

## **CCSAP 2018 Book 1 (Medical Issues in the ICU)**

**Total Available Hours:** 15.0

**BCCCP test deadline:** 11:59 p.m. (Central) on May 15, 2018.

**ACPE test deadline:** 11:59 p.m. (Central) on January 14, 2021.

### **Medical Issues in the ICU I (Module 1) – Credit Hours: 4.5**

#### **Chapter: Hypertensive Emergencies**

##### **Learning Objectives**

1. Evaluate the hemodynamic disturbances in hypertensive crisis and classify its presentation.
2. Evaluate the therapeutic goals for general hypertensive emergency and exceptions to the general principles (compelling conditions).
3. Assess the potential of using blood pressure variability as a therapeutic goal and monitoring value.
4. Design optimal pharmacotherapy for the patient with hypertensive emergency.

#### **Chapter: Acute GI Bleeding**

##### **Learning Objectives**

1. Differentiate between the common causes of an acute GI bleed (GIB) in the critically ill population.
2. Evaluate the signs and symptoms of an acute GIB, and apply a risk stratification method for patient triage.
3. Design nonpharmacologic and pharmacologic management options for a GIB.
4. Analyze the risk-benefit of reinitiating anticoagulation or antiplatelet therapy in a patient treated for a GIB.

### **Medical Issues in the ICU II (Module 2) – Credit Hours: 5.5**

#### **Chapter: Anaphylaxis, Allergies, Angioedema, and Acute CNS Disorders**

##### **Learning Objectives**

1. Detect anaphylactoid reactions and design pharmacotherapy for the patient with anaphylaxis.
2. Analyze angioedema etiologies and develop a treatment plan for each type.
3. Distinguish types of drug allergies according to the Gell-Coombs classification.
4. Evaluate the role of the drug provocation test and skin testing in  $\beta$ -lactam allergy.
5. Justify medication reconciliation to prevent and detect adverse reactions.
6. Design pharmacotherapy and monitoring plans and recognize triggers for CNS syndromes in critical care, including malignant hyperthermia, neuroleptic malignant syndrome, and serotonin syndrome.

## **Chapter: Endocrine Emergencies**

### **Learning Objectives**

1. Justify pharmacotherapeutic interventions for endocrine abnormalities commonly encountered in critically ill patients.
2. Distinguish the signs and symptoms of emergency arginine vasopressin disorders and design optimal pharmacotherapy.
3. Demonstrate appropriate assessment and management of adrenal crisis, pheochromocytoma, and glycemic emergencies.
4. Evaluate thyroid and parathyroid disorders in critically ill patients and design appropriate pharmacotherapy.

## **Medical Issues in the ICU III (Module 3) – Credit Hours: 5.0**

### **Chapter: Patients with Immunocompromise in the ICU**

#### **Learning Objectives**

1. Evaluate risk factors for persistent inflammation/immunosuppression and catabolism syndrome in critically ill patients.
2. Design empiric antimicrobial therapy to manage neutropenic fever in patients with immunocompromise, identifying those who may benefit from granulocyte-macrophage colony-stimulating factor treatment.
3. Monitor for metabolic, electrolyte, and tumor-related abnormalities and their complications in critically ill patients with immunocompromise.
4. Design pharmacotherapy for the patient with HIV infection who is admitted to the ICU with an infectious pathogen or complication of critical illness.
5. Evaluate and develop treatments for the most common infectious and noninfectious complications after solid organ or hematopoietic stem cell transplantation.

### **Chapter: End-of-Life Care in the ICU**

#### **Learning Objectives**

1. Evaluate expert recommendations and consensus and policy statements regarding continuing, withdrawing, and initiating pharmacotherapy for ICU patients at end-of-life (EOL).
2. Evaluate the effect of withdrawing medications on the health and quality of life of the critically ill patient at EOL.
3. Distinguish the place in therapy for alternative dosage forms and artificial nutrition and hydration for the terminally ill ICU patient.
4. Design optimal management of new and progressive pain and non-pain symptoms for ICU patients at EOL.