## **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

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

#### Target Audience:

Nurses • Nurse Practitioners Clinical Nurse Specialists

## 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

7:30 Registration/Morning Coffee & Tea

**11:50-1:00** Lunch (on your own)

8:00 Program begins

**4:00** Program ends

# 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

There will be two 15-min breaks (mid-morning & mid-afternoon).

find your event, and click on the seminar title.

A more detailed schedule is available upon request.

Actual lunch and break start times are at the discretion of the speaker.

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# MANAGING PATIENT EMERGENCIES

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CRITICAL CARE SKILLS EVERY NURSE MUST KNOW



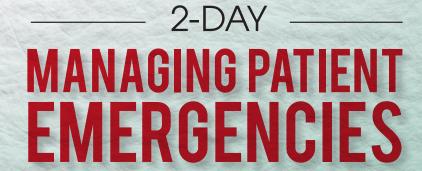


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CRITICAL CARE SKILLS EVERY NURSE MUST KNOW





Sharpen Your Crisis Management Skills

Rapid Assessment Tips that Improve Outcomes

Presentation & Action For:

"I'm Having Chest Pain"

"I Can't Breathe"

"I Don't Feel Right"

"Oh, My Aching Belly"

"The Crashing Patient"

"My Head Hurts!"

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Live Seminar Schedule (both days)

# \_\_\_\_\_ 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.

### **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 quality 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.

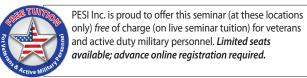
His presentations are enthusiastically delivered and offer practical tips that help make the most challenging concepts easy to understand. Linking knowledge to practice is the goal of every education program.

**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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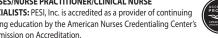
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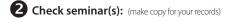
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