

2022 Updates in Therapeutics®: Critical Care Pharmacy Preparatory Review and Recertification Course Learning Objectives

2022 Updates in Therapeutics®: Critical Care Pharmacy Preparatory Review and Recertification Course - Critical Care Pharmacy Evolution and Validation, Practice Standards, Training, and Professional Development, Supportive and Preventive Medicine, and Neurocritical Care

1. Describe landmark events in the evolution of critical care pharmacy as a specialty, including summarizing key published documents and evidence validating critical care pharmacy as a specialty.
2. Identify the core knowledge area for pharmacists caring for critically ill patients.
3. Summarize the findings from key studies documenting the association of critical care pharmacy services with favorable health care outcomes.
4. List the criteria for credentialing and training pharmacists who provide critical care services at the desired and optimal levels as outlined in the 2011 American College of Clinical Pharmacy (ACCP) critical care “PRN Opinion Paper,” in addition to critical care training opportunities and growth.
5. Outline the standards of practice for clinical pharmacy in the critical care practice environment including using a standard process of care.
6. Develop an approach to conducting a gap analysis relative to the principles and values of team-based care in a local critical care practice environment.
7. Differentiate between the conventional and nontraditional pathways of training to obtain knowledge, skills, and attitudes for critical care pharmacy practice, including the key features of a mentor-mentee (protege) relationship in the training of critical care pharmacists.
8. Develop an approach to lifelong professional learning to maintain competency in critical care pharmacy practice using the principles of continuing professional development, including the many educational components or techniques that can be incorporated into a personal development plan.
9. Identify the avenues and processes for contributing to the critical care body of knowledge as a presenter, author, or peer reviewer.
10. Identify the key components of intensive care medicine that can be applied to all critically ill patients.
11. Recommend therapeutic options to prevent stress-related mucosal disease.
12. Recommend therapeutic options to prevent venous thromboembolism in a critically ill patient.
13. Compare therapeutic options for patients with heparin-induced thrombocytopenia.
14. Discuss medications that can be used to comfort a critically ill patient at the end of life.
15. Identify pertinent pathophysiologic and laboratory changes that acutely occur after neurologic injuries and require therapeutic intervention.
16. Describe monitoring devices commonly used in neurocritical care patients that help develop and optimize treatment strategies.

17. Develop an evidence-based treatment strategy for neurocritical care patients that optimizes patient outcomes and reduces the risk of adverse drug effects and drug interactions.
18. Recommend a monitoring plan to assess response to therapeutic regimens and specific therapeutic goals for neurocritical care patients.
19. Reassess and develop new plans of care for neurocritical care patients according to therapeutic and adverse outcomes and progress toward therapeutic goals.

2022 Updates in Therapeutics®: Critical Care Pharmacy Preparatory Review and Recertification Course - Pharmacokinetics/Pharmacodynamics, Pulmonary Disorders I, Pulmonary Disorders II, Infectious Diseases II, Fluids, Electrolytes, Acid-Base Disorders, and Nutrition Support

1. Describe the changes in critically ill patients that alter drug absorption.
2. Explain how critical illness affects drug distribution.
3. Depict the effects of changing hepatic blood flow, intrinsic activity, and protein binding on drug metabolism.
4. Differentiate between different critically ill patient populations and the expected pharmacokinetic (PK) changes.
5. Incorporate the PK changes in a critically ill patient into the design and evaluation of an appropriate drug regimen.
6. Identify the desired pharmacodynamic variables associated with efficacy in select drugs.
7. Evaluate the role of pharmacologic management options in acute respiratory distress syndrome (ARDS).
8. Review clinical practice guidelines pertaining to ARDS.
9. Recommend an evidence-based approach for nonpharmacologic therapy in managing critically ill patients with ARDS.
10. Evaluate key variables and commonly used modes for treatment with mechanical ventilation.
11. Assess appropriateness of drug therapy for endotracheal intubation, including agents for premedication, induction, and neuromuscular blockade.
12. Design a treatment plan for a CF exacerbation.
13. Compare treatment strategies for pulmonary hypertension (PH) using the clinical classifications of PH.
14. Identify classifications and risk factors for increased severity of asthma exacerbation.
15. Outline a treatment plan for patients with acute respiratory failure caused by asthma exacerbation.
16. Recognize evidence-based treatment options for acute exacerbations of chronic obstructive pulmonary disease (COPD).
17. Compose a plan to incorporate quality metrics (e.g., prevention of catheter-associated urinary tract infections and catheter-related bloodstream infections) into pre- and postsurgical care.
18. Identify key members of, common strategies, and tools (including biomarkers and rapid diagnostic tests) used by an antimicrobial stewardship team.
19. Provide empiric antibiotic therapy recommendations for critically ill patients with community-acquired or health care-associated meningitis.

20. Evaluate therapeutic options for the treatment of multidrug-resistant pathogens in the intensive care unit (ICU).
21. Devise an optimal treatment plan for critically ill immunocompromised patients with infectious diseases.
22. Describe normal fluid requirements and identify common patient conditions that alter fluid needs and homeostasis.
23. Assess common electrolyte disorders in critically ill patients and develop an appropriate treatment plan.
24. Identify acid-base disorders, differentiate between the causative factors, and construct an appropriate treatment algorithm.
25. Specify the appropriate route (parenteral or enteral) of nutrition administration, energy and protein needs, and key micronutrients to be provided to a critically ill patient.
26. Develop an appropriate assessment of the tolerance, safety, and efficacy of an enteral or parenteral nutrition regimen.

2022 Updates in Therapeutics®: Critical Care Pharmacy Preparatory Review and Recertification Course - Toxicology, Acute Kidney Injury and Renal Replacement Therapy in the Critically Ill Patient, Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption and Neuromuscular Blockade in Adult Intensive Care Unit Patients

1. Distinguish between the common clinical toxidromes associated with acute poisonings.
2. Describe the general management of a patient with an acute overdose.
3. Determine the best options for the management of selected toxins.
4. Assess a patient with clinical acute overdose and develop a patient care plan according to current evidence.
5. Identify the adverse effects and monitoring of the patient who is poisoned.
6. Define acute kidney injury (AKI).
7. Differentiate between common categories of drug-induced kidney disease.
8. Discuss key principles of continuous renal replacement therapy (CRRT), including indications, timing, and circuit components.
9. Apply drug-dosing concepts in CRRT to estimate a sieving coefficient, saturation coefficient, and/or drug clearance on the basis of drug characteristics and device settings.
10. Develop a management strategy for the prevention and treatment of pain, agitation/sedation, and delirium, immobility, and sleep disruption (PADIS) in an intensive care unit (ICU) patient with various comorbidities.
11. Discuss relevant pharmacokinetic and pharmacodynamic considerations of PADIS medications as they pertain to disturbances in critical care physiology.
12. Identify relevant adverse effects, drug interaction, and drug withdrawal syndromes in the management of PADIS.
13. Evaluate patients in the ICU for PADIS using a validated screening tool.
14. Construct a plan for the management of delirium.
15. Identify the long-term effects of critical illness in adult ICU patients.
16. Create a management strategy for PADIS-related medications that are continued beyond ICU discharge.
17. Describe a treatment and monitoring plan for critically ill patients receiving neuromuscular blockade.

2022 Updates in Therapeutics®: Critical Care Pharmacy Preparatory Review and Recertification Course - Practice Administration and Development: Pharmacoeconomics and Safe Medication Use, Cardiovascular Critical Care I, Research Design, Biostatistics, and Literature Evaluation, Shock Syndromes I: Introduction, Vasodilatory, and Sepsis, Shock Syndromes II: Hypovolemic, Critical Bleeding, and Obstructive

1. Apply the principles of pharmacoeconomics to patient care.
2. Compare and contrast between a medication error, an adverse drug event (ADE), a preventable ADE, and an adverse drug reaction (ADR).
3. Design an ADE reporting program, including committee structure, committee reporting mechanisms, and methods of detecting, reporting, and managing ADEs.
4. Provide recommendations for improving medication use safety using the 2017 SCCM Safe Medication Use Guidelines for the intensive care unit.
5. Provide safety measures for drug interaction detection and prevention.
6. Develop and implement a drug formulary proposal.
7. Evaluate a patient's hemodynamic status to develop an appropriate pharmacotherapeutic regimen.
8. Design a treatment plan for patients with cardiogenic shock.
9. Develop treatment plans for critically ill patients with cardiovascular diseases, including, but not limited to, coronary artery disease, arrhythmias, heart failure (HF), and disease.
10. Recognize the utility and application of mechanical circulatory support and heart transplantation for patients with advanced HF and cardiogenic shock.
11. Identify factors influencing the conduct of essential critical care research.
12. Evaluate the appropriateness of various statistical tests for a set of data.
13. Apply concepts of research design and analysis to clinical care.
14. Distinguish between the various shock syndromes on the basis of a patient's clinical and hemodynamic parameters.
15. Interpret hemodynamic data from monitoring devices and markers of perfusion.
16. Devise a treatment strategy for when to use intravenous fluids and/or vasopressors in a patient with shock.
17. Develop a treatment pathway for the care of patients with sepsis or septic shock that incorporates current evidence and the Surviving Sepsis Campaign guideline recommendations.
18. Identify critical determinants affecting oxygen delivery and the physiologic response to hypovolemic and obstructive shock.
19. Evaluate resuscitation strategies and end points in the management of hypovolemic, hemorrhagic, and obstructive shock.
20. Devise a treatment strategy for pharmacotherapy adjuncts in the management of bleeding and acute coagulopathy when treating patients with hemorrhagic shock.
21. Develop a treatment pathway for the care of patients receiving anticoagulants and antiplatelet agents for a life-threatening hemorrhage or critical bleeding that incorporates current evidence and guideline recommendations.
22. Apply risk stratification to guide the effective and safe use of thrombolytic agents in the management of acute pulmonary embolism.

2022 Updates in Therapeutics®: Critical Care Pharmacy Preparatory Review and Recertification Course - Cardiovascular Critical Care II, Infectious Diseases I, Hepatic Failure/GI/Endocrine Emergencies, Practice Administration and Development: Protocol Development and Quality Improvement

1. Manage cardiac arrest from the initiation of basic life support to the use of post-cardiac arrest care.
2. List the indications and contraindications for medication administration during cardiac arrest.
3. Categorize the patient groups that should receive targeted temperature management.
4. Predict the common complications of targeted temperature management and explain how to ameliorate them.
5. Analyze the therapeutic goals and clinical indications for the medications used in hypertensive emergency.
6. Develop risk factor-based empiric antibiotic regimens for patients with suspected ventilator-associated pneumonia.
7. Identify a definitive management strategy for central line-associated bloodstream infections.
8. Describe definitive and supportive care pharmacotherapeutic interventions for patients with severe influenza.
9. Develop empiric and definitive antimicrobial therapy plans for patients with catheter-related urinary tract infection.
10. Differentiate between location of intra-abdominal infection and respective empiric antimicrobial therapy.
11. Describe the role of antibiotic therapy in patients with acute pancreatitis.
12. Develop a definitive management strategy for critically ill patients with severe *Clostridioides difficile* infection.
13. Recommend empiric and definitive antibiotic therapy for patients with severe postoperative wound infection.
14. Describe the role of pharmacotherapy in the management of severe cutaneous reactions.
15. Identify a disease-specific and supportive care management plan for critically ill patients with novel severe acute respiratory syndrome coronavirus 2.
16. Define acute liver failure (ALF), and develop a treatment strategy to help manage and reduce the complications associated with ALF.
17. Evaluate the severity of an episode of acute pancreatitis, and construct a plan for pharmacologic, nutritional, and surgical management.
18. Identify risk factors and treatment options for gastrointestinal fistulas, postoperative ileus, and postoperative nausea and vomiting.
19. Design a treatment plan for patients who present with an acute upper gastrointestinal bleed.
20. Differentiate between the main endocrine emergencies in the intensive care unit and be able to design a therapeutic regimen for a patient presenting with each condition.
21. Determine the steps involved in the development of a guideline and/or policy.
22. Demonstrate how to perform a medication use evaluation (MUE) and list high-risk medications and medication-related processes that are suited for a MUE.

23. Describe different quality improvement tools and identify opportunities to optimize outcomes in a critically ill patient population.
24. Identify processes or quality improvement initiatives that would benefit from a gap analysis.
25. Explain types of pharmacotherapeutic interventions and documentation processes and justify the value of clinical pharmacy services.