

Mechanical Ventilation for the cardiac patient

Congestive heart failure is predominantly a reversible disease process, and we can often buy a patient more, good quality, time with successful interventions. Treatment revolves around improving oxygenation, decreasing venous congestion, reducing the work of the heart, and improving cardiac output; with diuretics, vasodilators, inotropes, and oxygen therapy. However, what happens when these standard therapies are not enough? This lecture will cover the implementation and the benefit of mechanical ventilation in these circumstances

Timing of emergency surgery: To cut or not to cut?

Emergency doctors are often faced with the need to facilitate emergency surgeries. Some situations are clear 'cut' and if you are lucky, the stars align at 2am, no triages come in and all hands are available and on deck to help. In reality, the timing of when to perform surgery in the midst of chaos, can be challenging. This lecture will focus on the unique challenges faced by trying to juggle the following scenarios: when to take a patient to surgery after stabilization (*how stable is stable enough?*) and when to call in a surgeon if you are at a facility where specialists are on call (*how pushy should you be?!*)

Optimal patient transfer: the transfer of patients in a variety of settings

Multi-specialty hospitals present interesting inter-departmental relations that vary from place to place. There is a great deal of attention in the current climate on interactions in the workplace, and a growing emphasis on associate well-being. Transferring patients between services or between hospitals can pose unique challenges. Negative interactions with colleagues contribute to stress. It is important to remember the primary focus and common goal is always to provide optimal patient care. This lecture will provide information on how to achieve that whilst navigating complicated workflow environments.