ISCCM NEWS HEADLINES

- Multiple Regional ISCCM conferences in the country such as Mahacriticon 14, 2nd Gujarat Criticon 14, Mumbai Criticon 14.

- All conferences were well attended and hugely popular.

- Preparations for ISCCM National Conference at Bengaluru in full swing.

- Excellent response from the delegates, most workshops already full.

- 3rd Best of Brussels announced, sounds very good again.

- Results of election to the National Executive Committee declared.

- 4 C course establishes in a niche position in Indian Critical Care community, entices the budding intensivists.

- 4 C to modules to be revised, new modules will be unveiled at the National Conference in Bengaluru.

Editorial office:

Dr. Atul P. Kulkarni
Professor & Head, Division of Critical Care, Dept. of Anaesthesiology, Critical Care & Pain
Tata Memorial Hospital, Parel, Mumbai 400012
Phone : 022-24177049 • emails : kaivalyaak@yahoo.co.in

Published By :

Indian Society of Critical Care Medicine
For Free Circulation Amongst Medical Professional
Unit 6, First Floor, Hind Service Industries Premises Co-operative Society, Near Chaitya Bhoomi,
Off Veer Savarkar Marg, Dadar, Mumbai – 400028
Tel. 022-24444737 • Telefax 022-24466348 • email : isccm1@gmail.com

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

Contents

1 ISCCM News Headlines
2 Editorial Board 2014-2015
3 President’s Desk
4 Gujarat CRITICON 2014 Rajkot - A Report
5 ISCCM - Mumbai 1st Criticon - A Report
6 14th Comprehensive Critical Care Course (4c) of Indian Society of Critical Care Medicine Organized by ISCCM Pune Branch
7 Image Challenge
8 MAHACRITICON 2014 - A Report
9 ICU Protocols
10 New Office Bearers of ISCCM Branches
11 Branch Activities
12 Journal Scan
13 CRITICARE 2015
Dear Colleagues,

Wish you a very pleasant, prosperous as well as professionally successful new year. This issue contains the reports of the highly successful regional conferences; the Mumbai Criticon, the 2nd Mahacriticon held at Aurangabad as well as the 2nd Gujarat Criticon held at Rajkot along with some selected photographs.

The preparations for the forthcoming Criticare 2015 at Bengaluru are in full swing. All workshops are already full, and the scientific program for the main conference looks superb. We have a feast awaiting us. If you have not registered already please register. I will print the entire scientific program schedule in our next issue.

The research proposal of the ISCCM is finally going ahead. Once the App is ready for use we will send you an e-mail and let you know when you can start contributing data to the national database. I cannot emphasize the importance of this endeavor enough. I urge all of you to contribute to this database.

Please send in Image Challenge, both image and question and answers. Unfortunately there is no image challenge in this issue since I did not get any from anybody. Members who wish to express their views can easily do so in our ‘Members Speak’ corner. So please send these to me and we will be happy to publish the same.

Please note that for a small payment of Rs. 8000/- you can advertise for job placements and other related activities.

Dr Srinivas Samavedam has contributed the journal scan for this issue.

Happy reading!

Dr. Atul P. Kulkarni
Editor,
The Critical Care Communications
President-Elect, ISCCM
kaivalyaak@yahoo.co.in

www.isccm.org
Dear ISCCM Members,

Greetings to all ISCCM colleagues! The year 2014 has been a tumultuous year in many ways. It has seen the first majoritarian government in India in the last 3 decades and has also seen the ambitious launch of many schemes including the “Swachh Bharat Abhiyaan” that promise to change the way the world thinks about India. Several changes have also been made to the administrative structure of our country as this is vital for the implementation of the various schemes of our Prime Minister.

Unfortunately, there is likely to be a drop in the budgetary allocation for health care and in an already stretched health care delivery system this does not augur well for the health of our patients. Intensive Care is only likely to get more expensive and unaffordable for the poorest of our poor patients.

How can we work towards making intensive care more affordable, at the same time maintaining the quality? I hope our ISCCM national conference in Bengaluru with the theme of “Outreach, Austerity and Quality” will throw up some answers.

Within ISCCM last year our Foundation Day theme was “We must know when to stop” – Towards appropriate “End of Life Care” for our patients. I will soon be sending an ISCCM “End of Life” Care issues questionnaire that addresses the important issues surrounding “End of Life Care in our country and this data will hopefully drive the necessary changes that are required to be made. Dr. Mani is also planning a book around these issues. There will also be a workshop and several thematic sessions on Communication and EOL issues at Bengaluru.

The paucity of epidemiological data on intensive care will be addressed by the ISCCM research database, the start of which will be launched in Bengaluru. St. John’s Research Institute and ISCCM will be partnering for this important work.

At the international level our relationship with the WFSICCM is getting stronger and there will be a strong contingent representing India at the WFSICCM Seoul meeting including several past presidents and the current leadership. Several ISCCM members will also be part of the various task forces planned by WFSICCM. Dr. Ramesh Venkataraman will present the ISCCM MOSER study as “Epidemiology of Resistant ICU infections in India”. A joint ISCCM-ESICM meeting is also planned at our national conference and discussions are on for strengthening our ties on various other issues. Dr. Dilip Karnad has been nominated on the “Surviving Sepsis Guidelines Committee” and will represent ISCCM on this international collaboration. The Bengaluru conference will also see the launch of the Cardiac Resuscitation beyond BASIC by the international BASAIC collaboration. This course on in-hospital resuscitation will provide a cost effective alternative to the ACLS courses being currently run in our country.

A society is only as strong as it’s individual members and I appeal to all of you to participate more actively in all activities of ISCCM and write to me with all your ideas. Our website is now more active and we hope to initiate discussion groups that will help us reach out to all our ISCCM colleagues.

Dr. Shivakumar Iyer
President, ISCCM
suchetashiva@gmail.com

Block Your Dates

WFSICCM Seoul 2015

12th Congress of the World Federation of Societies of Intensive and Critical Care Medicine
in collaboration with the WFCCN and WFPICCS
World Congress of the Intensive and Critical Care Medicine
29th August - 1st September 2015
SECRETARIAT
9th Fl., Samick Lavied’or Bldg., 234, Teheran-ro, Gangnam-gu, Seoul 135-920, Korea
Phone : +82-2-3452-7291 Fax : +82-2-6254-8049
e-mail : wfsiccm2015@intercom.co.kr
www.wfsiccm2015.com
General Secretary's Desk

Dear Friends

Warm wishes to you all for a wonderful & happy new year.

Indeed it is a time to share with you regarding the preparations of our annual conference Criticare 2015 at Bengaluru.

1. The scientific committee under the chairperson-ship of our President & local Scientific Chairperson has prepared an elaborate programme for the benefit of all with judicial mix of recent advances, contemporary topics in critical care & issues relevant to us.

2. We are also going to have a large number of workshops including the popular ones like mechanical ventilation, sonography, basics of critical care, haemodynamic monitoring, neurocritical care etc to name a few. In addition we shall after the introduction of Simulation Workshop in Criticare 2014 intend to make it as one of the high points of the criticare to not only sensitise the teachers in critical care & emergency medicine but also the administrators as well, because the benefits of training through simulation are immense as it encourages team approach & patient safety.

3. All of you will agree that it is because of the work of our visionary leadership since the inception of the society that we have reached so far. Therefore the onus is on us to carry the legacy forward. During the last decade huge expansion has taken place in the critical care including starting of DM in critical care because of persistent efforts of ISCCM. Therefore to carry forward the baton it is proposed to start subspecialties group within the society like Neurocritical care, Cardiocritical care, ECMO, Obstetrical critical care & Nephrocritical care to name a few as we are holding workshops regularly on them & there are enough resources available within the society & country.

4. In the present era once sacred doctor patient relationship has come under immense challenge. In a complex environment of ICU it is further strained because of anxiety, apprehensions & uncertainty of outcomes. Most of our physicians feel handicapped to speak to the families because of poor training in communications. This is further compounded by the costs as majority pay through their nose & has lead to significant financial hardship even acknowledged in the recently drafted National Health Policy. This has resulted in mistrust, argument & in extreme physical violence & damage to property & surge in court case against doctors & hospitals. Therefore it should be our endeavour to have a forum where we can assure the public that it is their welfare which is our prime motive & we are partner in it. It is therefore suggested & proposed to have a patient safety & welfare forum within the aegis of ISCCM. Therefore for the first time in conference a moot court as well as communication workshop is also planned.

5. As a general secretary I shall be remitting the office after criticare 2015. During a year I learned a lot about the functioning of the the society. I am leaving as a satisfied person as I feel secure & confident because of robustness of our systems in running the society & harmonisation of functioning between ISCCM & its college (ICCM).

6. Before I bid adieu I must thank the office staff of ISCCM because without their active support & brilliant functioning it is not possible to work as a non resident general secretary. Lastly my sincere thanks to Dr Shiva Iyer for his faith, Dr Atul Kulkarni for his advice & lastly other two pillars namely Dr Vijaya Patil our treasurer & Dr Vandana Agarwal our Secretary without their active participation & help I would not have been able to run the office smoothly.

In the end thanks to all the members, senior colleague & entire team of executive for reposing faith & active cooperation.

Warm regards & best wishes

See you all in CRITICARE 2015.
On day 2 & 3: 22nd & 23rd of November, workshops. Staff attend the critical care nursing. Approximately 225 paramedics & nursing monitoring. vascular access and basic hemodynamic & don’t in ICU, mechanical ventilation, in workshops viz abc of critical care, do. Approximately 170 doctors participated. was held at three different venues and hands on session, which gave the delegates an opportunity to experience the technology first hand and also interact with the eminent faculty.

There were two International faculty and over 20 National faculties who enthusiastically contributed and shared their knowledge and experience during the workshops. The Main conference was a themed conference - “ADVANCES IN CRITICAL CARE”, it attracted over 270 delegates. The delegates from all corners of India and Maharashtra actively converged for the academic feast. There were two International and over 32 National faculties who over the two days endeavored to bring forward the recent ADVANCES over a wide range of topics pertaining to Critical Care Practice. There were some excellent talks from the overseas faculty, ISCCM President, Professors and Eminent Clinicians. The feedback received rated the academic content as very high. The ISCCM Students and Junior Doctors specially enjoyed the “Meet the Teachers” session where case based discussion generated a lot of interaction between them and the ISCCM teachers.

The evening of 15th was a special one with Dr. Murad Lala giving a talk about his expedition to Mount Everest – “From Scalpel to Summit”. It was truly a inspiring talk which had everybody in awe of Dr. Lala’s achievement. The talk left many thinking about the wide possibilities one can accomplish if he/she is truly determined to do it.

The conference was well supported by the industry and the lovely seaside location was an added bonus to enjoy the lovely evening.

The 1st Mumbai Criticon was held under the Auspice of ISCCM Mumbai Branch from 14th to 16th Nov 2014 at the magnificent Trident Hotel and Convention Centre, Nariman Point Mumbai. The conference comprised of workshop conducted on 14th November and Main Conference on the 15th and 16th Nov 2014. There were three Workshops. The Advance Ventilation Workshop, The Renal Replacement Therapy Workshop and Nursing Workshop. The workshops were fully subscribed and more than 175 delegated participated in the workshop. The Nursing workshop saw over 65 nurses actively participating in the discussion. The Advance Ventilation and Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very discussion. The Advance Ventilation and Renal Replacement Therapy Workshop. The workshops were fully subscribed and more than 175 delegated participated in the workshop. The Nursing workshop saw over 65 nurses actively participating in the discussion. The Advance Ventilation and Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received. The highlight of both were Renal Replacement workshop were very well received.

The second annual state conference of ISCCM Gujarat Chapter was successfully organized at Rajkot. It was memorable and milestone academic event in region of Saurashtra & Kutch draining approximately 20 Million people. The detailed reporting is as under.

On day 1st: 21st of November, five workshop was held at three different venues and approximately 170 doctors participated in workshops viz abc of critical care, do & don’t in ICU, mechanical ventilation, vascular access and basic hemodynamic monitoring.

Approximately 225 paramedics & nursing staff attend the critical care nursing workshops.

On day 2 & 3: 22nd & 23rd of November, approximately 600 consultants got the exposer by 30 renowned international and national faculties and 45 sessions of core critical care was served.

Moreover on 3rd day 23rd November Sunday evening we were given unique public awareness program “Critical Care ane Aapne” at Atmiya College Auditorium Rajkot and with help of different media like skit, short movie, question & answers and laughter show we tried to minimize dIllamas and misbelief about ICU practice and treatment. Moreover with this public awareness program we also publish a book “Critical Care ane Aapne” in Gujarati local language to make people understood about ICU, intensivist and different medical devices, instruments & medicines used in ICU.

Moreover we also composed a theme song on critical care which is also appreciated and on lips of peoples of Rajkot. To make awareness we also composed jingles and published on 93.5 FM & 92.7 FM radios for 15 days.

Approximately 3000 people including all big shots of the town were present in the program and till today all medias including press media, electronic media and social media highly appreciate the event.

I am sure that these three days conference and public awareness program will be milestone and index finger for future path of critical care medicine of India.

Dr. Jayesh Dobariya, President, ISCCM Rajkot Branch
Dr. Tejas Karmata, Secretary, ISCCM Rajkot Branch
Dr. Sankalp Vanzara, Organizing Secretary, Gujarat Criticon 2014
Dr. Chirag Martavadia, Organizing Chairman, Gujarat Criticon 2014
14th Comprehensive Critical Care Course (4c) of Indian Society of Critical Care Medicine
Organized by ISCCM Pune Branch

**Days:** Friday, Saturday & Sunday • **Dates:** 19th, 20th & 21st December 2014 • **Venue:** ISCCM Office & Training Centre, Pune

**National Faculty:** Dr Rajesh Chawla, Dr J V Divatia, Dr Atul Kulkarni, Dr G C Khilnani.

**Host Faculty:** Dr Shiva Iyer, Dr Kayanoosh Kadapatti, Dr Sandhya Talekar, Dr Sameer Jog, Dr Jayant Shelgaonkar, Dr Kapil Zirpe, Dr Subhal Dixit, Dr B D Bande, Dr Prasad Rajhans, Dr Jignesh Shah.

This three day course was designed especially for exam going students. It was an exam oriented Comprehensive Critical Care Course with various workstations.

MCQs with Interactive Sessions were added as a part of the program, renowned ISCCM National and Local Faculty who are experienced examiners were invited as Faculty.

48 delegates attended the course

**NIV Workstation**

**Trauma Workstation**

**Workstation on Cardiac Arrhythmias**

**Workstation on ABG**

**Hymodynamic Monitoring Workstation**

**Nutrition Workstation**

**Faculty:** Dr Rajesh Chawla, Dr G C Khilnani, Dr Kapil Zirpe & Dr Atul Kulkarni

---

**Image Challenge**

**Dr. Harish MM**
Final year DM (Critical Care), Division of Critical Care, Dept of Anaesthesiology, Critical Care & Pain, Tata Memorial Hospital, Mumbai

**Answer of September-October 2014 Issue:**
The CT abdomen shows gas in portal vein
Causes for gas in portal vein:
- Necrotising enterocolitis
- Bowel ischaemia
- Inflammatory bowel disease
- Trauma/iotrogenic
- Perforated gastric carcinoma & ulcer

---

**Dear Colleagues,**

Please send in Image Challenge, both image and question and answers. Members who wish to express their views can easily do so in our Members Speak corner. So please send these to me and we will be happy to publish the same.

**Dr. Atul P. Kulkarni**
Editor, The Critical Care Communications • President-Elect, ISCCM
kaivalyaak@yahoo.co.in • www.isccm.org
The Society of critical medicine Aurangabad (a branch of ISCCM) conducted the 2nd state critical care conference (MAHACRITICON 2014) on 18th to 21st September 2014. The conference was attended by almost 800 delegates from all over India.

Pre-conference workshops were held on 18th and 19th September 2014. Five different workshops were held:
1. BASIC by CUHK,
2. Mechanical Ventilation,
3. Hemodynamic monitoring,
4. 2D echo and USG in ICU, and
5. Obstetrics critical care workshop.

All these workshops were conducted by very experienced faculties. There was overwhelming response and highly appreciated for the quality lectures and hands on training.

Conference was inaugurated at the hands of two patients who recovered from life threatening illness after critical care treatment. The function was preceded by chief guest Dr Shirish Prayag and graced by ISCCM president Dr. Shivakumar Iyer, President Elect Dr. Atul Kulkarni. This function was followed by Oration by Dr J V Divatia.

The conference was conducted in three parallel halls. Lectures were delivered by all eminent faculties from India and abroad like Dr Micheal O’Leary (Australia), Dr Shirish Prayag, Dr J V Divatia, Dr. Shivakumar Iyer, Dr. Atul Kulkarni, Dr Rajesh Chawala, Dr Ashit Hegde, Dr Subhash Todi, Dr Kapil Zirpe, Dr Khusrav Bajan, Dr Pradeep Rangappa, Dr Paras Jain( Australia) and other well known faculties.

The scientific programme was highly appreciated as it addressed to local critical care issues along with recent advances in the field of critical care. The delegates enjoyed food and venue arrangements.

Dr Anand Nikalje (Organizing Chairman), Dr Samidh Patel (Organizing Secretary), Dr Venkatesh Deshpande, Dr Nahush Patel, Dr Sandeep Wyavhare ( Jt Org Secretaries), Dr Yogesh Deogirikar( Scientific Chairman) and all the committee members took efforts to make this event successful and memorable.

ICU Protocols
EDITORS :
Dr. Rajesh Chawla & Dr. Subhash Todi

Available at ISCCM Secretariat Office, Mumbai
Tel: 022-24444737 / 24460348 • Email : isccm1@gmail.com

Price : Rs. 1,200 (For members) • Rs. 1,600 (For non-members)

To order your copy, please send the following order slip with cheque/DD payable at Mumbai to ISCCM Secretariat office, Mumbai. Please add Rs. 50/- for outstation cheque.

ICU PROTOCOLS BOOK
Name : .......................................................................................................
Address : ..................................................................................................
................................................................................................................
Mobile No : ............................................................................................
Email id : ............................................................................................... 
Membership No. (Only for members) : ..............................................
Number of books required : .................................................................
Amount (Rs.) : ......................................................................................
Signature : .............................................................................................

Note :

i. Price : Rs. 1,200 (for members) • Rs. 1,600 (for non-members)
ii. Cheque/DD payable at Mumbai should be drawn in favour of Indian Society of Critical Care Medicine – College. Please add Rs. 50/- for outstation cheque.

iii. Order slip and Cheque/DD to be sent at following ISCCM Secretariat, Mumbai office address:

Indian Society of Critical Care Medicine
Unit 6, First Floor, Hind Service Industries Premises Cooperative Society, Near Chaitya Bhoomi, Off Veer Savarkar Marg, Dadar, Mumbai 400028.
### New Office Bearers of ISCCM Branches

<table>
<thead>
<tr>
<th>Branch</th>
<th>Chairman</th>
<th>Secretary</th>
<th>Treasurer</th>
<th>Executive Committee Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guwahati</td>
<td>Dr. Partha P Ghosh</td>
<td>Dr. Biraj Saikia</td>
<td>Dr. Rakesh Periwal</td>
<td>Dr. Dharani Talukdar, Dr. Daboo Patwary, Dr. Apurba Bora, Dr. Kripesh Ranjan Sarma, Dr. Chandana Sarma, Dr. Reshu Gupta</td>
</tr>
<tr>
<td>Gwalior</td>
<td>Dr. R C Upadhyay</td>
<td>Dr. Devendra Gupta</td>
<td>Dr. V K Govil</td>
<td>Dr. Sushma Trikha, Dr. Archna Kansal, Dr. Jai Mathur, Dr. V B Verma, Dr. Santosh Singhal, Dr. S G Gadkar</td>
</tr>
<tr>
<td>Indore</td>
<td>Dr. Santosh Padhi</td>
<td>Dr. Trishla Singhvi</td>
<td>Dr. Nikhilach Jain</td>
<td>Dr. Vivek Joshi, Dr. Vikram Balwani, Dr. Santosh Ahuja, Dr. Vinod Porwal, Dr. Anand Verma, Dr. Saurabh Singhal</td>
</tr>
<tr>
<td>Jamshedpur</td>
<td>Dr. D P Samaddar</td>
<td>Dr. Rajiv Shukla</td>
<td>Dr. Binita Panigrahi</td>
<td>Dr. B S Rao, Dr. C S Mitra, Dr. Nirmal Kumar, Dr. Koshy Varghese, Dr. Asif Ahmed</td>
</tr>
<tr>
<td>Kakinada</td>
<td>Dr. K Rama Swaroop Jawahar Lal</td>
<td>Dr. S V Lakshmi Narayana</td>
<td>Dr. M Rama Rao</td>
<td>Dr. G Prasanna Kumar, Dr. S. Ch. Rama Krishna, Dr. K Vindhya, Dr. M Santhi, Dr. R Satish, Dr. Shaheeda Parveen</td>
</tr>
<tr>
<td>Lucknow</td>
<td>Dr. Afzal Azim</td>
<td>Dr. Mohan Gurjar</td>
<td>Dr. Plyush Srivastava</td>
<td>Dr. A K Baronia, Dr. Ratendra Singh, Dr. Anant Sheel Choudhary, Dr. Narendra Gupta, Dr. Monica Kohli, Dr. Zia Arshad</td>
</tr>
</tbody>
</table>
**Branch Activities**

**AHMEDABAD**

**ISCCM Day Celebration**

We had a great programme of our Life Time in the history of Critical Care of Gujarat.

Salient features of the programme is as follows:

1. Attended by more than 400 Medical, Paramedical and the common Man.
2. A partnership between ISCCM Ahmedabad Branch, Ahmedabad Physician Association (APA), Ahmedabad Family Physician Association (AFPA), Indian Medical Association (IMA) Ahmedabad Branch, Ahmedabad Medical Association (AMA), Gujarat Nursing Council, Indian Association of Physiotherapist, Taalay (Music Academy) and Bar Council of Gujarat made this event a Mega Successful moment.
3. Venue: Sabaramati River Front (a much talked about Globally now) Sahitya Parishad Hall, known for Gujarats’ theatrical glory and a very well maintained Library.
4. Promotions before the ISCCM Day
   a. My FM aired this programme highlights 3 days with real life time questions asked to the public about serious medical issues needing ICU admissions (attached)
   b. All leading English, Hindi and Gujarati print and AV media had coverage before and after the programme (Attached)
   c. Few of the Major Public Figures who chaired the debate (attached)
   d. All public places had big life size hoardings asking leading questions and having published a punch line….Saving Lives through Critical Care
5. Partnership of all ICUs’ of Private and Public Hospitals
6. A two and a half hour long debate on all the questions related to ICU, audience shared there negative, positive, emotional and financial angles and asked the panelist all the relevant questions apart from our main THEME END of LIFE ISSUES. All the moral, ethical and legal aspects of the theme was ably taken in a mature way by our Leading Psychiatrist Dr Hansal Bachch as a Moderator (Ahmedabads’ Amitab Bachchan)
7. Programme was opened with a beautiful note on Tabla Vadan by TAALAY of Mr Munjal Mehta (Guinness Book Record Holder for Single Hand Tabla of a large Participants) (30 minutes of refreshing Music)
8. Apollo Hospital Staff performed a wonderful skit, on ‘How Critical Care Saves Lives’ and changed the perception of a common man who brought his brother to ICU with Community Acquired Pneumonia, Acute Respiratory Failure, Sepsis, MODS over a 8 days battle in ICU on life support
9. I had the introductory speech on Overview of Critical Care (Past, Present and Future) in local language (PPT of Half and hour)
10. Aarti Vandana followed by Lamp Lightening by all Dignataries
11. Perception of ICU By a Common Man: Speech by Mr Subhash Bramhbhatt (Philosopher and famous Columnist and Principal of Famous HK College): He mesmerized the audience by his charming way.
12. The debate followed (as discussed above) had to be forcefully stopped due to time constraints…. (few audience also commented this debate please take money but listen to our questions!!!) Famous RJ Dhvanit Thaker and Owner of Rachna School & Lalbhai group (Arvind group) Mrs Jayshree Lalbhai represented the common man

All of them wore the common ISCCM Ahmedabad T Shirts with the Punch line on the back

I hope we from ISCCM Ahmedabad Branch did justice to the theme.

We thank the center for excellent slide sets send on 4th October 2014. We also thank our ISCCM Ahmedabad team for making it a FAMILY Progamme and showing a strong UNITY once again after GUJARAT CRITICON.
Baroda:

September 2014
Topic: Role of Imaging in Critical Care Medicine (CT-MRI)
Speaker: Dr Sushil Mansinghani (Radiologist)

November 2014
Participated in Gujarat Criticon 2014 held at Rajkot.

Workshop: Baroda Branch had conducted workshop on Mechanical Ventilation.

Experts who participated:
Dr Ankur Bhavsar, Dr Purvesh Umarania, Dr Alok Prapanpa, Dr Raviraj Gohil, Dr Neeta Bose, Dr Udgeet Thaker, Dr Bhavin Patel, Dr Hiren Patel along with National Faculties Dr Sameer Jog.

Dr Ritesh Shah has participated in conducting Workshop on “Do’s and Don’ts in ICU - An Error Prevention Module” – along with Dr Anuj Clerk

Conference: Dr Ankur Bhavsar has taken a lecture on “Toxidromes.

Dr Ritesh J Shah has moderated a session on PRO-CON debate on “CVP monitoring in Critical Care”

Dr Udgeet Thaker has moderated a session on “TECHNOLOGY IN ICU”

Dr Neeta Bose has moderated a session on “NEUROLOGY AND NEUROSURGERY”

Dr Raviraj Gohil has moderated a session on “TRAUMA”

December 2014
A lecture on “Liver Dysfunction in Critically Ill patients” taken by Dr Ashish Sethi (Gastroenterologist)

Bhubaneswar:

The Bhubaneswar branch of Indian Society of Critical Care Medicine was formed on 17th March 2007. It has been conducting academic meetings regularly every 3rd Friday in each month, along with an annual course or update every year.

Workshop: Conducted workshop on Bedside Ultrasonography & 2D echo (WINFOCUS)

Workshop: Conducted workshop on Extracorporeal therapy in ICU

Workshop: Conducted workshop on Mechanical Ventilation Workshop

Workshop: Conducted workshop on Role of Imaging in Critical Care

Workshop: Conducted workshop on Non Invasive Ventilation Update

Workshop: Conducted workshop on DVT and PE, Pathophysiology and Case Presentation

Workshop: Conducted workshop on Controversies and Recent Advances By Mr M. A. Riaz (Clinical Manager, Respiratorics)

Workshop: Conducted workshop on Controversies in NIV By Dr Harjit Durna

Workshop: Conducted workshop on Recent Advances By Dr Dipak Sharma

Workshop: Conducted workshop on Coagulopathy and Transfusion Strategy

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on Recent Advances in Nephrology By Dr Mehul Solanki

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)

Workshop: Conducted workshop on AKI in ICU By Dr Asit Mehta (Nephrologist, Narayana Multiparity Hospital)
On 1-2 Nov 2014 we conducted *Critical Care Update 2014*, our annual event attended by more than 100 delegates with faculties from all over India.

The following Academic meetings were conducted:

17.01.2014: Use of Antifungals in Immune-compromised patients in ICU - Dr. R. K. Jena
21.02.2014: Tuberculosis in Critical Care Unit - Dr Samir Sahu
21-03-2014: Markers in Sepsis: The Evidence to Date - Dr. Sharmill Sinha
03.05.2014: Workshop on ABG analysis - Dr. Pragyan Routaray
20.06.2014: Glycaemic control in critically ill pts. - Dr. Pragyan Routaray
15.08.2014: “Update on Neuro-Critical care” - Dr. Shivakumar Iyer
20.06. 2014: Glycaemic control in critically ill pts. - Dr. Pragyan Routaray
19.09.2014: “Medical statistics made easy” - Dr. E.Venkata Rao
09.10.2014: CPR on 7/9/2014
1-2 Nov 2014: Critical Care Update 2014 - Dr Saroj Pattnaik
19.09.2014: Medical statistics made easy" - Dr. E.Venkata Rao
1-2 Nov 2014: Critical Care Update 2014 - Dr Saroj Pattnaik
09.10.2014: ISCCM Foundation Day Celebration (End of life care) - ISCCM, ISA, IMA, IAP
19/10/2014

### RAIPUR

**Topics covered:**
- Fulids mangemant in ICU.
- Electrolytes in ICU.
- Antibiotics mangemant.
- Reading ABG.
- Sepsis n Septic shock.
- Reading on an antibiogram, covered by Microbiologist.
- Case discussion.
- Arrrhythmias in ICU.
- HAP n VAP- treatment n contrversies.
- 25th July 2014 at hotel Taj Gatway, Surat
- 27th June 2014 at hotel Taj Gateway, Surat
- 29th August 2014 at hotel Taj Gateway, Surat
- 26th September 2014 at hotel Taj Gateway, Surat
The CriTiC al Care CommuniC aTions

Sepsis - A Randomized Controlled Trial

Yahya Shehabi, Martin Sterba, Peter Maxwell Garrett, Kanaka Sundaram Rachakonda, Dianne Stephens et al. the ProGUARD Study Investigators*, and the ANZICS Clinical Trials Group

Am J Respir Crit Care Med Vol 190, Iss 10, pp 1102–1110, Nov 15, 2014

Procalcitonin is an investigation ordered frequently among ICU patients. The role and relevance have been a point of debate ever since the test became widely available in the country. The debate on whether procalcitonin influences antibiotic prescriptions and whether it predicts severity of Sepsis, goes on unabated. There is evidence to say that Procalcitin driven strategies might prolong overall length of stay and dialysis days. The investigators sought to study whether a cut off value of 0.1 ng/ml results in more rational antibiotic use and whether it correlates with the severity of sepsis.

This was a multi centre randomized trial across 11 units in Australia. The patients were stratified into a PCT guided therapy group and a Standard Care group. Surprisingly, eight out of the 11 units were not using PCT to guide antibiotic prescriptions prior to this study. According to the study protocol, antibiotics were withdrawn if the initial PCT value was <0.1ng/ml, or if values fell by more than 90%. Similarly, antibiotic appropriateness was reviewed if PCT values rose by more than 70%. The primary outcome is time to antibiotic cessation at 28 days, hospital discharge, or death. The main secondary outcome was the number of antibiotic daily defined doses (DDD) at Day 28. Other secondary outcomes included ICU and hospital length of stay and mortality and 90-day all-cause mortality.

The study randomized close to 200 patients in the group who ultimately had positive blood cultures. However, PCT guided group returned more patients with multi drug resistant isolates while the standard treatment group yielded more patients needing readmissions due to secondary infections. Baseline PCT value did not predict mortality; however, decrement in PCT values proved to be a marker of survival. Values of PCT were expectedly higher in the group who ultimately had positive blood cultures results. A delayed rise in PCT also predicted mortality. Procalcitonin was not sensitive to pickup pulmonary infections when compared to other sources of infection. A value of less than 0.1 ng/ml excluded a positive blood culture with 100% sensitivity.

Reviewers comments: This study seems to water down the enthusiasm with which PCT is used in ICUs. The previously accepted advantage of antibiotic de escalation is also questioned by this study. In addition, this study raises concerns about MDR pathogens emerging in units depending on PCT for antibiotic strategies. However, on the positive side a decemental PCT trend is a good predictor of survival. A second peak indicates secondary infection. A value of > 0.1 ng/ml warrants attention towards sources of sepsis.

Association between intravenous chloride load during resuscitation and in-hospital mortality among patients with SIRS

Andrew D. Shaw, Karthik Raghunathan, Fred W. Peyerl, Sibyl H. Munson, Scott M. Paluszczewicz, Carol R. Schermer


The current interest and focus seems to be on the effect of volume overload and acid base disequilibrium, on overall mortality among patients undergoing resuscitation. Hypothetically, a positive balance 24 hours after resuscitation and hyperchloremic acidosis should impact the outcomes. Shaw et al sought to perform a retrospective analysis from a large data base to address this issue. The authors investigated the association between chloride load and in-hospital mortality among patients meeting systemic inflammatory response syndrome (SIRS) criteria who received IV crystalloids, with and without adjustment for the total fluid volume administered. Baseline and peak chloride concentrations were defined as the lowest concentration on the day of SIRS qualification and highest
concentration within 72 h following SIRS qualification, respectively. Both pre- and post fluid loading chloride values were recorded as well as the fluid balance status. Chloride was expressed as Volume adjusted chloride load by summing up fluid loads and chloride content of each administered 250 ml. Patients with chloride values between 130-140 mmol/L at baseline had the highest mortality. In hospital mortality also followed a similar pattern. The quantum of deviation from baseline also determined the mortality. The volume of chloride containing fluid also determined the outcome, with higher volumes associated with higher mortality. This effect on mortality was statistically shown to be independent of the severity of illness.

Reviewer's comments: This is another study which stresses on the importance of monitoring chloride post resuscitation. The importance of regulating volume of resuscitation is also reemphasized.

Meta-analysis of high-versus low-chloride content in perioperative and critical care fluid resuscitation

M. L. Krajewski, K. Raghanathan, S. M. Paluszkwiecz, C. R. Schermer & A. D. Shaw

Wiley Online Library (www.bjs.co.uk).

This is a meta-analysis from a sample group which published the preceding article. Studies published so far have evaluated “buffered” vs “non-buffered” fluids and examined each more closely. This study aimed to determine whether the chloride content of resuscitation fluids used in the operating theatre or intensive care unit (ICU) setting is associated with differences in outcomes.

For purposes of this analysis, isotonic crystalloids with supra physiological chloride concentrations are referred to as high-chloride fluids 9 (only normal saline fit into this group), whereas those with near-physiological chloride concentrations are referred to as low-chloride fluids. Studies comparing colloids with crystalloids were not included in the meta-analysis. A total of 15 RCTs and non RCTs involving 6253 patients were included in the meta-analysis. A total of 15 RCTs involving 6253 patients were initially eligible for analysis. Eleven of these studies evaluated patients who needed resuscitation and the rest received peri operative fluids. The studies which studied mortality as an endpoint did not show any difference. However the incidence of AKI was higher in the high chloride group. Hospital length of stay appeared to be longer in the patients resuscitated or treated with high chloride fluids. Volume of blood transfused was higher and the duration of mechanical ventilation was longer among patients treated with high chloride fluids. However, on sensitivity analysis, some of the results seemed to be influenced by a couple of studies. When these studies were excluded, the statistical significance faded.

Reviewer’s comments: This meta analysis raises concerns about using normal saline as a resuscitating fluid. Whether statistical significance exists or not, concern definitely is genuine. A paradigm shift seems to be on.

Impact of positive fluid balance on critically ill surgical patients: A prospective observational study

Galinos Barmparas, Douglas Liou, Debora Lee, Nicole Fierro, Matthew Bloom, Eric Ley, Ali Salim, Marko Bukur

This is a prospective study of a cohort of patients admitted to a surgical Intensive Care Unit. More than 63% patients had severe illness as determined by the APACHE scores. The fluid balance was recorded on a day to day basis by chart review. Fluid balance was assessed for five days. The primary end point was in-hospital mortality, and secondary outcomes included complications during the surgical ICU stay, ventilation days, and surgical ICU length of stay. It was however a small study including about 144 patients. The positive balance began to appear after two days of ICU stay and plateaued by day 5. The positive fluid balance group had higher crude mortality but statistical significance could not be demonstrated. Complication rates also were not significantly different. Cox regression analysis using predictors of mortality showed that inability to achieve a negative balance by day 5 was an independent predictor of mortality. Similarly, complication rates were lower if negative balance could be achieved on day 1.

Reviewer’s comments: The paradigm of resuscitation seems to be changing and overdoing the fluid resuscitation could be deleterious for critically ill patients. The immediate intention to Fluid balance seems to be part of assessing quality of intensive care.

When to stop septic shock resuscitation: clues from a dynamic perfusion monitoring

Glenn Hernandez, Cecilia Luengo, Alejandro Bruhn, Eduardo Kattan, Gilberto Friedman, Gustavo A. Ospina-Tascon, Andrea Fuentealba, Ricardo Castro, Tomas Regueira, Carlos Romero, Can Ince and Jan Bakker

Annals of Intensive Care 2014, 4:30

Resuscitation and markers of its success have received a lot of attention of late. As is evident from the preceding reviews, over resuscitation seems to have an adverse impact on outcomes. It is therefore important to know when resuscitation should stop. Hernandez et al carried out a prospective study to evaluate the specific normalization rates of several perfusion-related variables in a cohort of consecutive septic shock patients subjected to proteocal resuscitation and multimodal perfusion assessment. The study analysed data obtained from survivors. Data was collected over a 24 hr period. Multi modal assessment of perfusion included Mean Arterial Pressure, CVP, heart rate, vasoactive drug dosages, pulse pressure variation, PA. catheter derived variables, ScVO2, Lactate and central venous-arterial CO2 gradient. In addition, mechanically ventilated patients were also evaluated for thenar muscle oxygen saturation and microcirculatory derived variables. Lactate levels seemed to be the most consistent trigger for resuscitating resuscitated patients. Mortality showed a quick fall in the first six hours followed by a much slower decay subsequently. Lactate returned to normal by the end of 24 hours in a little more than half the patients. Among the rest, the values returned to normal over variable intervals of time without any major changes in SOFA or vasopressor requirements. Microcirculatory based variables showed a much slower decay pattern. But the patients had already showed significant recovery by the time the microcirculatory variables reached baseline. Resuscitating patients on the basis of these parameters could therefore result in over resuscitation. The authors concluded that goals of resuscitation are multiple and definition of septic shock depends on which variable is being used to define shock. More studies on this issue are warranted.

Cost-effectiveness of Dalteparin vs Unfractionated Heparin for the Prevention of Venous Thromboembolism in Critically Ill Patients

Robert A. Fowler, Nicole Mittmann, William Geerts, Diane Heels-Andsell, et al for the Canadian Critical Care Trials Group and the Australian and New Zealand Intensive Care Society Clinical Trials Group

JAMA. 2014;312(20):2135-2145

Thromboprophylaxis is an integral part of all checklists in ICU. Pharmacoprophylaxis is generally provided by unfractionated heparin (UH) or Low Molecular Weight Heparin (LMWH). One of the factors influencing the choice of agent is the cost involved and cost effectiveness. Potential for triggering heparin induced thrombocytopenia is also one of the issues associated with selecting the drug. For pharmacoprophylaxis, Fowler et al carried out a prospective economic evaluation of the data collected during the PROTECT study. Their primary objective was to compare the clinical and economic outcomes of the LMWH dalteparin compared with UPH for the prevention of VTE in critically ill medical-surgical patients. The study was carried out over 4 years and included 3746 patients. The frequency of DVT, pulmonary embolus, major bleeding, and suspected and confirmed heparin-induced thrombocytopenia were recorded. Death in the ICU or Hospital was a tertiary endpoint. The cost implications were recorded for drugs, laboratory tests, personnel, diagnostic testing, procedures and operations, bleeding and blood product transfusion services, and infrastructure. Medical critical illness accounted for 76% of the cohort and 90% were ventilated. Rates of DVT, other thromboses and major bleeding were not different between the two drug allocations. However, heparin induced thrombocytopenia was seen less often in the LMWH group. Taking into account investigations for DVT, correction of bleeding complications and length of stay, LMWH showed a cost advantage over unfractionated heparin. Rates of Pulmonary embolism despite prophylaxis tended to be higher for UH. The higher incidence of HIT and its workup added to the cost disadvantage with UH.

Heparin therapy reduces 28-day mortality in adult severe sepsis patients: a systematic review and meta-analysis

Changsong Wang, Chunjie Chi, Lei Guo, Xiaoyang Wang, Libo Guo, Jiaxiao Sun, Bo Sun, Shanahan Liu, Xuanan Chang and Enyou Li

Critical Care 2014, 18:563

Reviewer's comments: The debate over UH vs LMWH seems to be swinging against UH. The issue of costs also seems to be against UH. The benefit seems to be arising from lesser Emboli and HIT rates – both capable of changing outcomes - with LMWH.

Heparin therapy reduces 28-day mortality in adult severe sepsis patients: a systematic review and meta-analysis

Changsong Wang, Chunjie Chi, Lei Guo, Xiaoyang Wang, Libo Guo, Jiaxiao Sun, Bo Sun, Shanahan Liu, Xuanan Chang and Enyou Li

Critical Care 2014, 18:563

Reviewer's comments: The goals of resuscitation vary. However, given the variability of decay of these targets, a multi modal approach is probably better. A trend in decay is good enough. Relying on these markers before the first 24 hours might result in over resuscitation.
The sepsis puzzle is yet to be fully unraveled. Several observational studies across 45 centres in Europe and the United States. Initial rhythm and etiology of cardiac arrest were not factors for initiating hypothermia protocol. Target temperatures ranged between 32–33°C. Cardiac arrest secondary to trauma were excluded from the study. Favorable neurological outcome at discharge was the primary endpoint. Secondary outcomes were neurological outcome at follow-up and presumed cause of death in hospital. 57% patients treated with TH survived to discharge with a good neurological outcome. As follow up 34% of all patients had good outcomes. Patients with a good outcome had a shorter time from cardiac arrest to attainment of target temperature compared with patients with a poor outcome. Rate of cooling did not influence outcome; however, initial lower body temperatures were associated with better outcomes. Development of sepsis, toxic clonic seizures and myoclonic seizures were markers of poorer outcome. Therefore the authors considered TH as a feasible option for patients suffering a cardiac arrest in hospital.

Non-invasive positive pressure ventilation prevent endotracheal intubation in acute lung injury/acute respiratory distress syndrome? A meta-analysis

Can non-invasive positive pressure ventilation prevent endotracheal intubation in acute lung injury/acute respiratory distress syndrome? A meta-analysis

Jian Luo, Mao-Yun Wang, Hui Zhu, Bin-Miao Liang, Dan Liu, Xia-Ying Peng, Rong-Chun Wang, Chun-Tao Li, Chen-Yun He And Zong-An Liang

Respirology (2014) 19, 1149–1157

The management of ARDS is largely streamlined now after a series of studies by the ARDSnet group. However, the issue of choosing ventilator and the associated with better outcomes. Availability of a check list probably would help in making these interventions or procedures safer. Rodríguez et al carried out a pilot study to develop a checklist of safety measures (SMs) specifically designed for critically ill patients and based on sound scientific literature, and to apply them in real time (randomizing variables and patients) during routine clinical work (audits), with the aim of minimizing errors of both commission and omission, and evaluating the utility and feasibility of the procedure.

When transfusion triggers are higher in the heparin group. however, some of them used heparin as a continuous infusion on a weight based schedule. Overall the group treated with heparin seemed to have a statistically significant lower mortality. This benefit appeared so be more pronounced in those with severe sepsis. Bleeding episodes were also not higher in the heparin group.

Reviewers comments: Another meta analysis on Heparin is published evaluating exactly the same studies which previous analyses have included. The fact that it is clear that is using heparin as prophylaxis is safe and might improve outcomes among selected patients with severe sepsis.
Editorial Office
Dr. Atul P. Kulkarni
Professor & Head, Division of Critical Care, Dept. of Anaesthesiology, Critical Care & Pain, Tata Memorial Hospital, Parel, Mumbai 400012 • Phone : 022-24177049
newsletter@isccm.org

Published By : INDIAN SOCIETY OF CRITICAL CARE MEDICINE
For Free Circulation Amongst Medical Professionals
Unit 6, First Floor, Hind Service Industries Premises Co-operative Society,
Near Chaitiya Bhoomi, Off Veer Savarkar Marg, Dadar, Mumbai – 400028
Tel.: 022-24444737 • Telefax: 022-24460348 • email: isccm1@gmail.com • isccm1@vsnl.net
Printed at : URVI COMPUGRAPHICS • 022-2494 9863 • email : urvi@urvi.cc

The Critical Care Communications ♦ A Bi-Monthly Newsletter of Indian Society of Critical Care Medicine

21st Annual Conference of Indian Society of Critical Care Medicine
4th - 8th March, Bengaluru

Confirmed International Faculty

Prof. Bala Venkatesh
Australia

Prof. Xavier Monnet
France

Prof. Roop Kishen
UK

Dr. Vineet Nayar
Australia

Prof. Djilali Annae
France

Prof. Tim Walsh
UK

Prof. Ian Seppelt
Australia

Prof. Andrew Rhodes
UK

Dr. Craig Coopersmith
USA

Dr. Marianne Chapman
Australia

Dr. Arthas Flabouris
Australia

Dr. Gordon Doig
Australia

Dates to Remember

Workshop:
4th & 5th March

Conference Inauguration:
6th March

Exhibition Opening:
5th March

Conference:
6th - 8th March

Banquets:
7th March

Please do not miss reading monthly Newsletter of CRITICARE2015 for Online Quiz Competition, General Knowledge, Important Articles & Updates

New Workshops Added:
1. Simulation
2. Nursing

Please register immediately for the Workshop [Seats are getting filled fast]