

## COURSE OBJECTIVES

Upon completion of this course, learners will be able to:

- Identify and implement evidence-based care strategies to prevent healthcare-associated infections and complications
- Demonstrate knowledge of common conditions experienced by acutely ill patients requiring critical care nursing
- Evaluate assessment data, and determine priority interventions for patients with critical illness
- Apply an understanding of various monitoring modalities in evaluating patient progress and making patient care decisions
- Anticipate potential complications, and take steps to prevent them
- Evaluate the effectiveness of interventions for patients experiencing critical illness

AMERICAN  
ASSOCIATION  
of CRITICAL-CARE  
NURSES

# The Essentials of Critical Care Orientation

Useful to any staff or bedside nurse working with acute or critically ill patients, AACN's Essentials of Critical Care Orientation 3.0 (ECCO), a web-based introductory program created by critical care content experts to reflect current nursing knowledge and evidence-based practices.

Available from the HealthcareSource eLearning Library<sup>SM</sup>, ECCO offers two learning paths — one for the Intensive Care Unit (ICU) and the second for the Progressive Care Unit (PCU). These two tracks create an ideal and tailored learning experience for any nurse working with acutely or critically ill patients.

ECCO is comprised of 18 modules for the ICU track and 17 modules for the PCU track with a case-based approach that immerses learners in real-world situations, while interactive elements encourage critical thinking and decision making about patient care. The course offers a safe environment for learners to explore and make mistakes, reinforced with correct decisions and rationale. Learning is reinforced with reviews and quizzes at the assignment level and evaluated with a module exam.

## The Value of ECCO for Critical Care Orientation

Studies have shown that nurse unit orientation works best when nurses learn a topic and then can immediately work with a patient under the supervision of a preceptor. With the Essentials of Critical Care Orientation eLearning program you can offer new nurses the flexibility and convenience of online learning and free up instructor time spent delivering classroom lecture while retaining the advantages of one-on-one work with a preceptor.

With ECCO, you can feel confident that your nurses are consistently receiving the best critical care information available and allow your instructors to focus their valuable time on providing new orientees with applied hands-on training and personalized guidance.

**ECCO** Caring for Patients with Cardiovascular Disorders: Part 1 PCU

NURSES' STATION TREATING ACS TREATING A STEMI PATIENT Page 1/34

### Patient Introduction

Mr. Joel Edgar came to the emergency department (ED) after experiencing chest pain, dyspnea, and diaphoresis on his daily walk. Baseline ECG showed ST depression, and initial biomarkers were negative. The ED implemented an acute coronary syndrome (ACS) protocol including sublingual nitroglycerin (NTG), aspirin (ASA) by mouth, chewed, and IV metoprolol (Lopressor), and he received an antacid. His pain resolved, and he was transferred to your unit.

**ECCO** Caring for Patients with Endocrine Disorders PCU

NURSES' STATION ADRENAL DISORDERS ADDISON'S DISEASE Page 10/11

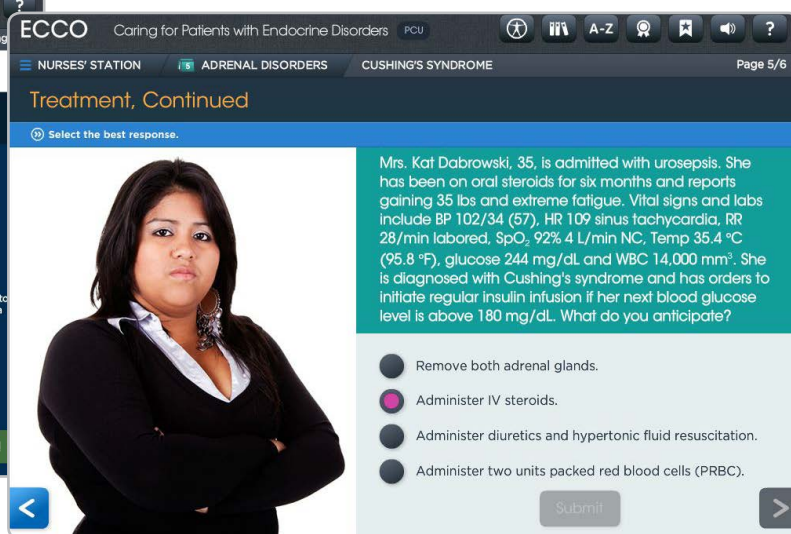
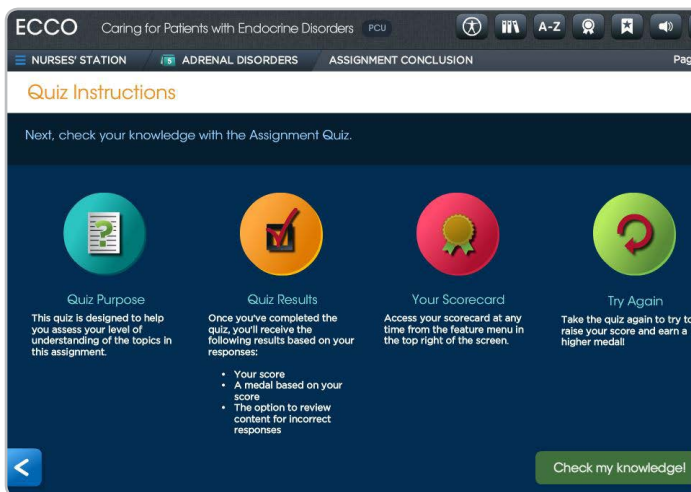
### Did You Know?

In critical illness, ACTH and cortisol levels are rarely tested. If a patient is not responding as expected to fluids and vasopressors, the patient is assumed to be adrenal insufficient and glucocorticosteroids are usually started. If testing is conducted, the more common test is a cosyntropin stimulation test. This test indicates if the adrenal gland will secrete cortisol in response to the administration of ACTH (cosyntropin). If cortisol levels remain low or do not respond at all, glucocorticosteroids are usually administered.



## ECCO Program Breakdown

Course Title	ICU Track	PCU Track
Global Perspectives in the Care of Critically Ill Patients: Part 1	2.5 CE hours	2.5 CE hours
Global Perspectives in the Care of Critically Ill Patients: Part 2	3.5 CE hours	3.0 CE hours
Caring for Patients with Cardiovascular Disorders: Part 1	3.75 CE hours	3.75 CE hours
Caring for Patients with Cardiovascular Disorders: Part 2	3.5 CE hours	3.5 CE hours
Caring for Patients with Cardiovascular Disorders: Part 3	3.0 CE hours	3.0 CE hours
Caring for Patients with Cardiovascular Disorders: Part 4	2.25 CE hours	1.75 CE hours
Caring for Patients with Pulmonary Disorders: Part 1	4.25 CE hours	4.25 CE hours
Caring for Patients with Pulmonary Disorders: Part 2	1.75 CE hours	1.75 CE hours
Hemodynamic Monitoring of Critically Ill Patients: Part 1	3.0 CE hours	2.75 CE hours
Hemodynamic Monitoring of Critically Ill Patients: Part 2	4.25 CE hours	2.75 CE hours
Caring for Patients with Neurologic Disorders: Part 1	3.5 CE hours	3.5 CE hours
Caring for Patients with Neurologic Disorders: Part 2	3.5 CE hours	3.5 CE hours
Caring for Patients with Gastrointestinal Disorders	4.75 CE hours	4.0 CE hours
Caring for Patients with Renal Disorders: Part 1	3.25 CE hours	3.25 CE hours
Caring for Patients with Renal Disorders: Part 2	1.25 CE hour	n/a
Caring for Patients with Endocrine Disorders	4.0 CE hours	4.0 CE hours
Caring for Patients with Hematologic Disorders	2.5 CE hours	2.5 CE hours
Caring for Patients with Multisystem Disorders	3.5 CE hours	3.25 CE hours
<b>TOTAL</b>	<b>58 CE Contact Hours</b>	<b>53 CE Contact Hours</b>



## Course Features:

- **Real-world context and active learning** — The courses use an engaging and interactive platform consistent with the actual practice environment. Most courses are four hours or less with opportunities for application, assessment and decision making. Learners check their understanding with reviews, assignment quizzes and course exams.
- **ICU and PCU learning tracks** — Addresses the clinical knowledge needs of both intensive care and progressive care nurses. Learners can be enrolled in either the ICU or PCU track to ensure they receive content relevant to their practice.
- **Global perspective** — Body system-specific content is complemented by global content on professional nursing practice that is universally relevant to all patient types.
- **Multimedia elements** — Rich illustration and animation, click-to-view topics and interactive exercises are used throughout the courses to accommodate a wide variety of learning styles.
- **Support for site managers and educators** — An implementation guide helps educators incorporate critical thinking, hands-on clinical training and blended learning into their orientation programs. A modular approach to course delivery allows educators to tailor learning to the specific needs of the learner and lesson plans.
- **Robust management tools** — Learners' progress can be tracked through every course, with a variety of reports available through NetLearning®.

**ECCO** Caring for Patients with Cardiovascular Disorders: Part 4 ICU Page 4/7

NURSES' STATION TAVR TAVR SELECTION AND PROCEDURE

### Patient Eligibility and Selection Criteria

A comprehensive assessment is performed to assess patient eligibility and select the TAVR access site.

**Patient Eligibility**  
Eligibility for TAVR is evolving and includes patients with:

- Severe symptomatic aortic stenosis
- Multiple comorbidities that result in high or intermediate risk of death or serious morbidity if patient were to have SAVR

**Access Site Selection**  
The initial patient evaluation consists of angiographic studies and multidimensional CT scanning, which informs the best access site for TAVR. The entire vascular bed is scanned, from the aortic root down to the femoral arteries, including:

- Brachiocephalic trunk
- Left and right subclavian arteries
- Left and right axillary arteries

PAD can limit options for procedural access site selection.

Diagram labels: SUBCLAVIAN ARTERY, BRACHIOCEPHALIC TRUNK, AXILLARY ARTERY, FEMORAL ARTERY.

**ECCO** Caring for Patients with Cardiovascular Disorders: Part 4 ICU Page 4/7

NURSES' STATION

Roll over each assignment to see a brief description. Click the assignment to launch.

Assignment #	Topic	Progress
ASSIGNMENT #1	Preop and Intraop Management	0%
ASSIGNMENT #2	Postoperative Management	0%
ASSIGNMENT #3	TAVR	32%

**ASSIGNMENT #2: Postoperative Management**

In this assignment, you will manage cardiac surgery patients in the acute recovery phase and beyond.

Topics include:

- First 24 Hours: ICU-only Patient Care\*
- First 24 Hours: Patient Care
- First 24 Hours: Complications
- Beyond 24 Hours: Patient Care

Estimated length: ICU: 50 minutes / PCU: 30 minutes

\*This topic is only available to ICU learners.

0% Complete

MODULE INTRODUCTION | MODULE CONCLUSION



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