



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

Day 1	
8:30 a.m. – 8:45 a.m.	Welcome and Course Announcements FCCS: Surgical Overview
8:45 a.m. – 9:30 a.m.	Approach to the Surgical Patient, Part 1: Overview of the Care of Critically Ill Patients <ul style="list-style-type: none"> • Describe the physiologic derangements that occur with surgical care • Identify common complications and their treatment • Identify adverse events and drug interactions from anesthetics in the postoperative period • Describe the factors involved in a successful handoff of a critically ill surgical patient to the ICU team
9:30 a.m. – 10:15 a.m.	Approach to the Surgical Patient, Part 2: Surgical Emergencies <ul style="list-style-type: none"> • Recognize the signs and symptoms of a surgical emergency based on the patient's history and clinical presentation • Identify appropriate treatment and management of a surgical emergency • Optimize the use of damage control techniques • Use frailty assessment to stratify perioperative risk
10:15 a.m. – 10:30 a.m.	BREAK
10:30 a.m. – 11:15 a.m.	Surgical Airway Emergencies <ul style="list-style-type: none"> • Recognize tracheostomy complications and outline steps for immediate action • Recognize postoperative neck hematoma and outline steps for immediate action • Discuss management of upper airway obstruction due to angioedema • Review techniques for needle and surgical cricothyrotomies •
11:15 a.m. – 12:00 p.m.	Neurosurgical ICU <ul style="list-style-type: none"> • Review principles of brain insult and mechanisms of neuronal injury • Apply concepts of intracranial hypertension and brain oxygen delivery and consumption to management of patients with brain injury • Review the clinical and diagnostic assessment of patients with brain injury • List common treatments in patients with brain injury • Review management principles for selected pathophysiologic conditions •
12:00 p.m. – 12:45 p.m.	LUNCH
12:45 p.m. – 1:30 p.m.	<p style="text-align: center;">SKILL STATIONS A and B</p> <p>A. Mechanical Ventilation 1</p> <ul style="list-style-type: none"> • Describe indications for initiation of mechanical ventilation • Modify the ventilator prescription in response to patient data <p>B. Assessment of the Critically Ill Postoperative Patient</p>

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

DAY 2	
8:30 a.m. – 8:45 a.m.	Welcome and Announcements
8:45 a.m. – 9:30 a.m.	<p>Abdominal Surgical Emergencies, Part I</p> <ul style="list-style-type: none"> Recognize various abdominal emergencies and the importance of early surgical consultation Identify the signs, symptoms, and risk factors of megacolon and the importance of early consultation of surgical and other specialty services Describe the various causes of small bowel obstruction, as well as surgical versus nonsurgical management Define primary, secondary, and tertiary peritonitis and discuss their clinical manifestations and treatments Describe the diagnosis and treatment options for acute cholecystitis and biliary urgencies Explain the etiology, presentation, diagnosis, and treatment of esophageal perforation
9:30 a.m. – 10:15 a.m.	<p>Abdominal Surgical Emergencies, Part II</p> <ul style="list-style-type: none"> Classify and predict the severity of acute pancreatitis Discuss management of acute pancreatitis and its complications Explore the differences between upper and lower gastrointestinal bleeding Review diagnostic methods and management principles of

	<p>gastrointestinal bleeding</p> <ul style="list-style-type: none"> • Review the diagnosis and management of intra-abdominal hypertension and abdominal compartment syndrome •
10:15 a.m. – 11:00 a.m.	<p style="text-align: center;">SKILL STATIONS C and D</p> <p>C. ICU Care for the Multisystem Trauma Patient</p> <ul style="list-style-type: none"> • Interpret, troubleshoot, and manage elevated intracranial pressure • Discuss chest tube basics and troubleshooting • Discuss diagnosis and management of abdominal compartment syndrome • Discuss diagnosis and management of extremity compartment syndrome <p>D. Integrated Abdominal Sepsis</p> <ul style="list-style-type: none"> • Recognize surgical emergencies in patients without surgical illness • Interpret, troubleshoot, and manage abdominal pain in critically ill patients
11:00 a.m. – 11:45 a.m.	<p style="text-align: center;">SKILL STATIONS C and D</p> <p>C. ICU Care for the Multisystem Trauma Patient</p> <ul style="list-style-type: none"> • Interpret, troubleshoot, and manage elevated intracranial pressure • Discuss chest tube basics and troubleshooting • Discuss diagnosis and management of abdominal compartment syndrome • Discuss diagnosis and management of extremity compartment syndrome <p>D. Integrated Abdominal Sepsis</p> <ul style="list-style-type: none"> • Recognize surgical emergencies in patients without surgical illness • Interpret, troubleshoot, and manage abdominal pain in critically ill patients
11:45 a.m. – 12:00 p.m.	WRAP-UP DAY 2