

Saturday, November 19, 2011

Session A Thompson Room

0830-0930

Let's Talk about Six Packs

Lena Farina, RRT

The Sepsis Six Pack that is. As the leading cause of death in Intensive Care Units world-wide Sepsis demands the attention of all health care professionals. By recognizing the signs and symptoms and understanding the management guidelines Respiratory Therapists working in the acute and critical care settings can play a role in ensuring that patients receive appropriate therapies in a timely manner. Learn about the Sepsis Six Pack and save a life.

1030-1130

Esophageal Monitoring

Liz Rohrs, RRT

There have been substantial improvements in the management and outcome of ARDS in the last 15 years. Current ARDSnet recommendations follow a rigid guideline of PEEP to FiO₂ ratio, which does not account for individual patient differences. The challenge is in determining what an optimal level of PEEP is for each individual patient. Esophageal pressure monitoring is one more tool in our arsenal of effective ventilation strategies for these patients. Royal Columbian Hospital has extensively used esophageal pressure monitoring to guide mechanical ventilation in primary and secondary ARDS patients over the past three years.

1300–1400

Principles of High Frequency Oscillation

Duane Wong, RRT

High frequency oscillation (HFO) has traditionally been described as a non-conventional approach to ventilation. This mode of ventilation is used every day in neonatal and pediatric critical care units across the world, but has been more recently studied and applied to the adult population. This presentation will review the basic theory of high frequency oscillation and apply the concepts that have been learned in the neonatal and pediatric populations to adult care. HFO is no longer “unconventional” and should be considered a standard of care provided by all intensive care units.

1400–1500

Jet Ventilation: Goose or Maverick?

Mark Zerambo, RRT

Although High Frequency Jet Ventilation (HFJV) has been around for over 20 years, it has been challenging for this technology to enter main stream use. Jet ventilation can be used as alternative to conventional ventilation not only as a rescue therapy, but as a protective lung ventilation strategy. This presentation will review basic theory and application of HFJV and tie in clinical challenges we have faced at BC Children’s & Women’s Hospital.