level of assessment & care for patient & family.
- Identify basic symptom management for suffering patients, communication dos & don'ts for having the "serious conversation", & be able to appropriately disposition the palliative patient.

Resuscitation That Kills: Right Heart Resuscitation

Faculty: Matthew A. Roginski, MD

The left heart is the workhorse of the body, while the right heart is often neglected. However, few patients are more difficult to manage than those with a failing right heart. Ultrasound in the ED has become ubiquitous & can now help us diagnose & treat the right heart better than ever. Next time a patient with a failing right ventricle comes to your ED, be sure to take home some pearls to improve their outcomes.

- Identify signs of right heart failure in the critically ill patient, including diagnostic modalities that can support this.
- Describe interventions that will support the right heart & when they are indicated.

Sepsis Metrics - Quality Care or Unproven Mandate?: ACEP Connect

Faculty: Jeremy Samuel Faust, MD, MS, FACEP; Maxwell A. Hockstein, MD; Matthew A. Roginski, MD

Septic shock is one of the most common presentations in the critically ill in the ED. The evidence-base is moving faster than guidelines can stay up to date, meanwhile regulatory agencies are weighing in on how to resuscitate these sick patients. This ACEP Connect session will engage you with discussions of practices you need to be incorporating into your resuscitation of the sick septic patient.

- Discuss the evidence of the type and amount of fluid resuscitation in septic shock.
- Describe the concept of metabolic resuscitation and its impact on outcomes of patients with septic shock.
- Identify ways to accomplish potential regulatory challenges in the care of septic shock patients, such as institution of 1-hour sepsis bundles.

There's Nothing Normal About Saline

Faculty: Marie-Carmelle Elie, MD, FACEP

Normal saline has long been the crystalloid fluid of choice in critical care volume resuscitation. However, years ago, Lactated Ringer's was a worthy challenger but has since fallen from grace. Many critical care experts have reverted to using Lactated Ringer's or other balanced solutions. Is there a difference & should we be using one over the other or is there something better than both? This lecture separates the science from the witchcraft when it comes to intravenous fluid resuscitation in the critically ill.

- Identify why normal saline may not be the best choice for high-volume crystalloid resuscitation & recognize patients whose pathologies may benefit from normal saline volume expansion.
- Explain the benefits in utilizing Lactated Ringer's or other balanced solution & identify the subset of patients who may be adversely affected by it.
- Describe other options for use in volume resuscitation of critically ill patients in the emergency department.

Thinking Twice: Resuscitating Special Populations

Faculty: Geoffrey Hays

While emergency physicians develop expertise in resuscitation, one must think twice before pulling the trigger on their traditional resuscitation approaches when certain patient populations present to the ED. How does age, pregnancy, and obesity impact your resuscitation efforts? Join us for this engaging session to gain some pearls to extend your expertise in resuscitating any patient presenting to your ED.

- Describe the unique physiology of pregnant patients when resuscitating them from undifferentiated shock.
- List unique considerations in resuscitation of the morbidly obese patient.
- Contrast physiologic differences that develop in geriatric patients that lead to challenges in their resuscitation.

Too Hot to Handle! Resuscitation & Management of the Critical Burn Patient

Faculty: Robert M. Hughes, DO

Recognition, resuscitation & early disposition of critically ill victims of burns are the cornerstone of quality early burn care. It's vital to consider other life-threats beyond the burn itself, such as smoke inhalation, cyanide, and carbon monoxide. This course will outline the latest, evidence-based & up-to-date trends burn resuscitation strategies for the community hospital emergency department provider & identify issues & conditions that may impact transfer decisions.

- Identify critical, or potentially critical, patients who are victims of thermal, chemical or electrical burns.
- Recognize the obvious as well as the subtle factors that are vital to successful early resuscitation of the critically burned patient.
- Identify considerations in the management of common overlooked toxicologic life-threats in the burn patient, such as CO and cyanide.

Undifferentiated Shock: Making a Difference

Faculty: Michael E. Winters, MD, FACEP

Emergency physicians can easily identify patients suffering from uncompensated shock – the patient's vital signs are grossly abnormal & 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, & monitoring patients suffering from shock. Audience participation will be encouraged.

- Discuss advances in the early recognition of shock & an approach to the differentiation of the cause.
- Identify general approaches to treatment of shock & pitfalls in the treatment of shock.
- Discuss how treatment varies when specific causes of shock are identified.