

Hong Kong Association of Critical Care Nurses Limited (HKACCN Ltd)

Vol. 11, No. 1, April 2010

President's Message

LEUNG Fung Yee
President
HKACCN



Dear Members,

Healthcare systems around the world are creaking under the strain of rising demands. In the US, President Obama has just signed the health reform legislation into law, remarked by the 219-to-212 vote. It is meant to expand health coverage to all Americans and making the healthcare system sustainable. What will be the healthcare reform on our side of the Pacific? We are living in a time of transformation!

In Hong Kong, more immediate now is devising the annual plan in this fiscal year. The good news about 2010 is that the world is recovering from recession, as claimed by optimists. The government's budget (2010-11) for healthcare has been increased; which assures that additional funding will be provided to the Hospital Authority, partly to strengthen the training of nurses to meet service growth and development needs. We can at least begin to focus on the strategies for future growth rather than fire-fighting tactics for short-term survival.

Nursing manpower shortage is expected to becloud us for a couple of years more. The hard slog is still ahead. To ensure that a consistently high standard of care is provided to the critically ill, a paradigm shift in critical care is suggested. This involves a more integrated and hospital-wide approach to critical care services that extends beyond the physical boundaries of intensive care units, adoption of evidence-based protocols and care bundles, care process re-engineering, and an infrastructure of clinical information technology which supports excellent performance (Department of Health, UK, 2000).

The success of a paradigm shift requires creation of an appropriate healthcare environment. The International Council of Nurses (ICN, 2007) has called for *Positive Practice Environments (PPE)* to improve the quality of health services while attracting and retaining nurses. The beneficial eff-

ects of such environments on health service delivery, health worker performance, patient outcomes and innovation are well documented.

We, critical care nurses, are now in the cornerstone to shape our strategies for 2010 and beyond. Our care process must be seriously re-thought and re-orientated in order to climb higher along the quality gradient and ensure hundred-percent safety to patients under our care. We strongly support regulating the standards of advanced nursing practice and developing specialization of nursing to protect the public. HKACCN is a member of the Hong Kong Academy of Nursing Preparatory Committee. It is in the process of getting the groundwork for the formation of the Academy College of Critical Care for such purpose.

To support specialty training and enhance the competencies of critical care nurses, we have newly developed a *Critical Care Skill Enhancement Workshop* (a brand new *Simulation Training Programme* jointly organized with the Laerdal China Ltd.) to strengthen critical care nurses in clinical management and patient safety. On 27-29 August 2010, we will jointly host the 4th International Infection Control Conference with the Hong Kong Infection Control Nurses Association and other associations. Talks on modernizing critical care unit in infection prevention and sharing on nursing management of critically ill Human Swine Influenza (HSI) patients will be organized. In October 2010, I shall join the 7th Congress of the World Federation of Critical Care Nurses in Manila, Philippines. I whole-heartedly invite all of you to join these meaningful activities to broaden our exposure and share our vision with friends in critical care all over the world.

We all entered the field of critical care nursing to make a difference in the lives of others, to do meaningful work rich with significance, and to be respected as a professional nurse. We have a role in influencing how the critically ill are cared for and how nursing is practiced. It is high time to articulate our expectations into today's challenges. I earnestly urge all our members to engage in the transformation and specialization. As proud critical care nurses, we are "the soul of HKACCN"!

Reference

Department of Health, UK (2000). The nursing contribution to the provision of comprehensive critical care for adults: A strategic programme of action. London: Department of Health.

International Council of Nurses (2007). Positive practice environments: Quality workplaces = Quality patient care. Geneva, Switzerland: International Council of Nurses.

Message from the Editor

CHIANG Chung Lim Vico
Chief Editor
HKACCN

First step or the still of nothing?

Stuart (1981) argued that it was more useful to ask how professionalized an occupation was, than whether it was a profession. Traditionally the attributes that define a profession exclusively refer to monopoly of the established professions but there are other occupations, like nursing, which possess in varying degrees of professionalization in the continuum. Since the last few decades, nurses in Hong Kong have struck and contributed to professionalizing the nursing discipline. We are now in a turning point to achieve more of this ultimate goal, under the global trend of advanced nursing practice and through the development and establishment of the Hong Kong Academy of Nursing (HKAN).

Why do we need to be fully professionalized and accredited for our specialized nursing knowledge and skills? The key answer is loud and clear that professionalization and specialization of nurses will assure the best quality of nursing services providing to the citizens of Hong Kong. For instance, one of the attributes that defines what is a profession is the higher and longer education the practitioners in that profession received (Schwirian, 1998). And we know that in the surgical setting baccalaureate nurses (more educated) demonstrated an association of their care with lower mortality of patients (Aiken, Clarke, Cheung, Sloane & Silber, 2003). Therefore, we trust that nurse specialists who obtained higher post-graduate and accredited qualifications will assure better care of the patients. And the HKAN and fore coming college of critical care nursing will play the key roles to assure such accreditation.

With the progressing development of a common accreditation system and jurisdiction by the HKAN for specialized nursing qualifications, nursing is moving closer to the full status as a profession. Many nurses may be skeptical about this current progress due to the concern of lacking full recognition by the employers to the accreditation of nursing specialties, and the shortage of a clear career structure provided by the employers for such accredited qualifications. Furthermore, private specialized nursing practice is still a long way to go. Would the accredited nurse specialists be guaranteed by their employers the advanced positions that match with their higher qualifications and skills? Or why we need such qualifications? These concerns are valid at this point of time but very narrow ones. For we know that,

The distance is nothing; it is only the first

step that is difficult.

Madame Marie du Deffand

Are we yet really making the first step the most difficult and hence we halt at the turning point? And that if we did not move forward with our first step then, torpidity of our professional development would remain as the perpetual reality for us. Are we happy to be a "profession" only in the terrains of social constructivism and theoretical definition, or we hold strongly our fate in our own hands as a practical profession should behave? It is now the time for us to work actively in collaboratively organizing and recognizing our profession with our specialized knowledge and skills, by and for ourselves, not others. And our achievement of the goal lies with our first common step to move ahead altogether. Are you ready?

Reference

Aiken, L. H., Clarke, S. P., Cheung, R. B., Sloane, D., & Silber, J. H. (2003). Educational levels of hospital nurses and surgical patient mortality. *JAMA*, 290(12), 1617-1623.

Schwirian, P. M. (1998). *Professionalization of nursing: Current issues and trends* (3rd ed.). Philadelphia: Lippincott.

Stuart, G. W. (1981) How professionalized is nursing? *Journal of Nursing Scholarship*, 13(1), 18-23.

The Annual Scientific Meeting 2009 (ASM 2009)

WONG Esther

Co-chairperson, ASM (2009)

Honorary President, and Chairperson,
Administrative Committee, HKACCN

The Annual Scientific Meeting 2009 (ASM 2009) was the second joint venture of our association and the Hong Kong Society of Critical Care Medicine since 2005. It was successfully held on 17 and 18 October 2009 at the Hospital Authority Building.

The earthquake in Sichuan rang the bell that critical care nurses have to learn more about disaster nursing. With the topic "The Changing Face of an Old Trade: Challenges of ICU", the conference focuses more sharply than ever before on Disaster and Crisis Management in ICU; toxicology in ICU; critical care ultrasonography and critical thinking of ICU nurses, reflecting our heightened commitments in these areas. I am sure those who participated in the ASM 2009 would share my views.

In terms of nurse speakers on 18 October 2009, the conference day, we had Professor Samantha PANG, Director of WHO Centre in Hong Kong to talk about the "Developing disaster nursing competencies for safer & resilient communities" and Ms Sylvia FUNG, Chief Manager (Nursing) / Chief Nursing Executive of Hospital Authority to share her views about how critical care nurses would be

shaped. The topics were very well received.

What are expected of critical care nurses are ever increasing. To meet the challenges ahead, critical care nurses need to possess critical thinking ability. The pre-conference workshop on 17 October 2009, entitled **Critical Thinking and Crisis Management for Airway and Ventilation** aimed to cultivate critical thinking. It was meticulously planned by the Professional Development Committee and Dr Teresa Li. It came in three sub-workshop-stations, namely 1) application of critical thinking to nursing assessment, 2) crisis management for airways; and 3) scenario-based ventilator management. I believe better practice ensures effective outcomes. The delivery of the three workshops was worth mentioning:

1. Critical Thinking in Emergency Ventilator Management

CHAU Lai Sheung (ICU/TMH)

WONG Ruby (MV/QEH)

YU Shun Man (Sch/QEH)

Critical thinking can help acquiring new knowledge, improving application of theories, and strengthening arguments. Nurses can learn to apply critical thinking in the emergency ventilator management through the scenarios-based learning approach. It was our honor to be the trainer in the workstation and I thoroughly enjoyed the experience.

a) The Satisfaction - The workstation was about emergency ventilatory situations. The participants responded promptly and they co-ordinated well as a team in the scenario with a patient in respiratory distress. We were totally impressed by their performance and feedback. Besides, we interacted a lot with the participants and we felt the great passion of them. We trust that what we discussed in the workstation will be useful in the future.

b) Learning from the Challenges - One of the goals of the workstation was to encourage the application of critical thinking. In the workplace, some patients are treated by nurses' "conditioned reflexes". For example, when patients became respiratory distressful, an oxygen mask was automatically given without assessing the underlying causes. They will never recover by this short term solution merely attempting to maintain the SpO₂ level. Other nursing management should also be considered. As critical nurses, we should be able to integrate the patient information with critical thinking and determine the possible causes and solve the problems accordingly. "Conditioned reflex" is an inertial habit which is not easy to change. It was rather challenging to prepare the course materials which could encourage the participants to apply critical thinking and avoid using conditioned reflexes.

c) Get Along with Colleagues - As there were a lot of interactions with the other trainers during the

workshop, we had a great time together. We also learnt from them their expert knowledge and training skills. All in all, I feel satisfied because we Shared knowledge and experienced in the workstation as a team. In order to achieve the goal of the workstation, we overcame challenges in preparing training materials. More importantly, we had the opportunity to add value to my experiences with the participants and working with them as our enthusiastic partners.

2. Crisis Management for Airways

LAI Peter (ICU/QMH)

MAK Wai Ling (ICU/YCH & PMH)

This workstation aimed to provide the participants updated information related to airway management, and to refine skills of the participants in intubation and various airway control techniques. The workstation began with an introduction of the concept of airway assessment and the management of difficult airway. It was followed by three interactive skill practice sub-stations, which provided a platform for exchange of experiences between the participants and instructors. Equipments employed in difficult airway management were also discussed, e.g. Combitube, airway exchange catheter, video laryngoscope, cricothyrotomy set and different types of laryngeal Mask Airway (LMA). The practice was especially useful for those who had limited access to the latest airway management tools in daily practice. With the guidance from experienced trainers, all participants were given chances to practice on the manikins what they had learnt. The stations were conducted smoothly and responses from the participants were positive.



Mr Peter Lai (far right) was explaining advanced airway instruments in the Airway Workstation

3. Scenario-based Ventilator Management (The Advanced Ventilator Modes Workstation)

CHAN David (CNP/HAHO)

CHENG Johnson (ICU/QMH)

One of the three workstations in this critical care nursing pre-workshop discussed the advanced ventilator modes. Mechanical ventilation is a co-

commonly used technology in ICU. Critical care nurses need to operate the ventilators everyday to ensure that their patients can be ventilated safely and effectively. With the advances in technology, ventilator experts and engineers have developed various new ventilator modes, namely the "advanced ventilator modes". Better understanding of these new types of ventilator modes enhances ICU nurses to better manage the care of their critically ill patients. All the participants treasured the sharing in this station. The following content summarizes the essence of different advanced ventilator modes.

1) Auto-modes (Servo)

Auto-mode is a design that allows patients to breathe between a Control Mode & an Assisted Mode. It is usually used for post-operative patients who are waking up slowly from the anaesthesia. Three coupling modes, 1) VCV \rightarrow VS; 2) PRVC \rightarrow VS; and 3) PCV \rightarrow PS are available.

2) Adaptive Support Ventilation Mode – ASV Mode (Hamilton-Galileo)

Adaptive Support Ventilation (ASV) is a positive pressure mode which is controlled with a closed-loop. In this mode, the frequency and tidal volume of breaths of a patient on the ventilator are automatically adjusted based on the patient's requirements. The lung mechanics data are used to adjust the depth and rate of breaths to minimize the patient's work of breathing (The machine auto-regulates V_t & RR). In the ASV mode, every breath is synchronized with patient effort if such an effort exists. Otherwise, full mechanical ventilation is provided to the patient. When the MV% drops to a desired level, weaning can be done.

3) Pressure Regulated Volume Control – PRVC (Servo)

This is a pressure control mode with a guaranteed tidal volume. The required settings are: RR, T_i , and Target Volume. Patients who cannot tolerate volume control mode, and/or patients who show a high peak airway pressure while on the volume control mode due to a decrease in lung compliance can benefit from this mode. The advantages of this mode are that lungs are protected from barotraumas while receiving an adequate tidal volume. The drawback is that triggered breaths are not allowed in this mode.

4) Volume Support – VS (Servo)

The VS is a Pressure Support mode with a guaranteed tidal volume. The required settings are the trigger and target volume. It is usually used as a weaning mode for injured lungs. The advantages are comfort, and all the breaths are determined by patients. However, patients need ventilation backup if apnoea occurs.

5) SIMV (VC) + Auto-flow (Draeger)

The patient is normally on VC while assisted with the SIMV mode. With the Auto-flow function, the

ventilator will change its constant flow into a decelerating flow, so as to prevent lung injury. It is somewhat like a PRVC mode.

6) Bi-level Positive Airway Pressure Mode – BIPAP (Servo, Draeger, PB840)

It is a modified pressure control mode with an inverted ratio. It allows patients to trigger at any time, while the pressure support is also allowed. It is used for patients with restrictive lung diseases or injured lungs (e.g. ARDS). The advantages include better synchronization and less sedation, but the tidal volumes vary.

7) Airway Pressure Release Ventilation Mode – APRV (Draeger, PB840)

In this pressure mode, it is somewhat like a high-CPAP spontaneous breathing mode, with intermittent lowering of PEEP pressure to reducing the cardiovascular effects related to the high PEEP, and for better removal of CO_2 . It is used for patients with restrictive lung diseases or injured lungs (e.g. ARDS). The advantages are better synchronization and less sedation but the drawback is varying tidal volumes

8) NAVA (Servo-i)

By insertion of a nasogastric tube with a sensor into the stomach, the system can early detect the diaphragmatic signals, which will then send to the ventilator directly. Synchronized assisted breaths will then more efficiently delivered to the patient. It is good for weaning the patients with COPD.



Mr David Chan and Mr Johnson Cheng (first and third persons in the left of front row) with HKACCN trainers and all the participants in the Advanced Ventilator Modes Workstation

Reference

Available upon request to the editor.

Best Paper Presentation Award – ASM 2009

*Make a Start, Make a Difference –
Uplifting the Nursing Standard by
Establishing a Nursing Journal
Club*

Introduction

Evidence-based nursing practice is gaining popularity in recent years. To improve the quality of nursing care and to promote evidence-based nursing practice, formation of a nursing journal club can be an excellent strategy to accomplish these goals (St. Pierre, 2005). The nursing journal club of PMH & YCH has started to function since July 2007 to provide a platform for nurses to appraise and review latest literatures.

Make a start

Nursing journal club is not a kind of new activity, but it is not commonly being formed in HK ICUs due to various difficulties. As PMH & YCH ICU has integrated since 2006 and this becomes a good opportunity to start the journal club as a joint educational function for the staff in two ICUs. We have an advantage for the establishment of this activity as we can promote experience sharing among the two hospitals and the workload for the preparation can also be shared. The objectives of the journal club are identified as:

to encourage nurses to familiarize themselves with advanced literature in our field of work.

to enhance professional development in intensive care nursing, and

to arouse nurses' interest in research activities.

Implementation strategies

As a scheduled time and place can promote consistent staff participation, a yearly timetable is developed and all APNs will take turn to lead a team of RNs to prepare for the sharing in order to engage all staff's participation in this activity. Moreover, the leadership skill of the APNs can also be enhanced. Topics are selected by them, some topics are selected because it is of our great concerns and looking for improvement strategies, e.g. ventilator associated pneumonia (VAP); some are of staff's interest after taking care of some uncommon cases, e.g. Puffer fish poisoning; some are hot topics which arise staff's awareness, e.g. pandemic influenza

Make a difference

After the implementation for one and a half year, the impacts of this activity were reviewed. Kartes & Kamel (2003) suggested that the interest, attendance and involvement of participants were key elements to measure success. Staff attendance and involvement were reviewed and some differences could be seen. In the first year's presentation, only one staff member was involved since she/he was the team leader. And after a year, more and more staff members were involved and sometimes even the whole team of staff participated in the presentation. For the attendance, there was only eight staff attended the first journal club. After half a year, our staff got used to this activity; it grew up steadily to around twenty.

To measure their interest, all nurses were invited to answer a questionnaire for the activity evaluation, which included seven questions on arrangement of the meeting, eight questions on benefits of the journal club participation, and two open questions to express their opinion. It was quite encouraging since the respondent rate was over 70% which implied that they aware and concerned this activity. Majority of nurses expressed that the journal club was of great benefit to them including: update of professional knowledge, providing opportunities for knowledge and experience sharing, reflection and evaluation of their practice, change in professional practice, increasing motivation, increasing confidence, increasing critical thinking skills and raising interest in reading journals and research studies.

Kartes & Kamel (2003) also suggested that evidence of a practice change within the unit was also an indication of success. A wide range of topics were covered, some changes in nursing practice were made. For instance, after the sharing on abdominal compartment syndrome, the technique of intra-abdominal pressure measurement was discussed and revised. Traditional method in using 50ml saline was changed to 25ml as larger instillation volumes might cause clinically overestimation. Evidence-based practice was also echoed through the sharing of VAP bundle. Apart from solely following the bundle, some findings were highlighted for improvement, e.g. staff education, oral hygiene, and ETT cuff care. Findings were also shared with the medical staff on the diagnosis of VAP, use of antibiotic cautiously, and weaning patients from ventilator as soon as possible to reduce VAP. The rate of VAP was then dramatically decreased.

Conclusion

Journal club is a simple way to encourage nurses to keep up to date with current researches. It can be a fun and interesting way to improve quality of nursing care by providing the impetus to change practice. In fact, journal club participation promotes continuing professional development and life-long learning. Make a start, by choosing some clinical topics to promote staff's interest. Never stop, although it is difficult at the beginning since it needs time to cultivate the learning atmosphere. Keep on the journey, and most important thing is to make a difference by identifying what we can learn from the sharing. Finally, enjoy the success, both the changes and outcomes.

References

- Kartes, D.K., & Kamel, H.K. (2003). Geriatric journal club for nursing: A forum to enhance evidenced-based nursing care in long-term settings. *Journal of American Medical Directors Association*, 4(5), 264-267.
- St. Pierre, J. (2005). Changing nursing practice through a nursing journal club. *Medsurg Nursing*, 14(6), 390-2.

UPCOMING PROGRAMS



I) Critical Care Skill Enhancement Workshop

This Critical Care Skill Enhancement (CCSE) Workshop is joint program between the HKACCN and the Laerdal China Ltd. It is designed to enhance the clinical interpretation skill of nurses who need to take care of critically ill patients.

Target Group and Capacity:

Nurses who want to improve their clinical skill for caring critically ill patients (24 – 30)

Duration:

One-day workshop (8 hours)

Date and Time:

19 May 2010 (Wed), 8:30 am – 17:00 pm

Venue:

Rm 2, LG2, Princess Margaret Hospital

Speakers:

HKACCN Trainers

Language medium:

English & Cantonese (English handouts and pre-reading materials will be provided)

Award:

Certificate of completion will be issued to those who have attended all the lectures and workshops, and have passed the quiz (8 CNE points)

Program Fee:

HK\$800 (Member), HK\$1200 (Non-member)

II) 醫學普通話班 (2010 3月 - 11月)

課程簡介:

香港醫療人員與內地人員交流日增,而從內地來港的人士也大幅增加,需要應用普通話的機會也增多,但不是每位醫療人員也講得一口流行普通話,特別是醫學名詞。本課程旨在提高醫療人員的普通話溝通能力及技巧,特別針對醫療人員如醫生,護士,物理治療師,接待員等等。

課程特色:

1. 小組形色, 學員有更多機會參與討論及學習
2. 內容豐富, 包括:
 - 基礎拼音, 拼讀等
 - 時事討論
 - 課本研讀
 - 日常及醫學會話
 - 醫學名詞及詞彙
3. 高效率, 短時間內提高溝通能力
4. 實用性高, 可應用如日常工作中

上課日期:

第二班:

6月1日 — 8月3日
共10晚 (星期二)

第三班:

9月7日 — 11月9日
共10晚 (星期二)

人數:

15人

講員:

劉老師 (前理工大學普通話兼職講師)

上課時間:

逢星期二 晚上 六時至九時

上課地點:

香港危重病學護士協會 (HKACCN)
香港灣仔道230號佳城大廈501室

教學語言:

普通話為主,輔以廣東話

學費:

- \$1500(會員), \$2000(非會員) 包括課本及補充材料
- 出席率達80%,可獲發本會之修讀證明書(CNE: 30分)

Convenor:

CHAN David

III) ECG Course for Beginners

Course Objectives:

- To enhance frontline nurses' knowledge on basic ECG concept and common arrhythmias.
- To promote the competence of frontline nurses in caring patients with common arrhythmias.

Target Group and Capacity:

All nurses; 36 per class

Duration:

Total 12 contact hours (2-hour lecture for 6 sessions)

Date and Time:

ECG 2	6 May — 10 Jun
ECG 3	8 Jul — 12 Aug
ECG 4	2 Sep — 14 Oct
ECG 5	4 Nov — 9 Dec



6 Thursday evenings for each identical course, 6:30 - 8:30 pm

Venue:

HKACCN
Rm 501, 5/F Great Smart Tower,
230 Wan Chai Road, Hong Kong

Speakers:

Nursing experts from critical care areas

Language medium:

Both English & Cantonese

Award:

Certificate will be issued for those who have attended all the lectures and have passed the Quiz (80% attendance is required)

Program Fee:

HK\$1200 (Member), HK\$1800 (Non-member)

Convenor:

CHAU Lai Sheung

IV) Elementary Critical Care Nursing ECCN Series Module 1 – 3

This Elementary Critical Care Nursing (ECCN) Series is designed to enable frontline nurses to understand the basic concepts in the monitoring and management of critically ill patients in Critical Care Areas. It consists of 3 modules :

- Module 2: Cardiovascular Care (7 Jun – 26 Jul)
- Module 3: Reno-Neuro-Trauma Care (6 Sep – 25 Oct)

(see

<http://www.medicine.org.hk/hkaccn/activities.htm#6>

for details of the topics in each module)

Target Group and Capacity:

All nurses; 36 per module

Duration of each Module:

8 Mondays evenings

(6:30 - 8:30 pm)

Venue:

HKACCN

Rm 501, 5/F Great Smart Tower,
230 Wan Chai Road, Hong Kong

Speakers:

Nurse experts from various critical care areas

Language medium:

English & Cantonese (with English Handouts)

Award:

A certificate of completion will be issued to those who have attended all the lectures and have passed the quiz (16 CNE Points) (80% attendance is required).

Program Fee (per module):

HK\$1600 (Member), HK\$2000 (Non-member)

Convenors:

LAM Chung Ling

YU Kenneth

V) Health Assessment Course

This Health Assessment Courses is designed to help frontline Nurses acquire knowledge about assessing health for critically ill patients.

Content:

(See

<http://www.medicine.org.hk/hkaccn/activities.htm#hac>

for details of the topics in each 2-hour session)

Target Group and Capacity:

All nurses; 36 per class

Date and Time:

HA 1 7 May – 2 July

HA 2 8 Oct – 26 Nov

8 Friday evenings for each identical course, 6:30 - 8:30 pm

Venue:

HKACCN

Rm 501, 5/F Great Smart Tower,
230 Wan Chai Road, Hong Kong

Speaker:

Nurse experts from various critical care areas

Language medium:

English & Cantonese (with English Handouts)

Award :

A certificate of completion will be issued to those who have attended all the lectures and have passed the quiz (16 CNE Points) (80% attendance is required).

Program Fee:

HK\$1600 (Member), HK\$2000(Non-member)

Convenor:

CHAU Lai Sheung

VI) Basic Life Support and Advanced Cardiac Life Support Courses



a) Basic Life Support (for Health Care Provider) (BLS – HCP) Course

This BSL – HCP Course is organized by the HKACCN Ltd. The HKACCN Ltd is an official AHA training site under Laerdal International Training Center (ITC), which is the ITO of AHA CPR and ECC Course in Hong Kong, China and Macau.

Content:

- CPR skills for all ages (adult, child, infant) according to AHA 2005 CPR Guidelines
- Ventilation with pocket mask and BVM
- Use of Automated External Defibrillator (AED)
- Foreign Body Airway Obstruction Management

Target Groups:

- Health care providers, such as nurses, doctors, paramedics, and ambulance personnel
- Nursing and medical students
- Other interested personnel

Date and Time:

8:30am – 1:00pm (a half-day program)

8 or 15 May; 5 or 12 Jun 2010

Venue:

TBA (see <http://www.medicine.org.hk/hkaccn/activities.htm#b1s>)

Award:

AHA BLS – HCP Course Completion Card – valid for 2 years (4 CNE points; 2 – 7 CME points)

Program Fee:

HK\$400 (Member), HK\$600 (Non-member)

b) Advanced Cardiac Life Support (ACLS) Provider Course

This Advanced Cardiac Life Support (ACLS) Provider Course is organized by the HKACCN Ltd. The HKACCN Ltd is an official AHA training site under Laerdal International Training Center (ITC), which is the ITO of AHA CPR and ECC Course in Hong Kong, China and Macau.

Content:

- Adult CPR skills and use of AED (According to AHA 2005 CPR Guideline)
- Management of 10 core cases related to resuscitation including : Pulseless VT/VF, Asystole, PEA, bradycardia (Heart Block), Unstable Tachycardias, Stable Tachycardias, Respiratory Arrest, Acute Coronary Syndrome, and Acute Stroke.

Target Groups:

- Health care providers, such as nurses, doctors, paramedics, and ambulance personnel
- Nursing and medical students
- Other interested personnel

Date and Time :

8:30pm – 4:30pm (a 2-day program)
28 – 29 May; 26 – 27 Jun 2010

Venue :

TBA (see <http://www.medicine.org.hk/hkaccn/activities.htm#9>)

Award :

AHA ACLS Provider Course Completion Card – valid for 2 years (13 CNE points; 5 – 13 CME points)

Program Fee :

HK\$1300 (Member), HK\$2500 (Non-member)

Convenor (BLS & ACLS):

MAK Wai Ling

ENQUIRIES for ALL COURSES:

2861 2972 (Mr. Leo LAM)
Email: hkaccn@yahoo.com.hk

For detailed information and application form:

<http://www.medicine.org.hk/hkaccn/activities.htm>

(報名及繳費:填妥報名表格,連同劃線支票,親自遞交或郵寄至HKACCN Ltd.)

VII) Seminars

Once every 2 months (Wednesday evening) & ad hoc (2-hour seminar each)

Award:

CNE 2

Program Fee:

HK\$50 (member); HK\$150 (non-member)
Topics and dates to be announced (see <http://www.medicine.org.hk/hkaccn/activities.htm>)

VIII) CCM Inter-hospital Grand Round

Joint program of HKACCN and HKSCCM, one evening on ad hoc basis (2 hours)

Award: CNE 2**Program Fee:**

Free of charge (All are welcome)

Venue:

Lecture Theatre, M Block, QEH
Topics and dates to be announced (see <http://www.medicine.org.hk/hkaccn/activities.htm>)

CONFERENCE ANNOUNCEMENT**18 – 19 May 2010**

International Conference to Celebrate the 20th Anniversary of Korean Association of Critical Care Nurses
Place: EL Tower, Seoul, South Korea
Website: <http://www.kaccn2010.org/>

13 – 14 Sept 2010

2010 25th Annual Conference of the British Association of Critical Care Nurses (BACCN)
Place: Southport, UK
Website: <http://www.baccnconference.org.uk/index.php>

5 – 6 October 2010

The 7th Congress of the World Federation of Critical Care Nurses
Place: Manila, Philippines
Website: www.ccnapi.net.ph

24 – 26 Mar 2011

4th EfCCNa Congress & FSAIO Spring Congress
Place: Copenhagen, Denmark
Website: <http://www.efccna2011.dk/>

USEFUL LINKS**International Nurses Day 2010**

Theme: Delivering Quality, Serving Communities: Nurses Leading Care Innovations (IND Kit Download: <http://www.icn.ch/indkit.htm>)

Australian Collage of Critical Care Nurses (ACCCN)

<http://www.acccn.com.au/>

Australian & New Zealand Intensive Care Society (ANZICS)

<http://www.anzics.com.au/>

British Association of Critical Care Nurses (BACCN)

<http://www.baccn.org.uk/>

European Federation of Critical Care Nurses(EfCCNa)

www.efccna.org

World Federation of Critical Care Nurses (WFCCN)

www.wfccn.org

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