

Programme de la formation
Module circulatoire
Partie 1
Le 15 06 2019
Faculté de médecine de Monastir

Première journée (Notions de physiologie et monitoring cardio-circulatoire)

Horaire	Cours	Orateur
9h-9h45	Bases physiopathologiques de l'insuffisance circulatoire aiguë	Pr Mabrouk Bahloul
9h45-10h30	Retour veineux et déterminants du débit cardiaque	Pr Islem Ouannes
10h30-11h	Pause café	
11h-11h45	Evaluation de l'oxygénation tissulaire et de la microcirculation	Pr Zied El hechmi
11h45-12h30	Interactions cardiorespiratoires	Pr Nozha Brahmi
12h30-14h 30	Déjeuner libre	
14h30-15h15	Monitoring hémodynamique invasif	Pr Samia ayed
15h15-16h	Monitoring hémodynamique non invasif par échocardiographie	Pr habiba Ben Sik Ali
16h-16h45	Arrêt cardiaque	Pr Takoua Merhbene

Deuxième journée
(Pathologies cardiaques et circulatoires)
Le 22 06 2019
Faculté de médecine de Monastir

Horaire	Cours	Orateur
9h-9h45h	Prise en charge hémodynamique du choc septique	Pr Ahlem Trifi
9h45h-10h30	Choc hypovolémique et hémorragique	Pr Chokri Ben Hmida
10h30-11h15	Choc cardiogénique	Pr Moh Boussarssar
11h15-11h45h	Pause café	
11h45-12h15	Anaphylaxie et choc anaphylactique	Pr Souheil Elatrous
12h15-13h	Embolie pulmonaire	Pr Jalila ben Khlil
13h-14h30	Déjeuner	
14h30-15h	Infarctus du myocarde et ses complications	Pr Med Fekih Hassen
15h-15h30	Troubles du rythme graves	Pr Amel Mokline
15h30-16h	Les urgences hypertensives	Pr Nadia Kouraichi

Pour savoir plus :

1. Rivers. Early goal directed therapy in the treatment of severe sepsis and septic shock. *N Eng J Med* 2001;345:1368-77.
2. Cannon JW. Hemorrhagic Shock. *N Engl J Med*. 2018 Jan 25;378(4):370-379
3. Waters. Role of the massive transfusion protocol in the management of haemorrhagic shock. *Br J Anaesth* 2014;113:ii3-ii8
4. Thiele. Management of cardiogenic shock. *Eur Heart J* 2015;epublished March 2nd
5. Shankar-Hari M, Phillips GS, Levy ML, Seymour CW, Liu VX, Deutschman CS, Angus DC, Rubenfeld GD, Singer M; Sepsis Definitions Task Force. Developing a New Definition and Assessing New Clinical Criteria for Septic Shock: For the Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). *JAMA*. 2016 Feb 23;315(8):775-87.
6. Rhodes A, Evans LE, Alhazzani W, Levy MM, Antonelli M, Ferrer R, Kumar A, Sevransky JE, Sprung CL, Nunnally ME, Rochwerf B, Rubenfeld GD et al. Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016. *Intensive Care Med*. 2017 Mar;43(3):304-377.
7. Lipcsey M, Castegren M, Bellomo R. Hemodynamic management of septic shock. *Minerva Anesthesiol*. 2015 Nov;81(11):1262-72.
8. van Diepen S, Katz JN, Albert NM, Henry TD, Jacobs AK, Kapur NK, Kilic A, Menon V, Ohman EM, Sweitzer NK, Thiele H, Washam JB, Cohen MG; American Heart Association Council on Clinical Cardiology; Council on Cardiovascular and Stroke Nursing; Council on Quality of Care and Outcomes Research; and Mission: Lifeline. Contemporary Management of Cardiogenic Shock: A Scientific Statement From the American Heart Association. *Circulation*. 2017 Oct 17;136(16):e232-e268.
9. Simmons J, Ventetuolo CE. Cardiopulmonary monitoring of shock. *Curr Opin Crit Care*. 2017 Jun;23(3):223-231
10. Anderson JL, Morrow DA. Acute Myocardial Infarction. *N Engl J Med*. 2017 May 25;376(21):2053-2064.
11. Di Nisio M, van Es N, Büller HR. Deep vein thrombosis and pulmonary embolism. *Lancet*. 2016 Dec 17;388(10063):3060-3073
12. Robinet S, Van CL, Delcour A, Lancellotti P. Severe cardiac arrhythmias. *Rev Med Liege*. 2018 May;73(5-6):251-25
13. Varounis C, Katsi V, Nihoyannopoulos P, Lekakis J, Tousoulis D. Cardiovascular Hypertensive Crisis: Recent Evidence and Review of the Literature. *Front Cardiovasc Med*. 2017 Jan 10;3:51.