



Fundamental Critical Care Support: Surgical Sample Agenda Option B

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
37m	Neurological Support
32m	Basic Trauma and Burn Support
27m	Acute Coronary Syndrome
25m	Management of Life-Threatening Electrolyte and Metabolic Disturbances
29m	Life Threatening Infections: Diagnosis and Antimicrobial Therapy Selection

Day 1	
7:30 a.m. – 7:45 a.m.	Welcome, Course Announcements FCCS: Surgical Overview
7:45 a.m. – 8:30 a.m.	Diagnosis and Management of Acute Respiratory Failure <ul style="list-style-type: none"> • Definition and classification • Pathophysiology and manifestations • Review the management principles
8:30 a.m. – 9:15 a.m.	Mechanical Ventilation I <ul style="list-style-type: none"> • Describe the characteristics of different types of breaths and modes of invasive and noninvasive mechanical ventilation • Discuss indications and techniques for noninvasive positive pressure ventilation • Outline settings and monitoring for initiation of mechanical ventilation
9:15 a.m. – 10:00 a.m.	Mechanical Ventilation II <ul style="list-style-type: none"> • Review guidelines for initial ventilator management strategies in specific clinical situations • Describe the interactions between ventilatory parameters • Detail the modifications needed to avoid harmful effects of mechanical ventilation
10:00 a.m. – 10:15 a.m.	BREAK
10:15 a.m. – 11:00 a.m.	Monitoring of Oxygen Balance and Acid-Base Status <ul style="list-style-type: none"> • Outline the determinants of oxygen balance • Recognize disorders of oxygen delivery • Identify principles and limitations of techniques for monitoring oxygen balance • Explain the use of acid-base status to monitor the serious ill patient
11:00 a.m. – 11:45 a.m.	Diagnosis and Management of Shock <ul style="list-style-type: none"> • Identify the primary categories of shock • Discuss goals of resuscitation in shock • Summarize principles of shock management • Describe effects of vasopressor and inotropic agents • Discuss the differential diagnosis and management of oliguria
11:45 a.m. – 12:30 p.m.	LUNCH

12:30 p.m.– 1:15 p.m.	<p style="text-align: center;">SKILL STATIONS A & B</p> <p><u>A. Mechanical Ventilation I</u></p> <ul style="list-style-type: none"> • Describe indications for initiation of mechanical ventilation • Modify the ventilator prescription in response to patient data <p><u>B. Assessment of the Critically Ill Postoperative Patient</u></p> <ul style="list-style-type: none"> • Identify common postsurgical conditions related to critical illness • Identify and manage common postanesthetic complications in the surgical patient • Prioritize and manage common postsurgical complications in a patient with complex medical comorbidities
1:15 p.m.– 2:00 p.m.	<p style="text-align: center;">SKILL STATIONS A & B</p> <p><u>A. Mechanical Ventilation I</u></p> <ul style="list-style-type: none"> • Describe indications for initiation of mechanical ventilation • Modify the ventilator prescription in response to patient data <p><u>B. Assessment of the Critically Ill Postoperative Patient</u></p> <ul style="list-style-type: none"> • Identify common postsurgical conditions related to critical illness • Identify and manage common postanesthetic complications in the surgical patient • Prioritize and manage common postsurgical complications in a patient with complex medical comorbidities
2:00 p.m. – 2:45 p.m.	<p style="text-align: center;">SKILL STATIONS C & D</p> <p><u>C. Mechanical Ventilation 2</u></p> <ul style="list-style-type: none"> • Describe the approach to the patient with a high-pressure alarm • Practice ventilation adjustments in response to changes in patient status <p><u>D. Hypotension After Abdominal Operation</u></p> <ul style="list-style-type: none"> • Discuss causes of shock in the postoperative patient • Identify risk factors for abdominal compartment syndrome (ACS) • Explain the diagnostic criteria for ACS
2:45 p.m. – 3:30 p.m.	<p style="text-align: center;">SKILL STATIONS C & D</p> <p><u>C. Mechanical Ventilation 2</u></p> <ul style="list-style-type: none"> • Describe the approach to the patient with a high-pressure alarm • Practice ventilation adjustments in response to changes in patient status <p><u>D. Hypotension After Abdominal Operation</u></p> <ul style="list-style-type: none"> • Discuss causes of shock in the postoperative patient • Identify risk factors for ACS • Explain the diagnostic criteria for ACS
3:30 p.m. – 3:45 p.m.	<i>BREAK</i>
3:45 p.m. – 4:30 p.m.	<p>Approach to the Surgical Patient, Part 1: Overview of the Care for the Critically Ill Patient</p> <ul style="list-style-type: none"> • Describe the physiologic derangements that occur with surgical care • Identify common complications that occur in the critically ill surgical patient • 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

4:30 p.m. – 5:15 p.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 patient’s history and clinical presentation Prioritize appropriate treatment and management of a surgical emergency Optimize the use of damage control techniques Use frailty assessment to stratify perioperative risk
5:15 p.m. – 5:30 p.m.	WRAP UP DAY 1

Day 2	
7:30 a.m. – 7:45 a.m.	Welcome and Announcements
7:45 a.m. – 8:30 a.m.	Surgical Airway Emergencies <ul style="list-style-type: none"> Recognize tracheostomy complications and take immediate action Recognize postoperative neck hematoma and take immediate action Discuss management of upper airway obstruction due to angioedema Review techniques for needle and surgical cricothyroidotomies
8:30 a.m. – 9:15 a.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 the brain-injured patient Review the clinical and diagnostic assessment of the brain-injured patient List general treatments that are common in brain injury Review management principles for selected pathophysiologic conditions
9:15 a.m. – 10:00 a.m.	Abdominal Surgical Emergencies: Part 1 <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 including surgical versus nonsurgical management Define primary, secondary, and tertiary peritonitis, and discuss its clinical manifestations and treatment Describe the diagnosis and treatment options for acute cholecystitis and biliary urgencies Explain the etiology, presentation, diagnosis, and treatment of esophageal perforation
10:00 a.m. – 10:15 a.m.	BREAK
10:15 a.m. – 11:00 a.m.	Abdominal Surgical Emergencies: Part 2 <ul style="list-style-type: none"> Classify and predict severity of acute pancreatitis Outline management of acute pancreatitis and its complications Explore the differences between upper and lower gastrointestinal bleeding Review the diagnostic methods and management principles of gastrointestinal bleeding Review diagnosis and management of intra-abdominal hypertension and ACS

11:00 a.m. – 11:45 a.m.	Cardiovascular Surgical Emergencies <ul style="list-style-type: none"> Identify patients with bleeding after cardiovascular surgical procedures, including cardiopulmonary bypass grafting (CABG), percutaneous coronary interventions, or percutaneous arterial interventions Outline basic management and interpretation of chest tubes placed during CABG Identify signs, symptoms, and therapeutic options for cardiac tamponade after CABG Identify signs, symptoms, and therapeutic options for: <ul style="list-style-type: none"> Patients with suspected complications from insertion of intravascular sheaths, lines, and other devices Pulseless extremity Vasoplegia
11:45 a.m. – 12:30 p.m.	LUNCH
12:30 p.m. – 1:15 p.m.	<p style="text-align: center;">SKILL STATIONS E & F</p> <p><u>E. ICU Care for Multisystem Trauma Patient</u></p> <ul style="list-style-type: none"> Interpret, troubleshoot, and manage elevated intracranial pressure Discuss chest tube basics and troubleshooting Diagnose and manage ACS Diagnose and manage ACS of extremities <p><u>F. Integrated Abdominal Sepsis</u></p> <ul style="list-style-type: none"> Recognize surgical emergencies in patients without surgical illness Interpret, troubleshoot, and manage abdominal pain in the critically ill patient
1:15 p.m. – 2:00 p.m.	<p style="text-align: center;">SKILL STATIONS E & F</p> <p><u>E. ICU Care for Multisystem Trauma Patient</u></p> <ul style="list-style-type: none"> Interpret, troubleshoot, and manage elevated intracranial pressure Discuss chest tube basics and troubleshooting Diagnose and manage ACS syndrome Diagnose and manage ACS of extremities <p><u>F. Integrated Abdominal Sepsis</u></p> <ul style="list-style-type: none"> Recognize surgical emergencies in patients without surgical illness Interpret, troubleshoot, and manage abdominal pain in the critically ill patient
2:00 p.m. – 2:15 p.m.	BREAK
2:15 p.m. – 3:00 p.m.	Management of Special Populations <ul style="list-style-type: none"> Outline the diagnosis and management of pulmonary embolism Describe prophylactic therapy for venous thromboembolism List general management principles for severe gastrointestinal hemorrhage Describe appropriate prophylactic therapy for the prevention of stress-related gastritis Summarize the principles of poisoning management Outline the diagnosis and management of frequent hematologic and oncologic emergencies
3:00 p.m. – 3:45 p.m.	Surgical Soft Tissue Complications and Urgencies <ul style="list-style-type: none"> Identify a normal healing wound Recognize wound dehiscence and infection Recognize and manage necrotizing soft tissue infection Recognize and manage compartment syndrome
3:45 p.m. – 4:30 p.m.	WRAP UP DAY 2