

## CONFERENCE AGENDA

### MONDAY, SEPTEMBER 25, 2017

0700 – 0750 REGISTRATION

0800 – 0930 OPENING CEREMONIES

#### KEYNOTE SPEAKER

#### Leveraging Generational Diversity in a Healthcare setting

For the first time ever, there are five generations working side by side in our workplaces (soon to be six and seven); each with their own perspectives, experiences, and attitudes. Effectively communicating across generations can be frustrating or exhilarating. Learn skills and techniques that will help you leverage the generational diversity in your workplace so you can facilitate connections, enhance communication, increase engagement and foster collaboration across and among generations, cultures, and geographies.

*Nora Spinks*

0930 – 1015 NUTRITION BREAK and POSTER VIEWING

1015 – 1100 EDUCATIONAL SESSION 1 - FAST AND FOCUSED (45 minutes)

#### 1A Tough Decisions, Lots of Uncertainties: Moral Courage as a Strategy to Ease Moral Distress

In critical care nursing, common themes emerge: patient safety, burnout, and moral distress. How do these themes impact one another? This presentation will explore the new trend of moral courage to help inspire nursing leadership in an interdisciplinary collaborative-oriented way. Based on a review of previous studies, the concept moral courage emerged. This presentation will discuss the concept of moral courage and how it can empower nursing leadership to help nurses advocate for their patients in ethically challenging situations. The literature is divided on the utility of moral courage. Some experts feel teaching moral courage is not the way to go - where the need for moral courage subtly identifies oppressive undertones in an organization. This presentation will inspire thought as to which way we should be orienting collegial support - to empower staff to speak up for what they feel is right for their patient, or to focus on building safe, collaborative, patient and family centered teams and will discuss strategies for collegial discourse in the event conflict arises.

*Carly Lachance Hickey*

#### 1B Essential Support After Critical Illness: Paediatrics Extracorporeal Life Support (ECLS) Follow-Up Program

Advances in technological support have catalyzed the emergence of medically fragile survivors of complex critical illness. Children who have been treated with extracorporeal life support technologies (ECLS) are one such group. These patients have unique needs with potential implications for later health and wellbeing. Guidance for ongoing care is provided by the Extracorporeal Life Support Organization (ELSO). Our program is based on these recommendations and is coordinated by advanced practice nurses (Clinical Nurse Specialist and Nurse Practitioner). Specific program interventions include: [1] age appropriate audiology screening, [2] vascular imaging, [3] neurodevelopmental evaluation, [4] transition support, [5] provider education and [6] bereavement support. Program elements also include educational materials for families, outreach to local provider teams and community building networking events. The ECLS follow up program is operationalized in two clinical groups: cardiac critical care (CCC) and paediatric intensive care (PIC). Working with the child's primary provider's follow-up support has been provided locally, provincially, and internationally with the individual components tailored to the needs and context of each child and family. Every child and family exposed to ECLS therapies during hospitalization is provided this service regardless of the child's outcome. **Pre-requisite:** This session will not address the clinical management of ECLS therapies. The attending delegates would benefit from a basic understanding of ECLS therapies to enhance learning.

*Karen Dryden-Palmer and Linda Fazari*

CONFERENCE AGENDA *cont'd*

**1C On the Road Again: Improving Inter-Hospital Transfer of Critically Ill Patients**

The transfer of critically ill patients from rural hospital to larger urban hospitals is sometimes necessary. Nursing staff in a rural hospital in northern New Brunswick often hesitate to participate in inter-hospital transfers. A needs assessment was conducted through semi-structured interviews (n=8) with ICU nurses to better understand the reasons that result in nurses being reluctant to take part in inter-hospital transfers. Thematic analysis of the data revealed three major themes: scope of practice, infrastructure, and collaboration. The majority of nurses were uncertain about professional boundaries, legal limits, and specific responsibilities during inter-hospital transfers. Other small rural hospitals may be facing similar challenges. This presentation aims to share a practice improvement initiative.

*Chad Lorenzo Doucet, Tina Breckenridge, and Ann Rheaume*

**1D Subclinical Seizures: No Alternative Facts Here!**

Using a combination of media (audience polling, video, and photos) this presentation will highlight the importance of detecting and treating subclinical seizures in the critical care population. The impact of undetected subclinical seizures can be devastating. We know that continuous electroencephalogram (cEEG) monitoring improves the detection of these seizures, however, cost, availability of technicians and equipment can be a barrier to standard 10/20 cEEG monitoring. A unique alternative method of detection has been successfully used in our institution for over 10 years. In the framework of a collaborative team approach, our nurses utilize a series of eight sub-hairline leads to collect continuous brain wave data. In our discussion, we will discuss the feasibility, challenges, and successes of our unique seizure detection approach. **Pre-requisite:** Understanding of basic anatomy, physiology and seizures would enhance learning.

*Jean Morrow and Sheila Hunt*

**1E Critical Care Nurses in Community Hospitals: Moral Experiences with End-of-Life Care**

The presentation will highlight study findings of community hospital intensive care nurses' moral experiences with providing end-of-life care. Extant literature has identified that intensive care nurses perceive their role in end-of-life care to include the provision of comfort and dignity to dying patients (Fridh, Forsberg, & Bergbom, 2009). Studies have found that while intensive care nurses provide end-of-life care, their experiences are described to be challenging, gratifying and ethical (Calvin, Kite-Powell, & Hickey, 2007). Yet the extent to which these experiences have been analyzed from an explicitly moral perspective is limited. The nursing role and experience of providing end-of-life care in the intensive care unit is largely informed by studies conducted in urban hospitals. However, many community hospitals also have intensive care units, within which death and dying is a part of the clinical reality (Sarti, Fothergill-Bourbonnais, Landriault, Sutherland, & Cardinal, 2015). The purpose of the study was to explore nurses' moral experiences with end-of-life care in a community intensive care unit. Using Thorne's Interpretive Description methodology, interviews were conducted with nurses who had the experience of providing end-of-life care in the community intensive care context. Findings of the study will be discussed in terms of nurses' descriptions of end-of-life care, nurses' values and commitments, and the influence of the community intensive care setting on nurses' provision of end-of-life. **Pre-requisite:** A basic understanding of end-of-life care in the adult intensive care setting would enhance learning.

*Sandra Wong, Brandi Vanderspank-Wright, and David Kenneth Wright*

CONFERENCE AGENDA *cont'd*

**MASTERY SESSION 1 (1015 - 1215 120 minutes)**

**1M After the Golden Hour: Resuscitation and Management Challenges of Trauma Patients in Critical Care**

The admission of each multisystem trauma patient to critical care embodies a unique set of circumstances. This presentation focuses on potentially life-threatening resuscitation challenges encountered in adult polytrauma patients in critical care, and describes the essential assessment, management and evaluative strategies for nurses caring for these physiologically unstable and unpredictable patients. This session examines oxygenation, ventilation, fluid resuscitation, damage control surgery, acid-base imbalances, coagulopathies, and hemorrhagic shock. Optimal endpoints of resuscitation will be discussed, and the role of nurses in preventing complications, including Acute Respiratory Distress Syndrome (ARDS), acute kidney injury and sepsis. Interactive case scenarios challenge the audience to think critically and apply appropriate, evidence-based trauma management principles to patient situations, potentially avoiding complications and enhancing optimal patient care.

*Eugene Mondor*

**1115 - 1200 EDUCATIONAL SESSION 2 - FAST AND FOCUSED (45 minutes)**

**2A 460 Registered Nurses & Registered Respiratory Therapists, 6 Educators, 3 Weeks, and A Delegated Controlled Act: One Solution for Recertifying Critical Care Nurses**

The purpose of this presentation is to discuss the current strategy in critical care at the London Health Sciences Centre (LHSC) to recertify Registered Nurses (RNs) and Registered Respiratory Therapists (RRTs) to defibrillate, transcutaneously pace and administer emergency medications in the absence of a physician. This strategy uses small group work and high fidelity simulation in the Canadian Surgical Technologies and Advanced Robotics (CSTAR) facility. Recertification of critical care RNs & RRTs for delegated controlled acts has occurred in a number of ways in the past. In 2017, all the critical care RNs in London (approximately 370) came together with all the RRTs at LHSC (approximately 140) for a mandatory skills fair. We offered 21 4-hour sessions over 2.5 weeks. Attendance was limited to 24 staff per session. During these sessions, staff were divided into 4 "teams" and progressed through 2 sim labs (1 for bradycardic scenarios, which covered transcutaneous pacing and the administration of atropine; and 1 for defibrillation and the administration of epinephrine, amiodarone, and lidocaine). Other activities during the 4 hours involved signing staff off on mandatory competencies (e.g., enhanced personal protective equipment, infusion devices for RNs and airway management for the RRTs). Six core educators were involved in the planning. Many other individuals were involved in the execution. This was a monumental endeavor. There were many challenges, but the evaluations demonstrated that this was a positive experience for staff. As educators, we are committed to holding skills fair using this format next year.

*Cheryl Burt-Di Nino, Kendrah Krouskos, Rachelle McCready, Erin Penstone, Michelle Stephens, and Tim Winterburn*

CONFERENCE AGENDA *cont'd*

**2B Is That For Blood Pressure or Sedation? Increasing Awareness of Alpha-2 Agonists in Critical Care**

The goals for this presentation are to explain the pharmacokinetics of alpha-2 agonist receptor drugs (clonidine and dexmedetomidine) and to be able to rationalize the indication for the use of clonidine in the care of critically ill patients. The use of two alpha-2 agonist drugs is increasing in the management of critically ill patients. Clonidine is typically indicated for the management of hypertension while dexmedetomidine is administered to patients experiencing delirium. However, there are ICU instances wherein clonidine is given as an adjunct to dexmedetomidine or as a stand alone (Wang et.al, 2015) but its indication is not as an anti-hypertensive drug but for delirium management. The use of clonidine for sedative purposes asks us to rethink the function and use of this drug. It also shifts our overall understanding of alpha-2 agonists, as we see that their function cannot be fully understood in terms of their action on the receptors, particularly when compared to drugs that act on alpha-1 and beta receptors (Philipp et.al, 2002). This presentation explores the pharmacokinetics of alpha-2 agonists. Current literature will be reviewed to present a variety of ways that alpha-2 agonist drugs are used in current CC nursing practice. **Pre-requisite:** *It is beneficial for delegates to have a basic understanding of the pharmacokinetics of alpha-1 and beta receptor acting drugs to enhance learning.*

*Cecilia Baylon and Sarah Desrosiers*

**2C Exploring critical care nurses' perspectives on access to professional development and leadership opportunities**

Nurses, irrespective of their age and years of experience or role, desire opportunities for professional growth, learning and challenging work. Examples of these opportunities include being assigned high acuity critical care patients and assigned roles of preceptors, resource nurses, charge nurses, and special projects nurses. Critical care nurses' perceptions of equality in accessing professional development and leadership opportunities could positively affect nursing work life satisfaction. There is good literature evidence to support the direct connection between nursing work life satisfaction and quality of patient care and patient outcomes. Purdy, Laschinger and Finegan et al. (2010) stated that there is a direct link between nurses who felt empowered, job satisfaction and perception of overall quality of patient care. It is therefore important to explore every opportunity to improve processes which may lead to improved nursing work life satisfaction and thus potentially improved patient outcomes. After securing ethics approval, 10 critical care nurses were recruited and provided written consent. Eight participants were female and two were male. The ages ranged from 24-55+ years. A description of the data gathering, data analysis will be given. The findings comprise of five themes. The summary, conclusions and recommendations will be shared with the delegates.

*Marie Dennis, Anne-Marie Sweeney, and Adenike Awotundin*

**2D Mission Possible? Intraoperative Renal Replacement Therapy (IO-CRRT)**

The London Health Sciences Center has completed 1,997 liver transplants since 1977. As Nadim et al. (2014) noted a liver transplant is a long, complicated procedure; pre-existing renal failure can exacerbate the intraoperative complications of large fluid shifts, hemodynamic instability, electrolyte disturbances, acidosis, and coagulation abnormalities. A few transplant centers have dealt with these issues by providing renal replacement therapy during the transplant. Although there is a paucity of research in this area, Agopian et al. (2014) have concluded that IORRT reduces complications and improves outcomes. This presentation uses a case study format to discuss the rationale for CRRT in the OR as well as the many steps and challenges to providing this level of support outside the Intensive Care Unit (ICU). Henson and Carpenter (2010) have surmised that providing this complex treatment in an unfamiliar environment, while interacting with unknown staff, provides a unique challenge to the critical care nurse.

*Rachelle McCready*

CONFERENCE AGENDA *cont'd*

**2E The Intensive Care Unit (ICU) Wishing Well Project: Enhancing Person-Centered Care at the End-of-Life**

The ICU Wishing Well Project is a change initiative that aims to enhance person-centred care at the end-of-life. Working within the constraints of critical illness and the ICU setting, patients' families are invited to express their 'wishes' for the last hours of life and the dying process. The project was inspired by a research study conducted in Ontario and initiated by a bedside nurse in Vancouver General Hospital. It quickly grew to be a truly multi-disciplinary effort. This session will review the inception and implementation of the project, the evidence of the benefits to patients and families, the impact on the ICU team, planning for sustainability, as well as the barriers encountered. Examples of wishes that patients and families requested will be woven throughout the presentation. The session will conclude with an invitation for the participants to reflect on the possible first steps to implement a similar approach in their own practice setting.

*Allana LeBlanc and Frances Fothergill-Bourbonnais*

**1215 – 1345 ANNUAL GENERAL MEETING AND LUNCH**

**CANADIAN ASSOCIATION OF CRITICAL CARE NURSES**

The Annual General Meeting will be held during the luncheon period. All CACCN members and conference



**1345 – 1445 EDUCATIONAL SESSION 3 - CONCURRENT (60 minutes)**

**3A Think Fast and Act Quickly! Essential Management of Acute Stroke**

Inpatients with new onset stroke symptoms have historically at our institution, not received timely management. Floor nurses may identify changes early but have had barriers to complete the process limiting treatment options. Our organization identified the need for inpatients to have the same timely access to appropriate stroke interventions as out-patients. A partnership between ICU, inpatient units and radiology was established to better serve the acute stroke patient. This partnership involved using ICU nurses' skills to assess and facilitate the diagnostic and treatment phases of an acute stroke. ICU nurses are called after a floor nurse suspects an acute stroke, ICU nurse assesses using FAST assessment tool and if the symptoms are consistent with a stroke a code stroke is called overhead eliciting organized and systematic response. With this partnership, we have been able to dramatically decrease treatment delays.

*Pre-requisite: An understanding of 2015 AHA Guidelines for the Early Management of Patients with Acute Ischemic Stroke would enhance learning.*

*Shirley Marr and Catherine Judd-Morin*

**3B Lessons Learned: Benefits of Regional Citrate Anticoagulation for Continuous Renal Replacement Therapy (CRRT)**

Regional Citrate Anticoagulation (RCA) is increasingly becoming an attractive option for Continuous Renal Replacement Therapy (CRRT). However, even with extended filter life and reduced bleeding complications it is still not the standard of care. This session will simplify the complexity of RCA; discuss the clinical benefits and challenges of this modality. Furthermore, it is designed to provide you with the information you need to safely implement RCA into your practice. With over 15 years of experience using RCA for CRRT exclusively, we will share with you our lessons learned, advantages and complications. During this session, interactive clickers will be used to engage the audience, along with case study presentations.

*Pre-requisite: A basic knowledge of continuous renal replacement therapy (CRRT) would enhance learning.*

*Grace Walter*

CONFERENCE AGENDA *cont'd*

**3C Perspectives of Members of the Canadian Association of Critical Care Nurses on Medical Assistance in Dying (MAID)**

New legislation related to medical assistance in dying (MAID) was introduced in Canada in June of 2016. The legislation enables competent adults experiencing a grievous and irremediable medical condition, with death reasonably foreseeable, to request MAID. In the fall of 2016, as part of a broader survey of five nursing specialty organizations, we surveyed members of the Canadian Association of Critical Care Nurses (CACCN) regarding their perspectives on MAID. A total of 200 members of CACCN responded. The mean age of the nurses who responded was 45.2 years, with mean years of experience in nursing of 20.7 years and mean years of experience in their current area of practice of 14.7 years. Approximately 84% of respondents agreed with legislation in Canada allowing MAID for competent adult persons with grievous and irremediable medical conditions. Ten percent of respondents indicated they would exercise their right to conscientious objection and request to refrain from providing care when MAID is carried out. In response to an open-ended question, religious beliefs were the most commonly identified reason given for conscientious objection. In this presentation, the results of the survey will be presented, along with the implications of the results for education and practice in critical care settings.

**Pre-requisite:** *A basic understanding of the legislation related to medical assistance in dying is helpful, as is some understanding of the concept of conscientious objection as outlined in codes of ethics.*

*Marie Edwards, Carla Shapiro, and Amanda Humphries*

**3D Conversations Matter: Attitudes and Perceptions about Family Presence in the Medical-Surgical ICU**

This presentation aims to: 1) summarize results of research describing attitudes and perceptions of MSICU physicians, nurses, health disciplines and managers towards family presence at bedside rounds, and 2) describe the quality improvement initiative in implementing family presence at bedside rounds. Part 1: Research: We explored multidisciplinary bedside rounds as a venue for information sharing with families when time constraints and availability of key health care providers can limit the frequency of family meetings. We surveyed MSICU staff in a single academic hospital and found that there are significant differences among the attitudes of health care providers towards family presence at bedside rounds with nurses, especially more experienced nurses, expressing the greatest reservation. While desirable, our research indicated that the practice of family presence during bedside rounds is often met with ambivalence by ICU health care providers. Part 2: Quality Improvement: In alignment with our corporate objectives and the Registered Nurses Association of Ontario's best practice guideline on person and family centered care, we implemented change cycles to introduce family presence at bedside rounds in the MSICU. A registered nurse was dedicated to champion the quality improvement initiative. The nurse engaged the MSICU team and family members to improve tools and processes. Changing how bedside rounds are done to ensure the inclusion of patients' families as part of health care team is an intervention that upholds person and family centered care and could be an effective method to provide consistent communication to families.

**Pre-requisite:** *It is beneficial to have a basic understanding of research methodology and quality improvement concepts. An interest in patient and family centered care would enhance learning.*

*Cecilia Santiago and Brigitte Delaurier*

CONFERENCE AGENDA *cont'd*

**3E The Caring Intensively Study: Children's Psychological and Behavioural Responses Following Pediatric Intensive Care Unit (PICU) Hospitalization**

PICU hospitalization places children at increased risk of psychological problems following discharge. To better understand these problems, identify risk factors, and target areas for health promotion and intervention, we will describe the design and early findings of this CIHR funded study examining children's psychological and behavioural responses over a 3-year period post-PICU. To-date, three academic children's hospitals have enrolled children in this multi-site, mixed-methods prospective cohort study. Children's psychological and behavioural characteristics along with parent anxiety and stress were assessed using standardized measures. Interviews with selected parent-child dyads were also performed. Early findings related to cohort characteristics; length of stay, number of invasive procedures, number of medical diagnoses and co-morbidities will be shared. PICU survivor outcomes at 6-months measured with the Behavioral Symptoms Index of the BASC-2 and PICU strengths and difficulties questionnaire as well as child self-report measures of distress and perceived competence will be discussed. Identifying children who are at increased risk of behavioural and emotional problems following PICU hospitalization and understanding the clinically significant problems these children and their families face is important. The informed critical care nurse may then identify children at risk and modify supportive nursing interventions to improve child and family outcomes.

*Janet E. Rennick, Karen Dryden-Palmer, Robyn Stremler, Christine Chambers, Marsha Campbell-Yeo, Xun Zhang, Jamie Hutchison, Dale Stack, and Geoffrey Dougherty*

**MASTERY SESSION 2 (1345 - 1545 120 minutes)**

**3M Traumatic brain injury (TBI): Putting all the Pieces Together**  
(session registration is limited to a maximum of 30 participants)

Traumatic brain injury (TBI) is the most common primary diagnosis for patients who are neurologically injured within critical care. These patients require health care providers to understand the underlying pathophysiology of this disease process, as well as the skills and knowledge for effective management. Patients with TBI are cared for within many different types of units and monitoring or management approaches used within these different types of units may vary drastically. Use of standardized care protocols for TBI has assisted the critical care team to identify common goals for the treatments and interventions for different acuities of TBI injuries. Integrating data from advanced multi-modal neurological care monitoring along with protocol use have shown benefits. By sharing learnings from the use of advanced neurocritical care monitoring devices, clinicians from any critical care unit can gain a more in depth understanding for how the TBI patient is progressing. **Pre-requisite:** Cecil, S., Chen M., Callaway, S., Rowland, S., Adler, D., Chen, J. (2011). *Traumatic brain injury: Advanced multimodal neuromonitoring from theory to clinical practice. Critical Care Nurse, 31(2), 25-37.*

*Tricia Bray, Pam Hruska, and Joan Harris*

1445 - 1515

**NUTRITION BREAK and POSTER VIEWING**

CONFERENCE AGENDA *cont'd*

1515 – 1630 EDUCATIONAL SESSION 4 - CONCURRENT (75 minutes)

**4A The Ups and Downs of Fever: Where Are We at with Targeted Temperature Management in the ICU?**

Recognizing the importance of “fever states” dates back to ancient times and temperature remains a classic vital sign in modern critical care. Critical care nurses are key in monitoring temperature at the bedside, identifying potential causes of pyrexia and initiating antipyretic therapy including pharmacologic agents and active cooling therapies. Critical care research has identified specific populations, including neurological and post cardiac arrest patients which may clinically benefit from specific temperature management, while the evidence may be less clear for septic patients. This session will review current critical care literature and best practice regarding understanding physiologic mechanisms of pyrexia, contemporary temperature measurement, common etiologies and evaluation of new fever in critically ill patients, targeted temperature management for specific patient populations, fever suppression strategies including possible complications, and outcomes.

*Lesley LaPierre and Eugene Mondor*

**4B Care of the Patient with Acute Spinal Cord Injury of the Cervical Spine**

Acute spinal cord injury (ASCI) is a devastating event that changes the lives of thousands of Canadians annually. Damage to the spinal cord in the cervical region produces some degree of tetraplegia (quadriplegia) depending on the level of injury. Disability can range from complete loss of movement and breathing (C1-3) to loss of just the fine motor function in the hand (C7-T1). Recognizing the signs of ASCI and the management of immediate life and cord threatening complications are essential. This presentation will identify the categorization of spinal cord injuries and describe complete and incomplete injuries, including anterior, central and Brown-Sequard cord syndromes. Neurogenic and spinal shock, autonomic instability and autonomic dysreflexia will be examined. A systematic review of the impact of spinal cord injury on the cardiorespiratory system; bowel, bladder and sexual function; thermoregulation; venothromboembolic risk; musculoskeletal changes; pain management and psychosocial impact will be presented. Management for these spinal cord associated challenges will be discussed and strategies for acute management emphasized.

**Pre-requisite:** *Review of spinal cord anatomy and physiology would enhance learning.*

*Brenda Morgan and Kristen Abercrombie*

**4C When the Bleeding Stops: Complications of Massive Transfusions**

Life-threatening hemorrhagic shock can be encountered in among many patients in the intensive care unit. The need for massive transfusion of blood products may be required to maintain adequate circulation and hemostasis. Critical care nurses must be aware of significant complications associated with massive transfusions. Complications related to massive transfusions including hypothermia, thrombocytopenia, electrolyte abnormalities, acid base derangements, citrate toxicity, and coagulopathy will be reviewed. Strategies used to prevent and treat these complications will be discussed. The optimal ratio of blood products to be delivered will be examined. A case study will be used to help the bedside nurse apply the information from this session to practice. The purpose of this presentation is to provide information on massive transfusions to identify potential complications that may occur in patients while receiving large amounts of blood products.

*Tom Scullard*

CONFERENCE AGENDA *cont'd*

**4D Little Person in a Big Bed: Essentials of What You Need to Know**

When facing a critically ill child, competent and confident nursing action is essential. Children differ from adults physically, physiologically and psychologically; however, children requiring critical care often present first at health care facilities whose primary service is caring for adults. This creates challenges for nursing staff as they are required to act definitively, accessing skills and knowledge that are used infrequently in day-to-day practice. The immediate actions and initial interventions can have a direct impact on the child and family's outcomes. Where a child can be readily transported to a specialized paediatric facility, it is still crucial that the child is stabilized promptly and supported until the transfer occurs. This presentation will review essential differences between children and adults and discuss the impact on the assessment and management of the critically ill child. The session will include didactic learning, simulation, and role-play in small groups. **Pre-requisite:** *A healthy apprehension and/or curiosity around caring for critically ill children and their families.*

*Ruth Trinier and Karen Dryden-Palmer*

**MASTERY SESSION 3 (1515 - 1715 120 minutes)**

**4M The ABCs of Sepsis: A Framework for Understanding the Pathophysiology of Sepsis**

*(session registration is limited to a maximum of 35 participants; iPads will be used in the session)*

Sepsis is an extremely common diagnosis with an overall mortality rate of around 30% (CIHI, 2009). Sepsis manifests in increasing severity across a continuum that begins with systemic inflammatory response syndrome and progresses to septic shock and multiple organ dysfunction syndrome. All critical care nurses, across diverse communities and units, will care for patients experiencing sepsis frequently throughout their careers. However, this is a challenging task as new innovations in treatment modalities occur frequently as our understanding of this complex disorder evolves (Cawcutt & Peters, 2014). To provide quality care in the face of ever-changing treatment guidelines, it is imperative that critical care nurses have a solid understanding of the complex pathophysiology of sepsis. In this engaging, interactive presentation, a framework for simplifying, understanding, and recalling the pathophysiology of sepsis is presented. Participants will learn about the "ABCs" of sepsis pathophysiology and cellular oxygen supply and demand balance. The links between the pathophysiology and the patient's overall clinical presentation and consequent treatment will be clarified in a meaningful and memorable way using theoretical review, and interactive case studies. Participants will leave this presentation with confidence in their understanding of, and ability to manage, this complex and serious syndrome. **Pre-requisite:** *A basic understanding of shock will enhance learning.*

*El Ladha, Michelle House-Kokan and Lara Parker*

1700 – 1930

**DYNAMICS 2017 GALA EXHIBIT HALL OPENING and POSTER VIEWING**



**DIVERSITY IN THE CITY!**

Together with our **sponsors** and **exhibitors**, the Gala Reception will highlight the outstanding Dynamics 2017 poster submissions as well our partners' products and services. Plan to join us for the Gala Reception!

*This is a complimentary TICKETED event. Delegates must indicate attendance at the time of registration to receive a ticket. Tickets will not be available on-site. Light snacks and cash bar will be available.*



LIFE FROM KNOWLEDGE