



European federation of Critical Care Nursing associations



Newsletter 1/2017

April 2017

Special Points of Interest

- * Belfast Declaration
- * EfCCNa Fellows
- * EfCCNa Pain Recommendations

The Belfast Declaration: Promoting and Supporting Optimal Critical Care Nursing Practices Worldwide

- * European Society of Intensive Care Medicine (ESICM), Nursing & Allied Health Professionals Section (N&AHP)
- * European federation of Critical Care Nursing associations (EfCCNa)
- * Society of Critical Care Medicine, Nursing Section (SCCM)
- * World Federation of Critical Care Nurses (WFCCN)

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Preamble

Supporting and advancing critical care nursing is a priority and focus area of the global critical care nursing organizations. At the European federation of Critical Care Nursing associations (EfCCNa) meeting in Belfast, Northern Ireland, held February 15-18, 2017, the inaugural Joint Session of the critical care nursing organizations – EfCCNa, the European Society of Intensive Care Medicine (ESICM), Nursing and Allied Health Section (N&AHP), the Society of Critical Care Medicine (SCCM), and the World Federation of Critical Care Nurses (WFCCN) - was held. Collectively, these leading critical care nursing organizations represent over 600,000 critical care nurses worldwide.

The Joint Session highlighted the work of each individual international critical care nursing organization and it became evident that each organization, individually, as well as collectively, was advancing critical care nursing practice. Through *educational initiatives* including congress programming, web-based resources and other education-based projects; *clinical support* initiatives including clinical competency and skill building resources and tools; *research* projects targeting key critical care practices such as prevention of pressure ulcers, fall reduction, promoting early mobility in the ICU, and patient and family centred care research among others; and through *administrative support* resources such as metrics for determining appropriate staffing in the ICU, supporting ongoing professional education, and promoting specialty certification in critical care, the international critical care nursing organizations – EfCCNa, ESICM-N&AHP, SCCM, and WFCCN – are supporting, promoting, and elevating standards of practice for critical care nursing worldwide.

Belfast DECLARATION

The Belfast Declaration is hereby being established in recognition of the First Global Critical Care Nursing Organizations Joint Meeting.

The organizations pledge to the following:

- * *Identify opportunities to collaborate in further advancing critical care nursing education, practice, research, and policy.*
- * *Advocate for the highest standards of critical care nursing practice worldwide.*
- * *Advance the state of critical care nursing globally, including supporting further development of education and practice in resource limited countries.*
- * *Advocate for multiprofessional team based practices where the contributions of all members of the team are acknowledged, supported, and promoted.*
- * *Advance patient and family-centered care and engagement to support care and recovery of the critically ill both within and after ICU.*



The city of Belfast, Northern Ireland was the host of the 7th EfCCNa congress over two and a half day, from 15 -17 February. Critical Care Nurses came together listened and engaged under the theme "Working together – achieving more".

This congress also highlighted Paediatric Intensive Care; and the European Society of Paediatric and Neonatal Intensive Care (ESPNIC) contributed and sponsored sessions concerning child and family care.

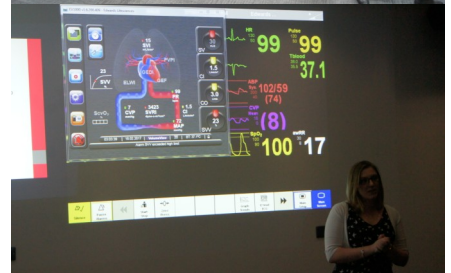
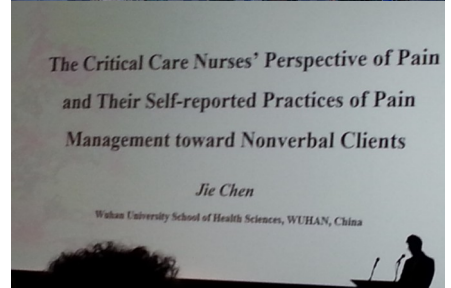
The congress was very successful with more than 400 participants, coming from 225 different cities, representing 30 countries from Europe and other parts of the world. One speaker came all the way from China and shared with us the result from two of his studies.

The workshops were very popular and the workshop SCREAM taught us: if something unexpected happened, be prepared with a plan B and C.

The Poster board together with the oral presentations covered most areas of intensive care. Our keynote speakers gave us their view on hot topics for the critically ill. Professor Paul Fulbrook gave us a piece of EfCCNa history and development, Professor Leanne Atkins spoke about psychological and cognitive recovery after critical illness and Professor Stijn Blot gave us guidelines about antibiotics and emphasized the importance of how to administer them correctly.

The Belfast Congress also hosted the first Global Session of nurse leaders from EfCCNa, ESICM, WFCCN and SCCM and reported on future challenges and issues impacting on critical care nurses and their practice. The Global Session will become an integral part of each society's conferences in the future.

Resulting from this inaugural session, the nurse leaders declared their commitment to work together and hence the Declaration of Belfast was established. The Industry contributed with a good exhibition and was well visited by the delegates. The exhibitors were pleased and rated the overall impression of the Belfast congress as good.



Eva Barkestad
Congress Chair

7th EfCCNa Congress Belfast - Awards

The Poster Award

Congratulation to Lone Bredvig, Lisbeth Gamst and Hanne Irene Jensen from VEJLE, Denmark for their poster presentation *Training and active mobilization in the ICU*

Training and active mobilization in the ICU

Lone Bredvig, Lisbeth Gamst and Hanne Irene Jensen
Department of Anaesthesiology and Intensive Care, Vejle Hospital, Denmark

The Best Abstract Awards

Research: Una St. Ledger, Northern Ireland

Moral distress in end of life decisions in the ICU

She highlighted a little known area & it provided important implications for education & practice

Clinical Practice: Margo van Mol, Netherlands

The evaluation of balance training - a new method in the aftercare of the Intensive Care Patient

She developed a new and inspiring method in the aftercare of ICU patients to stimulate the regaining of emotional and physical stability.

Education: Anne Charlotte Falk, Sweden

Monitoring students in the Critical Care setting

She showed that supervisors need group sessions to discuss supervision and also greater continuity related to the supervisor's schedule and a common structure for the introduction of both students and tutors. She also highlighted how supervisors benefit from pedagogical feedback concerning their roles supporting learners'.

Selected Sessions from the Belfast Congress online available

Selected Sessions available at the EfCCNa website at www.efccna.org/education/efccna-congress

- * Prof. Paul Fulbrook - 'What is happening in the world of Critical Care'
- * Prof. Leanne Aitken - 'Longterm psychological and cognitive recovery after critical illness'
- * Dr. Lyvonne Tume - 'Caring for a child in an adult ICU'
- * The Global Session: hot topics affecting Critical Care
- * Closing Ceremony

Evanthia Georgiou, EfCCNa Fellow 2017

Evanthia played a pivotal role in developing the EfCCNa competency tool and also assisted in presenting the tool at the EfCCNa congress in Belgrade.

Evanthia has led several studies and research projects in her country.

She implemented the first special education program for critical care nursing on a university level in Cyprus and was leader of that program. Parts of that program were based on the EfCCNa competency tool.



New EfCCNa Board member - Elin Steffennak

During the Council Meeting in Belfast, Elin Steffennak, the former representative from the Norwegian Critical Care Nursing organisation was elected as the new Board member. Elin has got a long experience as council member and was very active in establishing connections with industry partners. She is going to be the successor of Eva Barkestad who finished her second term in the board. Welcome on board, Elin!



The EfCCNa Board 2017

Anne Kokko, Vice-president,
David Waters, board member EU affairs
Colette Ram, Secretary
Elin Steffennak, board member
Drago Satosek, Treasurer
Dr. Bronagh Blackwood, President

Eva Barkestad, new EfCCNa Fellow 2017

Eva has presented work of EfCCNa at a number of congresses worldwide including Croatia and Serbia. Most notably Eva has led two successful EfCCNa congresses (Valencia & Belfast).

Her dedication and commitment to this role has been outstanding. She has made herself available at all hours to manage these congresses & all times has been inclusive of the view of others.

Eva works diligently in critical care education in Sweden. She has undertaken a number of projects that were designated to further advance care of the critically ill patient. She has presented evidence from her teaching at congresses worldwide thereby demonstrating practice improvement through education.

Eva has served on the EfCCNa board as a member with a remit for congress organisation since 2011 & has served for 2 terms. Her contribution to the strategy of EfCCNa has been exemplary.



President's Lunch at the Belfast Congress

All the presidents of EfCCNa member associations were invited by EfCCNa president Bronagh Blackwood to attend a lunch together during the EfCCNa Belfast congress. This event was arranged for the first time in EfCCNa history. It provided a great opportunity for Presidents from the national associations to get to know each other and the EfCCNa procedures.

The purpose of this lunch was to find out how we could strengthen our collaboration also in the future in the field of critical care nursing. There were 16 presidents/board members from 15 member associations and one invited guest, EfCCNa past-president Rosa Thorsteinsdottir.

The meeting was hosted by EfCCNa vice-president Anne Kokko.

After welcoming all the participants, there was a short presentation about EfCCNa, its achievements and current activities. During the lunch there was free and lively discussion about issues national associations wanted to point out on this forum:

- * the President's lunch was agreed to be a permanent procedure during every EfCCNa congress, but separated from the congress program. The agenda of the meeting could be agreed together with the invitation.
- * decrease of members on national associations: how to attract/recruit new members
- * EfCCNa exchange programme
- * senior nurses workload when mentoring young nurse/s together taking care of the ICU patient/s
- * UK model of different competency levels of ICU nurse

Attendees:

- * Stefanie Kaalberg, Holland
- * Judith Frey, Germany
- * Maria Foka, Cyprus
- * Anna Vilbergsdottir, Iceland
- * Carole Haubertin, France
- * Ofra Raanan, Israel
- * Adriano Friganovic, Croatia
- * Sigbjorn Flatland, Norway
- * Nina Lennert, Denmark
- * Vida Bracko, Slovenia
- * Dejan Dobersek, Slovenia
- * Nicki Credland, UK
- * Derek Gribbin, Ireland
- * Christine Sheehan, Ireland
- * Catarina Tingsvik, Sweden
- * Barbara Gradel-Messerli, ESPNIC





EfCCNa and its member Societies

Iceland



<i>Name of the organization</i>	Fagdeild Gjörgæsluhjúkrunarfræðinga Representative: Auður Sesselja Gylfadóttir
<i>Total number of members</i>	157
<i>Other professionals besides nurses accepted as members?</i>	No
<i>Congress (frequency; is there a usual month & if so, which month?)</i>	Once every year, usually April or May
<i>Journal (if yes, name)</i>	No
<i>Membership fee</i>	3000 ISK (25 Euros) per year
<i>Approximate salary (€) for junior CCN in your country</i>	3.100 Euros per month for a junior bs nurse (you don't need the diploma to work in the ICU), or around 3.350 for a diploma nurse. That is for a basic month (daytime shifts only) 40 hours per week. You get paid extra for evening shifts (35% per hour) and nights and weekends (60%).
<i>Average working hours per week</i>	40 hours is a full job. Most nurses only work 80% (and therefore only get paid 80%) so most nurses work about 32 hours a week if they work days, evenings, nights and weekends.
<i>In your country are there critical care courses that are available after registering as a nurse? If so, please describe their level/s (e.g. diploma, bachelor, master)</i>	Diploma level in critical care nursing in University of Iceland (30 ETCS units).
<i>Approximate Number of hospitals with adult Intensive Care Units (accepting mechanically ventilated patients)</i>	Two Hospitals have intensive care units (Landspítali has 2 separate units, and Sjúkrahúsið á Akureyri 1 unit, 3 units in all).
<i>Average Nurse: Patient Ratio during day shift for mechanically ventilated patients</i>	1:1 for dayshift, 1:2 for night shift.
<i>Most important activity/achievement of the association in the last year</i>	Organizing a congress together with the anaesthesiologists doctors and nurses and surgical doctors and nurses.



MICE

Multicultural Care in European Intensive Care Units

Erasmus+ Project Multicultural Care in European Intensive Care Units

The second project meeting on 'Multicultural Care in European Intensive Care Units' took place on 24 - 25 April 2017 in Celje, Slovenia. Representatives from all member organisations met in the College of Nursing in Celje, which hosted the meeting in their institute.

One of the main topics to be discussed after the first six month since the project has started in October 2017 was the ICU Nurses' intercultural training needs and competencies. The national reports from Poland, Slovenia and the Czech Republic indicate that, although transcultural nursing is part of the curriculum of nursing education in Czech Republic there is an overall lack of multicultural training in intensive care and many nurses feel not prepared to



provide competent care for patients with a different cultural background.

More detailed information on cultural competencies and needs of ICU nurses will be gathered in the next weeks through a questionnaire which is accessible via the MICE-ICU website <http://mice-icu.eu>

One intellectual output of the project will be an intercultural course for ICU Nurses on an e-learning platform. A first brainstorming regarding structure and content of such a



course took place on the second day of the meeting.

The project will end with a seminar concerning intercultural sensitive care which is going to be held in The Netherlands in September 2018.

We kindly invite you to participate in this project and fill in the questionnaire before May 20, 2017



Multicultural Care in European ICUs

Take part in the European research project "Multicultural Care in European Intensive Care Units" and fill in a questionnaire which aims to collect information about cultural competences and needs in the scope of multicultural care among ICU nurses in Europe.

find the questionnaire online at <http://mice-icu.eu/>



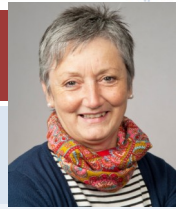
MICE

Multicultural Care in European Intensive Care Units



EfCCNa and its member Societies

European Society of Paediatric and Neonatal Intensive Care	
<i>Name of the organization</i>	ESPNIC Representative: Irene Harth
<i>Total number of members Nurses and AHP:</i>	82 Nurses and AHP, 5 life members
<i>Other professionals besides nurses accepted as members?</i>	449 medical members
<i>Congress (frequency; is there a usual month & if so, which month?)</i>	ESPNIC Congress, every two years (uneven) in June EAPS (Joint-Congress), every two years (even) in October together with: - European Academy of Paediatrics (EAP) - ESPNIC - European Society for Paediatric Research (ESPR)
<i>Journal (if yes, name)</i>	Nursing in Critical Care and Infant journals, Medicals: Journal of Intensive Care Medicine
<i>Membership fee</i>	45 € (30 € for Nurses from developing countries)
<i>Most important activity/achievement of the association in the last year</i>	EPIC Diploma™ Developed by consensus of a demographically diverse, representative group of peers to harmonize and improve paediatric and neonatal intensive care in Europe and elsewhere; built to comply with best practices and accreditation standards for European medical specialty certification programmes. Next step will be to adapt the programmes for nurses as well. Another important activity is the joint collaboration between the sections with various scientific activities.



PRone and OScillation Pediatric Clinical Trial - PROSpect



ESPNIC would like to canvas your interest in participating in an international "PRone and OScillation Pediatric Clinical Trial" (PROSpect) that is currently in design.

This 2 x 2 factorial adaptive trial will study the effect of prone versus supine positioning with high frequency oscillatory ventilation (HFOV) versus conventional mechanical ventilation in children less than 18 years of age with severe pediatric acute respiratory distress syndrome per PALICC guidelines.

For more detailed information go to: <http://www.prospect-network.org>

Launch of the Croatian Nursing Journal (CNJ)

Dear colleagues and authors,

It my great pleasure to inform you that the University of Applied Health Sciences and the Croatian Nursing Council have launched a scientific-professional nursing journal *Croatian Nursing Journal (CNJ)*.

Croatian Nursing Journal is a peer-reviewed nursing journal that publishes original articles with the aim of advancing and exchanging knowledge and skills, and enabling readers to be informed about contemporary professional and research trends in the field of nursing and other health sciences.

The journal will publish papers in English twice a year and will be fully available to readers via website www.cnj.hr.

Author Guidelines are published on our website www.cnj.hr where you can also submit your papers.

The publication of the first issue is planned for autumn 2017.

On behalf of the Editorial Board I am inviting you to submit your papers and contribute to the development and quality of the Croatian Nursing Journal. In case of any additional questions please contact us at info@cnj.hr. We are looking forward to a successful cooperation.

*Editor-in-chief
Snježana Čukljek, PhD*

EfCCNa Questionnaire on Critical Care Nursing in Europe

The need to generate a brief 'snap-shot' of critical care and critical care nursing delivery, education and resourcing was articulated by members of the EfCCNa Council and governing Board.

The intention was to capture data from a number of European countries that were represented by EfCCNa Council members. To facilitate this, a questionnaire was drafted by members of the EfCCNa Board, and then during the autumn 2014 EfCCNa Council meeting which was held in Warsaw, a questionnaire was circulated and completed by attendees (n=16).

Link to results: http://www.efccna.org/images/stories/news/2017_Questionnaire.pdf

2017

Results from a Questionnaire
exploring Critical Care Nursing
practice issues



NEW ISSUE



CONNECT
THE WORLD OF CRITICAL CARE NURSING

Today, the latest issue of connect has been released, and is now available at connectpublishing.org.

New Issue: Vol. 11, Issue 1

EfCCNa Pain Recommendations for Clinical Practice

Schafer A, Slijepcevic J, Benbenishty J, Gutysz - Wojnicka A, Gomez Simon V, Scelsi S, Savic B, Friganovic A

Standard development working group within European federation of Critical Care Nurses associations



Background

Pain is a multi-dimensional sensation which is individually experienced by a person and is influenced by the cultural background, personal history, country, religion and social situation. Due to all these influences, pain relief is a challenging duty for ICU nurses. Furthermore, to be pain free is a basic human right. Pain is an independent predictor for delirium, and pain may lead to immobilization and complications like pneumonia. There is plenty of evidence on how to care for patients in pain. The difficulty to transfer this knowledge into practice is due to the complexity of European health care systems, education levels of nurses and work environment in European ICUs. Nevertheless it should be a standard in European Intensive Care Units that pain management regimes to avoid and reduce pain in order to support patient's wellbeing, autonomy and recovery are available for all patients.

Aim

Many ICU patients suffer from pain. ICUs in Europe treat a huge variety of patients - there may be conscious or unconscious patients, disabled or patients with dementia. Additionally there are patients at their end of life with a more palliative care aspect. Assessment of pain is a pure nursing duty. As there is no unique indicator for pain the goal to collect evident information in order to apply an individualized pain management to a patient is a multidimensional challenge. A variety of tools is available for pain assessment. All tools have to be chosen carefully according to the patients' age as well as the caring situation the patient is in. To use them successfully implicates that the users are well educated in using these tools. The aim of this recommendation is, to provide intensive care nurses with the currently most evident opportunities to assess and to treat pain.

It is not recommended to use physiological parameters like heart rate and blood pressure for the assessment of pain as these parameters may be influenced by the intensive care therapy itself. However, the use of physiological parameters in combination with an assessment tool may assist interpretation. Limitations in using these assessment tools are that they are susceptible for subjective findings, that their use is restricted in sedated patients and that they are unfeasible in paralyzed patients.

The pain management of each patient should be patient centered.

Pain management should be individualized to the patients' pain experience and targeted to the pain level expressed by the patient. According to the evaluation of the patients' pain level ICU nurses must respond in their pain relief care plan. ICU nurses' duty is to titrate the application of analgesics according to the patients' needs. Additionally, the ICU nurse may also use non-pharmacological resources to relieve pain. There is evidence that interventions like aromatherapy, music, mobilization and passive exercises, transcutaneous electrical nerve stimulation (TENS), massages are able to reduce pain, increase wellbeing, reduce pharmacology support and restore functioning. The easy application of these interventions gives nurses some opportunities for a pain management independent from medical prescription. Nurses should be aware of the stress of illness which might have an effect on the expression of pain. There are many tools to assess acute stress which nurses can use to differentiate between pain and stress. Acute stress reaction (ASR) disorder can be used to assess stress. If the patient scores high on the ASR tool then other measures to relieve stress can be used instead of pain medication.

All ICU nurses should be educated in using pain assessment and management tools. Ideally, the national health care system should provide respective educational programs for ICU nurses. However, it is imperative that education and training in pain management is provided within the ICU by a clinical instructor.



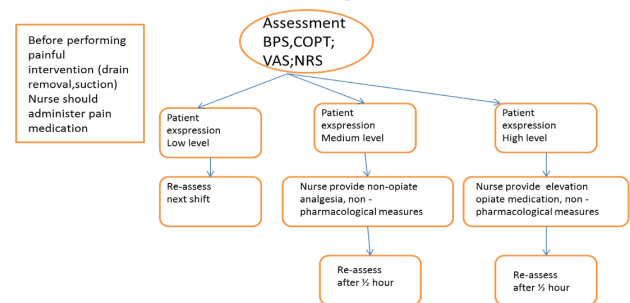
Photo: Peter Pulikowski

Recommendations

Each patient's pain situation should be assessed routinely: (once a shift; before and after painful interventions, regularly if the patient suffers from pain and receives pain medication). The goal is, to keep the patient's pain status below the recommended cut off points of a scale while he is resting and not more than medium level points when mobilized (depending on the individual scoring system used by the ICU personnel).

There are some different tools for pain assessment which are comparable and comfortable to use. For patients who are able to communicate one may use the VAS (Visual Analog Scale) or the NRS (Numeric Rating Scale). For patients who are ventilated, sedated or having cognitive dysfunction, the ZOPA (Zurich Observation and Pain Assessment), BPS (Behavioral Pain Scale), CPOT (Critical Care Pain Observation Tool) and FLACC (Behavioral Pain Assessment Scale) are the most common tools to assess pain.

Pain management



Abbreviations:
 BPS - Behavioral Pain Scale
 CPOT - Critical Care Pain Observation Tool
 VAS - Visual Analogous Scale
 NRS - Numeric Rating Scale

References used are critically selected and published within 5 years and they are not listed because of their comprehensiveness.





WHAT'S NEW?

BREXIT - WHAT DOES IT MEAN FOR THE SPECIALIST NURSE?

On 29th of March 2017 the prime minister of UK, Theresa May, triggered the article 50 starting the formal process of leaving the EU and the single market. This decision regards not only the industry, economy but also the health system including doctors and nurses, regulation of medicine, medical device, research, public health agencies and networks.

If EU nurses leave UK, uncertainty might cover the NHS and social care in UK. Moreover what will be the position of UK regarding the EU agencies like EMA, and regulatory bodies? What will be the impact if they leave those institutions?

Health isn't a retail product, It concerns every human beings in the world, it should be considered regardless of the political business of the nations. we need close collaboration, commitment with all nations. To ensure safety and quality of care the mobility and recognition of the qualification of stakeholders is fundamental. Should we exclude UK nurses from the process of recognition of the qualification? Can the UK health system keep sustainable without EU workforce? ESNO's position is clear: Health is pan European and we will continue including UK colleagues in our project sharing practices and working together on the recognition of nurse specialist at EU level.

Francoise Charnay-Sonnek, President

 <p>THE VOICE OF SPECIALIST NURSES IN EUROPE</p> <p>The goal of the European Specialist Nurses Organisations (ESNO) is to facilitate and provide an effective framework for communication and co-operation between the European Specialist Nurses Organisations and its constituent members.</p>	 <p>JOIN ESNO!</p> <p>VIEW THE MEMBERSHIP CRITERIA HERE</p> <p>OUR PARTNER ORGANISATIONS</p> <p>ACENDIO - Association for Common European Nursing Diagnoses, Interventions and Outcomes</p> <p>EDTNA/ERCA - European Dialysis and Transplant Nurses Association / European Renal Care Association</p> <p>EFCNa - European federation of Critical Care Nursing associations</p>	 <p>SUMMIT 2017 BRUSSELS</p> <p>REGISTER NOW!</p> <p>STAY INFORMED AND CONNECTED</p> <p>DOWNLOAD PROGRAMME</p>
<p>New Website released</p> <p>21 March 2017</p>		<p>www.esno.org</p> <p>info@esno.org</p>

A Multicentre International One-Day Prevalence Study on Pressure Sores in ICU



DecubICUs: One-Day Prevalence Study on Pressure Sores

Register your interest today...

ESICM.ORG

Often considered a healthcare complication of the past, pressure ulcers sadly remain an issue for long term ICU patients - one that threatens the safety of these patients and as such, requires study and ultimately, solutions. The objective of this multicentre International one-day prevalence study from the ESICM Trials Group is to provide an up-to-date, international "global" picture of the extent and patterns of pressure ulcers in ICUs.

Co-PI Stijn Blot describes the rationale for DecubICUs and outlines the aims.

Register your interest today...

Intensive Care Units of all sizes in all geographical locations around the world are required.

Information: <http://www.esicm.org/news-article/icTV-decubicus-BLOT-2017-Mar>

3rd Int. Multidisciplinary Paediatric & Neonatal Acute & Critical Care Research School

26-27 October 2017, Aula Salviati 1-3, Bambino Gesù Children's Hospital, Rome, Italy

The 3rd IMPNACC research school has been designed to offer participants a total immersion in paediatric and neonatal acute and critical care research at the largest paediatric hospital and research center in Europe, located in the center of Rome, Italy. An 'ask the experts' Dinner will take place at the end of day 1 and will enable participants to share questions directly with the experts in the paediatric and neonatal fields.

The two full days of the research school are structured to give room for:

- Building national and international research collaborations
- Creating networks of early career and senior researchers
- Providing high quality methods teaching opportunities.



For more information contact Orsola Gawronski at: orsola.gawronski@opbg.net

End of Life Care (EOLC) in ICU: Nursing Care

Guidelines developed by HAN University of Applied Sciences Research, Department of Emergency and Critical Care Dutch Association of Nurses and Careworkers (Verpleegkundigen & Verzorgenden Nederland) - Intensive Care Rijnstate Arnhem Palliative Care Consultation Team

<http://blog.han.nl/acute-intensieve-zorg/files/2009/07/EOLC-Guidelines-def-incl-frontpage-EN.pdf>

Nursing care



Congress Calendar 2017 - *click on the logos to get linked*

5th Innsbruck/Konstanz
Targeted Temperature Management Symposium

June 01-02, 2017
Bodenseeforum, Konstanz, Germany



A European Intensive Care Project

supported by the European Union 2016-2018




THE MICE PROJECT
www.mice-project.eu

28th Annual Meeting of
The European Society of Paediatric
and Neonatal Intensive Care
June 6-9 2017, Lisbon, Portugal

SAVE THE DATE



espnpc
European Society of Paediatric and Neonatal Intensive Care

www.lisbon2017.espnpc.com

13th World Congress of Intensive
and Critical Care Medicine
**XXII Brazilian Congress of
Intensive Care Medicine**

Rio 2017

November 8-11, 2017 - Rio de Janeiro

BACCNTM **32nd Annual BACCN Conference**
4th & 5th September 2017, Park Plaza Riverbank, London

**Building Interprofessional Teams to
Enhance Safer Critical Care**

British Association
of Critical Care Nurses

30 November - 1 December, Brussels

**SUMMIT 2017
BRUSSELS**

REGISTER NOW!

Are you interested in
discovering more about the
future of health care in Europe?
www.esno.org

ESNO
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NURSES ORGANISATIONS

*"Shifting from hospital to primary care:
The role of the specialist nurse"*

EfCCNa

**EXCHANGE
PROGRAMME**



**4TH INTERNATIONAL CONFERENCE FOR
PERIANAESTHESIA NURSES**

1ST - 4TH NOVEMBER 2017
LUNA PARK, SYDNEY, NSW, AUSTRALIA

tides of change



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EfCCNa
European federation of Critical Care Nursing associations