



BEYOND BASIC

Advanced Airway Management

Course Description

This course is designed to give the ICU or Anaesthetics trainee a structured approach to management of the upper airway.

Commonly reported airway events in ICU include difficult and failed intubation and tracheostomy related problems. Themes associated with airway disasters include failure to identify high-risk airways and failure of advanced airway skills and rescue techniques.

The course includes pre-course reading (course manual provided), pre-course MCQs, e-learning and classroom lectures but the main focus will be the skill stations to develop hands on expertise in rescue techniques and decision making in a crisis situation. ANZCA approved course - Participants in the ANZCA CPD Program may claim this CICO course as an emergency response activity in their CPD portfolio (ER-14-CICO-047). FCICM approved advanced airway course for trainees.

Who Should Attend?

The course is intended for ICU or Anaesthetics trainees with prior anaesthetic experience. It assumes basic upper airway skills. It would also be useful for trainees in Anaesthesia and Emergency Medicine.

The Course will cover

- Direct and indirect laryngoscopy (video laryngoscopy)
- Laryngeal mask airways
- Double lumen tube intubation
- Bronchoscopy and fibre-optic intubation
- Tracheostomy and cricothyrotomy
- Intubation planning, airway assessment
- Endotracheal tube exchange
- Acute upper airway obstruction

Faculty

A/Prof David Brewster FANZCA, FCICM (Course Director)

Dr John Copland FANZCA, Dr Chris Bowden FANZCA, Dr Steve Philpot FANZCA FCICM, Dr John Reeves FANZCA FCICM, Dr Vineet Sarode FCICM AFRACMA, Dr Ben Turner FCICM FANZCA

Date: Monday and Tuesday, 20th & 21st November 2017

Venue: Department of Intensive Care Cabrini Hospital, Malvern Melbourne

Course Fee: \$500.00 payable by credit card only, closing date 3rd October 2017

Contact: Carolyn Scott 03 9508 1712 cscott@cabrini.com.au or

Dr David Brewster at dbrewster@cabrini.com.au

Registration Details

Name:

Mailing Address:

Phone: **Email:**

Visa Mastercard - Card Number CVC No: Expiry date:

Dietary Requirements (please specify)