OUTLINE

Understanding Electrical & Mechanical Functions
Conduction System
Wavesforms
The NEED TO KNOW Arrhythmias

Hemodynamic Function
Cardiac Output
Preload
Afterload
Contractility
Heart Rate
Normal Heart Sounds
S1, S2
Abnormal Heart Sounds
Murmurs: Differentiating Systolic from Diastolic
S3/S4 Gallops
Compensatory Mechanisms
Maintaining Cardiac Output & Blood Pressure

Coronary Artery Perfusion
In Relation to: Cardiac Musculature & Conduction System
Lead Placement
5-Lead Monitoring
12-Lead, 15-Lead and Right-sided ECG

Caring for Patients with Acute Coronary Syndrome
Differentiating Between Ischemia, Injury & Infarct
A Systematic Approach for Detection on the ECG
Pharmacological Therapies
AHA Guidelines: When to Use & Why
Dual Anti-Platelet Therapy
Beta Blockers
ACE Inhibitors
Anticoagulation
Statin
Mechanism of Action

Heart Failure: Which Organs are Really Affected?
Neurohormonal Activation
Sympathetic Nervous System
Renin-Angiotensin System
Aldosterone System
Perfusion & Congestion Assessment
Differentiating Chronic from Acute HF
The Importance of Unloading the Heart
Non-Invasive Diagnostic Evaluation
Evidence-Based Treatment
What are the BUN & Creatinine Saying?

Valvular Heart Disease: Why the Left Side
Contracting Stenotic Valvular Dysfunction from Insufficiency
Physical Assessment Clues
Signs & Symptoms
Associated Murmurs

Other Cardiac Disease Pathologies
Percarditis
A Good Impactor of Myocardial Infarction
Cardiomyopathies
Contrasting Dilated from Hypertrophic

Advanced Skills in Assessment & Decision-Making
Creating a Hemodynamic Profile without a PAC
Assessing Volume Status
Jugular Vein Distention
Importance of Pulse Pressure
The Value of Heart Sounds

THE HEART IN DETAIL

1. Describe the basic electrophysiology of the heart: Electrical versus mechanical function.
2. Utilize the “Thumbs Technique” to determine the ventricular axis of the heart.
3. Review the more common cardiac arrhythmias and discuss the causes.
4. Define hemodynamic principles in the body.
5. Relate coronary artery perfusion to cardiac musculature and the conduction system.
6. Interpret ischemia, injury, and infarction patterns on a 12-lead ECG, 15-lead, and right-sided ECG.
7. Integrate new evidenced-based guidelines to treat Acute Coronary Syndrome.
8. Explain the process of valvular dysfunction and state treatments for aortic and mitral valve disease.
9. Describe heart failure and relate physical assessment findings to hemodynamic parameters in a patient with decompensated heart failure.
10. State the evidenced-based treatments to include medications and invasive procedures for chronic and acute heart failure.
11. Differentiate dilated from hypertrophic cardiomyopathy.
12. Discuss pericarditis to include causes, ECG changes and treatment modalities.

THE NEED TO KNOW Arrhythmias
Cardiac Conditions: What is Actually Happening?
The ABCs of Cardiac Medications
Heart Failure: Which Organs are Really Affected?

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The HEART IN DETAIL

Lancaster, PA
Monday, November 13, 2017
King of Prussia, PA
Tuesday, November 14, 2017
Cherry Hill, NJ
Wednesday, November 15, 2017

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THE HEART IN DETAIL

Did you ever wonder why your patient with a myocardial infarction will have dyspnea?

Or have a hard time explaining how beta-blockers work?

Or become confused about ejection fractions, let alone hemodynamics?

Or have a hard time explaining how beta-blockers work?

Twin Cities area of Minnesota. She is a nationally-recognized seminar speaker who has opened multiple national symposiums and speaks on several topics for PESI, as well as a variety of other companies in the US and Canada. In addition to her speaking engagements, Cyndi is a published author with a variety of books including Clinical Nursing Assessment Skills Pocket Guide and the MedSurg Pocket Guide. Her products include textbooks, webcasts and webinars.

Along with her MSN and BSN in nursing, she has 3 other undergraduate degrees and multiple nursing certifications. She served as a US Naval Officer for 10 years, leaving service as an LCDR (Lieutenant Commander) in 2001. Prior to nursing, she worked as a counselor with access to essential and dangerous in a facility in southern Minnesota. She returned to that facility as a Lead Psychiatric Nurse for two years after leaving the military. Additionally, Cyndi has a legal nurse consulting business and continues to serve as a testifying expert in medical-related cases. Cyndi’s teaching style is dynamic and high energy, while informal and easy to understand. You will leave her program with a renewed commitment to achieving nursing excellence in critical care.

Disclosures: Financial—Cyndi Zarabano has an employment relationship with Fairview South. She receives a speaking honorarium from PESI, Inc. Non-financial—Cyndi Zarabano has no relevant non-financial relationships to disclose.

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THE HEART IN DETAIL

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