

# Simulation and Introduction to Critical Care

Venue: **Anaesthetic Seminar room,  
University Hospital Aintree, Liverpool, Lower Lane, L9 7A  
And Mersey and Cheshire Simulation Centre**

## **Time table:**

09.00 - 9.30	<b>Introduction &amp; Respiratory session</b> Who is sick? Who needs to come to critical care?
09.30 -10.00	Respiratory failure: diagnosis and management
10.00 -10.30	Mechanical Ventilation
10.30-10.45	<i>Coffee break</i>
	<b>Cardiovascular session</b>
10.45 -11:15	Cardiac failure: diagnosis and management
11.15 - 11.45	Sepsis: diagnosis and management
11.45 - 12.15	Haemodynamic support
12.15- 12.30	<i>Coffee break</i>
	<b>CNS session</b>
12:30 -13:00	Head injury and comatose patients: diagnosis and Management
13:00 -14:00	<i>Lunch Break</i>
	<b>Renal and procedures session</b>
14.00-14.30	Renal failure: diagnosis and management
14.30-15.30:	Lines and procedures in critical care: discussions and video ICP, CVC, Art line, FOB
15.30 to 17.00	<b>ITU workshops</b>
	<ul style="list-style-type: none"><li>○ How to: Cardiac output monitors</li><li>○ How to: Ventilators and Oscillator</li><li>○ How to: Use of ultrasound for Central venous access</li><li>○ ABG: interpretation and management of blood gas and electrolyte abnormalities</li></ul>

## **Day 2: Simulations experience at Mersey and Cheshire simulation centre: Caring for a critically ill patient-the challenges.**

The Course is meant as an introduction to the basic principles of critical care for the first and second year trainees in anaesthesia, Medicine and Acute care common stem. Please publicise it and if you wish to send any trainees, please let me know on the following e-mail address:

[Shankara.nagaraja@aintree.nhs.uk](mailto:Shankara.nagaraja@aintree.nhs.uk)

## **Dates:**

20th and 21st August 2009,  
17<sup>th</sup> and 18th December 2009  
22<sup>nd</sup> and 23<sup>rd</sup> April 2010

# Application Form

Title:.....Specialty.....

First Name:.....Surname:.....

Grade: ..... Year (if SPR): .....

Current Hospital: .....

Address for correspondence: .....

.....

.....

..... Postal Code: .....

Daytime Tel: ..... Evening Tel: .....

Mobile No.: .....

E-mail address:.....

Please send the completed application forms with cheques to

***Linda Danher,  
Critical care Unit,  
University Hospital Aintree, Lower lane  
Liverpool, L9 7AL.***

or E mail to [linda.danher@aintree.nhs.uk](mailto:linda.danher@aintree.nhs.uk)

**Fees: £100. Please make the cheques payable to 'University Hospital Aintree NHS Foundation Trust'.**

Signature.....