

FACULTY

COURSE DIRECTOR

Edward G. Seferian, MD, MS, FAAP
Cedars-Sinai Medical Center

PEDIATRIC CRITICAL CARE

Mudit Mathur, MD
Loma Linda University Medical Center

Ndidiamaka Musa, MD
Seattle Children's Hospital

Yves Ouellette, MD
Mayo Clinic

Sana Al-Jundi, MD
Cedars-Sinai Medical Center

TRAUMA SURGERY

Rodrigo Alban, MD
Cedars-Sinai Medical Center

PEDIATRIC CARDIOLOGY

Nai Y. Tang, MD
Cedars-Sinai Medical Center

ADDITIONAL INSTRUCTORS

Ai Jin Lee, MSN, RN, CNS, CCRN
Cedars-Sinai Medical Center

Russell D. Metcalfe-Smith, MS NRP
Cedars-Sinai Medical Center

Non-Profit Org.
U.S. Postage
PAID
Los Angeles, CA
Permit #22328

ACTIVITY DETAILS

CONFERENCE LOCATION

Cedars-Sinai Medical Center
The Women's Guild Simulation Center
for Advanced Clinical Skills
127 S. San Vicente Blvd., Suite A1300
Los Angeles, CA 90048

PARKING

Self-parking is available in visitor parking lots P1, P2 (George Burns Rd.)
or P4 (Sherbourne Dr.).



8797 Beverly Blvd., Suite 250
Los Angeles, CA 90048

LIMITED SEATS AVAILABLE — REGISTER EARLY!

Pediatric Fundamental Critical Care Support DEC. 15-16, 2016

Cedars-Sinai Medical Center
The Women's Guild Simulation Center for Advanced Clinical Skills
Los Angeles, CA

Earn up to 18.0 AMA PRA Category 1 Credits™

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CEDARS-SINAI
DEPARTMENT OF PEDIATRICS



Pediatric Fundamental Critical Care Support Provider and Instructor Training

DECEMBER 15-16, 2016

CONFERENCE LOCATION

Cedars-Sinai Medical Center
The Women's Guild Simulation Center
for Advanced Clinical Skills
127 S. San Vicente Blvd., Suite A1300
Los Angeles, CA 90048

Society of
Critical Care Medicine
The Intensive Care Professionals



For the latest course information and to register, visit
cedars-sinai.edu/cme and click on CME Course Calendar.

ACTIVITY INFORMATION

COURSE DESCRIPTION AND STATEMENT OF NEED

This highly interactive two-day conference will offer presentations and practical workshops in the Cedars-Sinai state-of-the-art Women's Guild Simulation Center for Advanced Clinical Skills. The purpose of this conference is provide cutting-edge clinical information to non-intensivist practitioners to ensure clinical excellence and improve the quality of care for critically ill or injured pediatric patients prior to the arrival of a pediatric consultant or pending transfer of the patient to another facility. Engage with experts in critical care medicine to enhance critical thinking skills to ensure appropriate and safe action is taken when confronted with urgent and emergent clinical pediatric scenarios.

EDUCATIONAL OBJECTIVES

- Use evidence-based concepts and practices to prioritize assessment needs for the critically ill or injured child or infant
- Select appropriate diagnostic tests for the critically ill or injured child
- Respond quickly to significant changes in the unstable pediatric patient
- Recognize and initiate management of acute, life-threatening conditions

EDUCATIONAL OBJECTIVES (cont.)

- Determine the need for expert consultation and/or optimal methodology for pediatric patient transfer
- Develop team-building skills and improve communication through simulations and performance debriefings

ACCREDITATION STATEMENT

Cedars-Sinai Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION STATEMENT

Cedars-Sinai Medical Center designates this live activity for a maximum of 18.0 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

SCCM offers a certificate upon successful completion of this course and post-test.

NURSES

The California State Board of Registered Nursing accepts courses approved by the ACCME for Category 1 credit as meeting the continuing education requirements for license renewal.

AGENDA

THURSDAY, DEC. 15, 2016

7:30 – 8:00 A.M.	Registration and continental breakfast
8:00 – 8:30	Introduction to course
8:30 – 9:00	Assessment of the critically ill child
9:00 – 9:30	Diagnosis and management of respiratory failure
9:30 – 9:45	Break
9:45 – 10:15	Ventilator management
10:15 – 11:15	SKILL STATION I – PART 1 Airway evaluation and management Ventilation I/II
11:15 – 12:15 P.M.	SKILL STATION II – PART 2 (groups rotate)
12:15 – 1:00	Lunch
1:00 – 1:45	Pediatric shock
1:45 – 2:15	Management of child with cardiovascular disease
2:15 – 3:15	SKILL STATION III – PART 1 Cardiovascular evaluation and shock Invasive devices and complications
3:15 – 3:30	Break
3:30 – 4:30	SKILL STATION IV – PART 2 (groups rotate)
4:30 – 5:00	Summary of day 1 and lessons learned

FRIDAY, DEC. 16, 2016

7:30 – 8:00 A.M.	Sign-in and continental breakfast
8:00 – 8:45	Sedation, analgesia and pharmacologic management
8:45 – 9:30	Trauma in children
9:30 – 10:15	Post-operative management
10:15 – 10:30	Break
10:30 – 11:00	Transport of the critically ill child
11:00 – 11:45	SKILL STATION V – PART 1 Sedation and perioperative management station Transport skills station
11:45 – 12:30 P.M.	SKILL STATION VI – PART 2 (groups rotate)
12:30 – 1:15	Lunch & instructor requirements (for those interested in teaching)
1:15 – 1:45	Fluid and electrolytes
1:45 – 3:00	SKILL STATION VII Integrated skills station
3:00 – 3:15	Break
3:15 – 3:30	Recap and summary of pertinent points and concepts – lessons learned
3:30 – 5:00 P.M.	Post-test and program evaluation

REGISTRATION

ONLINE REGISTRATION: Visit www.csmc.edu/cme and click on CME Course Calendar.

MAIL FORM TO: Cedars-Sinai Medical Center
Office of Continuing Medical Education, Attn: Registration
8797 Beverly Blvd., Suite #250, Los Angeles, CA 90048

FAX FORM TO: 310-423-8596

Last Name _____ First Name _____
Degree _____ Specialty _____
Mailing Address _____ City _____ State _____ ZIP _____
Email* _____ Phone _____ Fax _____

*An email address is required to register for the conference.

REGISTRATION FEES	PHYSICIAN	NON-PHYSICIAN	RESIDENT/FELLOW
Received by Dec. 2, 2016	\$450.00	\$385.00	\$225.00
Received after Dec. 2, 2016	\$540.00	\$460.00	\$270.00
Check enclosed payable to CSMC for \$_____ Please charge my credit card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx for \$_____			
Credit Card Number _____ Exp. Date _____ CCV Code _____ Authorized Signature _____			

HOW DID YOU LEARN ABOUT THIS CME ACTIVITY?

- ☐ Brochure/Other Printed Materials ☐ Cedars-Sinai Website ☐ Email ☐ Internet Search ☐ Colleague
- ☐ Internal CSMC Communication ☐ Other _____

REFUND POLICY

All cancellations must be submitted in writing, and refunds will be subject to a \$75 administrative charge. No refunds will be given after Dec. 9, 2016.