|  |  |
| --- | --- |
| KU Medical Center | **Department of Surgery Education****M4 Surgery Critical Care Selectives****Course Numbers:****Surg 927 – Critical Care, Burn****Surg 928 – Critical Care, Neurosurgical Intensive Care****Surg 929 – Critical Care, Surgical Intensive Care** |
|  |
| **First Name:** | ***Click to enter first name***. |  | **Last Name:** | ***Click to enter Last Name***. |
| **Begin Date:** | ***Click to enter begin date***. |  | **End Date:** | ***Click to enter end date***. |
| **Course:** | ***Click to enter course number*** |  | **Course Description:** | ***Click to enter course description*** |
|  |
| **During my Surgery Critical Care Rotation I completed the following.** ***Check fields below that apply.*** |
|[ ]  ACLS |  |[ ]  EMR |
|[ ]  Airway/Intubations |  |[ ]  Hypovolemic Shock |
|[ ]  Anat Review/Cadaveric Dissection |  |[ ]  Hypoxemia |
|[ ]  Arrhythmia |  |[ ]  Intro Laparoscopy |
|[ ]  Arterial Line |  |[ ]  Obtain Informed Consent |
|[ ]  Attended Family or Palliative Care Meeting |  | ☐ | Sepsis |
|[ ]  Burn Care |  |[ ]  Shock (all other) |
|[ ]  Cardiac Arrest |  |[ ]  Stryker Needle |
|[ ]  Cardiogenic Shock |  |[ ]  Surgical Airway |
|[ ]  Central Line |  |[ ]  Suturing /Knot Tying |
|[ ]  Chest Pain |  |[ ]  Ultrasound/Fast Exam |
|[ ]  Chest Tube Insertion/Needle Decompression |  |[ ]  Ventilator Management |
| **After completing save a copy and return to the Surgery Education Coordinator** **ddeconink@kumc.edu** |