



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

*This is recommended for learners who have taken FCCS.*

Day 1	
8:30 a.m. – 8:45 a.m.	<p><b>Welcome, Course Announcements</b> <b>FCCS: Surgical Overview</b></p>
8:45 a.m. – 9:30 a.m.	<p><b>Approach to the Surgical Patient, Part 1: Overview of the Care of the Critically Ill Patient</b></p> <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.	<p><b>Approach to the Surgical Patient, Part 2: Surgical Emergencies</b></p> <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.	<p><b>Surgical Airway Emergencies</b></p> <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> <li>Review techniques of needle and surgical cricothyroidotomy</li> </ul>
11:15 a.m. – 12:00p.m.	<p><b>Neurosurgical ICU</b></p> <ul style="list-style-type: none"> <li>Recognize neurosurgical emergencies and complications after neurosurgical procedures</li> <li>Determine initial care for these conditions</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><i>BREAK</i></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><i>WRAP UP DAY 1</i></b>

<b>DAY 2</b>	
8:30 a.m. – 8:45 a.m.	<b>Welcome and Announcements</b>
8:45 p.m. – 9:30 a.m.	<p><b>Abdominal Surgical Emergencies, Part 1</b></p> <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>
9:30 a.m. – 10:15 a.m.	<p><b>Abdominal Surgical Emergencies, Part 2</b></p> <ul style="list-style-type: none"> <li>Recognize and manage complications associated with acute pancreatitis, gastrointestinal hemorrhage, and abdominal compartment syndrome</li> </ul>
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. 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>

<b>11:00 a.m. – 11:45a.m.</b>	<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>
<b>11:45 a.m. – 12:00 p.m.</b>	<b><i>WRAP UP DAY 2</i></b>