|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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**](mailto:ddeconink@kumc.edu) | | | | | | | | | |