OUTLINE DAY ONE

Identifying the RED Flags

Critical Thinking During a Crisis Vital Signs & ABCDs Methods for Establishing and Maintaining Airway Breathing: More Than a Rate Issue **Circulation & Perfusion** Differential Diagnosis – 4 Methods of Determining Cause **Rapid Assessment Techniques** Critical Questions to Ask Your Patient Identifying High-Risk Populations **Pre-Morbid Conditions** Age Considerations

Cardiovascular

Prevention, Presentation, Action for: "I'm having chest pain"

Recognizing Arrhythmias - Stable, Unstable and Lethal 12-Lead EKG: Just the Down and Dirty Utilizing a Systematic Approach Patterns of Ischemia, Injury & Infarct Acute Myocardial Infarction: STEMI/NSTEMI Key Assessments & Interventions tPA Guidelines Cath Lab Intervention Laboratory Parameters **Recognizing Subtle Changes** Heart Failure Recent Advances in Care Medication Management

Managing Intake and Output

Vascular Abnormalities

Respiratory Prevention, Presentation, Action for: "I can't breathe"

Assessment & Critical Interventions for: Pulmonary Embolism **Pulmonary Edema** Acute Asthma Attack **Spontaneous Pneumothorax Allergic Reactions** The Patient Who Needs Assistance O2, CPAP, BiPAP Indications for Intubation **Positive Pressure Ventilation** Chest Tube Management Ventilator Settings Every Nurse Must Know Easy ABG Analysis... Really!

Endocrine Prevention, Presentation, Action for: "I don't feel right"

The Differences of DKA and HHNK Early Recognition of Hypoglycemia

Thyroid Storm: Physical and Psychiatric Symptoms Managing Adrenal Crisis **Critical Lab Findings**

DAY TWO

Gastrointestinal **Prevention, Presentation, Action** for: "My aching belly"

Warning Signs of Acute Pancreatitis Upper vs. Lower GI Bleeding Perforated Bowel Early Signs of Small Bowel Obstruction – Illeus Interpreting the Lab Tests

Neurological

Prevention, Presentation and Action for: "My head hurts!"

Elevated Intracranial Pressure Clues When you Don't have a Monitor

Ischemic vs. Hemorrhagic Stroke Inclusion/Exclusion for tPA Essential Assessments post-tPA Management Strategies for Seizures The Patient in Withdrawal Known vs. Suspected ETOH/Drug Abuse Interventions for Delirium Tremors Critical Labs

Renal

Prevention, Presentation and Action for: "I can't make urine"

Acute vs. Chronic Kidney Disease Recognizing Acute Kidney Injury **Key Assessments** Interpreting the Lab Data

Pain, Agitation & Delirium

Analgesics: Too Much or Too Little Managing the Bedside Procedure Type of Sedating Medications Ensuring Appropriate Monitoring Delirium: So Many Causes, So Many Options...

Key Assessments & Interventions

Managing the Decompensating Patient

No Pulse, No Blood Pressure, No **Respirations... Now What?** Identifying Cardiac Causes Street Drugs & Poisoning **Critical Assessments & Interventions MUST KNOW Reversal Agents**

Live Seminar & Webcast Schedule (both days) (Times Listed in Central)

7:30 Registration/Morning Coffee & Tea 8:00 Program begins **11:50-1:00** Lunch (on your own) 4:00 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker. A more detailed schedule is available upon request.

For locations and maps, go to www.pesihealthcare.com, find your event, and click on the seminar title.



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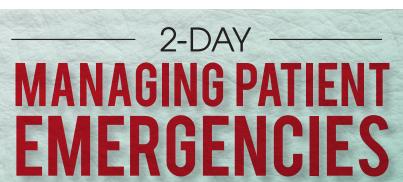
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CRITICAL CARE SKILLS EVERY NURSE MUST KNOW



Bloomington, MN Wednesday & Thursday September 18 & 19, 2019

Live Video Webcast Wednesday & Thursday

September 18 & 19, 2019

2-DAY _____ **MANAGING PATIENT EMERGENCIES** CRITICAL CARE SKILLS EVERY NURSE MUST KNOW

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Sharpen Your Crisis Management Skills Rapid Assessment Tips that Improve Outcomes Presentation & Action For: "I'm Having Chest Pain" 3.0 "I Can't Breathe" CE hours of harmacology "I Don't Feel Right" credit "Oh, My Aching Belly" "My Head Hurts!" "The Crashing Patient"

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_____ 2-DAY _____ **MANAGING PATIENT EMERGENCIES** CRITICAL CARE SKILLS EVERY NURSE MUST KNOW

Mrs. Kelp is admitted with pneumonia and right-sided heart failure. Twenty minutes after admission, she develops worsening dyspnea and hypotension

- Are you prepared to manage her unstable condition?
- Do you know what respiratory measures are necessary?
- Do you know the best way to manage her hypotension?

The patients in our hospitals are sicker than ever before. It is not uncommon to find patients on regular medical floors with central lines, chest tubes, pacemakers and AICDs. Some nursing homes are accepting patients on ventilators, and patients are now being sent home on vasoactive drips such as dobutamine. Even though acuity levels are higher, you are still caring for many patients and don't have the luxury of frequent, comprehensive assessments. Therefore, it is important to be able to rapidly assess and implement appropriate interventions. Attend this seminar to sharpen your skills and leave prepared to identify and manage your next patient emergency!

OBJECTIVES

- 1. Describe two types of rapid assessment techniques and how to employ them for the best results during a patient emergency.
- 2. Evaluate techniques for getting critical information during a rapid patient assessment.
- 3. Investigate EARLY assessment findings in clinical syndromes that may progress rapidly and cause life-threatening conditions.
- 4. Prioritize nursing actions for specific neurological, cardiac, respiratory and endocrine emergencies.
- 5. Review care of the diabetic patient in diabetic ketoacidosis versus HHNK/HHS.
- 6. Define heart failure with regards to left- and right-sided failure.
- 7. Identify patient populations who are at high-risk for bedside emergencies.
- 8. Discuss how to integrate assessment data and critical lab findings into the plan of care for a patient experiencing a life-threatening emergency.
- 9. Explain a strategic approach in evaluating abdominal pain for the most accurate assessment.
- 10. Contrast the difference between ischemic and hemorrhagic stroke in both symptoms and treatment priorities.
- 11. Recognize the most common causes of arterial blood gas abnormalities.
- 12. Analyze pain management and sedation options for the patient experiencing an acute illness.

Questions? Call Customer Service: 800-844-8260

SPEAKER BIO

Dr. Paul Langlois, APN, PhD, CCRN, CCNS, CNRN, is a critical care clinical specialist in the Surgical, Medical, Neuro, CCU and Trauma ICUs of Cook County Hospital, Chicago. Drawing on over 30 years of experience assessing and managing patients with life-threatening diseases, Dr. Langlois provides advanced-level training to nurses, physician assistants, nurse practitioners and physicians.

Dr. Langlois is committed to providing the highest guality of care to patients through advanced education. His presentations are evidence-based, timely and provide participants with case studies to facilitate critical thinking. As a bedside clinical nurse specialist, he has developed several critical care and infection control institution-wide protocols for the multidisciplinary assessment and management of the cardiac and septic patient. Paul's' cardiac protocols include: weaning from mechanical ventilation, pulmonary artery catheter and hemodynamic monitoring, vasoactive medications, ventricular assist devices, renal replacement therapy, and neurologic alterations after trauma.

His presentations are enthusiastically delivered and offer practical tips that help make the most challenging concepts easy to understand. Linking knowledge to practice is the goal of every education program.

Speaker Disclosures:

Financial: Paul Langlois has an employment relationship with Cook County Hospital. He receives a speaking honorarium from PESI, Inc. Non-financial: Paul Langlois has no relevant nonfinancial relationship to disclose.

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Fast Facts Workbook for Cardiac Dysrhythmias and 12-Lead EKGs

By Paul Desmarais PhD, RN

This practical and straightforward workbook is designed to distill the complexities of the 12-Lead EKG. Perfect for both new and experienced Nurses, the book contains numerous practice examples with instant, detailed feedback of the "why" behind diagnosis and treatments, and provides much-needed reinforcement of this often-challenging content.

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