



## Fundamental Critical Care Support: Surgical Sample Agenda Option C

Modules to Complete Online Before Attending Course	
7m	Introduction
32m	Basic Trauma and Burn Support

Day 1	
8:30 a.m. – 8:45 a.m.	<b>Welcome, Course Announcements</b> <b>FCCS: Surgical Overview</b>
8:45 a.m. – 9:30 a.m.	<b>Approach to the Surgical Patient, Part 1: Overview of the Care of the Critically Ill Patient</b> <ul style="list-style-type: none"> <li>• Describe physiologic derangements occurring with surgery</li> <li>• Identify common complications and their treatment</li> </ul>
9:30 a.m. – 10:15 a.m.	<b>Approach to the Surgical Patient, Part 2: Surgical Emergencies</b> <ul style="list-style-type: none"> <li>• Recognize a surgical emergency based on the patient’s history and clinical presentation</li> <li>• Identify appropriate treatment and damage control techniques</li> </ul>
10:15 a.m. – 10:30a.m.	<b>BREAK</b>
10:30 a.m. – 11:15a.m.	<b>Mechanical Ventilation I</b> <ul style="list-style-type: none"> <li>• Describe the characteristics of different types of breaths and modes of mechanical ventilation (noninvasive and invasive)</li> </ul>
11:15 a.m. – 12:00p.m.	<b>Mechanical Ventilation II</b> <ul style="list-style-type: none"> <li>• Review guidelines for initial ventilator management strategies in specific clinical situations</li> </ul>
12:00 p.m. – 12:45p.m.	<b>LUNCH</b>

12:45 p.m. – 1:30 p.m.	<p style="text-align: center;"><b>SKILL STATIONS A &amp; B</b></p> <p><b><u>A. Mechanical Ventilation I</u></b></p> <ul style="list-style-type: none"> <li>• Describe indications for initiation of mechanical ventilation</li> <li>• Modify the ventilator prescription in response to patient data</li> </ul> <p><b><u>B. Assessment of the Critically Ill Postoperative Patient</u></b></p> <ul style="list-style-type: none"> <li>• Identify common postsurgical conditions related to critical illness</li> <li>• Identify and manage common postanesthetic complications in the surgical patient</li> <li>• Prioritize and manage common postsurgical complications in a patient with complex medical comorbidities</li> </ul>
1:30 p.m. – 2:15 p.m.	<p style="text-align: center;"><b>SKILL STATIONS A &amp; B</b></p> <p><b><u>A. Mechanical Ventilation I</u></b></p> <ul style="list-style-type: none"> <li>• Describe indications for initiation of mechanical ventilation</li> <li>• Modify the ventilator prescription in response to patient data</li> </ul> <p><b><u>B. Assessment of the Critically Ill Postoperative Patient</u></b></p> <ul style="list-style-type: none"> <li>• Identify common postsurgical conditions related to critical illness</li> <li>• Identify and manage common postanesthetic complications in the surgical patient</li> <li>• Prioritize and manage common postsurgical complications in a patient with complex medical comorbidities</li> </ul>
2:15 p.m. – 2:30 p.m.	<b>BREAK</b>
2:30 p.m. – 3:15 p.m.	<p><b>Cardiovascular Surgical Emergencies</b></p> <ul style="list-style-type: none"> <li>• Recognize cardiovascular emergencies and postoperative complications</li> <li>• Determine initial care for these conditions</li> </ul>
3:15 p.m. – 4:00 p.m.	<p><b>Management of Special Populations</b></p> <ul style="list-style-type: none"> <li>• Review treatment of pulmonary embolism</li> <li>• Manage ICU care of bariatric surgery patients and postoperative care of organ-specific transplant patients</li> </ul>
4:00 p.m. – 4:45 p.m.	<p><b>Surgical Soft Tissue Complications and Urgencies</b></p> <ul style="list-style-type: none"> <li>• Identify a normal healing wound</li> <li>• Recognize wound dehiscence and infection, necrotizing soft tissue infection, and extremity compartment syndrome</li> </ul>
4:45 p.m. – 5:00 p.m.	<b>WRAP UP DAY 1</b>

<b>DAY 2</b>	
<b>8:00 a.m. – 8:15 a.m.</b>	<b>Welcome and Announcements</b>
<b>8:15 a.m. – 9:00 a.m.</b>	<b>Surgical Airway Emergencies</b> <ul style="list-style-type: none"> <li>• Recognize airway emergencies and treatment</li> <li>• Manage postoperative neck hematoma</li> <li>• Identify symptoms of upper airway obstruction</li> </ul> Review techniques of needle and surgical cricothyroidotomy
<b>9:00 a.m. – 9:45 a.m.</b>	<b>Neurosurgical ICU</b> <ul style="list-style-type: none"> <li>• Recognize neurosurgical emergencies and complications after neurosurgical procedures</li> </ul> Determine initial care for these conditions
<b>9:45 p.m. – 10:30 a.m.</b>	<b>Abdominal Surgical Emergencies, Part 1</b> <ul style="list-style-type: none"> <li>• Recognize various presentations of abdominal emergencies and determine whether surgical consultation is necessary</li> <li>• Review signs and symptoms of toxic megacolon, small bowel obstruction, peritonitis, and esophageal perforation</li> </ul>
<b>10:30 a.m. – 10:45 a.m.</b>	<b>BREAK</b>
<b>10:45 a.m. – 11:30 a.m.</b>	<b>Abdominal Surgical Emergencies, Part 2</b> <ul style="list-style-type: none"> <li>• Recognize and manage complications associated with acute pancreatitis, gastrointestinal hemorrhage, and abdominal compartment syndrome</li> </ul>
<b>11:30 a.m. – 12:15 p.m.</b>	<p style="text-align: center;"><b>SKILL STATIONS C &amp; D</b></p> <p><b>C. ICU Care for Multi-system Trauma Patient</b></p> <ul style="list-style-type: none"> <li>• Interpret, troubleshoot, and manage elevated intracranial pressure</li> <li>• Discuss chest tube basics and troubleshooting</li> <li>• Diagnose and manage abdominal compartment syndrome</li> <li>• Diagnose and manage compartment syndrome of extremities</li> </ul> <p><b>D. Integrated Abdominal Sepsis</b></p> <ul style="list-style-type: none"> <li>• Recognize surgical emergencies in patients without surgical illness</li> <li>• Interpret, troubleshoot, and manage abdominal pain in the critically ill patient</li> </ul>
<b>12:15 p.m. – 1:00 p.m.</b>	<b>LUNCH</b>

1:00 p.m. – 1:45 p.m.	<p style="text-align: center;"><b>SKILL STATIONS C &amp; D</b></p> <p><b><u>C. ICU Care for Multi-system Trauma Patient</u></b></p> <ul style="list-style-type: none"> <li>• Interpret, troubleshoot, and manage elevated intracranial pressure</li> <li>• Discuss chest tube basics and troubleshooting</li> <li>• Diagnose and manage abdominal compartment syndrome</li> <li>• Diagnose and manage compartment syndrome of extremities</li> </ul> <p><b><u>D. Integrated Abdominal Sepsis</u></b></p> <ul style="list-style-type: none"> <li>• Recognize surgical emergencies in patients without surgical illness</li> <li>• Interpret, troubleshoot, and manage abdominal pain in the critically ill patient</li> </ul>
1:45 p.m. – 2:30 p.m.	<p style="text-align: center;"><b>SKILL STATIONS E &amp; F</b></p> <p><b><u>E. Hypotension After Abdominal Operation</u></b></p> <ul style="list-style-type: none"> <li>• Discuss causes of shock in the postoperative patient</li> <li>• Identify risk factors for ACS</li> <li>• Explain the diagnostic criteria for ACS</li> </ul> <p><b><u>F. Integrated Airway Management and Hemorrhagic Shock Scenario</u></b></p> <ul style="list-style-type: none"> <li>• Discuss the goals of resuscitation in shock</li> <li>• List procedures for the management of hemorrhagic shock</li> </ul> <p>Identify alternate solutions for the management of intubation of a difficult airway</p>
2:30 p.m.– 2:45 p.m.	<b><i>BREAK</i></b>
2:45 p.m.– 3:30p.m.	<p style="text-align: center;"><b>SKILL STATIONS E &amp; F</b></p> <p><b><u>E. Hypotension After Abdominal Operation</u></b></p> <ul style="list-style-type: none"> <li>• Discuss causes of shock in the postoperative patient</li> <li>• Identify risk factors for ACS</li> <li>• Explain the diagnostic criteria for ACS</li> </ul> <p><b><u>F. Integrated Airway Management and Hemorrhagic Shock Scenario</u></b></p> <ul style="list-style-type: none"> <li>• Discuss the goals of resuscitation in shock</li> <li>• List procedures for the management of hemorrhagic shock</li> <li>• Identify alternate solutions for the management of intubation of a difficult airway</li> </ul>
3:30 p.m.– 3:45 p.m.	<b>WRAP UP</b>