

# 2022 VIRTUAL TOUR THE INSTITUTE OF CARDIOVASCULAR EXCELLENCE

Gain expertise, confidence, and recognition in your clinical practice.

## COMPREHENSIVE CARDIOVASCULAR PHARMACOLOGY:

2 DAY CONFERENCE

DATES AND TIMES FOR LIVE VIRTUAL CONFERENCES:

January 6th & 7th: 8am to 4:30pm CST

January 11th & 12th: 8am to 4:30pm MST

Instructors: Karen Marzlin & Cynthia Webner

Can't Attend One of our Virtual Conferences?

Order the recorded version now at a discounted price and view at your

### Topics:

- ⇒ Impacting Cardiac Output
- ⇒ Evidence Based ACS Tx Updates
- ⇒ Algorithms for Dyslipidemia
- ⇒ Diabetes Meds Beyond Diabetes
- ⇒ Pharmacology to Stop Smoking
- ⇒ Risk Reduction in PAD
- ⇒ Complexities in Heart Failure
- ⇒ Antiarrhythmic Safety
- ⇒ HTN Management
- ⇒ Medications & Renal Function
- ⇒ Solutions to Nonadherence
- ⇒ Medication Safety

# own pace. The program will be available to you by January 24th.

We take vast and complex information, synthesize it for you, and present relevant and practical applications.

#### 14.0 CE and 14.0 Pharmacology CE

## Day 1 Objectives:

- 1. Compare pharmacologic treatment options for the short term and long-term treatment of STEMI, NSTE-ACS and stable coronary artery disease.
- 2. Contrast the use of fibrinolytics, anticoagulants and antiplatelet therapy in patients with CAD.
- 3. Contrast the impact of various lipid lowering agents in achieving guideline recommended lipid goals.
- 4. Identify strategies for lipid management in the patient experiencing statin intolerance.
- 5. Examine pharmacologic treatment strategy options with oral diabetic agents in the CV patient with type II diabetes.
- 6. Determine the appropriate use of SGLT inhibitors in reducing cardiovascular risk in the patient with DM.7. Evaluate medication driven treatment strategy plans for tobacco cessation.
- 8. Evaluate medication driven treatment strategy plans for tobacco cessation.
- 9. Develop strategies to improve patient medication adherence through understanding patient barriers.

#### Day 2 Objectives:

- 1. Differentiate risk /benefits of antiarrhythmics medications based on Vaughan Williams classification.
- 2. Contrast the pharmacologic treatment options for AF with a rate control versus a rhythm control strategy.
- 3. Examine the appropriateness of the new oral anticoagulants for stroke prevention in AF.
- 4. Utilizing evidence-based (EB) guidelines, develop a systematic approach to the assessment and treatment of hypertension.
- 5. Integrate concepts of acute kidney injury failure and chronic kidney disease into pharmacologic treatment strategies.
- 6. Discuss EB pharmacologic treatment strategies for HFrEF and HFpEF.
- 7. Prioritize the use of EB medications during periods of decompensated heart failure.
- 8. Outline strategies for initiation and up titration of medications in patients with heart failure.
- 9. Determine practice changes that could improve patient safety with medication reconciliation.

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