# BEYOND BASIC
# Advanced Airway Management

## Course Description

This course, an addition to the BEYOND BASIC series, 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. Theme 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)

## 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

Dr David Brewster FANZCA, FCICM (Course Director)
Dr John Copland FANZCA
Dr John Reeves FANZCA, FCICM

**Date:**        10th & 11th November 2014
**Venue:**        Department of Intensive Care Cabrini Hospital, Malvern Melbourne
**Course Fee:**        $450.00 payable by credit card only, closing date 3rd November 2014
**Contact:**        Carolyn Scott 03 9508 1712 cscott@cabrini.com.au  or
        Dr David Brewster at dbrewster@cabrini.com.au

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## Registration Details

**Name:** ----------------------------------------------------------------------------------------------------------------

**Mailing Address:** ----------------------------------------------------------------------------------------------------

**Phone:** -------------------------------------------        **Email:** ------------------------------------------------

☐ **Visa** ☐ **Mastercard - Card Number**  ----------------------------------------------        **CVC No:** ----------        **Expiry date:** ------------

**Dietary Requirements (please specify)** -------------------------------------------------------------------------

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