Critical Care Communications

A BI-MONTHLY NEWSLETTER OF INDIAN SOCIETY OF CRITICAL CARE MEDICINE

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ISCCM NEWS HEADLINES

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

CRITICARE 2018
7-11 March, 2018 • Varanasi
Block Your Dates
Dear Friends,

I am happy to present another issue of the prestigious critical care newsletter.

There have been conferences across the length and breadth of country under the flagship of ISCCM.

Students must have benefited with various sections in the newsletter.

Mathura Declaration was possible only because of huge efforts from Dr RK Mani.

Quiz section will keep on scintillating your brains.

There has been good response to both image and quiz section.

Encourage your team members for young talent award.

Please suggest what else can be incorporated in the newsletter.

Happy Reading!
President’s Desk

Dear ISCCM members,

Greetings from Pune.

I would like to take this opportunity to share with you about various projects undertaken by us during the past few months.

ISCCM has decided to adopt concept of “GO GREEN”. We were spending lots of funds on hard copies of our journal and Newsletter. With this concept of GO GREEN, we have provided the choice of “OPT OUT” from receiving the hard copies for all life members. We will send hard copies of journal only to those members who desire to get hard copy. We are sending quarterly mails, also option is kept on website to choose your choice. I sincerely request all of you to accept our request to save papers.

I take this opportunity to congratulate Dr Rahul Pandit and his whole team for publishing “Management of Potential Cadaver Donor Guidelines” in time. These guidelines are probably first and only document available at present in our country. I would like to put it on record Dr Sushma Patil did excellent job of compiling and editing of these guidelines.

I am happy to share that ISCCM is planning to get in association with NABH and Beuro Heritas for accreditation of ICUs across country. We have requested previous team of experts who has laid down “ICU designing and planning guidelines” to update these guidelines so that we can implement same with association of different organization.

Dr J V Peter has done excellent work of completing document on “Quality Up gradation Enable by Space Technology (QUEST) “related to reduce errors in ICU. ISCCM is major contributor along with ISRO, NABH, AHPI, and CAHO& SEMI. It is a very compressive and well written document which is due for publication in August.

The elections for the National Executive Committee of ISCCM are around the corner and I urge all of you to update your e-mail IDs and mobile nos. with the ISCCM office.

Last but not the least, the preparation for Criticare 2018 is well underway. I recommend that all of you register for the conference. The younger members of the society can become faculty if they participate in the Young Talent Hunt competition. Please visit to website to know details.

I extend my personal thanks and sincere appreciation to all my colleagues and I trust that in coming years we will maintain an active interest in the ISCCM Programs.

Dr. Kapil Zirpe
President, ISCCM
kapilzirpe@gmail.com

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Dear all,

Greetings from General Secretary’s desk.

ISCCM branches have organised many thematic conferences and workshops in last two months. The Mathura Declaration has been a landmark document on end of life realesed by the ELICIT group.

ISCCM released the donor maintance guidelines which can be downloaded from website.

ISCCM is calling for young talent for CRITICARE 2018 at Varanasi, you can find details on website .

We promise an academic delight at Varanasi.

Please get yourself and your team members registered for the conference.

Please also fill the form for accepting the soft copy of IJCCM.

I also request you to update your contact details with isccm office.

Best Wishes

Dr Kapil Zirpe has taken ISCCM to new places.

The examinations process have been further streamlined. Many new centres and teachers have been approved in last few months.

I am delighted to share the news of inauguration of new office complex and the first executive committee meeting was held in its office.

Dr Kapil Zirpe has taken ISCCM to new places. Please feel free to share suggestions or comments and encourage your friends to join ISCCM.

I also request you to update your contact details with isccm office and also fill the form for accepting the soft copy of IJCCM.

Best Wishes

Dr Subhal Dixit
General Secretary, ISCCM

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### Acid-Base Disorders Worksheet

#### Step 1: Gather the necessary data (electrolytes and an ABG).

Make sure the HCO3 from the electrolyte panel and ABG are within 2 (if not, the results are uninterpretable).

<table>
<thead>
<tr>
<th>pH / pCO2 / HCO3</th>
<th>Pt has primary:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Acidemia / Alkalemia</td>
</tr>
</tbody>
</table>

#### Step 2. Look at the pH.

- If pH > 7.4, then pt is alkalemic (proceed to Step 3a).
- If pH < 7.4, then pt is acidemic (proceed to Step 3b).

#### Step 3. Determine the primary etiology.

<table>
<thead>
<tr>
<th>3a. Alkalemia:</th>
<th>Increased HCO3 = Metabolic alkalosis (go to Step 5).</th>
</tr>
</thead>
<tbody>
<tr>
<td>3b. Acidemia:</td>
<td>Decreased HCO3 = Metabolic acidosis (go to Step 5).</td>
</tr>
<tr>
<td></td>
<td>Elevated pCO2 = Respiratory acidosis (go to Step 4b)</td>
</tr>
</tbody>
</table>

#### Step 4: If primary respiratory disorder, determine whether acute or chronic.

<table>
<thead>
<tr>
<th>Respiratory acidosis:</th>
<th>Acute: pH decrease by 0.03 for every 10 pCO2 is above 40</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chronic: pH decrease by 0.03 for every 10 pCO2 is above 40</td>
</tr>
<tr>
<td>Respiratory alkalosis:</td>
<td>Acute: pH increase by 0.08 for every 10 pCO2 is below 40</td>
</tr>
<tr>
<td></td>
<td>Chronic: pH increase by 0.03 for every 10 pCO2 is below 40</td>
</tr>
</tbody>
</table>

#### Step 5. Calculate the anion gap.

- 5a: Na - (HCO3 + Cl) = ______________
- 5b: Calculate the excess anion gap.
  Calculated anion gap - 12 (or 3 X albumin) = ___________.

#### Step 6. Identify concominant disorders.

- 6a. Metabolic acidosis: You must understand that this step essentially compares the decrease in measured HCO3 to the expected decrease in HCO3 based on the degree of anion gap. Measured HCO3 + excess anion gap = ________.
- 6b. Calculate the expected pCO2. Winter’s formula shows what the pCO2 should be for the level of acidosis present (omit if primary disorder is respiratory).

Winter’s formula = expected pCO2 = 1.5 (HCO3) + 8 +/- 2

- *If the actual pCO2 > calculated pCO2, then pt has a concominant Respiratory acidosis.*
- *If the actual pCO2 < calculated pCO2, then pt has a concominant Respiratory alkalosis.*

#### Step 7. Figure out what’s causing the problem(s):
The Mathura Declaration

To take the Mission of EOLC forward, ELICIT (End of life care in India Task force) conducted a unique symposium on 29-30th April at Nayati Medicity, Mathura. For the first time it brought together about 75 delegates including eminent physicians from multiple specialities and distinguished lay delegates across many walks of life. There was representation of critical care, Pulmonology, Anaesthesia, Internal Medicine, Oncology, Nephrology, neurology, Surgery, Palliative Care, Transplant surgery and Paediatrics.

Among non doctors we had social workers, an NGO Founder, writer, professor of sociology and columnist, administrators, civil servants, priest, practicing palliative care, clinical psychologists and lawyers. The brainstorming was on a round table meeting format with each talk of 20 mins succeeded by 45 mins of Q&A.

It was heartening to find meeting of minds on the basic principles that have driven us in the ISCCM to espouse the cause of humane care of the terminally ill and to stop irrational application of life support. The lay delegates formed an advocacy group called CANDID (Citizens’ Action Needed for Dignity in Death). The meeting culminated in a historic document called the “Mathura Declaration”. Hopefully our initiatives will find a groundswell of support and win the critical care community the trust and respect we have needed to deliver the best. Only with public support can we get the government to progress on the EOLC Bill.

A Call to Action for Ensuring Humane Care at the End of Life

The Mathura Declaration aims to promote Palliative and End of Life Care (EOLC) to those who are terminally ill and dying. Mathura, Uttar Pradesh, India, 29-30th April 2017: The newly formed; Citizens’ Action Needed for Dignity in Death (CANDID) conducted a unique symposium on 29-30th April at Nayati Medicity, Mathura. For the first time it brought together about 75 delegates including eminent physicians from multiple specialities and distinguished lay delegates across many walks of life. There was representation of critical care, Pulmonology, Anaesthesia, Internal Medicine, Oncology, Nephrology, neurology, Surgery, Palliative Care, Transplant surgery and Paediatrics.

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Quiz Sixth Edition

Thematic Quiz - The DVT Quiz

Q1. Venous thromboembolism is a major national health problem, with an overall age- and sex-adjusted incidence of more than ….. per 1,000 annually?
Q2. Which is the preferred probe for diagnosis of DVT?
Q3. Which of following is NOT a known risk factor for VTE development?
   a. Obesity.
   b. Hypertension.
   d. Total knee replacement surgery.
   e. Birth control pills.
Q4. D-dimer levels remain elevated in DVT

Answers to Fifth Episode

1. Objective of above question is to highlight the fact that patients on ECMO and HD may have lower AT III level. This may be related to cannula itself. As these patients, while in ICU frequently requires heparin, deficiency of AT may cause ineffective anticoagulation. In such scenarios administration of AT may be required. Normal pregnancy does not cause any AT deficiency but may be present in pre eclampsia or eclampsia. Cirrhosis and Nephrotic syndrome are understandably the causes of AT deficiency.

2. Various risk factors have been identified via various studies for TRALI and it includes positive fluid balance. Other factors include liver transplantation, alcohol abuse, septic shock, high peak airway, smoking, high interleukin (IL)-8 levels, emergency cardiac surgery, hematologic malignancy, massive transfusion and others.

Q5. What is this image better known as?

Q6. Spot on

Q7. Which month is DVT awareness month?

Q8. 75% of UEDVT are secondary (indwelling catheters, pacemakers, malignancy, etc.) and 25% are primary in nature; #1 primary cause of UEDVT is ……..

Q9. Economy class syndrome is venous thromboembolism following air travel. This syndrome was firstly reported in the year ……..

Q10. Which of the following agents don’t increase the risk of DVT when used alone?
   1. Thalidomide
   2. Tamoxifen
   3. Adjuvant hormonal therapy
   4. Antiangiogenic agents

To order your copy, please send the following order slip with cheque/DD payable at Mumbai favouring INDIAN SOCIETY OF CRITICAL CARE MEDICINE to ISCCM Secretariat office, Mumbai

Note :
   i. Price – Rs 1,050* (for members)
      Rs 1,200* (for Non – members)
      * Including Rs 200/- for courier charges

ii. Cheque/DD payable at Mumbai should be drawn in favour of Indian Society of Critical Care Medicine

iii. Order slip and Cheque/DD to be sent following ISCCM Secretariat, Mumbai office address:
    Indian Society of Critical Care Medicine
    Unit 6, First Floor, Hind Service Industries Premises Co-operative Society, Near Chaitnya Bhoomi, Off Veer Savarkar Marg, Dadar, Mumbai – 400028
    Tel:022-24444737/24460348

Available at
ISCCM Secretariat office, Mumbai
Tel: 022- 24444737/24460348
Email: isccm1@gmail.com
Price : Rs 1,050 *(For members)
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* Including Rs 200/- for courier charges

Correct answers with the name of first two correct entries will be published in next issue

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Signature : .....................................................
Recently original research in critical care conference was conducted by ISCCM Bhopal city branch at Chirayu Medical College & Hospital Auditorium. The conference was a huge success in which more than 500 delegates were present. The conference was a very good amalgamation of Basics along with Advanced critical care deliberations in the form of Year in review. Which were presented by more than 25 faculties from all over India. Nearly forty research papers were presented by candidates from different parts of the country. Out of which five papers were selected as best and were awarded with best paper award by eminent Microbiologist from PGI Chandigarh Dr. Arulaloke Chakrabarty.
ISCCM Research Grant Proposal

ISCCM Research committee invites application for Research Grants on Clinical and Basic Science projects relevant to critical care.

The proposal with letter of intent (LOI) should be submitted to research committee at isccm.manager@gmail.com. The LOI should be submitted at least a month before the review date. The Grant review committee will review the proposals three times a year March/July/November of each year. The person submitting the proposal should be an ISCCM Life member. The manuscript should be initially submitted to IJCCM and acknowledge ISCCM grant. The grant amount will be subject to fund availability.

The Letter of Intent (LOI) should contain the following:

i. Project Name
ii. Name, affiliation, and complete address (including e-mail, phone and fax numbers) of the principal investigator
iii. Team composition
iv. Justification of the study, and a very brief summary of the related work from the literature, and an assessment of the feasibility of the proposed activity
v. Objectives
vi. Brief description of the proposed methodologies (study area, target population, study design, sample size and sampling, data collection, data analysis, etc.)

vii. Ethical issues
viii. Expected results, challenges, and potential contribution of the project as a value addition to critical care
ix. Timetable
x. Budget
xi. Short Curriculum vitae of the Principal Investigator

Research Committee, ISCCM

Young Talent Hunt - CRITICARE 2018

ISCCM is committed for giving opportunity to young and new talent in Criticare 2018. We hereby invite online applications from our members to participate in Young Talent Hunt and to be a national Faculty at Criticare 2018. We hereby invite opportunity to young and new talent.

Application of an ice pack to the left eye improved his symptoms. Application of an ice pack to the left eye improved his symptoms. What is the diagnosis?

3. The member can select his/her topic for the presentation.
4. The member’s presentation should not be more than 12 minutes.
5. The last date of Application is 16th October 2017.
6. The last date to upload the Presentation is 16th Nov 2017.
7. The eligible members may please log on to ISCCM website and upload their presentation for Young Talent Hunt.
8. The conference secretariat will bear the expenses for your stay during conference only.
9. ISCCM center will pay for travel by II A/C.
10. All the presentations uploaded on the web site will be viewed and the best will be selected. The selected members will be invited to speak at Criticare 2018, Varanasi.

Click below link to submit your Young Talent Hunt Presentation
Link:- http://www.isccm.org/RegEligibilityTalentHuntForm.aspx

Image Challenge

A 68-year-old man presented with unilateral ptosis with no other symptoms. Application of an ice pack to the left eye improved his symptoms. What is the diagnosis?

(Answer in the next issue)

Answer to last Image Challenge

Acute Colonic pseudo-obstruction

The radiograph reveals a distended, air-filled colon to the level of the splenic flexure, with the cecum and transverse colon each measuring more than 10 cm. A diagnosis of acute colonic pseudo-obstruction (Ogilvie’s syndrome) was made. The patient recovered following colonoscopic decompression.
Academic Program

1. Dates: 12th Jan 2017
   Venue: ISCCM TRAINING CENTRE, Pune
   Delegates: 40
   Faculty – Dr Sunitha Varghese, Dr Balasaheb Pawar, Dr Sushma Patil
   This Academic program held for the IDCCM 2017 exam going students, for exam preparation Dr Sunitha Varghese had talked on Principles of RRT in critically ill patients Dr Balasaheb Pawar had talked on Rational Use of Antibiotics in ICU Dr Suhama Patil had talked on Interactive session - Important Drugs in ICU 40 students attended the session

2. Dates: 19th February 2017
   Venue: Hotel Crowne Plaza, Pune
   Delegates: 150
   Speaker Faculty – Dr Rituparna Shinde, Dr Siddharth Gadge, Dr Anirudha Chandorkar
   Chairperson – Dr Subhal Dixit, Dr Kapil Zirpe, Dr Suresh Shinde, Dr Kapil Borawake
   ISCCM Pune Branch conducted CME on ACUTE CARDIAC UPDATE 2017 on 19TH FEB 2017 at Venue – HOTEL CROWNE PLAZA, Pune. The response to meeting was huge as total around 150 attended the meeting from hospitals of Pune and nearby cities. We are happy for such overwhelming response to the meeting. The meeting started with the introduction By Dr Subhal Dixit who briefed the schedule and introduction of the speakers. The meeting started with lecture by Dr. Rituparna Shinde on ECG in Acute Coronary Syndromes, Subtle T’s in ACS ECGs, All that Elevates is not AMI…. Antiarrythmic basics, What to do for Patients with asymptomatic WPW patterns, PVCs : when to refer: when to reassure, Atrial tachy vs a flutter why differentiate?, To WARF or not to WARF – era if NOAs . Dr Rituparna Shinde had covered all this topics.
   After that Dr. Siddharth Ghadge presented PQRST of Heart Failure, ECG in poisoning, drugs over dosage and electrolyte imbalance, What to do for patients with newly discovered bundle branch block, VT diagnosis & Management in ICU, “Can’t miss” life threatening diagnoses in ICU ECGs – SCD.
   The Next Presentation was by Dr Aniruddha Chandorkar on – Arrhythmias that do not require treatment, Medical management of ACS – does it have a place in era of INTERVENTIONSI?
   The delegates participated in this with very much enthusiasm

3. Dates: 07th March 2017
   Venue: ISCCM TRAINING CENTRE, Pune
   Delegates: 35
   Faculty – Dr Shirish Prayag
   Dr Shirish Prayag sir Conducted a lecture on - The New Surviving Sepsis Guidelines: for the exam going IDCCM Students on 07th March 2017 at ISCCM Training Centre Pune.

CME ON CRRT UPDATE

4. Dates: 19th March 2017
   Venue: ISCCM TRAINING CENTRE, Pune
   Delegates: 80
   Speaker Faculty – Dr Valentine Lobo, Dr Arindam Kar, Dr R K Sharma, Dr Rajsekhar Chakravarty, Dr Tarun Jeloka, Dr Abdul Ansari, Dr Rajiv Annigeri, Dr Vaishali Solao, Dr Ranajit Chatterjee, Dr Sarvanan
   Chairperson Faculty - Dr Kapil Zirpe, Dr Subhal Dixit, Dr Urvi Shukla

CME ON ACUTE CARDIAC UPDATE 2017

2. Dates: 19th February 2017
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CRRT WORKSHOP

SPEAKER FACULTY
After That on Third session which is Case Scenarios Dr Abdul Ansari Presented CRRT : Sepsis
Dr Rajeev Annigeri Presented CRRT Protocols : Need of the Hour, Dr Vaishali Solao Presented CRRT : Beyond AKI,
Dr Ranajit Chatterjee Presented CRRT : Government Setting, And last case Dr Sarvanam Presented on Pediatric Setting, af-
ter that two groups explained & show how to operate CRRT Machine in Workshop
Candidates are impressed by the topic and lectures

CME on Arterial Blood Gases
5. Dates: 26th March 2017
Venue: Aditya Birla Hospital, Chinchwad Delegates: 200
Speaker Faculty – Dr Sangita Thakare, Dr Urvi Shukla, Dr Tarun Jeloka, Sunita Varghese,
Dr Lalitha Pillai, Dr Manish Mali, Dr Varsha Shinde, Dr Vankatesh Dhat, Dr Ashish Pathak, Dr Dalvi

There is a clinical perspective review on CRRT use in AKI Speaker Faculties reviews the implications of CRRT and the current state of practice. Renal Replacement therapy (RRT) is therapy that replaces the normal blood-filtering function of the kidneys. It is used when the kidneys are not working well, which is called renal failure and includes acute kidney injury and chronic kidney disease. Renal replacement therapy includes dialysis (hemodialysis or peritoneal dialysis), hemofiltration, and hemodiafiltration, which are various ways of filtration of blood with or without machine. Renal replacement therapy also includes kidney transplantation, which is the ultimate form of replacement in that the old kidney is replaced by a donor kidney. In the context of chronic kidney disease, they are more accurately viewed as life-extending treatments, although if chronic kidney disease is managed well with dialysis and a compatible graft is found earlier and is successfully transplanted, the clinical course can be quite favorable, with life expectancy of many years. Likewise, in certain acute illnesses or trauma resulting in acute kidney injury, a person could very well survive for many years, with relatively good kidney function, before needing intervention again, as long as they had good response to dialysis, they got a kidney transplant fairly quickly if needed, their body did not reject the transplanted kidney, and they had no other significant health problems.

The meeting started with the introduction By Dr Subhal Dixit who briefed the schedule and introduction of the speakers. On First Session CME started with lecture by Dr. Valentine Lobo on AKI – Definition, Classification, Diagnostic Strategies, Role of Biomarkers & Outcome
Dr Arindam Kar Presented AKI – in ICU – Global & Indian Data
After that R K Sharma presented Critical Care Nephrology – Current Scenario in India
After That on Second Session Dr Rajshekhara Chakracarty Presented CRRT in AKI management – Evolvement over last decade, Dr Tarun Jeloka Presented Establishing & Maintaining Core Competencies for Nurses for CRRT

Acid Base Physiology / Buffers, After that Dr Sunitha Varghese Presented Strong ion difference, The next presentation was by Dr Lalitha Pillai on Metabolic Acidosis, After that Dr Varsha Shinde Presented Respiratory Acidosis & Alkalosis, The next presentation was by Dr Manish Mali on Metabolic Alkalosis, Dr Vankatesh Dhad presented Where I should & should not give bicard, Dr Ashish Pathak presented Interpretation of ABG, Dr Vankatesh Dhat

After That on Third session which is Case Scenarios Dr Abdul Ansari Presented CRRT : Sepsis
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Dr Lalitha Pillai, Dr Manish Mali, Dr Varsha Shinde, Dr Vankatesh Dhat, Dr Ashish Pathak, Dr Dalvi
Organ donation is the process of donating organs or biological tissue to a living recipient, who is in need of a transplant. The donor may be alive or deceased. There are two different kinds of transplant donations: 1. Living Donor Transplant – This occurs when a living person decides to donate his or her organ(s) to someone in need of a transplant. Living donors are usually family members or close friends of the person who requires a transplant. They must meet certain medical criteria and undergo comprehensive medical testing, as required by the particular circumstance, before being accepted as suitable donors. 2. Deceased Donor Transplant – This is when organs from a brain dead individual are transplanted into the body of a living recipient. The deceased individual in this scenario can only be a victim of brain death. This kind of transplant initially requires the recipient to wait on a list until a suitable organ is available based on the recipient's medical profile.

Organ transplantation is a medical procedure in which an organ is removed from one body and placed in the body of a recipient, to replace a damaged or missing organ. The donor and recipient may be at the same location, or organs may be transported from a donor site to another location. Organs and/or tissues that are transplanted within the same person's body are called autografts. Transplants that are recently performed between two subjects of the same species are called allografts. Allografts can either be from a living or cadaveric source.

Dr Kayanoosh Kadapatti had talked on Role of Intensivist in Cadaver Organ Donation

Mrs. Aarti Gokhale had talked on Role of ZTCC in Organ Transplant Program in Maharashtra Dr Kapil Zirpe Had Talked on “Concept of Cadaver Organ Donation” & Diagnosis of Brain stem death

The need of Organ Donation in India

Organ donation is fast developing into a major treatment protocol. However, it is yet to make a significant dent in India. Every year, hundreds of people die while waiting for an organ transplant. Due to lack of awareness and misconceptions, there is a shortage of organ donors, and with each passing year, the gap between the number of organs donated and the people waiting for organ donation is getting larger. Some disturbing stats around the same are as follows:

- Almost 1.75 lakh people in India need a kidney; however, less than 5000 of them receive one.
- Only 1 out of 30 people who need a kidney receive one.
- 90% of people in the waiting list die without getting an organ.
- India’s annual liver transplant requirement is over100000, but we manage only about 1000.
- 70% liver transplants are taken care of by a live donor, but only 30% are dependent on cadaver (deceased) donors.
- Annually more around 50000 hearts are required along with 20000 lungs.

More than 100 doctors watched this live webinar

**IDCCM EXAM**

7. 15th & 16th April 2017

Venue: ISCCM Training Centre, Pune

Course Directors: Dr Pradeep D’Costa

**Practical Exam**

**Post MBBS Exam in ISCCM Training Centre Exam : Post MBBS**

8. Dates: 6th May 2017

Venue: ISCCM Training Centre, Pune

Course Directors: Dr Prasad Rajhans

**Table Presentation**

Participation ISCCM Pune Branch in Stop Violence against Doctors Rally on 18th March 2017
MYSORE

We are very happy to inform the activities of mysore branch, we successfully conducted 2 CME in the month of April 2017

1. Best of Mysore 2017
   Theme - Obstetric Critical Care
   Date -22-4-17 & 23-4-17
   2 day CME was conducted successfully with one day Workshop on 22-4-17, at Hotel Southern Star, Mysore
   1. Best of Mysore 2017
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      Date -22-4-17 & 23-4-17
      2 day CME was conducted successfully with one day Workshop on 22-4-17, at Hotel Southern Star, Mysore
   2. Panel Discussion on H1N1 - How to Confront
      We conducted CME on 28-4-2017 at Hotel Moursy Residency, Mysore
      It was attended by 45 delegates & was very much appreciated & it was very interactive session, 5 Emenent Panelist were present & moderated by Dr. Laxmikanth, Intensivist
   3. Website for ISCCM Mysore
      Was launched by Dr. Jayaraj, Pulmonologist, Mysore
      E-journal (Bimonthly) for mysore branch was Launched by Dr. Ramakrisna G.

HYDERABAD

Executive Committee 2017-2019
Elections to the Executive committee and office bearers of ISCCM Hyderabad Chapter for 2017-2019 were held in January 2017 with Dr. Samavedam Srinivas as returning officer. This election stood out in its nature due to the fact that this was first time that a city chapter elections were conducted through online polling. The newly elected EC contains a healthy mix of experienced maturity and youthful enthusiasm. The elections were fought in competitive spirit and polling percentage was a record 93% of the city chapter members. Dr Palepu Gopal, Dr Venkat Raman Kola and Dr K Subba Reddy were elected as Chairperson, Secretary and Treasurer respectively, while Dr Anand Joshi, Dr Basant Rayani, Dr Madhusudan Jaju, Dr Vishnu Vardhan and Dr Kartik Munta were elected as executive members.

While the previous EC signed off with a very successful south Congress (SZCCC), the new EC plans to further invigorate the society and give the members a feast of academic and social programs during their tenure. The newly elected committee swung into action with renewed enthusiasm and energy and planned activities for the full year ahead.

The programs already initiated consist of systematic teaching for all critical care trainees of Hyderabad on a monthly basis, mock examinations, monthly evening meetings and workshops. The ISCCM members responded with vigor and enthusiasm and the programs witnessed a very good response. The new EC plans to initiate a novel signature critical care event in Hyderabad which will be conducted year on year. Inspired by seniors in the city and supported by the national ISCCM leaders, the EC aspires to keep up with the reputation the preceding executive have established for Hyderabad Chapter.

New EC of ISCCM Hyderabad

First meeting of the new EC addressed by the outgoing chairperson Dr. Shyam Sunder T.

IDCCM Prepatory Course in Progress

Monthly Thematic Session in Progress

CRITICARE 2018
7-11 March, 2018 • Varanasi
A critical care update was conducted on 11TH AND 12TH March 2017 at Mayfair Hotels,Bhubaneswar. It was jointly conducted by ISCCM Bhubaneswar branch & CARE Hospitals, Bhubaneswar.

It was a two day programme which included one & half day of academic deliberation followed by half day of Workshop. Guest Faculty included Dr Subash Todi, Dr Ramesh Venkataraman, Dr Pavan Reddy, Dr Rajeev Menon, Dr D Suresh Kumar and Dr Tapas Sahoo. There were also local faculties who spoke on recent updates in nutrition, DVT, Infection control and Rheumatological issues.

This was the 8th GCC conference in a row, a huge success story . The theme was USG guided cardiopulmonary critical care. We discussed ten cases of day today use and had two pro-con debates. Due to its unique theme we have got registration from all over the country. Thirty two national and two international faculty brought their best experience to address the gathering of two hundred sixty two delegates. Simultaneously two hundred and forty two delegates logged in to watch the web cast.

This conference has also guided us in planning future conferences. Nowadays practicing consultant wish to learn from more of the specific case based approach which are useful in day to day practice. Our case discussion was focused on how USG can help us in diagnosing and managing cases like, (CAP, Shock diagnosis & resuscitation, Cardiac arrest , Infective Endocarditis, Severe Hypoxemia, Acute Massive Pulmonary Embolism, Acute Interstitial Pneumonitis, ARDS, Ischemic Cardiomyopathy & Supraventricular Tachycardia).

The 1st Debate which was on diuretics in Acute LVF, the message was very clear to use only if volume overload is there and that also under strict monitoring and not overdose like five or ten ampules.

2nd Debate was on Steroid in CAP. The conclusion remark was to avoid its use and if at all wish to use in selected cases where the infection in non bacterial or viral and atypical the dose should be very low 20-40 mg/methylprednisolone per day for 3-5 days. Should be avoided in bacterial pneumonia.

The complete online recorded discussion is available on web site: www.gujaratcriticalcare.com. https://www.youtube.com/watch?v=Bu4up2wNQ-A&feature=youtu.be

8th GCC 2017 - A Report

Sunday, 2nd April, 2017
Crown Plaza Hotel Ahmedabad

Dr Rajesh Mishra
Organising Chairpeson
Polymyxin B. although the incidence of kidney injury with the emergence of MDR Acinetobacter and Klebsiella has necessitated a re-examination of nephrotoxicity risk. The trial could include around 380 patients with 187 in the treatment arm. Mechanical ventilation was the primary outcome studied. The study was stopped early due to lower drug escalation by 45%. Dose adjustments for low creatinine clearance was done wherever indicated. Primary outcome was VAP. Secondary outcome was LOS and 28 day mortality. The VAP Care rates with aerosolised Colistin were similar to that associated with systemic therapy. Acinetobacter, Pseudomonas and Enterobacteriaceae were the predominant organisms. AKI incidence was much lesser and occurred much later when colistin was delivered in aerosolised form. The investigators reported a lesser need for RRT when AKI did occur with the use of aerosolised colistin. The incidence of AKI was significantly lower with aerosolised colistin. Improvement in oxygenation seemed to occur earlier among patients treated with Aerosolised Colistin.

Reviewers’ comments: This is a practical study attempting to answer a common dilemma. The results are definitely encouraging. This might be a trigger to a larger and more robust analysis to enhance the utility of an effective drug.

Opening pressures and atelectrauma in acute respiratory distress syndrome

The authors identified a need for a PEEP of greater than 15 to achieve optimal aeration in patients with ARDS. At pressures capped at current evidence based levels, the lung remains uninflated and can cause expiratory atelectasis. In a thought provoking prospective study, Myatra et al highlighted the need for a higher plateau pressure to improve oxygenation. It is proposed to have some anti-inflammatory properties as well. Intervention especially if the patient is mechanically ventilated. It needs to be evaluated whether there is a role in the toxic effects of OPPs. NAC is a potential scavenger of OPPs. NAC stabilised alveoli by increasing the PEEP set at 5–15 cm H2O and plateau pressures of 19.29 and 40 cm H2O. The lung was imaged for uninfiltred, poorly aerated, normally inflated and hyperinflated areas based on Hounsfield characteristics. The authors found that a significant portion of the lung remains uninfiltred at Plateau pressure of 30 cm H2O, suggesting that a need for PEEP greater than 15 cm H2O is needed to keep the lung open at end expiration. This non recruited tissue becomes an irritant with the severity of ARDS. Severe forms of ARDS were associated with a higher volume of unopened lung as pressures cycled at current evidence based levels. The study however, didn’t have any statement about the corelease of oxidative stress like malondialdehyde and reduced glutathione by NAC. This was measured to see the effect of NAC on ROS. The dose of NAC used was an oral dose of 600 mg administered twice daily. The study enrolled 40 patients and 15 patients with half of them in each arm. The study showed a decrease in the dose of atropine with the use of NAC. Methylsalicylate levels showed significant improvement in the NAC group. Reduced Glutathione levels also showed significant improvement. However, primary outcome measure of better survival was not met. Reviewers’ comments: It appears to be an inexpensive intervention for a problem that is frequently encountered. If not generalised, this study could lead to a similar bigger study in India.

Performance and economic evaluation of the molecular diagnostic test for sepsis in hospitalised patients with severe infections: the EMVAMIC open-label, cluster-randomised, in-terventional crossover trial

Emmanuelle Cambau, Isabelle Durand-Zaleski, Stéphane Bretagne et al

Intensive Care Med DOI 10.1007/s00134-017-4766-4

Microbiological diagnosis with early identification of causative organisms plays a vital role in the management of sepsis. Targeted microbiological diagnosis with patients with Sepsis, Febrile neutropenia and recent surgical incisions have been identified as a key factor of molecular diagnostics on the cost effectiveness and length of stay in the hospital. This was designed as a superiority trial. The trial was conducted in two Indian ICUs. The first period of microbial diagnostic was used and the second period during which molecular diagnostics were included. Microbiological diagnostic tests were used. The effect of molecular diagnostics on causative organism was evaluated in patients with severe infections and less obvious infections with antimicrobials. The effect of Molecular diagnostics on quicker diagnosis was equivocal in patients with sepsis where a very low number of patients showed a quicker diagnosis during the different two periods. The use of molecular diagnostics did not appear to increase the cost of hospitalisation.

Reviewers’ comments: With the increasing availability of molecular diagnostics in the country, protocols for the workflow of patients with sepsis could incorporate these techniques especially when the source of infection is not in the lung.
SWAGATHAM!

Friends,

I am honoured and privileged to assume the role of Chairperson of the 24th Annual Congress at Varanasi.

Situated on the bank of River Ganga, Varanasi is the oldest living city & considered as the holiest and most sacred place on this planet. Mark Twain once said, "Varanasi is older than history, older than tradition, older even than legend & looks twice as old as all of them put together." It is also an important industrial center, famous for its carpet, silk fabrics, perfumes, ivory works & sculptures.

Banaras Hindu University is an internationally reputed temple of learning. It was founded by the great nationalist leader, Pt. Madan Mohan Malviya, in 1916. It played a stellar role in the independence movement & has developed into one of the greatest center of learning. It has produced many a great freedom fighters, renowned scholars, artists, scientists & technologist all contributing immensely towards the progress of modern India. We also proud to be associated with six Bharat Ratna Award.

I am confident that we will be steadfast in addressing the pressing challenges. On behalf of all of us, I am most pleased to welcome Prof. D K Singh who is organizing secretary of 24 TH Annual Congress of ISCCM. Over his years of service in BHU, he has distinguished himself as a person with dedication, integrity, and professionalism. We are confident that he and his team will continue to make outstanding contributions to ISCCM.

Thus, on the behalf of Organizing Committee, Varanasi City Branch & BHU, I invite you all to join this excellent scientific feast at Varanasi in 2018. The city is eager to greet with you with spiritual music to enlighten your soul with learning & knowledge.