

# In-Booth Expo Education Sessions Booth 2920



## My PEEP is high, blood pressure low, can a PA catheter tell me where to go?

Barbara McLean MN, RN, CCNS-BC, NP-BC, CCRN, FCCM

In patients with severe lung injury, aggressive PEEP manipulation may be required to maintain oxygenation. This form of ventilation support may induce ventricular dysfunction. Clinical interventions may include volume and vasopressor support, which can worsen these harmful effects. Pulmonary catheters as a right heart diagnostic tool can support the evaluation of the critical patient. Designed around patient case studies, this course will teach you how to apply these concepts.

Learn to:

1. Predict the causes of RV-LV coupling.
2. Identify the alteration in the clinical presentation and correlate this information to the PA catheter readings and values.

## CVP and stroke volume: A partnership not to be forgotten

Barbara McLean MN, RN, CCNS-BC, NP-BC, CCRN, FCCM

While central venous pressure (CVP) may not be a volume indicator, its correlation to stroke volume can provide insight into a patient's response to fluids and inotropes and guide you to a more efficient treatment plan. Once the RA/RV can no longer accommodate increasing blood volume, due to volume overload or loss of compliance, CVP raises, veins engorge, and stroke volume will fall. This session will shine a light on why the relationship between CVP and Stroke volume should not be forgotten.

Learn to:

1. Identify the factors which affect CVP.
2. Apply the Frank-Starling model to ventricular responsiveness.

## Intentional management with goal-directed therapy and minimally-invasive hemodynamic monitoring

Richard Bengel, MS, PA-C

When using minimally-invasive hemodynamic monitoring, goal directed therapy is achievable by the bedside nurse. Acumen software offers real time parameters that enable comprehensive understanding of the patient's hemodynamic status. Preload, afterload, and contractility are no longer solely theory. These concepts can be assessed, intervened upon, and reevaluated without the delays of traditional monitoring systems to support more individualized management.

Learn to:

1. Identify three common complications in the critical care setting.
2. Through a case study, describe the application of hemodynamics in conjunction with values offered by Acumen software.

## Don't wait! Detect hemodynamic instability (Part 1)

Angela Craig MS, APN, CCNS, CCRN-K

Parameters available when using Acumen IQ arterial-line sensor offer additional insights when investigating and managing the root cause of hemodynamic instability. This session will review the value of using parameters such as cardiac output, stroke volume, HPI, dP/dt, and  $E_{a_{dyn}}$  in the assessment of the critically ill patient. Utilization will be illustrated through case studies to better understand their application.

Learn to:

1. Discuss how advanced hemodynamics can benefit decision making at the critical care bedside.
2. Utilize advanced hemodynamic parameters, through a case study approach, to treat and evaluate different patient disease states.

## Don't wait! Detect hemodynamic instability (Part 2)

Angela Craig MS, APN, CCNS, CCRN-K

Parameters made available by Acumen IQ arterial-line sensor offer additional insights when managing both escalation and de-escalation of care. Dynamic arterial elastance ( $E_{a_{dyn}}$ ) has been shown to indicate if blood pressure will increase in response to fluid administration in preload dependent patients and whether blood pressure will remain stable when weaning Norepinephrine in vasoplegic states. This session will use case studies to illustrate how to integrate this novel parameter.

Learn to:

1. Discuss how Acumen software may help determine arterial pressure responsiveness to fluid and how this can support the critical care nurse.
2. Utilize the advanced hemodynamic parameters, through a case study approach, to see how vasopressors can be de-escalated utilizing this technology.

## Hemodynamic monitoring case study corner with Kathy

Kathy Crawford MSN, RN, CCRN

Join this session to feel empowered when caring for critically ill patients with minimally-invasive hemodynamic monitoring. Continuous visibility to parameters including cardiac output, stroke volume, and stroke volume variation can provide clarity into the root cause of hemodynamic instability and strengthen conversations with your provider partners. Kathy will walk through three case studies that are sure to inspire!

Learn to:

1. Identify a clinical situation where arterial-based monitoring can aid in understanding the root cause of hemodynamic instability.
2. Describe the role of monitoring stroke volume in patients on continuous hemofiltration and dialysis.

## Tuesday, May 17

10:45AM CT

**CVP and stroke volume:**

**A partnership not to be forgotten**

Barbara McLean MN, RN, CCNS-BC, NP-BC, CCRN, FCCM

11:30AM CT

**Don't wait! Detect hemodynamic instability (Part 1)**

Angela Craig MS, APN, CCNS, CCRN-K

12:15PM CT

**Hemodynamic monitoring case study corner with Kathy**

Kathy Crawford MSN, RN, CCRN

1:00PM CT

**Intentional management with goal-directed therapy and minimally-invasive hemodynamic monitoring**

Richard Bengel MS, PA-C

1:45PM CT

**Don't wait! Detect hemodynamic instability (Part 2)**

Angela Craig MS, APN, CCNS, CCRN-K

2:30PM CT

**My PEEP is high, blood pressure low, can a PA catheter tell me where to go?**

Barbara McLean MN, RN, CCNS-BC, NP-BC, CCRN, FCCM

3:15PM CT

**Intentional management with goal-directed therapy and minimally-invasive hemodynamic monitoring**

Richard Bengel MS, PA-C

4:00PM CT

**Hemodynamic monitoring case study corner with Kathy**

Kathy Crawford MSN, RN, CCRN

## Wednesday, May 18

10:45AM CT

**Hemodynamic monitoring case study corner with Kathy**

Kathy Crawford MSN, RN, CCRN

11:30AM CT

**Don't wait! Detect hemodynamic instability (Part 1)**

Angela Craig MS, APN, CCNS, CCRN-K

12:15PM CT

**Intentional management with goal-directed therapy and minimally-invasive hemodynamic monitoring**

Richard Bengel MS, PA-C

1:00PM CT

**My PEEP is high, blood pressure low, can a PA catheter tell me where to go?**

Barbara McLean MN, RN, CCNS-BC, NP-BC, CCRN, FCCM

1:45PM CT

**Intentional management with goal-directed therapy and minimally-invasive hemodynamic monitoring**

Richard Bengel MS, PA-C

2:30PM CT

**Don't wait! Detect hemodynamic instability (Part 2)**

Angela Craig MS, APN, CCNS, CCRN-K

3:15PM CT

**CVP and stroke volume: A partnership not to be forgotten**

Barbara McLean MN, RN, CCNS-BC, NP-BC, CCRN, FCCM

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