

COURSE

# Cambridge Airway Training

WHERE/WHEN

David Dunn Suite/Simulation Centre, Addenbrooke's Hospital

• 29th September 2010 • 7<sup>th</sup> February 2011 • 6th July 2011

08:45 – 16:30

**A full-day course designed for Anaesthetists to refresh and update skills in managing patients with difficult airway**

SIMULATION CENTRE

**Aims**

- Effective management of airways
- Appropriate use of airway technology
- Emergency airway Strategies
- Use and handling FOI
- Team training & risk management

Numbers are limited to **8** candidates per course.

**Comments and feedback:**

- *I expected lectures, guidelines, etc but was pleasantly surprised with airway emergencies, teamwork and leadership. Fantastic discussion and sharing experiences*
- *I became more confident in dealing with airway situations and with the equipment.*

**Accreditation from the Royal College of Anaesthetists has been sought.**

**Work stations**

- Glide-scope Video Laryngoscope
- AirTraq Optical Laryngoscope
- Intubating LMA/LMA/C-Trac
- McGrath Video Laryngoscope
- Pentax- AWS Video Laryngoscope
- Storz C-MAC Videolaryngoscope
- Laryngoscope Mc-Coy /Straight
- Endoscopy skills
- Trans-tracheal Jet Ventilation
- SIM Man simulation

**Registration Fee: £170**

(including a light lunch and refreshments)

We can tailor the needs for individual departmental needs.

Please complete and return the reply slip below, along with a cheque made payable to 'Addenbrooke's NHS Trust'.

REGISTRATION

Please fill in the form, use the back of the slip if more space is needed.

**Please return to:**

Debbie Clapham-Riley  
Postgraduate Medical Centre  
Box 111  
Clinical School  
Addenbrooke's Hospital  
Hills Road  
Cambridge CB2 0SP  
Tel: 01223 586945  
dlh48@medschl.cam.ac.uk

**Contact Information**

I would like to attend the **Cambridge Airway Course** on ..... and have enclosed a cheque for £170 per person, made payable to "Addenbrooke's NHS Trust"

**Name (please print):** .....

**Job Title + Hospital:** .....

**Address:** .....

**Post code:** .....

**Telephone:** .....

**Email:** .....

**Key Learning Needs**

Please indicate the main areas you would like to see covered at this meeting. The information will be passed on to the course faculty.

**1** .....

**2** .....

**3** .....

No refunds permitted within 28 days of course commencement