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We request our esteemed readers to send their valued feedback, suggestions & views at newsletter@isccm.org

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WELCOME TO CRITICARE
2020 HYDERABAD

THEME
PRECISION IN INTENSIVE CARE

Workshop: 26th - 27th February 2020
Conference: 28th February - 1st March 2020
Venue: Hyderabad International Convention Centre (HICC)
Dear friends

We are earnestly working to make a scientific program for criticare 2020 which is innovative, inclusive & practical. We intend to reduce the number of parallel halls & start a post graduate section separately where students not only learn the basics of physiology but also learn skills, update their knowledge & clear their doubts. We are also looking forward to a section where we discuss the management of cases with experts besides a section for public advocacy.

Criticare 2020 is also going to have workshops which are interactive and will include trauma care as well besides popular workshops like mechanical ventilation, ultrasound, 4-C etc. The scientific committee intends to engage & involve next generation of intensivists so as to have maximum participation of members. May I take this opportunity to invite suggestions from members up to 31st of July for the inclusion of topics in the scientific program. In future, like international professional bodies, we intend to formalize, suggestions from the members for the topics to be included in the national conference, to make it more productive & useful.

Please send your suggestions on email to either presidentelect@isccm.org or conferencecoordinator@isccm.org.

We are also considering to start leadership & team building program for office bearers of central & city branches & also for members of the society. Simultaneously to move with the fast-changing time & advances in the field of critical care, leadership intends to consider formation of task forces for various subspecialties, to give fillip & develop them. I am sure with the active guidance, suggestions & participation of our members we will be able to move with the time & provide affordable, quality critical care across the length & breadth of the country.

Warm regards & best wishes

Dr. Dhruva Chaudhry
MD (Medicine), DNB (Medicine) D. M. (Pulmonary & Chest Medicine) FICP, FICCM
President Elect ISCCM, Editor in Chief, Critical Care Communications
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Dear friends

Greetings from ISCCM President !!

Last three months has been very busy for me as President of the society.

We have done scientific collaboration with Chinese Critical care society and I have visited as faculty to china on their invite.

ISCCM has also approached National societies like API, ISA, CHEST Society for scientific content exchange.

The Antibiotic guidelines in ICU and Immunocompromised have been submitted to ICMR for endorsement.

This year we are going to bid for World Federations of Critical Care Congress 2025 at Melbourne.

We have planned to have three workshop manual book on NIV, USG & ECLS (ECMO + RRT) and shall be ready at Hyderabad Criticare 2020.

ISCCM has planned its 1st text book of Critical care Medicine and shall be ready for publication at Ahmedabad Criticare 2021.

We have started our preparations for our annual conference 2020 at Hyderabad. We have planned the CRITICARE HYDERABAD 2020 AT NOVOTEL HICC. You shall get regular notification for the same very soon. The Scientific program meetings have been held and the scientific program is soon going to unfold. The critical care update book 2020 work is in full swing and soon all the authors will get the invite.

We have also activated our social media platform (Facebook, Twitter and Linked in) and shall urge to all the members of the society to get connected to us with these platform.

The most important aspects of the society, our annual election for society and college which are going to happen online from 24th June to 28th June. I request all of you to vote for the growth prosperity of the society.

Best wishes

Dr Subhal Dixit
MD, FCCM, IDCCM, FICCM, FICP
• Director ICU Sanjeevan& MJM Hosp
• President, ISCCM
• Chancellor, ICCCM
• Address: 1238/1 ApkaGhar, Apte road Pune 411004, Maharashtra, India
Tel: +91-20-25531539/ 25539538
Mobile: +91-9822050240
Email: president@isccm.org
Dear respected society members,

Greetings from ISCCM General Secretary!!

So far it has been wonderful three months for me as General Secretary of the prestigious society. I am lucky to have extremely supportive President, excellent EC members, very cooperative and hardworking office staffs. We are very focused to our agenda for next nine months.

Research is on high priority of our checklist and we are committed to have our own original research papers and assimilate Indian ICUs data. Research committee under chairmanship of Dr Subhash Todi is working hard to achieve this target. CHITRA our ambitious data acquisition software is ready and members are welcome to use this. We are exploring the possibility of applying for IT exemption under section 35 which will fetch more money for research.

ISCCM under leadership of President Dr Subhal Dixit, is going to come up with the three practical reference manuals on NIV, USG & ECLS (including RRT & ECMO), with practical recommendations, which will be ready as we meet in Criticare 2020 at Hyderabad. Those who will register for the workshop will get practical reference book of respective subject free. Under leadership of President Dr Subhal Dixit & President Elect, Dr Dhruva Chaudhary, Society is going to have its 1st textbook in Critical care medicine, which will be ready by 2021 at Ahmedabad Criticare.

We are in process of acquiring one more office in the same premises and simultaneously looking for the options of getting free or concessional land under charitable society as our future plans.

As general secretary, I have been endowed with the most difficult task of my life to organise Criticare 2020 at Hyderabad, which is a place out of my comfort zone. But I am very sure to complete this task with utmost precision with support from my colleagues and society members. Our 1st agenda for the conference is to develop a comprehensive mobile application, which can ease out most of the teething problems. I can say, we are ready with this application and very soon you will get the link to install it. This app will be your one point solution for everything related to all the future ISCCM congress. Like for registration you have to put your membership number and all the details will be there. Our scientific program will be ready very soon.

Scientific committee is working very hard on it. We are going to have more than ten interactive, standardized workshops where you will get more practical insight and hands on training. 1st time scientific chairman Dr Dhruva Choudhary is planning to have one hall only for postgraduates as PG corner. We also intend to have one hall during congress dedicated to theme base seminars on issues like communications, data analysis, MLC, consent, interpreting studies, and many other important issues which are missed very often. As per theme of the Criticare 2020, we will try to be precise for each and every aspects of the conference. I am sincerely looking forward for the blessings and support of all the members to make the congress memorable for all the attendees.

Long live the ISCCM!!

Thanks and regards

Dr. Rajesh Chandra Mishra
MBBS MD FNB EDIC FCCM FICCM FCCP FICP
General Secretary ISCCM 2019-20
Organising secretary Criticare 2020
generalsecretary@isccm.org
UNDERSTANDING LACTATEMIA IN HUMAN SEPSIS: POTENTIAL IMPACT FOR EARLY MANAGEMENT


Synopsis: Dr Inderpaul Singh Sehgal (MD, DNB (Med), DM

BACKGROUND: Lactatemia in sepsis could result from either impairment of oxygen delivery or oxygen utilization. Distinguishing the two mechanisms may enable tailoring of fluid resuscitation during early sepsis.

OBJECTIVE: To understand the relationship between central venous oxygen saturation (ScvO2), lactate and base excess to better determine the origin of lactate.

METHODS: This was a post-hoc analysis of baseline variables of 1741 septic patients enrolled in a multicentre trial (ALBIOS). Variables were analysed as a function of sextiles of lactate concentration and sextiles of ScvO2. The ‘alactic base excess’ was defined as the sum of lactate and standard base excess. Organ dysfunction severity scores, physiological variables of hepatic, metabolic, cardiac and renal function and 90-day mortality.

RESULTS: ScvO2 was lower than 70% only in 35% of patients. Mortality, organ dysfunction scores, lactate were highest in the first and sixth sextiles of ScvO2. Although lactate level related strongly to mortality, it resulted in acidemia only when kidney function was deranged (creatinine > 2 mg/dL), as rapidly detected by a negative alactic base excess. Organ dysfunction severity scores, physiological variables of hepatic, metabolic, cardiac and renal function and 90-day mortality were divided into six groups based on the lactate levels, ScvO2 and alactic base excess. The authors introduced the term “alactic base excess (ABE)”. This was calculated using the equation (ABE = standard base excess + lactate), values in mmol/L. Standard base excess (SBE) was calculated using the equation (SBE = HCO3 - 24.8) + 16.2* (pH-7.4). The ABE accordingly could be negative, near zero or positive. In those with a negative ABE, it was observed that subjects had worsening renal failure that resulted in an increase in the concentration of fixed acids other than lactate, in the plasma. A near zero value of ABE suggests that the acidemia could be entirely explained by elevated lactate levels. A positive ABE on the other hand suggested that either the kidney fully compensated for metabolic acidosis or that additional mechanism could be contributing to metabolic alkalosis (diuretic use or fluid depletion). In the current study, a positive ABE was strongly associated to the fluid balance. The authors also analysed the relationship of ScvO2 levels with the lactate levels. The authors demonstrated a U-shaped relation between the two. Only 35% of the study population had low ScvO2 (<70%) and high lactate levels (>2 mmol/L) suggesting an oxygen transport insufficiency, while in majority the ScvO2 was high (78-98%) with high lactate levels. In such a situation, the cause of lactatemia is due to other causes including thiamine deficiency, dysfunctional mitochondrial enzymes or dysregulated microcirculation causing peripheral shunting. In these situations, provision of more fluids could be detrimental.

So, what are the clinical implications of this study? The most important is the understanding that the cause of lactatemia may be different in patients with septic shock. A negative ABE should alert a clinician that the kidney function is impaired and is unable to compensate for the excess negative anions. In such a situation perhaps, an early renal replacement therapy may be useful. In those with a positive ABE, a possibility of fluid contraction can be entertained and perhaps boluses of fluid may be given. Also, the patients may be stratified by ScvO2 levels to understand the etiology of lactate production and then on the basis of ABE can be categorized as those with poor perfusion (negative ABE and creatinine ≥ 2 mg/dL) or hypovolemia (positive ABE). Future studies should evaluate this algorithm in management of patients with septic shock.

REFERENCE

THE CRITICAL CARE COMMUNICATIONS ∞ A BI-MONTHLY NEWSLETTER OF INDIAN SOCIETY OF CRITICAL CARE MEDICINE

JOURNAL SCAN / BOOK REVIEW
Healthcare provider compassion is associated with lower PTSD symptoms among patients with life-threatening medical emergencies: a prospective cohort study.


Synopsis – Dr. Swagata Tripathy, MD, DNB, IDCC, EDIC

INTRODUCTION - The hypothesis of the researchers from this urban academic centre in the USA was that the degree of compassion a patient perceived his healthcare providers to have, was associated with the subsequent development of post-traumatic stress disorder (PTSD) symptoms.

METHODS: A prospective Cohort Design, single centre study. Included all adults admitted to the emergency room with respiratory or cardiovascular insufficiency mandating lifesaving intervention. The Consultation and Relational Empathy (CARE) measure, a validated 40-point scale was used to measure the compassion (of the health care providers) as perceived by the patients. The PTSD symptoms were assessed at 1-month post ICU discharge by blinded personnel. The PTSD Checklist for the Diagnostic and Statistical Manual of Mental Disorders-5 was used.

RESULTS: One fourth (25%- 95% CI 17-35%) of the 99 patients who completed follow up (88% of total) had PTSD symptoms at 1 month. On multivariate regression correcting for confounders like severity of illness, relative support, crowding and ICU admission, it was seen that perception of greater compassion among health care providers was independently associated with lower PTSD symptoms at 1 month [odds ratio 0.93 (95% CI 0.89-0.98)]. An increase in CARE score by 1 point led to a 7% reduction in the odds of developing PTSD symptoms.

CONCLUSIONS: Patient perception of greater HCP compassion is independently associated with lower risk of developing PTSD symptoms, a common diagnosis in patients admitted to the emergency department with life threatening disorders.

Discussion: In the environment of growing concern that critical care may be a cause for PTSD among treated patients, this study brings a fresh insight into the human mind. As other studies in the ICU before this, including our own results (to be published) it throws light on perhaps what can be called ‘mind over matter’. Repeatedly, factors like mechanical ventilation, APACHE II scores, pre-existing comorbidity scores, delirium, pain in ICU etc- factors which should intuitively be associated with greater PTSD have failed to show any strong relationship with these mental outcomes.

Similarly, factors like resilience, social support, substance addiction may have greater relevance. As the authors point out, this study provides a rationale to begin developing interventions aimed at tackling compassion and testing these.

As in this study only 22 % of patients gave a perfect score to their medical personnel- illustrating that what should be ‘normal’ in health care- basic humanity may not be that easily forthcoming. There has been more evidence in recent past of physicians overlooking opportunities to be compassionate, instead taking a narrow biomedical focus. This study and others following it may be just the awakening needed.

Telemedicine in the ICU

Editor: Mathew A Koenig
Publisher: Springer
ISBN: 978-3-030-11569-2
Year of Publication: 2019
Pages: 331
Price: 124.79 Euro

Synopsis - Dr. Kundan Mittal, Dr. Rajesh Mishra, Dr. Vivek Gupta, Dr. Anupama Mittal

ICU care occupies approximately 30% of total beds in the hospital and a costly affair. This has led to develop the concept of telemedicine especially patient admitted in remote centre where facilities of specialist are not present. This is one of the best books written in English to highlight various issues in upcoming era of telemedicine including various categories of telemedicine. This book contains seventeen chapters divided in three sections. Part one focuses on provider & nurses’ role in Tele-ICU, physiological monitoring, integration of telemedicine technology, legal and regulatory issues and structure and design of Tele-ICU. Second section deals with quality and outcomes of Tele-ICU. Mainly describing current state of evidence, patient experience and cost benefit analysis in four chapters. Section three in six chapters of book primarily consist of issues related to clinical application of Tele-ICU in management related to neurocritical care, cardiology, sepsis, pediatric ICU, prehospital telemedicine and integration and telemedicine consultation in general ICU. Still there are many questions which are unanswered but still this is good book to read.
1. Identify? What did he design?

2. What is a HAY block?

3. Who conducted the world’s first clinical trial?

4. Who wrote this, and about whom?
   “Are you feeling all right?” I asked her.
   “I feel all sleepy,” she said.
   In an hour, she was unconscious. In twelve hours she was dead.

5. Identify the sign and cause?

6. Name the drug used for PPH – recently banned in India

7. Identify this machine?
8. What is the full form of CANONIC
9. Reversal agents of Factor Xa Inhibitors?
10. Identify the trial
   "The need is to balance…
   When you have to fill the gallons!
   Life and kidney are safe …
   Now, use of normal saline has no base!"

Answer will be in next issue

ANSWERS of quiz section of March, April 2019 issue

1) Esperanza, aged 21, the First Neonatal ECMO Patient, at the ELSO(extracorporeal life support organization) meeting with Bob Bartlett (left), father of ECMO
2) A scan of a young woman’s brain after being frozen.
   Cryonics is the practice of preserving humans and animals at cryogenic temperatures in the hope that future science can restore them to a healthy living condition as well as rejuvenate them
3) Left Anterior Descending Artery/Left Coronary Artery.
   This term is used because the left main coronary and/or the left anterior descending supply blood to large areas of the heart. If these arteries are abruptly and completely occluded it will cause a massive heart attack that will likely lead to sudden death.
4) March Haemoglobinuria – a form of paroxysmal mechanical haemolysis leading to haemoglobinaemia secondary to exercise. The resulting free haemoglobin is then excreted in the urine forming a red hue.
5) Rasmussen’s aneurysm.
   Fritz Valdemar Rasmussen (1837-1877), a Danish physician, described a pulmonary vessel passing through the wall of a tuberculous pulmonary cavity with an aneurysmal dilatation of this vessel into the cavity in 11 cases. He discovered patients with TB would occasionally die from massive haemoptysis due to the rupture of a pulmonary artery aneurysm. Only detected on autopsy and were unique to cavitating lung disease.
6) Traumatic asphyxia/Perthes’ Syndrome
   A rare problem due to marked massive influx of blood to the head and neck due to sudden thoracic compression, causing retrograde blood flow from the right heart backwards into the SVC.
7) Myasthenia Gravis
   The ICE pack test: Myasthenia Gravis is exacerbated by heat therefore it should improve with ice. A pack of ice is applied on the affected eye for 2 minutes. An improvement in ptosis of at least 2mm is considered positive. It will also improve the patients aim when firing the next snowball.
8) By chance…
   In the late 1980’s researchers at Pfizer were investigating the therapeutic potential of PDE5 (cGMP phosphodiesterase) enzyme inhibitors. Over 1500 chemicals were screened and tested over 4 years, resulting in sildenafil, which later acquired the trade name Viagra.
   However, Pfizer’s scientists weren’t investigating sexual dysfunction. Viagra was being studied as a potential therapy for hypertension and angina. Unfortunately, Phase II trials of Viagra demonstrated that it was not suitable for the treatment of angina (of note, Viagra should not be used with nitrates for angina, as profound hypotension can occur). However, the patients themselves simply didn’t want to stop taking the drug. Pfizer’s researchers soon realised the reason for this: Viagra produced prolonged erections following sexual stimulation. The rest is history.
9) Candida auris
10) Presence of fluttering within the trachea as the tube passed through using real time ultrasound. Used as a method to confirm endotracheal intubation using ultrasound bedside
New EC Committee Member List

BARODA

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<tr>
<th>Chairman</th>
<th>Secretary</th>
<th>Treasurer</th>
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<tbody>
<tr>
<td>Dr. Purveesh Umarania</td>
<td>Dr. Neeta Bose</td>
<td>Dr. Ravi Rajsinh Gohil</td>
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E C Members

- Dr. Divyesh Patel
- Dr. Monika Patel
- Dr. Amit Chauhan
- Dr. Bhavin Patel
- Dr. Revathi Aiyer
- Dr. Udayot Thaker

New EC Committee Member List

PATIALA

<table>
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<tr>
<th>Chairman</th>
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<th>Treasurer</th>
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<tr>
<td>Dr. Guneet Singh</td>
<td>Dr. Amrit Gupta</td>
<td>Dr. Jaspreet Singh</td>
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E C Members

- Dr. Balwinder Kaur Rekhi
- Dr. Trigat Kaur
- Dr. Arun Bhandari
- Dr. Gurpreet Singh Dang
- Dr. Kanwalpreet Singh
- Dr. Biswajit Maharana

New Executive Committee Member List

NASHIK

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<tr>
<th>Chairman</th>
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<th>Treasurer</th>
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<tr>
<td>Dr. Dinesh Wagh</td>
<td>Dr. Gauri Diwan</td>
<td>Dr. Mahesh Bansod</td>
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E C Members

- Dr. Meena Sonone
- Dr. Ruchira Khasne
- Dr. Kiran Birari
- Dr. Sujay Shamre
- Dr. Viles Kushare

New Branch Committee Member List

PANCHKULA

<table>
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<tr>
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<th>Treasurer</th>
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<tr>
<td>Dr. Achint Narang</td>
<td>Dr. Sonny Virdi</td>
<td>Dr. Ashwinin Sharma</td>
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E C Members

- Dr. Mohit Mahajan
- Dr. Kaldeep Mangla
- Dr. Chetan Goel
- Dr. Robin Gupta
- Dr. Dheeraj Dumir

New Executive Committee Member List

RISHIKESH

<table>
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<tr>
<th>Chairman</th>
<th>Secretary</th>
<th>Treasurer</th>
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<tr>
<td>Dr. Ankit Agarwal</td>
<td>Dr. Gaurav Jain</td>
<td>Dr. Ankita Kabi</td>
</tr>
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E C Members

- Dr. Sonu Sama
- Dr. Shailesh K. Lohani
- Dr. Rahul Chauhan
- Dr. Sagarika Panda
- Dr. Amiya Kumar Barik
- Dr. Mehdul Dhar
# Antibiotic Stewardship Programme ASP-2019

**Organized By:** Lucknow Critical Care Society (LCCS)  
**An Official Branch of Indian Society of Critical Care Medicine (ISCCM)**

**Venue:** Hotel Hilton, Gomti Nagar, Lucknow  
**Date:** 01\textsuperscript{st} June, 2019  
**Time:** 1700 Hours onwards

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### Programme Overview

<table>
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<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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| 17:20-17:30   | Overview of ASP                                                         | Dr. P.K. Singh  
Head, Dept. of Emergency Medicine, SGPGI, Lucknow |
| 17:30-17:45   | Antibiotic Stewardship: Rationale, success & hurdles                    | Dr. A.K. Singh  
Pulmonologist, Apollo Med. Hospital, Lucknow |
| 17:45-18:00   | Tracking: Antibiotic Prescription & Resistance                          | Dr. Sai Saran P.V.  
Assist. Professor, Dept. of Critical Care, CG City, Lucknow |
| 18:00-18:15   | MIC's: Nuts & Bolts for Clinicians                                      | Dr. Richa Mishra  
Associate Professor, Dept. of Microbiology, SGPGI, Lucknow |
| 18:30-18:45   | Procainamide in ASP: Current status                                     | Dr. Dhiren Dubey  
Head, Dept. of Critical Care & Pulmonary Medicine, Chukri Hospital, Lucknow |
| 18:45-19:15   | Current Antibiotic Guidelines for ICU                                   | Dr. Raghvendra Choudhary  
Senior Consultant, Dept. of Critical Care & Respiratory Medicine, Apollo Hospital, New Delhi |
| 19:15-19:45   | Panel Discussion: All Speakers & Chairpersons                           | Moderator: Dr. Banumati Poddar  
Professor, Dept. of Critical Care Medicine, SGPGI, Lucknow |

**Chairperson:** Prof. K. N. Prasad  
Prof. R. K. Singh  
Prof. P. Das

**For registration please contact:**  
Manager ISCCM Lucknow, Dr. Shivam Srivastava MPT  
Contact: Mobile Number +91- 9897 118 546  
www.isccmlucknow.in | Email: isccmlucknowchapter@gmail.com; Facebook.com/isccmlucknow
Secretary Report

The VIIIth Annual conference of UP and UK Chapter of ISCCM was hosted by the Kanpur City branch of ISCCM at Ramada Plaza Junabganj, Kanpur Lucknow Road Lucknow, from 25th of May till 26th of May 2019. The Theme of conference was “CHALLENGES AND SOLUTIONS IN RESOURCE LIMITED CRITICAL CARE”.

The Conference was preceded by preconference workshops on 24th of May 2019. There were three workshops organised on Mechanical ventilation (Invasive and Non invasive), Hemodynamic monitoring and Radioimaging for Intensivists. We had planned the workshops with 25 seats in each workshop. However because of interested generated and requests from residents from medical colleges in the region we had to extend the seats to 40 in Hemodynamic monitoring and 50 in mechanical ventilation, we had total of 115 registrations in the three workshops. The faculty for workshops was selected from different centres in UR UK and Delhi.

The conference was held on 25th till 26th of May 2019. The Scientific Program was organized in sessions of 3 talks in one session each talk planned for 17 minutes. Around 55 distinguished academician and Clinicians were chosen as faculty for conference from across whole of North India including the current National Secretary, President elect of ISCCM. The scientific program was exhaustive and spread over 12 hrs across 2 days. There were more than 120 registered delegates in the conference.

The Inaugural function of conference was held on 25th of May 2019 4- 4:30 PM, Dr Arati Dave Lalchandani Principal and Dean GSVM Medical College Kanpur was Chief Guest of the Inaugural Function and Dr Atul Kapoor, MD of Regency Healthcare Ltd. Kanpur was Guest of Honour for Inaugural Function. The President of UP and UK Chapter Prof Dr Lalit Singh, Secretary Dr Aditya Nath Shukla, Organizing Chairman Dr Ashok Kr Singh, Organizing Secretary Dr Sanjay Kr Gupta and Conference coordinator Prof Dr Anil Kr Verma were present during inauguration.

A free paper session was held on 26th of May for residents and registrars was also organized. Total of 7 papers were accepted by scientific committee. They were judged by a panel of three judges Dr Rajnish Bajwa, Prof Dr Narendra Deo and Dr Tanmoy Ghatak. Dr Neha Saxena was judged the winner with Dr Rajan coming as runner up. It was also promised that to encourage more participation all the presenters of the free paper will be provided complimentary registration for the next conference of UP and UK Chapter of ISCCM.

GBM of the UP and UK Chapter of ISCCM was held on the evening of 25th of May 2019. It discussed the way forward for the chapter, discussed the problems encountered by the chapter and also had a election of new office bearers. The new set of office bearers was elected for a tenure of next two years. List of New office bearers is as under:

**Chairman**
Dr. Aditya Nath Shukla, (Kanpur)

**Secretary**
Prof. Dr. A.P. Singh, (Varanasi)

**Treasurer**
Prof. Dr. Anil Kr. Verma, (Kanpur)

**Vice Chairman**
Dr. Ashok Kr Singh

**Members executive committee**
Dr. P. K. Das, (Lucknow), Dr. Apurva Agarwal, (Kanpur), Dr. Nand Kishore, (Dehradun) Dr. Vipul Mishra, (Mathura)
Dr. Rajesh Bhardwaj, (Ghaziabad) Prof Dr Narendra Deo (Gorakhpur), Dr Vimal Bhardwaj (Bareilly)

With Regards

Dr. Aditya Nath Shukla
Secretary
UP and UK Chapter of ISCCM 2016-2019
VIIIth Annual conference of UP and UK Chapter of ISCCM
ISCCM Elections 2019 - Results

The following members have been elected to the ISCCM Executive Committee after declaration of results by Election Commissioner

**PRESIDENT - ELECT**

Dr. Deepak Govil, New Delhi
Membership Id : 00/G-90
(Elected Unopposed)

**VICE PRESIDENT**

Dr. Pradeep Rangappa, Bangalore
Membership Id : 06/R-225
(Elected Unopposed)

Dr. D K Singh, Ranchi
Membership Id : 07/S-546
(Elected Unopposed)

Dr. Ranvir Singh Tyagi, Agra
Membership Id : 01/T-61
(Elected Unopposed)

**GENERAL SECRETARY - ELECT**

Dr. Arindam Kar, Kolkata
Membership Id : 09/K-415

**EXECUTIVE COMMITTEE MEMBERS**

Dr. Kapil Borawake, Pune
Membership Id : 10/B-352
(Elected Unopposed)

Dr. Deven Juneja, New Delhi
Membership Id : 07/J-193
(Elected Unopposed)

Dr. Ritesh Shah, Baroda
Membership Id : 02/S-314
(Elected Unopposed)

Dr. Anil Kumar Choudhuri, Delhi
Membership Id : 01/C-177
(Elected Unopposed)

Dr. Pankaj Anand, Jaipur
Membership Id : 01/A-83
(Elected Unopposed)

Dr. Mohan Gurjar, Lucknow
Membership Id : 06/G-250
(Elected Unopposed)

Dr. Ganshyam Jagatkar, Secunderabad
Membership Id : 08/J-209
(Elected Unopposed)

Dr. Lalit Singh, Bareilly
Membership Id : 08/C-177
(Elected Unopposed)

**ELECTION COMMITTEE**

Dr. Kapil Zirpe
Chief Election Commissioner

Dr. Dhruva Chaudhry
Member

Dr. Mohan Mathew
Member

Dr. Ajoy Sarkar
Member

Dr. Manish Munjal
Member
ICCM Elections 2019 - Results

The following members have been elected/nominated to the ICCM Board after declaration of results by Election Commissioner:-

**VICE CHANCELLOR**

Dr. Sheila Naiman Myatra, Mumbai  
Membership Id : 00/N-55  
(Elected Unopposed)

**SECRETARY - ELECT**

Dr. Ramesh Venkataraman, Chennai  
Membership Id : 07/V-118  
(Elected Unopposed)

**SECRETARY - ELECT, ACCREDITATION**

Dr. Ajith Kumar A K, Bangalore  
Membership Id : 01/K-162

**SECRETARY – ELECT, EXAMINATIONS**

Dr. Sachin Gupta, Gurgaon  
Membership Id : 09/G-333

**SECRETARY – ELECT, NURSING**

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Membership Id : 09/B-99  
(Elected Unopposed)

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WELCOME TO CRITICARE 2020 HYDERABAD

Workshop: 26th - 27th February 2020
Conference: 28th February - 1st March 2020
Venue: Hyderabad International Convention Centre (HICC)

THEME
PRECISION IN INTENSIVE CARE

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» Haemodynamic Monitoring Course
» Obstetric Critical Care Course
» Simulation
» Nursing Workshop

IMPORTANT DEADLINES

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HIGHLIGHTS OF CONFERENCE
» Plenary Sessions, Panel Discussions, Oration, Thematic Sessions, Interactive Sessions, Pre Conference Workshops
» Online Registration and Abstract Submission
» Critical Care Physiology Implication
» Conflict Between Guidelines and Precision Medicine

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