



## Fundamental Critical Care Support: Surgical

### Sample Agenda Option A

*This is recommended for learners who have not previously taken FCCS.*

Modules to Complete Online Before Attending Course	
19m	Recognition and Assessment of the Seriously Ill
19m	Approach to the Surgical Patient, Part 1: Overview of the Care of the Critically Ill Patient
12m	Approach to the Surgical Patient, Part 2: Surgical Emergencies
17m	Diagnosis and Management of Acute Respiratory Failure
18m	Surgical Airway Emergencies
24m	Mechanical Ventilation 1
22m	Mechanical Ventilation 2
34m	Monitoring of Oxygen Balance and Acid Base Status
32m	Diagnosis and Management of Shock
37m	Neurological Support
29m	Life Threatening Infections: Diagnosis and Antimicrobial Therapy Selection
32m	Basic Trauma and Burn Support
22m	Abdominal Surgical Emergencies: Part 1
22m	Abdominal Surgical Emergencies: Part 2
27m	Acute Coronary Syndrome
21m	Cardiovascular Surgical Emergencies
25m	Management of Life-Threatening Electrolyte and Metabolic Disturbances
23m	Management of Special Population
15m	Surgical Soft Tissue Complications and Urgencies

In-Person Skills Day	
7:30 a.m. – 7:45 a.m.	<p>Welcome, Course Announcements FCCS: Surgical Overview</p>
7:45 a.m. – 8:30 a.m.	<p style="text-align: center;"><b>SKILL STATIONS A &amp; B</b></p> <p><b>A. Mechanical Ventilation I</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>B. Recognition and Assessment of the Seriously Ill Patient</b></p> <ul style="list-style-type: none"> <li>• Identify and rapidly treat life-threatening events</li> <li>• Understand the need to administer oxygen to critically ill patients</li> <li>• Understand that treatment and search for diagnoses should occur simultaneously</li> <li>• Recognize shock and its treatment</li> </ul>

8:30 a.m. – 9:15 a.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. Recognition and Assessment of the Seriously Ill Patient</u></b></p> <ul style="list-style-type: none"> <li>• Identify and rapidly treat life-threatening events</li> <li>• Understand the need to administer oxygen to critically ill patients</li> <li>• Understand that treatment and search for diagnoses should occur simultaneously</li> <li>• Recognize shock and its treatment</li> </ul>
9:15 a.m. – 10:00 a.m.	<p style="text-align: center;"><b>SKILL STATIONS C &amp; D</b></p> <p><b><u>C. Mechanical Ventilation II</u></b></p> <ul style="list-style-type: none"> <li>• Describe the approach to the patient with a high-pressure alarm</li> <li>• Practice ventilation adjustments in response to changes in patient status</li> </ul> <p><b><u>D. 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>
10:00 a.m. – 10:15 a.m.	<b>BREAK</b>
10:15 a.m. – 11:00 a.m.	<p style="text-align: center;"><b>SKILL STATIONS C &amp; D</b></p> <p><b><u>C. Mechanical Ventilation II</u></b></p> <ul style="list-style-type: none"> <li>• Describe the approach to the patient with a high-pressure alarm</li> <li>• Practice ventilation adjustments in response to changes in patient status</li> </ul> <p><b><u>D. 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>
11:00 a.m.– 11:45 a.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. Noninvasive Positive Pressure Ventilation</u></b></p> <ul style="list-style-type: none"> <li>• List diagnoses for which NPPV may be an appropriate therapy</li> <li>• List characteristics of a patient who is a good candidate for NPPV</li> <li>• Discuss the contraindications to NPPV</li> <li>• Describe techniques to facilitate patient acceptance of NPPV</li> <li>• Summarize the monitoring requirements for a patient treated with NPPV</li> </ul>
11:45 a.m.– 12:30 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> </ul>

	<ul style="list-style-type: none"> <li>• Explain the diagnostic criteria for ACS</li> </ul> <p><b><u>F. Noninvasive Positive Pressure Ventilation</u></b></p> <ul style="list-style-type: none"> <li>• List diagnoses for which NPPV may be an appropriate therapy</li> <li>• List characteristics of a patient who is a good candidate for NPPV</li> <li>• Discuss the contraindications to NPPV</li> <li>• Describe techniques to facilitate patient acceptance of NPPV</li> <li>• Summarize the monitoring requirements for a patient treated with NPPV</li> </ul>
<b>12:30 p.m. – 1:15 p.m.</b>	<b>LUNCH</b>
<b>1:15 p.m. – 2:00 p.m.</b>	<p style="text-align: center;"><b>SKILL STATIONS G &amp; H</b></p> <p><b><u>G. 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> <p><b><u>H. 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>
<b>2:00 p.m. – 2:45 p.m.</b>	<p style="text-align: center;"><b>SKILL STATIONS G &amp; H</b></p> <p><b><u>G. 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> <p><b><u>H. 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>
<b>2:45 p.m. – 3:00 p.m.</b>	<b>BREAK</b>
<b>3:00 p.m. – 3:45 p.m.</b>	<p style="text-align: center;"><b>SKILL STATIONS I &amp; J</b></p> <p><b><u>I. ICU Care for the 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>J. Integrated Severe Sepsis A Scenario</u></b></p> <ul style="list-style-type: none"> <li>• Recognize early sepsis</li> <li>• Describe the steps needed to manage and stabilize a septic patient</li> <li>• Identify appropriate fluid management for a septic patient</li> <li>• Order laboratory studies and interpret the results in septic patients</li> <li>• Manage a septic patient with organ dysfunction</li> <li>• Provide initial mechanical ventilation support for a septic patient</li> <li>• Manage hemodynamic instability in a septic patient</li> <li>• Manage basic ventilator support in a septic patient</li> <li>• Manage ventilator support in the setting of acute respiratory distress syndrome (ARDS)</li> <li>• Recognize atrial fibrillation and learn how to manage in a hemodynamically unstable patient</li> </ul>

3:45 p.m. – 4:30 p.m.	<p style="text-align: center;"><b>SKILL STATIONS I &amp; J</b></p> <p><b><u>I. ICU Care for the 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>J. Integrated Severe Sepsis A Scenario</u></b></p> <ul style="list-style-type: none"> <li>• Recognize early sepsis</li> <li>• Describe the steps needed to manage and stabilize a septic patient</li> <li>• Identify appropriate fluid management for a septic patient</li> <li>• Order laboratory studies and interpret the results in septic patients</li> <li>• Manage a septic patient with organ dysfunction</li> <li>• Provide initial mechanical ventilation support for a septic patient</li> <li>• Manage hemodynamic instability in a septic patient</li> <li>• Manage basic ventilator support in a septic patient</li> <li>• Manage ventilator support in the setting of ARDS</li> <li>• Recognize atrial fibrillation and learn how to manage in a hemodynamically unstable patient</li> </ul>
4:30 p.m. – 4:45 p.m.	<b>WRAP UP</b>