

CARDIOLOGY GRAND ROUNDS

Title: Mechanical Circulatory Support for Postcardiotomy Shock

Speaker: Karol Mudy, MD

Cardiac Surgeon

Minneapolis Heart Institute® at Abbott Northwestern Hospital

Date: Monday, October 16, 2017

Time: 7:00 – 8:00 AM

Location: ANW Education Building, Watson Room

OBJECTIVES

At the completion of this activity, the participants should be able to:

1. List the signs of postcardiotomy shock.
2. Identify patients with postcardiotomy shock, requiring Mechanical Circulatory Support.
3. Describe the types of Mechanical Circulatory Support for Postcardiotomy Shock patients.

ACCREDITATION

Physician

Allina Health is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Allina Health designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nurse

This activity has been designed to meet the Minnesota Board of Nursing continuing education requirements for 1.2 hours of credit. However, the nurse is responsible for determining whether this activity meets the requirements for acceptable continuing education.

DISCLOSURE STATEMENTS

Moderator(s)/Speaker(s)

Dr. Mudy has disclosed that he does not have any conflicts of interest in making this presentation.

Planning Committee

Dr. Alex Campbell, Dr. Kevin Harris, Rebecca Lindberg, Amy McMeans, Dr. Michael Miedema, Dr. JoEllyn Moore, Dr. Scott Sharkey, and Jolene Bell Makowsky have declared that they do not have any conflicts of interest associated with the planning of this activity. Dr. David Hurrell declares the following relationship –Boston Scientific: Chair, Clinical Events Committee. Dr. Mario Goessl declares the following relationships-Atcure: Consultant; Edwards Lifesciences: Grant/Research support.

We gratefully acknowledge the following organizations for their financial contributions for this activity:

Bristol-Myers Squibb

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Signature: _____
My signature verifies that I have attended the above stated number of hours of the CME activity.