Critical Care Transport

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Schedule

- Introductions
- Divide into 3 groups
- Breakout

Order

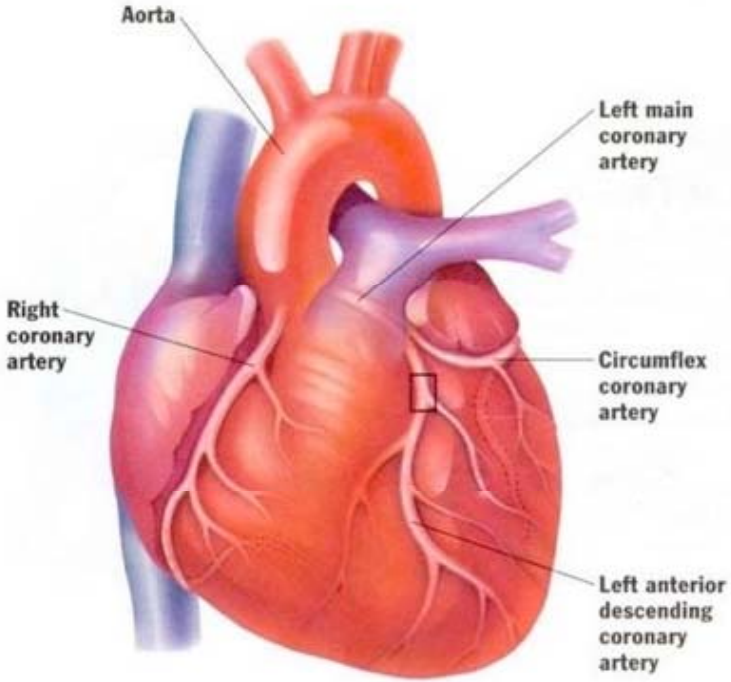
	IABP	Vent	Hot Topics
1345-1435	1	2	3
1445-1535	3	1	2
1545-1635	2	3	1
1640	Main Classroom for wrap-up and Badge Scanning		

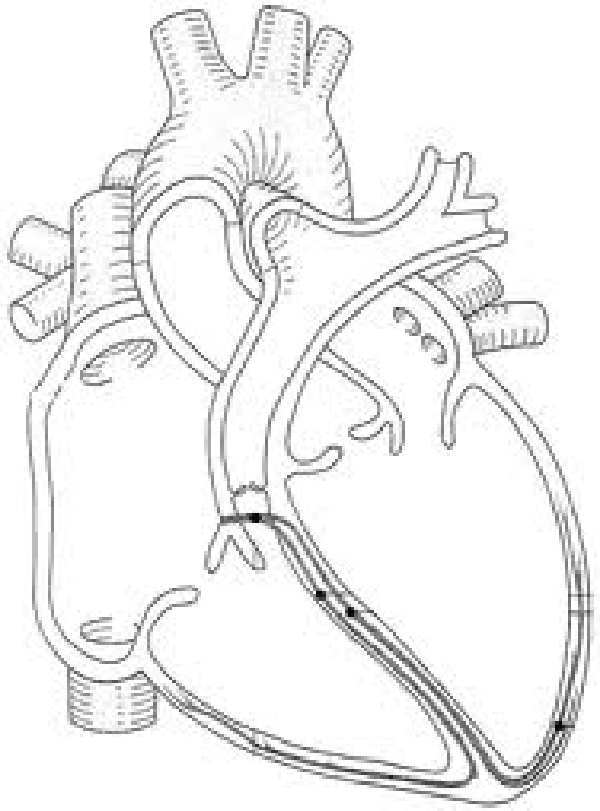
Objectives

- Overview of the generally less familiar topics encountered in the advanced certification exams
  - FP-C
  - CCP-C
  - CCEMT-P

3 hours can't substitute for the review session encouraged by the BCCTPC, but we can point you in the the right direction.

Cardiac


Aorta
Left main coronary artery
Right coronary artery
Circumflex coronary artery
Left anterior descending coronary artery



Cardiac

- Using 12-lead ECG, what understanding can we gain about an MI?

I	**aVR**	**V1**	**V4**
II	**aVL**	**V2**	**V5**
III	**aVF**	**V3**	**V6**

Cardiac

- Using 12-lead ECG, what understanding can we gain about an MI?

I	**aVR**	**V1**	**V4**
II	**aVL**	**V2**	**V5**
III	**aVF**	**V3**	**V6**

Cardiac

- Vessel of Occlusion

I	**aVR**	**V1**	**V4**
II	**aVL**	**V2**	**V5**
III	**aVF**	**V3**	**V6**

Cardiac

- Vessel of Occlusion

I - Cx	**aVR**	**V1**	**V4**
II	**aVL**	**V2**	**V5**
III	**aVF**	**V3**	**V6**

Cardiac

- Vessel of Occlusion

I - Cx	**aVR**	**V1**	**V4**
II - RCA	**aVL**	**V2**	**V5**
III - RCA	**aVF - RCA**	**V3**	**V6**

Cardiac

- Vessel of Occlusion

I - Cx	**aVR**	**V1**	**V4**
II - RCA	**aVL - Cx**	**V2**	**V5**
III - RCA	**aVF - RCA**	**V3**	**V6**

Cardiac

- Vessel of Occlusion

I - Cx	**aVR**	**V1 – LAD (high)**	**V4 - LAD**
II - RCA	**aVL - Cx**	**V2 – LAD (high)**	**V5**
III - RCA	**aVF - RCA**	**V3 - LAD**	**V6**

Cardiac

- Vessel of Occlusion

I - Cx	**aVR**	**V1 – LAD (high)**	**V4 - LAD**
II - RCA	**aVL - Cx**	**V2 – LAD (high)**	**V5 - Cx**
III - RCA	**aVF - RCA**	**V3 - LAD**	**V6 - Cx**

Cardiac

I - Cx	**aVR**	**V1 – LAD (high)**	**V4 - LAD**
II - RCA	**aVL - Cx**	**V2 – LAD (high)**	**V5 - Cx**
III - RCA	**aVF - RCA**	**V3 - LAD**	**V6 - Cx**

Left Main Coronary Artery – 85 % of blood supply to myocardium

- LAD – Supplies
  - Anterior wall of LV, Intra-ventricular Septum
- Cx – Supplies
  - Lateral and posterior LV

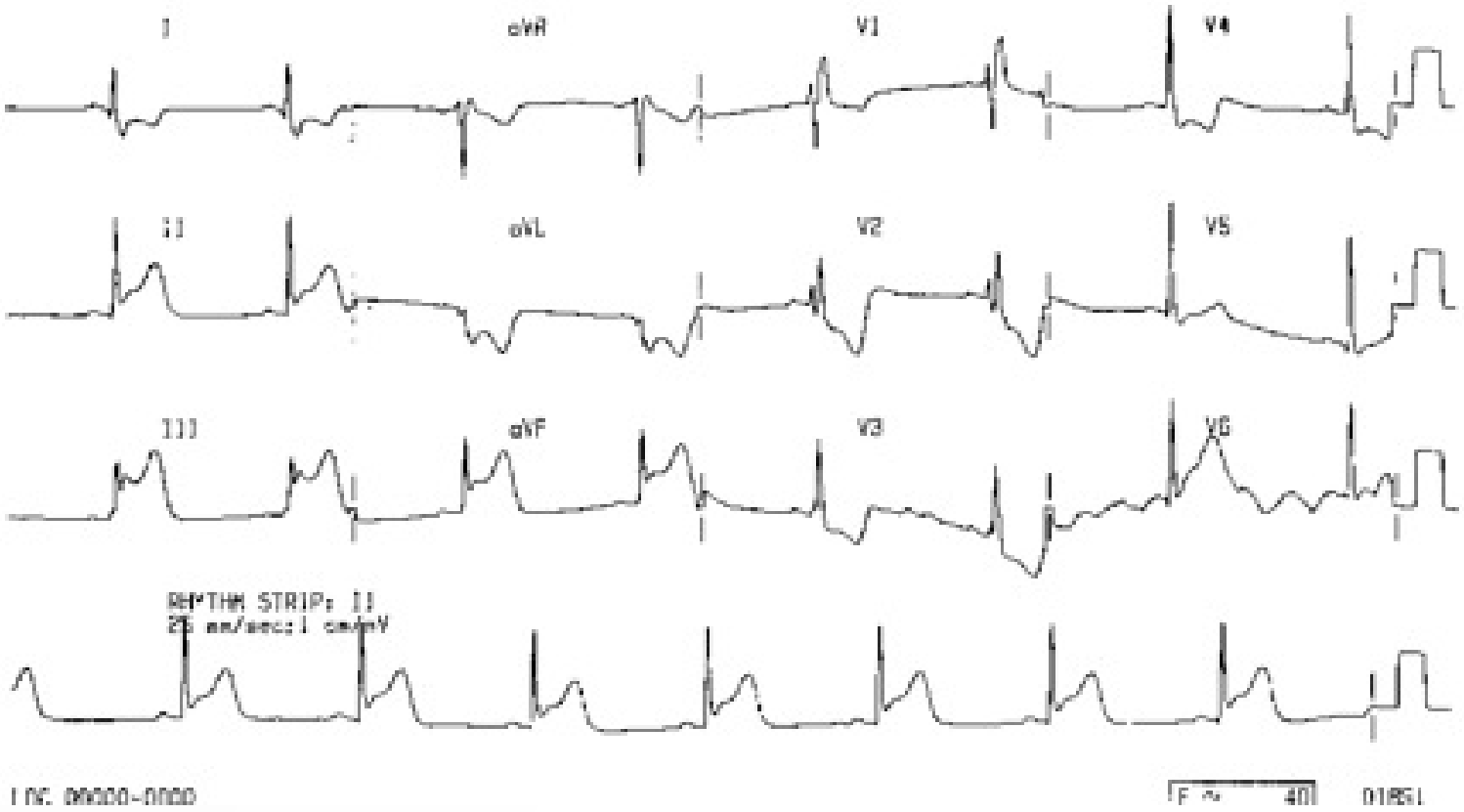
Cardiac

I - Cx	**aVR**	**V1 – LAD (high)**	**V4 - LAD**
II - RCA	**aVL - Cx**	**V2 – LAD (high)**	**V5 - Cx**
III - RCA	**aVF - RCA**	**V3 - LAD**	**V6 - Cx**

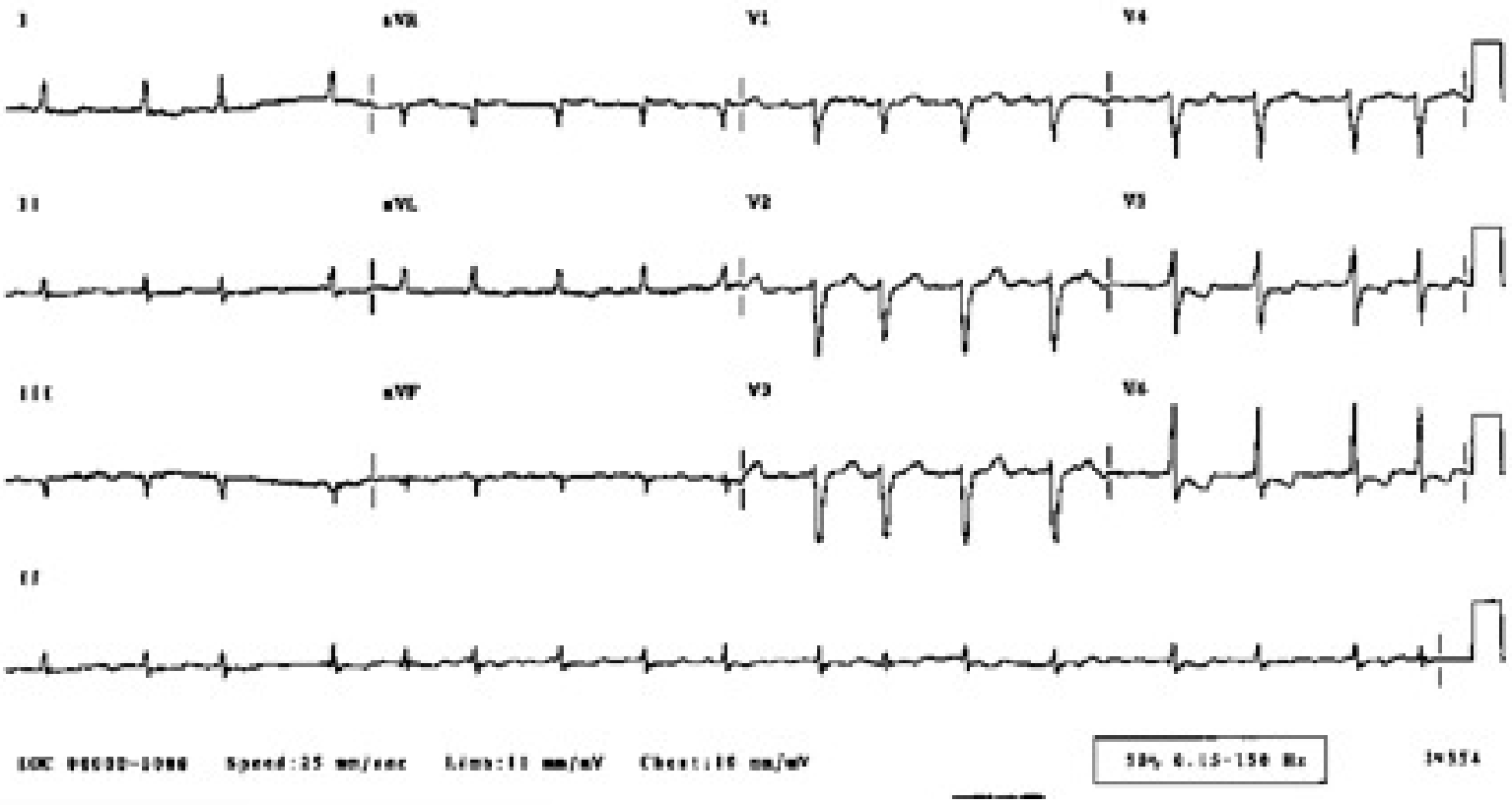
Right Coronary Artery

- Blood Supplied to:
  - most of RA & RV
  - Inferior aspect of LV (23-35%)
  - SA Node (60% of patients)
  - Posterior wall

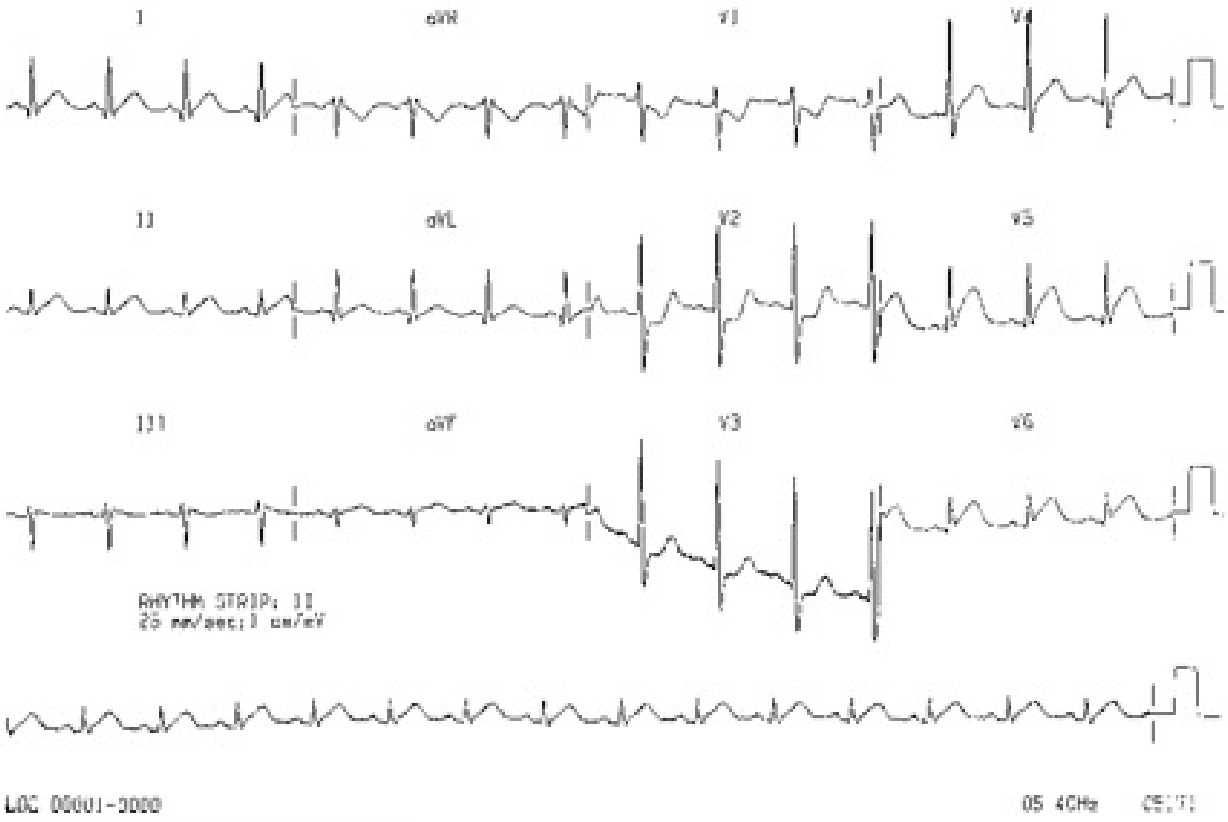
12-Leads



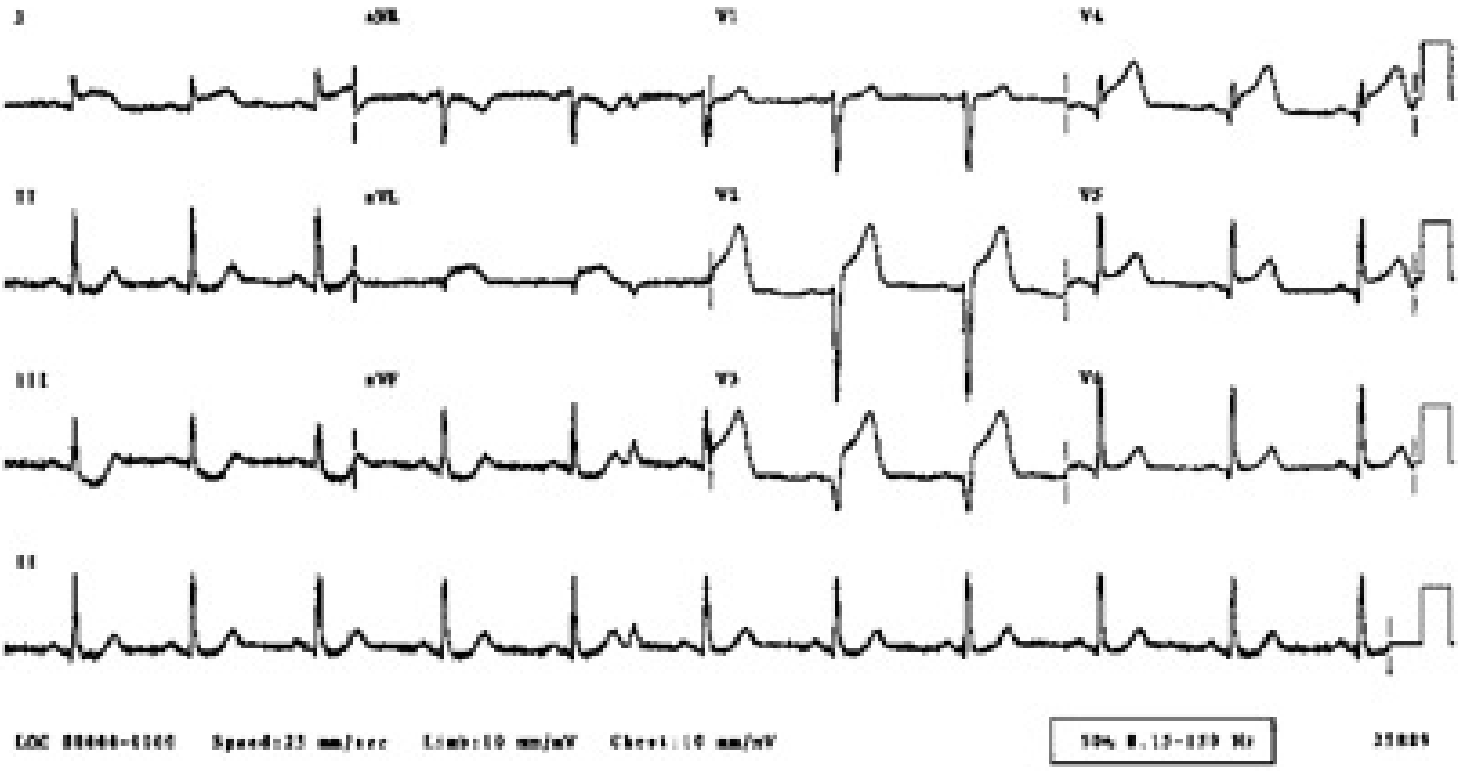
12-Leads



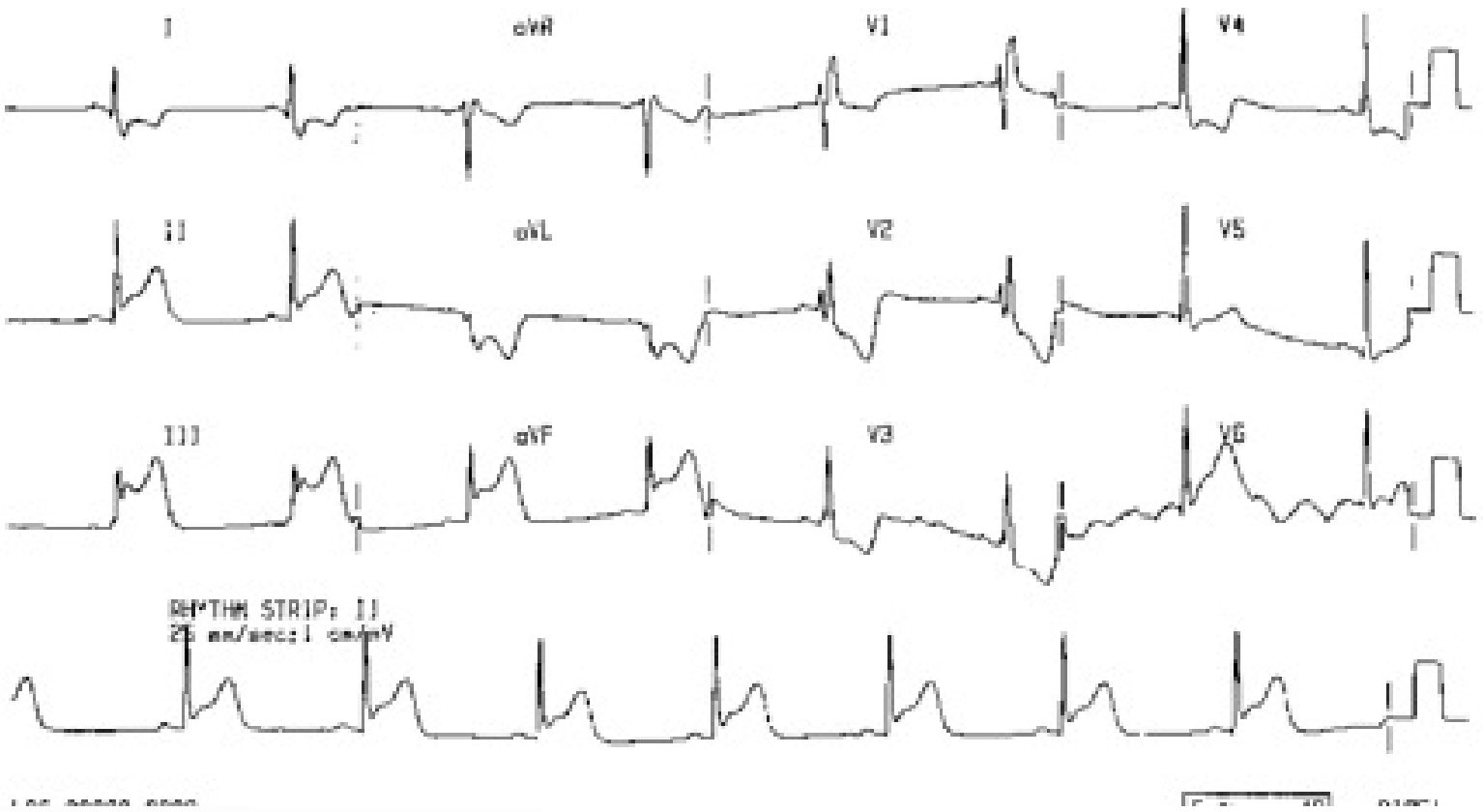
12-Leads


I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
RHYTHM STRIP: II
25 mm/sec; 1 cm/mV
LOC 00001-3000
05 40Hz

12-Leads



12-Leads



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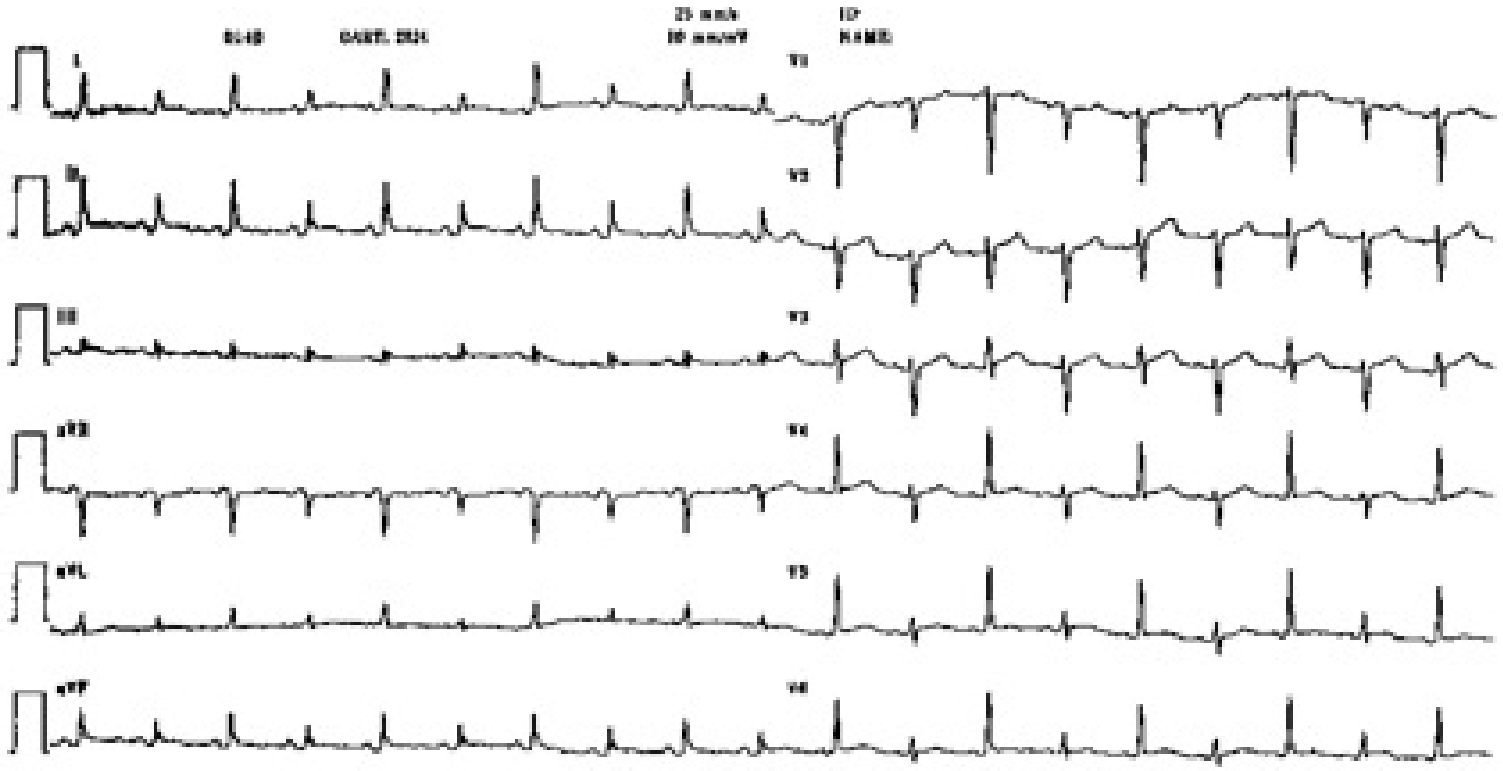

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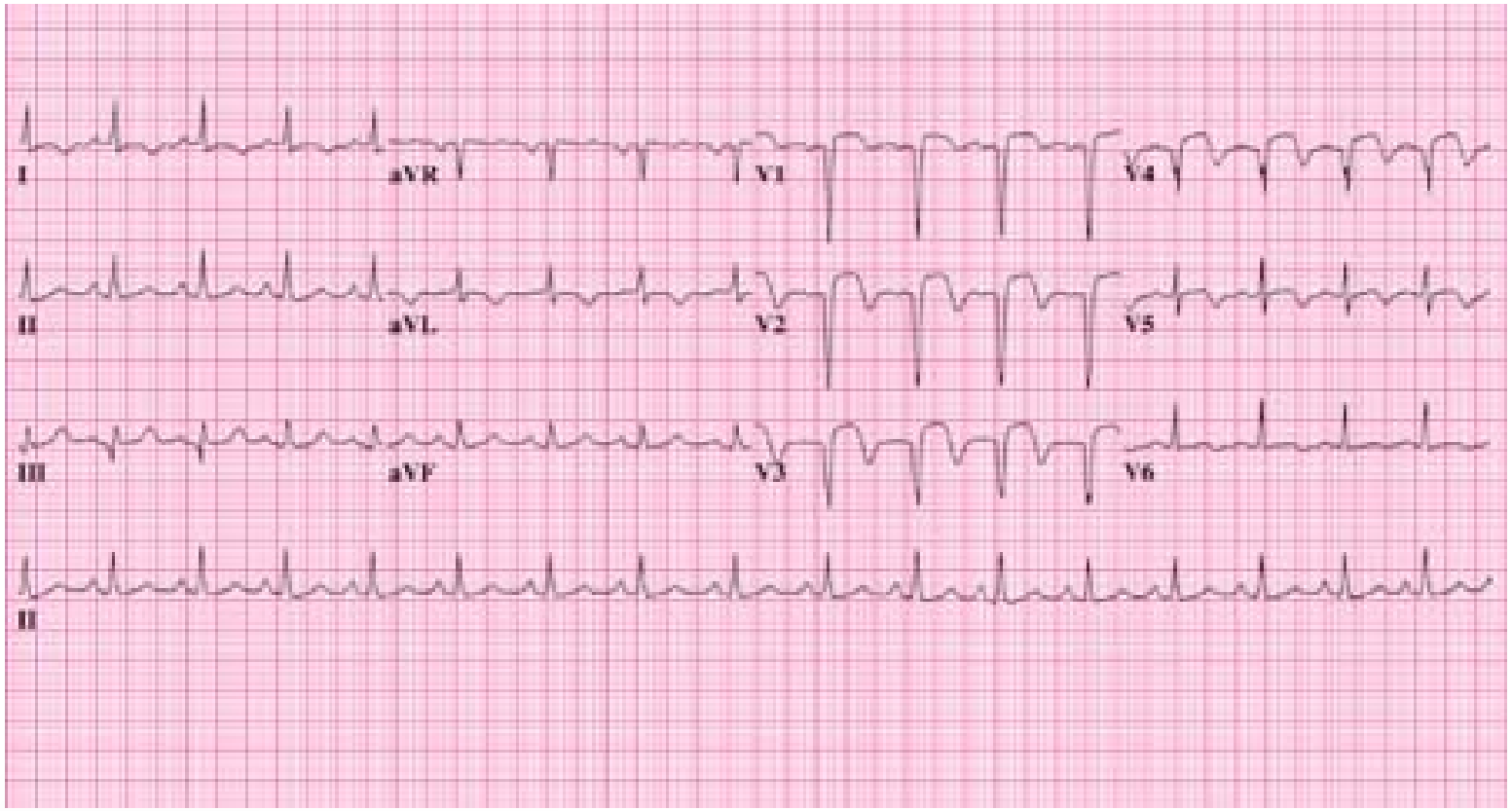

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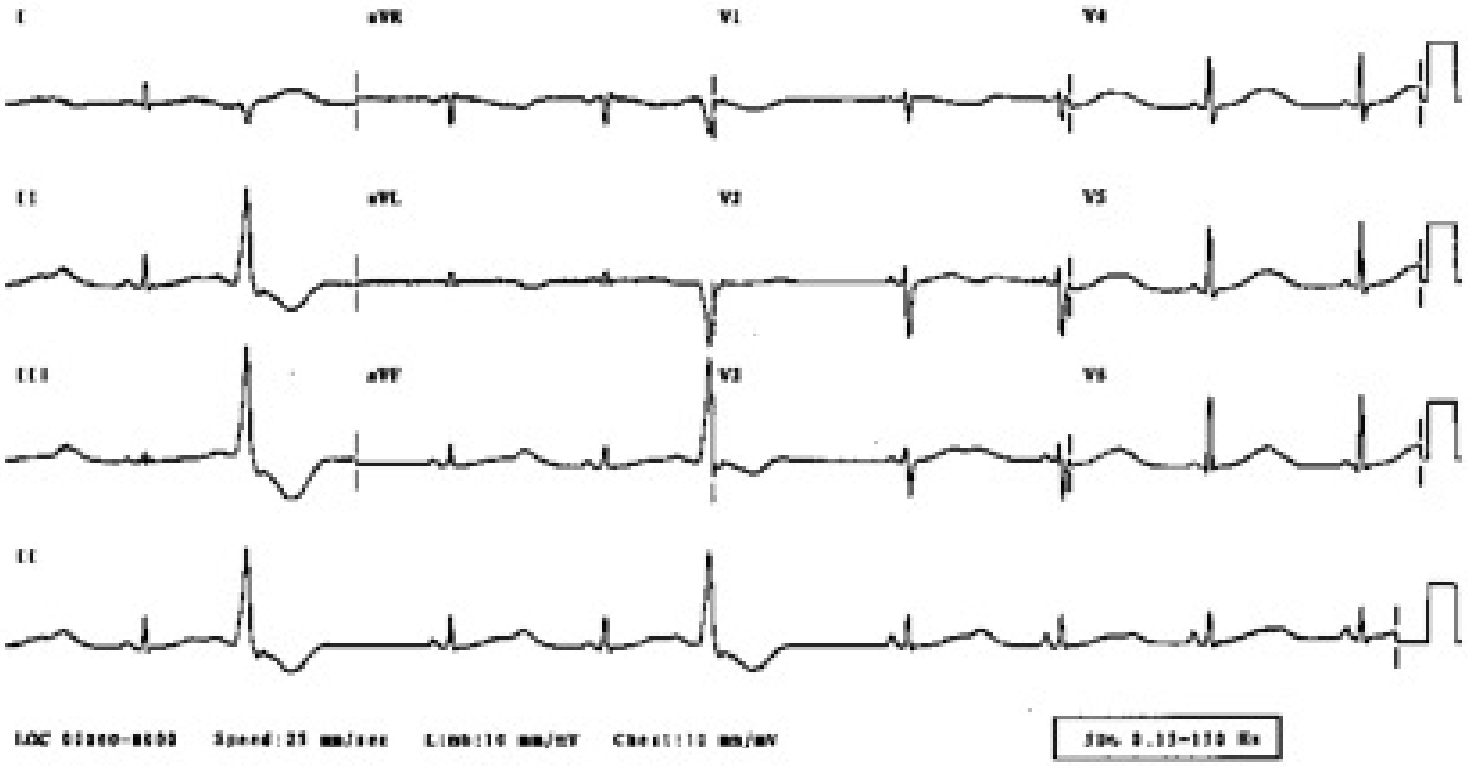

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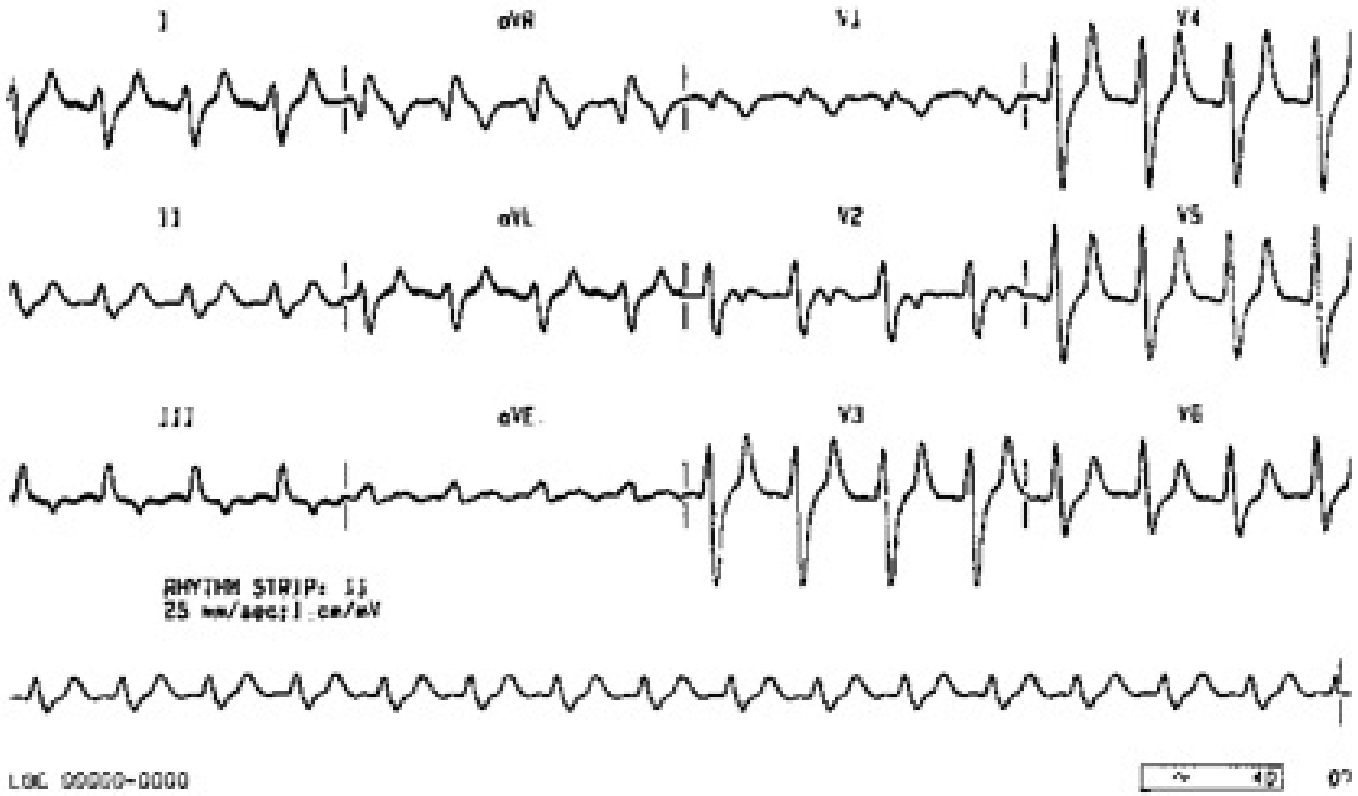
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
RHYTHM STRIP: II
25 mm/sec; 1 cm/mV
LOC 00000-0000

Scratching the Surface of Hemodynamics

- Heart is a 4 chamber pump.
  - Status of function determined by four factors

  Heart rate
  - increase if contractility goes down

  Contractility
  - disease will reduce contractility.
  - Decreased perfusion will cause vasoconstriction.

  Preload
  - diastolic event.
  - Pressure exerted against walls of the ventricles at their fullest.). LVEDV = Left Ventricular Diastolic Pressure LVEDP.
  - PCWP measures LVEDV, so PCWP = LVEDP
  - hemodynamic monitoring measures pressures by proxy measures volume.

  Afterload (SVR)
  - Resistance to overcome
  - higher the BP, the harder the heart has to work to eject blood.
  - less and less blood is ejected, which increases preload.