**ISCCM NEWS HEADLINES**

- Preparations for the Kochi Criticare 2017 in full swing
- The agreement between ISCCM and European Society of Intensive Care Medicine
- Multiple Regional ISCCM conferences in the country such as Mahacriticon, Gujarat Criticon, Mumbai Criticon Advt. & glimpses.
- Results of election to the National Executive Committee 2017 declared.
- ISCCM day being celebrated throughout India on 9th October.
- Journal scan by DR Rajesh Mishra

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**Editorial Office**

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**Published By:**

**INDIAN SOCIETY OF CRITICAL CARE MEDICINE**

For Free Circulation Amongst Medical Professionals

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Tel. 022-24444737 • Telefax 022-24460348 • email: isccm1@gmail.com

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

I extend to you, your families and loved ones my heartfelt season’s greetings. May the festive season bring you joy, prosperity and peace.

It gives me great pleasure to share with you that the agreement between ISCCM and ESICM (European Society of Intensive Care Medicine) has been signed at MILAN this year. The elections for the national ISCCM Executive Committee are over & the results have been declared. The preparations for the forthcoming Criticare 2017 at KOCHI are in full swing. All workshops are already getting full, and the scientific program for the main conference looks superb (www.isccm.org). The countdown for Criticare 2017 has begun, If you have not registered already please register. Dr. Vijaya Patil has worked hard to put together the ISCCM day theme on patient safety. There was huge response for ISCCM day poster competition. Please find glimpses of ISCCM day & poster competition. I take this opportunity to invite your valuable comments, suggestions, including critical appraisal of the newsletter, its quality and contents.

Please do not hesitate to contact me if you have any suggestions

Thank you very much for your cooperation.

Yours sincerely

Dr. Kapil Zirpe
Editor in Chief,
The Critical Care Communications
President-Elect, ISCCM
kapilzirpe@gmail.com

Happy Diwali
Dear ISCCM members

Greetings from Mumbai!

The agreement between ISCCM and European Society of Intensive Care Medicine was signed by Dr Kapil Zirpe when he represented the society in the ESICM meeting recently held in Milan. I recently attended the 17th conference of Asia Pacific Association of Critical Care Medicine at Bangkok. During the executive council meeting there I was successfully able to bid for the next conference. In 2019 the next conference will be held in Mumbai along with our national conference. As you already know the third conference of Association of South Asian Region Critical Care Societies will be held at Varanasi along with our national conference of ISCCM. This means that for the next 2 years i.e. 2018 and 2019 we are in for enhanced scientific feast. The scientific program for Criticare 2017 has been finalized and is put on the website Criticare 2017. The preparations for the ISCCM book “Critical Care Update” are well underway and we will give the books the delegates during Criticare 2017. Please register for the exciting new online course developed by ISCCM called Critical Care Infectious Disease Course. In a very short time the registrations for the course crossed the 1000 mark and we stopped the registrations. But now the registrations are open again. The popular course 4 C will shortly be online as we have already begun preparing online modules. We hope to launch it during the conference. The other 2 online courses i.e. Administrative aspects of Critical Care and Medicolegal aspects of Critical Care are getting ready and may can also launch these also at Criticare 2017.

I once again urge the members to update their contact details by filling the update form available on the website, so that we can communicate with you easily.

The festive season is well underway and Diwali is just around the corner. I wish all of you a happy diwali and prosperous year.

See you in Cochin!

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**Agreement between European Society of Intensive Care Medicine (ESICM) & Indian Society of Critical Care Medicine (ISCCM)**

European Society of Intensive Care Medicine (ESICM) and the Indian Society of Critical Care Medicine (ISCCM), both scientific non-for-profit research and educational associations, whose purpose is to improve the care of the critically ill patient, hereby create a strategic partnership which will further the mission of both the ESICM and the ISCCM (collectively the “organizations”). As the organisations are focused on quality and safety in intensive care, through the implementation of scientific and educational programs for their members, collaboration is imperative to enrich members’ experiences. Through this partnership, the organizations will exchange the best practices and cooperate actively in order to create synergies that can create added value to both organisations and especially to members and their patients.

The organisations by signing this agreement agree to the following:

**Improving Communication Channels between the Two Organizations**

1. ESICM will provide a direct link from the ESICM website to the ISCCM website.
2. ISCCM will provide a direct link from the ISCCM website to the ESICM website.
3. Wherever possible ESICM and ISCCM will jointly advertise scientific meetings or events to the benefit of each other’s membership, and will advertise forthcoming events of provided that there is no competing event run within the same country and within a time period of six weeks before or six weeks after the event.
4. ESICM and ISCCM will collaborate on matters scientific and otherwise to the benefit of their membership, but acknowledge that each other are independent organisations.
5. Where deemed appropriate by the respective President or delegated official, ESICM or ISCCM may publish matter submitted by the other party in either their newsletters or via their mailing lists.
6. **ANNUAL MEETING COLLABORATION:** Both organizations will collaborate reciprocally in each other’s annual meeting conference IN THE FORM OF LECTURES, DEBATES, WORKSHOPS OR PRESIDENT’S SESSION. Both organizations will invite the PRESIDENT (or his designee) of each other’s organization for participation in the annual meeting. The coach-class airfare travel cost of the PRESIDENT (or his designee) of each other’s organization will be borne by the respective invited organization while the local hospitality for entire duration of conference will be provided by invitee organization.
7. All major conferences of each other must be mutually endorsed in the brochure and on website of societies.
8. Both the societies will give a complimentary stall on a reciprocal basis in each other’s congress (mention in advance if participate or not - delay to be determined).
9. ESICM and ISCCM will facilitate exchanges of fellows and visitors according to the procedure detailed in Sops.
10. The organizations agree that this agreement may be ended upon written noticed by either party being served on the other.

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**Signed:**

Massimo Antonelli
ESICM President

Daniel De Backer
ISCCM Past President

Kapil Zirpe
ISCCM President Elect

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THE CRITICAL CARE COMMUNICATIONS ● A BI-MONTHLY NEWSLETTER OF INDIAN SOCIETY OF CRITICAL CARE MEDICINE
Dear Members

Intensive care medicine or critical care medicine is a branch of medicine concerned with the diagnosis and management of life-threatening conditions requiring sophisticated organ support and invasive monitoring. We feel proud that as a society we are changing the people’s perception regarding critical care medicine which merely used to be recognized as resuscitators in the past. Change happens with ideas and today there’s no shortage of ideas, what we need is the will to execute them. We further need to strengthen our academics and research. Our Goal is far away. If we have a goal that is far out, and we approach it in little steps, we will get there faster. Recently we signed an MOU with ESICM with a vision for sharing and exchanging Academics and Research programs with them. I think it is one of the initial steps which was needed as a part of professional networking. Although it is a known fact that there are wide differences in academic research output among countries the approach and ideas can always be very well shared. Society is working hard to strengthen the academic programs. Recently lots of enthusiasm has been seen in zonal levels. Online courses got an enormous response; more modules are there in the pipeline. Shapes of other activities are also changing. Education is a shared commitment between dedicated teachers, motivated students. Very soon faculty development programs will also be initiated. I believe in commitment, and being open and trusting each other and also respecting each other completely. It is always better to set the Goals and move forward with them.

Happy Diwali to all
Results of ISCCM Election 2016

The following members have been elected to the ISCCM Executive Committee after declaration of results in the ISCCM Executive meeting held on 14th August 2016

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<th>President – Elect (2017-18)</th>
<th>Vice President (2017-19)</th>
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<td>Dr Yatin Mehta, Gurgaon</td>
<td>Dr Ranvir Singh Tyagi, Agra</td>
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<td>Dr. Subhal Dixit, Pune</td>
<td>Dr. Pradip Kumar Bhattacharya, Bhopal</td>
<td>Dr. Vijaya P. Patil, Mumbai</td>
<td>Dr Rahul Pandit, Mumbai</td>
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Executive Committee Members (2017-19)

| Dr Yash Javeri, Delhi       | Dr Srinivas Samavedam, Hyderabad | Dr Arindam Kar, Kolkata | Dr Suresh Ramasubban, Kolkata |
|                            |                                  |                     |                               |

Dr. Kapil Zirpe

President-Elect and Chief Election Commissioner, ISCCM

Dr Anand Dongre

Zonal Member - West and Member - Election Committee, ISCCM

Dr Abhinav Gupta

Zonal Member - North and Member - Election Committee, ISCCM

Dr Susruta Bandyopadhyay

Zonal Member - East and Member - Election Committee, ISCCM

Dr Babu Abraham

Member - Executive and Election Committee, ISCCM

Achievements of ISCCM Members - Congratulations!

Prof. Dr. Bibhukalyani Das

DIRECTOR ACADEMICS
DIRECTOR NEURO-ANAESTHESIA, NCCU & PAIN CLINIC INSTITUTE OF NEUROSCIENCES KOLKATA

has been awarded Bhartiya Chikitsak Ratan Award for Best Performance

Dr. Sameer Jog

CONSULTANT INTENSIVIST, DEENANATH MANGESHKAR HOSPITAL AND RESEARCH CENTER, PUNE

has been awarded Honorary Membership of European Society of Intensive Care Medicine (ESICM)

Dr. Kapil Zirpe

DIRECTOR & HOD NEURO-TRAUMA UNIT GRANT MEDICAL FOUNDATION, RUBY HALL CLINIC, PUNE

has been awarded Fellowship in the American College of Critical Care Medicine (FCCM)

Dr. Y. P. Singh

DIRECTOR & H.O.D CRITICAL CARE, MAX SUPER SPECIALITY HOSPITAL, PPG, NEW DELHI

has been awarded Fellowship in the American College of Critical Care Medicine (FCCM)
Dear colleagues,

We would like to invite you to take part in an DIANA study.

The DIANA study is a multi center, international, prospective, observational cohort study investigating empirical antibiotic use in the ICU, organized through the INFECTION section of the ESICM. The primary objective of the study is to describe the empirical antibiotic therapy for infections at the ICU and to describe the rate of de-escalation as well as the associated outcome (mortality, length of stay on the ICU, hospital length of stay, infection relapse, subsequent infection). The full protocol of the study can be found in attachment.

Considering the importance of this hot topic and the confirmed participation of different European countries and Australia there is a strong belief that this study will lead to significant new insights and multiple publications, and getting data from India would increase the impact of the study.

This study is purely observational in nature, no additional interventions or measurements other than those that are standard of care are needed. Participants will be included during a 2-week period starting from October 2016. Participating centres can select the weeks of participation based on local considerations and staff availability. Participants will be observed until 28 days after inclusion in the study. A web-based electronic CRF will be used.

Please let us know at your earliest convenience if you accept this invitation by replying to this email. If so, please enter your center details at via the link you will find on www.dianastudy.ugent.be.

IEA study protocol for your perusal.

We would deeply appreciate your participation.

Regards

Dr. Kapil Zirpe
President-Elect, ISCCM

Dr. Pradip Kumar Bhattacharya
General Secretary, ISCCM

Dr. Atul Kulkarni
President, ISCCM

New Office Bearers of ISCCM Branches

**Lucknow**

- **Chairman**: Dr. R. K. Singh
- **Secretary**: Dr. Piyush Srivastava
- **Treasurer**: Dr. Krishna Pratap Mall

**Raipur**

- **Chairman**: Dr. Mahesh Sinha
- **Secretary**: Dr. Surya Prakash Sahu
- **Treasurer**: Dr. Pradeep Sharma

**Vishakapatnam**

- **Chairman**: Dr. T. Mohan S. Maharaj
- **Secretary**: Dr. A. Mohana Rao
- **Treasurer**: Dr. S. Srinivas

**Goa**

- **Chairman**: Dr. Sitaram Korgaonkar
- **Secretary**: Dr. Hemchandra Maenkar
- **Treasurer**: Dr. Gandhali Dhume

New Branch

- **Chairman**: Dr. N. Sameer Redkar
- **Secretary**: Dr. Uday Apte
- **Treasurer**: Dr. Anurag Jadhav

**Winners of Critiquiz 2016-2017 “Battle of the Brains” - Episode 3**

- **Guwahati**:
  - **Head Critical Care Medicine**
  - **Narayana Superspeciality Hospital**, Guwahati
  - **Dr. Apurba Kumar Borah**

- **Kolkata**:
  - **FNB Critical Care Medicine Trainee**
  - **Rabindranath Tagore International Institute of Cardiac Sciences**, Kolkata
  - **Dr. Payel Bose**

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THE CRITICAL CARE COMMUNICATIONS • A BI-MONTHLY NEWSLETTER OF INDIAN SOCIETY OF CRITICAL CARE MEDICINE
Dear Friends,

ISCCM Pune Branch conducted thematic meeting on Patient Safety in ICU on 9th October 2016 at Venue Hotel Le Meriden, Pune. The response to meeting was huge as a total of around 100 delegates attended the meeting from various hospitals of Pune and nearby cities. We are happy for such an overwhelming response to the meeting.

The event started with a welcome speech by Dr. Sunita Varghese. The session started with lecture by Dr. Balasaheb Bande on Patient Safety in ICU - What does it mean? The audience liked the lecture very much. The event was enlightened by interesting case scenarios presented by Dr. Sunita Varghese. This audiovisual created a atmosphere like ICU in the auditorium.

The Medication errors in ICU was discussed with great sense of humor and enthusiasm by Dr. Kapil Zirpe. The audience appreciated his views and they too realized the importance of this topic.

“To err is human” – Disclosure of errors to patients and family members was presented by Dr. Subhal Dixit. This lecture was followed by discussion on pros about Communication in ICU. The next lecture on Strategies to improve patient safety in ICU was presented by Dr. Kayanoosh Kadapatti.

The highlight of the day was the talk on “Fosfomycin IV - NOVEL TREATMENT OPTION FOR RESISTANCE BUGS.” By Dr Shirish Prayag Sir. The lecture was followed by question and answer session about various aspects related to Antibiotic policy in ICU.

This was followed by Grand Cake Cutting ceremony. All the delegates enjoyed the event.

The ISCCM foundation day celebration continued the next day with a special event on 10th October, Monday at the prestigious BALGANDHARVA Auditorium in Pune. The Event public symposium titled- Savand (Marathi word for dialogue) was arranged with an aim to make general public understand about ICU functioning. The event started with introduction speech by Dr. Kapil Borawake, Secretary Pune branch about importance ISCCM as organization and its contribution to medical field and society.

Dr. Shirish Prayag introduced to the audience the concept of such dialogue and made the audience understand that ISCCM is very much aware about its social responsibility and is always there to serve the society.

Dr. Subhal Dixit gave an excellent audio Visual details about ICU to the audience to make them understand how actually ICU works.

The panel discussion was the highlight event. The panelist were Dr. Shirish Prayag, Dr. Kapil Zirpe, Dr. Subhal Dixit, Dr. Kayanoosh Kadapatti and Dr. Prasad Ranhans. The panel discussion was moderated by Dr. Deepak Salunkhe.

The event had an involvement of 18 social non profit NGOs. The event was attended by almost 300 audiences. The event also included felicitation ceremony of 16 senior practitioners in all specialties’ across Pune. The event also included A Short Film on ICU.

Dr. Jyoti Shendge conclude the event by Vote of Thanks.
ISCCM Day Report

Webinar was conducted by ISCCM center
There were 2 talks
1. Introduction and techniques of communication
2. Communication over the phone & handover

Followed by 4 workstations
1. Routine communication on admission
2. Breaking bad news
3. Communication regarding iatrogenic complication
4. CRM case scenario

ISCCM Day Poster Competition

Prize Winner Posters

**First Prize Rs 10,000/- divided in**
- Tushar Sontakke / Bharat Jagiasi
tushar.goldy@yahoo.com
- Vandana Patel
vandypats@yahoo.co.in

**Second Prize Rs. 7,500/- divided in**
- Yesha Yesha
yesha198723@gmail.com
- Sunil Kumar
sunildockmc@gmail.com

**Third Prize of Rs. 2,500/- each**
- Subhra Sen
drusubhra.sen9@gmail.com
- Sonali Vadi
sonalivadi@hotmail.com
- Anuj Clerk
anujmcclerk@hotmail.com
- Rakesh Gerg
drrgarg@hotmail.com
- Mohan Gurjar and Saisaran
saisaranpv@gmail.com
- Krishna Bardol
drkrishbm@gmail.com

Prize Winners

**First Prize Rs 10,000/- divided in**
- Tushar Sontakke / Bharat Jagiasi
tushar.goldy@yahoo.com
- Vandana Patel
vandypats@yahoo.co.in

**Second Prize Rs. 7,500/- divided in**
- Yesha Yesha
yesha198723@gmail.com
- Sunil Kumar
sunildockmc@gmail.com

**Third Prize of Rs. 2,500/- each**
- Subhra Sen
drusubhra.sen9@gmail.com
- Sonali Vadi
sonalivadi@hotmail.com
- Anuj Clerk
anujmcclerk@hotmail.com
- Rakesh Gerg
drrgarg@hotmail.com
- Mohan Gurjar and Saisaran
saisaranpv@gmail.com
- Krishna Bardol
drkrishbm@gmail.com

Vocalizer for Patient

ICU APP for Patient Communication

Crusade Against Cancer Foundation offers information on cancer and guidance on causes, consequences, control methods, treatment options, available concessions, etc. The Foundation also extends help to deserving persons with promising cure of cancer, which include free surgery and assisting hospital expenses.

The Need
It has been observed that during their stay in the ICU, the patients’ ability to speak is compromised for various reasons. It could either be because they are on life support system and being fed through a tube in the neck or they are simply too weak to speak. On other occasions, they may have been operated upon in the throat region. In such a scenario, they are dependent primarily on the healthcare giver i.e. the nurse to look after their basic needs. So, communicating their requirements like I am thirsty or I want to turn around pose as a challenge, thereby seriously affecting the quality of their life.

The Solution
The ICU App “Vocalizer” was created to support such patients and help them voice their needs during their stay in the ICU. After careful study of such patients, the team identified and shortlisted a list of requirements. These were categorised into different segments, followed by commands that were created and centralised under each category. Subsequently, a patient could select a specific category and point to a specific command in the APP to communicate his requirement.

The ICU App is a mobile application that works on all smartphones and operating systems like Android and iOS. It could be downloaded from an APP store by the healthcare provider, healthcare giver or family members of the patient.
The nursing staff assigned to the patient could use a mobile device to download this app and then start using it to interact with the patient/s. The ICU App covers six different categories of needs. Within each category, it covers multiple commands, where each command is supported by a relevant visual and audio voice over. The App also offers an option to choose different languages like English or Hindi and a choice between a male or female voice for each language.

Once implemented, the App made communication very easy for the patients, thereby giving a fillip to their quality of life within the ICU. ICU assistance and evaluation by Dr. Sanjith.

The Approach
Patients who were on mechanical ventilator or who were not able to communicate with their voices due to surgeries were followed up in the wards and at home to understand what they were trying to express during their stay in the ICU. The proceedings were then recorded and replayed to them at a later date so that they could correlate and tell us what they were trying to communicate. About 148 such requests/orders/requirements were scrutinised and the most common requirements were then placed in groups in order to build the application.

As of now, there is no such programme in medicine and the uniqueness lies in the fact that this programme is not only pictorial but also vocalises each of those commands.

The result
This learning programme was run for three months in the ICU. The result lies in the fact that this programme is not only pictorial but also vocalises each of those commands.

functioning of the app. Post-surgery, once they were shifted to the ICU, the patients started communicating with the ICU team with the use of this app, thus making life easy for them as well as the healthcare providers (doctors and nurses).

Patients are no longer scared that they will not be able to communicate with us or the healthcare provider when they are on ventilator support. This translates into lower anxiety, lower pulse rate and thus better hemodynamic management. A patient also feels that his needs are assessed completely, as he is able to put his point or requirement properly. The patient feels confident enough to be operated upon in the hospital, as he knows that we are going an extra mile to keep him comfortable preoperatively.

Moreover, the healthcare provider feels satisfied of having attended to a patient’s every complaint/request during his stay in the ICU and at a time when he was unable to speak by virtue of being on ventilator support.

Description
Communication is a critical need in ICUs and many other settings where a person cannot speak. Vocalizer for patients is a free Assistive Communication app intended to help conscious people who are unable to speak. Dr. Jagannath, a leading cancer surgeon conceived an idea of using figurative expressions and vocalizing them as spoken voice. The app is based on assessment in the ICU by Dr. Sanjith, Intensivist. It has been developed by Tata Interactive Solutions. We hope that this will help your near and dear to communicate with you in a setting of an ICU or at home when they may not be able to speak and desperately want to communicate their desires to you. We welcome your review and feedback. The effort is funded by Crusade Against Cancer Foundation, a charitable organization specially for children with cancer, (www.indiacancer.org). Donations for cancer patients are welcome. The application is for iPad devices.

First ICCMIC Course endorsed by Global Sepsis Alliance
9th and 10th September 2016, India Habitat Centre, New Delhi.
Course Director: Dr Yash Javeri
Dear Friends,

This report captures the three day programme of workshops, talks, panel discussion, and interactive dialogues at the 11th Mumbai criticon that was held from 30th September till 2nd October, 2016. 30th September, saw the pre-conference workshops/CME while the main conference was held on the following two days. The Tata Memorial Hospital and Research Center, Parel graciously hosted the meeting.

Speakers who are experts in their field included Dr. Thomas Blake (USA), Dr. Stefano Nava (Italy), Dr. Yatin Mehta (New Delhi), Dr. Subhash Todi (Kolkata), Dr. Kapil Zipre (Pune), Dr. Srinivas Samavedam (Hyderabad), Dr. Ravindra Mehta (Bangalore) as well as the Mumbai faculty. All the ISCCM presidents, past, current and elect were invited to the conference. An inaugural ceremony held on the 1st October, 2016 was graced by Dr. Jigishu Divatia, and elect were invited to the conference. An inaugural ceremony was held on the 1st October for the attending delegates at the ITC Grand Central.

All-in-all the 11th Mumbai Criticon 2016 was a well-attended conference. The meet brought together 250 enthusiastic delegates with an audience that was inclusive of intensivists, Critical care fellows in-training, Physicians, Anesthetists, Obstetricians, as well as Nurses.

A banquet was held on the 1st October for the attending delegates at the ITC Grand Central.

The dignitaries spoke on the evolution and importance of Critical care and the need for more and more physicians of the various relevant branches to take up Critical care. Members of all relevant branches of Critical care are exhorted and invited to join the ISCCM as Life members.

Academic program: A lecture was delivered on ‘Management of Hyperglycemia in the Critically Ill’, by Dr Ram Swaroop Jawahar. It was well received with active audience interaction.

Foundation day function: After the lecture a function was held, Chaired by Chairman of the City branch of ISCCM Dr Ram Swaroop Jawahar. Dr A S Kameswara Rao (present President of ISA, National), Dr S S C Chakra Rao (Past Hony. Secretary, and Past Hony. President of ISA National), Dr M Bheemeswar (past Hony. Secretary of ISA National), Dr B Sowbhagya Lakshmi (Prof. and HOD of Anaesthesia, Rangaraya Medical College, Kakinada), occupied the dais along with the Hony. Secretary of Kakinada City branch, Dr S V Lakshmi Narayana).

The dignitaries spoke on the evolution and importance of Critical care and the need for more and more physicians of the various relevant branches to take up Critical care. Members of all relevant branches of Critical care are exhorted and invited to join the ISCCM as Life members.

E-poster session was included in this meet. An enthusiastic response was seen from the critical care research work as well as interesting case reports.

The 2nd Mumbai CRITICON 2016 Wrap Up report

Sunday, 9th October 2016 • 7.30 pm to 10.30 pm • Ramcosa House, Kakinada, Andhra Pradesh

The ISCCM Foundation day was celebrated by the members of the ISCCM Kakinada City branch on 09th October, 2016.

Public awareness program:
From 1.00 PM to 2.00 PM Honorary Secretary Dr Lakshmi Narayana gave an interview on Critical Care on the local FM Channel 90.8. In the interview questions about the origins, importance, necessity of Critical care in the changing scenario of diseases, high-risk surgeries, and Trauma, and issues of cost and public activism were discussed.

In the evening a function was organized in Ramcosa House, Kakinada, in which 34 members, including members, interested non-members, and PG students from the Dept. of Anaesthesia of Rangaraya Medical College, Kakinada participated. Incidentally the Kakinada City branch is having as it’s members doctors from the specialties of Anaesthesiology, General Medicine, General surgery, Pulmonology, and Paediatrics.
Quiz Fourth Edition

1. Who Am I? Identify the great personality

2. What is Lazarus sign?

3. Expansion DIANA

4. Know your society - ELICIT group

5. Safety Saves - An extinguisher with an A rating is designed for use on which type of fire?

6. Incubation period for Chikungunya is typically ………

7. MARS term is used in critical care in two contexts. What are those?

8. Folinic acid (leucovorin) can be used in which two poisoning?

9. Identify the equipment? Hint Don’t Finger Your Patients

10. This date in history

Answers to Third Episode

1. The diagnosis of PCP can be definitively confirmed by histological identification of the causative organism in sputum or bronchio-alveolar lavage (BAL). Special staining will show the characteristic cysts. The cysts resemble crushed ping-pong balls and are present in aggregates of 2 to 8. In contrast, Histoplasma or Cryptococcus, typically do not form aggregates of spores or cells.

2. Dermacentor-borne-necrosis-eschar-lymphadenopathy (DEBONEL) related to Rickettsia slovaca infection, as well as lymphangitis-associated rickettsiosis attributed to Rickettsia sibirica infection.

3. Supportive - Probable ECMO insertion

Supportive treatment till symptoms resolved.

References:


Penicillin was invented in the year 1928 by Scottish by the name of Alexander Fleming.

4. c. Hypocalcaemia

5. Perform chest escharotomy

6. QTc prolongation

7. Sutureless Catheter Securement Devices

8. Category II CDC for CRBSI prevention

9. William Cresap Shoemaker

WHO Director-General Dr Margaret Chan announced that the H1N1 influenza virus has moved into the post-pandemic period

The critical care community lost one of its great visionaries and founders. Dr. Shoemaker was a founding member of the Society of Critical Care Medicine, and its third president. He is the founding editor of the Society’s peer review journal, Critical Care Medicine. He was a tireless advocate for the recognition of multidisciplinary critical care medicine as its own specialty. As a researcher, Dr. Shoemaker was a major contributor to scientific advancements in field of critical care and helped develop innovative treatments for the care of critically ill patients.

Happy Diwali & Prosperous New Year

We request our esteemed readers to send their valued feedback, suggestions & views at newsletter@isccm.org
Analegesia in Neurocritical Care: An International Survey and Practice Audit

Friederike A. Zeiler, MD; Fahd Aluhaid, MD; Katlein, RNI; FRCCP(3); Francis Bernard, MD, FRCCP(3); Yoisora Isikawa, MD, FRCCP(3); Myriam Heuzey

Objective: To characterize analgesia administration in neurocritical care.

Design: ICU pharmacy database analysis; survey audits from 4 countries.

Setting: Intensive Care Units (ICUs) in 4 countries.

Interventions: None.

Measurements and Main Results: Analgesia delivery data from 173 patients in France, Canadian, American, and Australian and New Zealand ICUs suggest that acetaminophen/paracetamol is the most common first-line analgesic (49.1% of patients); opioids were the second-line (34.1%) followed by nonsteroidal anti-inflammatory drugs (NSAIDs). Measurements of valid analgesic preference rankings were as follows: acetaminophen/paracetamol (49.1% of patients); opioids were the second-line (34.1%) followed by NSAIDs.

Conclusions: Acetaminophen/paracetamol is widely distributed in the intensive care unit (ICU) population. It is a useful tool to monitor lung ventilation and to assess lung injury severity. PET imaging has become increasingly important across medical specialties, particularly for the diagnosis and staging of various respiratory disorders.
Ten situations in which ECMO is unlikely to be successful

Matthew Schmidt, Nicolas Brechot, Alain Combes

Conclusions: Early lactate and glucose levels after aneurysmal bleeding are established predictors for delayed cerebral ischemia and outcome: age, temperature below 37°C and hijdra sum scores. Early lactate and glucose were strongly related (Spearman  = 0.55; p < 0.001). Lactate and glucose were significantly higher in patients with good outcome (median, 11.9 mg/dL vs. 4.8 mg/dL). Multivariate regression analyses examined the interaction between B-type natriuretic peptide or aldosterone concentration and fluid strategy with regard to the effect of fluid infusion on 24-hour in-hospital mortality.

Results: Among 625 patients with adequate plasma, median B-type natriuretic peptide concentration was 825 pg/mL (interquartile range, 429-1,616 pg/mL), and median aldosterone was 2.49 ng/dL (interquartile range, 0.67-9.49 ng/dL). B-type natriuretic peptide did not correlate with lactate or glucose in the entire cohort. Multivariate analyses examined the interaction between B-type natriuretic peptide or aldosterone concentration and fluid strategy with regard to the effect of fluid infusion on 24-hour in-hospital mortality.

Conclusions: Early lactate and glucose levels after aneurysmal bleeding are established predictors for delayed cerebral ischemia and outcome: age, temperature below 37°C and hijdra sum scores. Early lactate and glucose were strongly related (Spearman  = 0.55; p < 0.001). Lactate and glucose were significantly higher in patients with good outcome (median, 11.9 mg/dL vs. 4.8 mg/dL). Multivariate regression analyses examined the interaction between B-type natriuretic peptide or aldosterone concentration and fluid strategy with regard to the effect of fluid infusion on 24-hour in-hospital mortality.

Management of Bleeding With Non-Vitamin K Antagonist Oral Anticoagulants in the Era of Specific Reversal Agents

Carlo Tascini, MD; Marco Falcone, MD, Matteo Bassetti, MD; Francisco G. De Ros, MD, Emanuela Sozzi, MD, Alessandro Russo, MD, Francesco Di Ippolito, MD, Alessandra Merilli, MD, Claudio Scarperso, MD, Franco Carmassi, MD, Massimiliano Montrucchio, MD; and Hui Nian, MS; Chang Yu, PhD; Arthur P. Wheeler, MD; and Arthur P. Wheeler, MD

Results: The primary endpoint was observed in 855 of 1670 patients (51.3%) in the low-dose group and in 817 of 1679 patients (50.1%) in the high-dose group. The absolute difference in the primary outcome of death or disability at 90 days, which was defined by scores of 2 to 6 on the modified Rankin scale (range, 0–6) [4 death] was not significant. The secondary endpoint of favorable neurological outcome (a score of 0 to 2 on the same scale) was not significant either. The primary endpoint in the low-dose group was lower for one patient with fever at the onset of the episode. To identify the risk factors associated with the withdrawal of life-sustaining therapy decision may not represent a self-fulfilling prophecy. (JAMA Intern Med. 2016;176(8):1151–1159. doi:10.1001/jamainternmed.2016.646)

My View: It is possible, life sustaining therapy is being withdrawn even when serious ICH disorders

Low-Dose versus Standard-Dose Intravenous Alteplase in Acute Ischemic Stroke

Jonathan M. Weimer, BA1; Amy S. Nowacki, PhD2; Jennifer A. Intracranial Hemorrhage: Self-

Results: We identified 147 candidemia episodes without fever at onset of candidemia. Factors associated with the lack of fever at onset of candidemia were diabetes, C. difficile infection and use of intravenous antimicrobial therapy. Conclusions: Clinicians should be aware that an increasing number of patients with invasive candidiasis cared for in internal medicine wards may lack fever at onset, especially those with diabetes and C. difficile infection. Use of intravenous antimicrobial therapy was more frequently administered to patients without fever and no difference in 30-day mortality rate were documented in the two study group.

My View: So again in high risk patient one has to suspect candidiasis where your patient is septica and apyrexic.

Blood transfusion: In the air tonight?

My View: As a new oral anticoagulant is being used, presuming that it is safe, but more data on more complicated life threatening problems due to bleeding is going to be a big challenge and solution is limited.
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Jointly Organised by All ISCCM Branches of Gujarat

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• Landmark Trials & Recent Research Articles in Journals of Critical Care Medicine
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Any query please contact
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CONFERENCE
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