



**ICU Liberation
Sample Course Agenda**

Day 1	
7:30 a.m. – 8:00 a.m.	Breakfast
8:00 a.m. – 8:15 a.m.	Welcome and Overview
8:15 a.m. – 8:45 a.m.	Introduction to ICU Liberation
8:45 a.m. – 9:30 a.m.	<p>Post-Intensive Care Syndrome: Issues and Answers</p> <p><i>Objectives</i></p> <ul style="list-style-type: none"> • Describe post-intensive care syndrome (PICS) • Discuss prevention of PICS • Discuss treatment of PICS
9:30 a.m. – 10:15 a.m.	<p>A: Assessment, Prevention, and Management of Pain</p> <p><i>Objectives</i></p> <ul style="list-style-type: none"> • Review assessment, prevention, and management of pain as a component of the ICU Liberation Bundle (A-F) • Discuss valid and reliable ICU pain assessment methods • Discuss updated guidelines for the prevention and management of pain, agitation/sedation, delirium, immobility, and sleep disruption (PADIS) in adult ICU patients • Explore challenges to implementing effective ICU pain management strategies
10:15 a.m. – 10:30 a.m.	Break
10:30 a.m. – 11:15 a.m.	<p>C: Choice of Analgesia and Sedation</p> <p><i>Objectives</i></p> <ul style="list-style-type: none"> • Review the 2018 PADIS recommendations and the importance of assessment-driven protocols • Discuss the importance of a pain-first, assessment-driven management approach • Introduce individualized analgesic management plans in different adult ICU subpopulations • Apply strategies to reduce opioid and sedative use during post-ICU transitions of care
11:15 a.m. – 12:00 p.m.	<p>D: Delirium Assessment, Prevention, and Management</p> <p><i>Objectives</i></p> <ul style="list-style-type: none"> • Review the basic definition of delirium and its subtypes • Review outcomes associated with delirium • Establish the importance of delirium assessment and management • Explain how delirium assessment and management can improve patient outcomes
12:00 p.m. – 12:45 p.m.	Lunch

12:45 p.m. – 1:00 p.m.	Introduction to Simulation Sessions: A, C, D <ul style="list-style-type: none"> • Assessment of a ventilated patient • Assessment of a nonventilated patient • Choice of drug
1:00 p.m. – 3:30 p.m.	Simulation Rotations (45 minutes each + 5 minutes between each rotation)
3:30 p.m. – 3:45 p.m.	Break
3:45 p.m. – 4:30 p.m.	Implementation Strategies <i>Objectives</i> <ul style="list-style-type: none"> • Evaluate strategies to increase ICU Liberation Bundle implementation • Identify common barriers and facilitators to implementing the ICU Liberation Bundle in practice • Offer pragmatic suggestions on how to achieve full and sustained use of the ICU Liberation Bundle in practice • Describe collection of data on ICU Liberation Bundle use • Discuss strategies for enhancement of ICU Liberation Bundle performance
4:30 p.m. – 5:00 p.m.	Questions & Adjournment
Day 2	
7:30 a.m. – 8:00 a.m.	Breakfast
8:00 a.m. – 8:15 a.m.	Welcome and Recap of Day 1
8:15 a.m. – 8:45 a.m.	B: Spontaneous Awakening Trials (SATs) <i>Objectives</i> <ul style="list-style-type: none"> • Review current evidence related to the hazards of slow removal from sedation and ventilation and the benefits of a coordinated SAT/spontaneous breathing trial (SBT) approach • Discuss practical guidance for reliable performance of SATs • Explore the ways SBTs and SATs they are inextricably linked in patient care • Review current evidence related to the hazards of deep sedation and the benefits of a coordinated approach to SATs • Describe valid and reliable tools to assess sedation and agitation • Discuss facilitators and potential barriers to successful performance of SATs
8:45 a.m. – 9:15 a.m.	B: Spontaneous Breathing Trials (SBTs) <i>Objectives</i> <ul style="list-style-type: none"> • Review current evidence related to the hazards of slow removal from sedation and ventilation and the benefits of a coordinated SAT/SBT approach • Discuss practical guidance for reliable performance of SBTs • Explore the ways SBTs and SATs are inextricably linked in patient care • Review current evidence related to the hazards of deep sedation and the benefits of a coordinated approach to SBTs • Describe valid and reliable tools to assess sedation and agitation • Discuss facilitators and potential barriers to successful performance of SBTs
9:15 a.m. – 10:00 a.m.	E: Early Mobility and Exercise <i>Objectives</i> <ul style="list-style-type: none"> • Implement the ICU Liberation Bundle to restore patients as closely as possible to their pre-morbid condition • Identify which types of assessment and communication are needed prior to early mobility interventions

	<ul style="list-style-type: none"> Facilitate mindful, focused attention on progressive activity provided early in an ICU patient's stay and consistently thereafter Define ICU early mobility and its benefits for critically ill patients as part of a multiprofessional collaborative ICU team Define the harms to a patient's skeletal muscle and neurocognition and the associated disability prevented by early mobility
10:00 a.m. – 10:15 a.m.	Break
10:15 a.m. – 11:00 a.m.	<p>F: Family Engagement and Empowerment</p> <p><i>Objectives</i></p> <ul style="list-style-type: none"> Define family-centered care in the ICU Describe the current state of family-centered care Review key recommendations from SCCM's guidelines for family-centered care Explore strategies for family engagement and empowerment Help develop a framework to address and/or enhance family-centered care at a local institution
11:00 a.m. – 11:45 a.m.	<p>Good Sleep Hygiene</p> <p><i>Objectives</i></p> <ul style="list-style-type: none"> Recognize important ICU factors shown to affect sleep quality Review goals to promote good sleep in the ICU Identify the most important strategies implemented in the ICU to address sleep goals
11:45 a.m. – 12:45 p.m.	Lunch
12:45 p.m. – 1:00 p.m.	<p>Introduction to Simulation Sessions: B, E, F</p> <ul style="list-style-type: none"> Assessment of SAT and SBT Early mobility Family involvement in the ICU
1:00 p.m. – 3:30 p.m.	Simulation Rotations (45 minutes each + 5 minutes between each rotation)
3:30 p.m. – 3:45 p.m.	Break
3:45 p.m. – 4:15 p.m.	Open Discussion: What Have We Learned?
4:15 p.m. – 4:45 p.m.	Completion of Posttest and Adjournment