

Outline

The Patient is Trying to Die

- Cardiac output
- Cerebral perfusion pressure
- Presentation/pathophysiology/palliation
- Rule out reversible causes
- Sepsis pathways
- Pressure and volume explained
- 21 ways a patient could code

Major NEW 2020 AHA Guideline Changes

- Opioid associated emergency algorithms
- Post-cardiac arrest care algorithm
- Neuro prognostication diagramming
- Cardiac arrest in pregnancy algorithm
- CPR best practices
- Stable vs. unstable threats to life

Post-Resuscitation Care Guidelines

- Targeted temperature management
- Stroke volume – optimizing afterload, cardiogenic shock, distributive shocks
- Optimize volume status
- End goal of the code
- Trauma triad of death
- 4 key pain pathway considerations

Pre and Post-Arrest Pearls

- Pro-actively anticipate lab changes
- What is the EKG telling you
- Imagery needed ASAP
- Oxygenation and ventilation -> homeostasis
- Case studies to test your knowledge
- Additional resources to keep learning

Objectives

1. Practice with Psychological Safety and Just Culture for dynamic improvement in high performance resuscitation.
2. Apply clinical strategies and evidence-based assessments to identify patients at risk for cardio-pulmonary arrest.
3. Evaluate early recognition and management strategies for acute coronary syndrome, including appropriate disposition.
4. Determine bradycardias and tachycardias that may result in cardiac arrest or a complicate resuscitation outcome.
5. Perform early management of bradycardias and tachycardias that may result in cardiac arrest or complicate resuscitation outcome.
6. Choose effective communication as a member or leader of a high-performance team.
7. Analyze the impact of team dynamics on overall team performance.
8. Manage reversible causes of cardiac or respiratory arrest.
9. Perform targeted temperature management.
10. Demonstrate best practice management of opioid overdose.
11. Assess the impact of prompt, high-quality BLS on hemodynamics and cerebrovascular perfusion.
12. Conduct early management of cardiac arrest until termination of resuscitation or transfer of care.
13. Evaluate resuscitative efforts during a cardiac arrest through continuous assessment of CPR quality, monitoring the patient's physiologic response, and delivering real-time feedback to the team.

Live Seminar & Webcast Schedule (Listed in Hawaiian time) both days

7:30 Registration/Morning Coffee & Tea

8:00 Program begins

11:50-1:00 Lunch (on your own)

4:00 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon).
Actual lunch and break start times are at the discretion of the speaker.
A more detailed schedule is available upon request.



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Meet Your Speaker

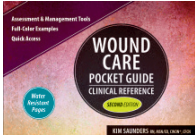
Sean G. Smith, MSc, FP-C, CEN, CFRN, CPEN, CCRN-CMC (Adult), CCRN-K (Neonatal), CCRN-K (Pediatric), is a flight nurse-paramedic who has practiced and taught Trauma Care, Tactical Medicine, Emergency/Critical Care and Prehospital Emergency Medical Services, both in the military and the civilian world. He holds a master's degree in pharmacy, additional degrees in nursing and molecular biology, and is a graduate of Duke University's Legal Nurse Consulting program. He holds multiple advanced specialty certifications as well as extensive instructor qualifications in critical care and emergency medicine.

Career highlights include numerous author/co-author credits, including: a best-selling *Laboratory Medicine* textbook, a chapter in *Trauma Nursing Core Curriculum*, and a section in the newly released *Resuscitation Crisis Manual*. Sean consults on clinical, legal and certification prep for numerous high-profile hospital systems. He routinely lectures at national/international conferences, has completed 50 + medical missions (Dominican Republic, Honduras, Morocco, Liberia, and Haiti), and provided medical support to the NASA Space Shuttle Program.

Speaker Disclosure:
Financial: Sean G. Smith receives a speaking honorarium from PESI, Inc.
Non-financial: Sean G. Smith has no relevant non-financial relationships to disclose.

Recommended Reading:

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