

FOUNDATION SEMINAR IN CRITICAL CARE

Preliminary program

Self-paced learning package available from 8 July 2022

The Self-paced learning package comprises approximately 6.5hours of learning materials. The self-paced learning package materials must be completed prior to attending the live virtual seminar.

Knowledge gained from topics below within self-paced learning package will be directly used in case sessions on the day.

Topic	Learning Objectives
Introduction to intensive care Rachel Fyfe, ICU Pharmacist Barwon Health, Vic	 Identify common reasons for patient admission to an intensive care unit (ICU) Describe the levels of ICUs, including specialty units Summarise the role of the pharmacist within the ICU multi-disciplinary team
Overview of shock and fluid management Simon Potts, Senior Pharmacist, Intensive and Critical Care Unit, Flinders Medical Centre, Adelaide, SA	 Define shock Describe the main different types of shock Summarise the impact of each type of shock on the pharmacokinetics and pharmacodynamics of commonly used drugs in ICU' Compare and contrast the colloid and crystalloid fluid therapy used in critically ill patients
Vasopressors & Inotropes Gráinne Hughes, ICU Pharmacist, Canberra Health Services, Canberra, ACT	 Describe the relevant physiology involved in shock Compare and contrast the most common vasoactive and inotropic medications used in critically ill patients Describe the simple monitoring parameters used in critically ill patients Identify and understand the impact on pharmacotherapy of commonly used machines that provide life support to patients in an ICU
IV Drug Compatibility and Central Access Simon Potts, Senior Pharmacist, Intensive and Critical Care Unit, Flinders Medical Centre, Adelaide, SA	 Describe the various types of central lines commonly used in critically ill patients Compare and contrast the difference between physical and pharmaceutical drug compatibility Identify key resources available to guide decision making in drug compatibility
Melissa Ankravs, Senior ICU Pharmacist and Critical Care Team Leader, Royal Melbourne Hospital Honorary Senior Fellow, Department of Critical Care, Melbourne Medical School, University of Melbourne	 Identify indications for sedation in ICU Outline classes of sedative agents used in ICU Explain the term and role of 'sedation holidays' Correlate between sedative agents and delirium Identify strategies for preventing and managing pain in ICU Distinguish between hyper- and hypo- active delirium Describe the management of hyperactive delirium and agitation Describe the management of opioid and benzodiazepine withdrawal following admission to ICU



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Antimicrobial PK/PD Professor Jason Roberts, Professor of Medicine, University of Queensland, Qld; Clinical Pharmacist, Royal Brisbane & Women's Hospital / Researcher, UQ CRE REDUCE, Brisbane, Qld	 Explain pharmacokinetic and pharmacodynamic changes in critically ill patients Describe the effect of reduced albumin and protein levels in critical illness on medications Identify medications impacted by pharmacokinetic changes during critical illness Outline the role of therapeutic drug monitoring of these medications, where available, in critically ill patients
Management of the critically unwell paediatric patient in a non-specialty paediatric centre Rachel Fyfe, ICU Pharmacist Barwon Health, Vic	 Explain the assessment of a child in critical care including pain and analgesia scales Describe age related changes in pharmacokinetic/pharmacodynamics Outline medication safety considerations for paediatric patients in critical care Outline fluid management in critically unwell paediatric patients
AKI and RRT Michele Cree, Pharmacist Lead - Critical Care, Children's Health Queensland Hospital and Health Service, Queensland Children's Hospital, Brisbane, Qld	 Identify causes of acute kidney injury (AKI) in ICU patients Identify indications for use of renal replacement therapies (RRTs) Explain the mechanism of actions for modes of RRTs Describe the role anticoagulating circuits in RRTs Describe the impact of RRTs and AKI on medication dosing Identify resources to assist in medication dosing for patients on modes of RRTs or experiencing AKI Identify key monitoring parameters for pharmacists

for patients on modes of RRTs or experiencing AKI



Preliminary Program

Live virtual seminar - All times listed are in AEST

Please note program times are subject to change until the program has been finalised.

Live Virtual Seminar: Saturday 20th August 2022

Time (AEST)	Session
0930-0935	Online login available
0935-0945	Welcome, introduction and housekeeping Simon Potts, Senior Pharmacist, Intensive and Critical Care Unit, Flinders Medical Centre, Adelaide, SA
0945-1015	Recap of self-paced learning package content Simon Potts
1015-1100	Patient transition: in/out of ICU Lucy Sharrock, ICU Clinical Pharmacist, The Royal Melbourne Hospital, Melbourne, Vic
1100-1145	Self-care in ICU Karlee Johnston, Lecturer, Pharmacology, ANU Medical School, Canberra, ACT
1145-1215	Break
1215-1330	Case session #1 Led By: Simon Potts Tutor Team: Michele Cree, Grainne Hughes, Lidia Zec , Rachel Fyfe, Karlee Johnston
1330-1415	 What makes an ICU pharmacist + open discussion forum Facilitated By: Simon Potts Panellists: Melissa Ankravs, Senior ICU Pharmacist and Critical Care Team Leader, Royal Melbourne Hospital Honorary Senior Fellow, Department of Critical Care, Melbourne Medical School, University of Melbourne Michele Cree, Pharmacist Lead - Critical Care, Children's Health Queensland Hospital and Health Service, Queensland Children's Hospital, Brisbane, Qld Rachel Fyfe, ICU Pharmacist Barwon Health, Vic
1415-1445	Lunch Break
1445-1600	Case session #2 Led By: Simon Potts Tutor Team: Michele Cree, Grainne Hughes, Lidia Zec , Rachel Fyfe, Karlee Johnston
1600-1615	Break
1615-1715	Case session #3 Led By: Simon Potts Tutor Team: Michele Cree, Grainne Hughes, Lidia Zec , Rachel Fyfe, Karlee Johnston
1715-1745	Final Q&A Facilitated By: Simon Potts
1745	Close of live virtual seminar

Please note: presentation recordings from the live virtual seminar will not be available.