Course Description
This course 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. Themes 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. Case studies and simulations will be used to illustrate situational awareness and decision-making.

This course is ANZCA and CICM approved. Participants in the ANZCA CPD Program may claim this CICO course as an emergency response activity in their CPD portfolio (ER-17-CICO-043). FCICM approved advanced airway course for trainees.

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
A/Professor David Brewster FANZCA FCICM (Course Director)
Dr John Copland FANZCA Dr Luke O’Halloran FANZCA Dr Ben Turner FANZCA FCICM
Dr Chris Bowden FANZCA A/Prof. John Reeves FANZCA FCICM
Dr Brendan Ingram FANZCA A/Prof. Vineet Sarode FCICM

Date: Monday and Tuesday, 26th & 27th November 2018
Venue: Department of Intensive Care Cabrini Hospital, Malvern Melbourne
Course Fee: $500.00 payable by credit card only, closing date 3rd October 2018
Contact: Jennie McInerney (03) 9508 3435 and JMclnerney@cabrini.com.au
A/Prof. David Brewster dbrewster@cabrini.com.au

Registration Details
Name: ..........................................................................................................................
Mailing Address: ...........................................................................................................
Phone: ................................................... Email: ..........................................................
Visa ☐ Mastercard - Card Number ........................................................................... CVC No: ...... Expiry date: ........
Dietary Requirements (please specify) ............................................................................