

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

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 – Ileus
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

Live Seminar Schedule (both days)		
7:30	Registration/Morning Coffee & Tea	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.
8:00	Program begins	
11:50-1:00	Lunch (<i>on your own</i>)	
4:00	Program ends	

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

Sepsis and Septic Shock - Life Threatening Condition
Recognition of early sepsis
Fluids, how much...what types
What you must do as soon as possible
Current guidelines

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

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2-DAY

MANAGING PATIENT EMERGENCIES

CRITICAL CARE SKILLS EVERY NURSE MUST KNOW



Ellicott City, MD
Monday & Tuesday
November 18 & 19, 2019



Register now! pesihc.com/express/73622

2-DAY

MANAGING PATIENT EMERGENCIES

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”
“My Head Hurts!”
“The Crashing Patient”

Earn
3.0
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Ellicott City, MD
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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!

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.

Have a seminar idea? A manuscript to publish?

The nation's top speakers and authors contact PESI HealthCare first. If you are interested in becoming a speaker, or have a new topic idea, please contact **Missy Cork** at **mcork@pesi.com** or call **(715) 855-6366**.

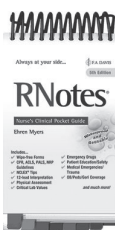


PESI Inc. is proud to offer this seminar (at these locations only) free of charge (on live seminar tuition) for veterans and active duty military personnel. **Limited seats available; advance online registration required.**

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.

SAVE BY INCLUDING THESE PRODUCTS WITH SEMINAR REGISTRATION

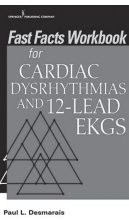


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By Paul Desmarais PhD, RN, CCRN

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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QUESTIONS? Call **800-844-8260** or visit www.pesihealthcare.com/faqs

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