

AIRWAY MANAGEMENT - BEYOND BASIC

Course Description

This course, an addition to the BEYOND BASIC series, is designed to give the ICU 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. Case studies will be used to illustrate situational awareness and decision making.

Who Should Attend?

The course is intended for ICU trainees with prior anaesthetic experience. It assumes basic upper airway skills. It would also be useful for trainees in Anaesthesia and Emergency Medicine. This course is endorsed by CICM as an airway course and by ANZCA for CICO (ER-17-CICO-061). The course is also endorsed by Difficult Airway Society, UK

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
- Anticipated and unanticipated difficult intubation
- Endotracheal tube exchange
- Acute upper airway obstruction



Faculty

Dr Chris Bowden FANZCA
A/Prof David Brewster FANZCA, FCICM
Dr John Copland FANZCA

Dr Melinda Miles FANZCA
A/Prof Ian Carney FCICM

Date: 19-20 February 2019 Time: 0800-1700

Venue: Department of Anaesthesia, Frankston Hospital, Hastings Road Frankston, Melbourne

Course Fee: \$825 (Incl. \$75 GST) payable by credit card only.

Closing Date: 8 February 2019

Contact: Lynne Pastorello on 03 9784 7445, Fax 03 9784 2381 or lpastorello@phcn.vic.gov.au

Registration Details

Name: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Visa MasterCard

Card Number: _____ **CVC No:** _____ **Expiry Date:** ____ / ____

Dietary Requirements (please specify): _____