

OUTLINE

Hemodynamics and Shock

- Pre-load, afterload and contractility
- What about administering electrolytes to improve cardiac function?
- Fluids - which ones and how much?
- Vasoactive medications - do not ever mix these medications
- Neurotransmitters and receptors - more than alpha and beta receptors
- Case studies in patients with compromised cardiac output, ventricular fibrillation

Antiarrhythmics

- Sodium, calcium and potassium blocking medications
- What can be given IV, PO, SQ, IO ... and how much
- Must know pearls for monitoring all the anti-arrhythmic medications
- Case studies in patients with atrial fibrillation, atrial flutter, ventricular tachycardia, PSVT

SARS-CoV-2 and cardiac function

- Blood pressure management
- Angiotensin converting enzyme-2 (ACE-2) receptor and SARS-CoV-2
- Management of Post-Acute Sequelae of SARS-CoV-2 infection (PASC) or COVID-long haulers

Medications for Acute Coronary Syndrome

- Aspirin - this is not a benign medication
- Medications to administer in the ED
- Medications for cardiac catheterization lab patients
- Watch out for contrast induced nephropathy – with laboratory parameters to monitor
- Medications to aid in smoking cessation
- Anticoagulants, anti-platelet and thrombolytic medications
- Case studies in STEMI and N-STEMI

Heart Failure Pharmacology

- Not just ACEs and ARBs now - guideline updates for 2021
- Diuretics - demystifying what is the best diuretic for your patient
- New medication category for treatment of heart failure
- Case studies and medications in HFrEF and HFpEF

What’s New in Treatment of Hypertension – A Lot!

- Treatment options for primary or secondary hypertension
- Calcium channel blockers - what to do if your patient overdoses
- Beta-blockers - what criteria is considered to increase or decrease dose?
- Vasodilators - watch out for change in electrolytes when giving this medication
- Do not mix these anti-hypertensive medications

How to Lower LDL and Raise HDL Cholesterol

- Familial versus non-familial hyper-cholesterolemia
- Statins and a whole lot more
- Latest monoclonal antibodies to manage cholesterol
- Case studies in patients with altered lipid levels

Hypoglycemic Agents

- 9 major categories of hypoglycemic agents... and counting - which is best for my patient?
- Monitoring laboratory data – not just blood sugar now
- Latest recommendations from the American Diabetic Association
- Case studies with patients taking hypoglycemic agents

Pregnancy and Cardiac Medications

- What medications are safe – up to which trimester
- Which cardiac medications to avoid regardless of the stage of pregnancy

Live Webinar Schedule  
(Times listed in Pacific)

8:00 Program begins

11:50-1:00 Lunch Break

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.

OBJECTIVES

1. Distinguish the need for cardiac medications and the need for electrolytes or fluids to improve cardiac output.
2. Analyze the anti-arrhythmic medications which would benefit your specific patient.
3. Plan a list of medications which a STEMI or NSTEMI patient would be expected to take.
4. Measure the therapeutic outcome of the STEMI or NSTEMI medications.
5. Manage the cardiac work-up and medications for patients with Post-Acute Sequelae of SARS-CoV-2 infection (PASC) or COVID-long haulers.
6. Formulate a monitoring plan for your heart failure patient.
7. Differentiate medication options for patients with hypertension.
8. Distinguish between the cholesterol lowering medications.
9. Choose the best hypoglycemic agent based upon my patient’s presentation and laboratory parameters.
10. Determine the cardiac medications the pregnant woman can and cannot take.

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- Up-to-date prescription guidelines for cardiac medications
- Manage blood hypercoagulation in SARs-CoV-2
- Easily identify cardiac medication toxicity
- Proven solutions for patient medication compliance
- Electrophysiology of cardiac medications totally demystified
- Over-the-counter medications for patients to avoid
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## MEET YOUR SPEAKER

**Dr. Paul Langlois, APN, Ph.D., CCRN, CCNS, CNRN**, is a critical care clinical specialist in the surgical, medical, neurologic, burn, CCU and trauma ICUs of Cook County Hospital, Chicago. As a bedside clinical nurse specialist, he has developed several institution-wide protocols for the multidisciplinary assessment and management of the cardiac, neurologic, septic, and multi-system organ failure patient. Drawing on over 30 years of experience assessing and managing patients with life-threatening diseases, Paul provides advanced-level training to nurses, physician assistants, nurse practitioners and physicians. Paul’s presentations are evidence-based, timely and provide participants with case studies to facilitate critical thinking.

Speaker Disclosure:  
Financial: Paul Langlois has an employment relationship with Cook County Hospital. He receives a speaking honorarium from PESI, Inc.  
Non-financial: Paul Langlois has no relevant nonfinancial relationship to disclose.

### Target Audience:

Nurses • Nurse Practitioners • Clinical Nurse Specialists • Physician Assistants  
Cardiovascular Technologists • Pharmacists

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