**ISCCM News Headlines**

- Criticare 2011 a grand success. Bye–Bye Delhi. We will meet again in February 2012 at Pune.
- Pune getting ready to host Criticare 2012 - mark your calendar.
- More than 150 new members added to ISCCM during last quarter - a record.
- New office purchased for the society at Shivaji Park in Dadar Mumbai.
- Indicaps collects huge database.
- MCI to work in close association with ISCCM in deciding curriculum and syllabus for DM (Critical Care).
- 4 new branches approved – Uttar Pradesh - Uttarakhand, Raipur, Valsad and Visakhapatnam
- Please update your email ids, address and mobiles nos with the ISCCM office urgently.
- Education, research and training to get a thumbs up in the society.
- Indian College of Critical Care Medicine comes into existence.

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**Appeal Please update your Email ID and Register your mobile phone no with ISCCM**

Dear members

This is to bring to your kind notice that 2011 onwards ISCCM elections will be held online only. It is, therefore, imperative that ISCCM office has email ids and mobile phone no of all its members for making 100% effective communication. Therefore, you are requested to please update your email ids and mobile numbers in the records of ISCCM as early as possible, before 30th June 2011. Please visit our website www.isccm.org for more information. All branches have special duty to do. Please facilitate this important task of collecting email ids and mobile numbers of all its members.

Dr. Narendra Rungta
Chairman Election Committee
Indian Society of Critical Care Medicine
Dear Reader,

Recognition of Critical care medicine as a super specialty by MCI has cleared decks for introduction of DM courses. Thanks MCI. Formation of Indian College of critical Care Medicine has been another welcome development. These developments will bring in new challenges and opportunities for the society and its members. The Society has its diploma (IDCCM) and fellowship (IFCCM) programmes. There is a programme of the national board (FNB), also in place. We all can sense a subtle debate raging amongst the members, teachers, institutions as to how to take the society’s education and training programme forward. Such programmes should ensure following:

- Strong and sound evidenced based teaching and training curriculum to the need of prospective intensivists of the country.
- To make available an army of trained doctors and nurses to serve all parts of country in metros, urban or rural India. Equitable distribution of trained personnel is of utmost importance in the larger context of survival of Critically sick population of our country.
- The teaching and training programs of the society should be able to withstand any scrutiny in terms of content, quality and duration.
- The society should be able to take its programs forward and not get subjugated by any groups, organizations or, individuals with any conflict of interests
- The society must maintain its strong presence as a provider and /promoter of knowledge and skill in the specialty of Critical care Medicine in its own right.

The society over the years has developed a sizable teachers bank in both Adult and pediatric Critical care. These teachers have done a yeoman’s service to the country. Most of such teachers may be outside non - medical college teaching institutions. This is huge treasure of knowledge and experience. This should be exploited to its fullest potential by the MCI and the national board. Too many regulations may be unnecessary when it comes to using talent and knowledge bank of the nation.

Its time that the ISCCM thought seriously about training graduate doctors (MBBS) in Critical Care under its banner by providing a strong curriculum and programme. This is needed in the current times and the demand is reflected far and wide in discussions, meetings, emails and the society levels. It was there in the initial formation of ISCCM’s teaching and training programs. It was drowned, probably, in demand of these courses by large number of Post graduate doctors wanting to take to these courses. Now the cloak has turned full circle. Large number of approved teachers for IDCCM are suggesting and may be happy to take MBBS doctors for training where PGs are scarcely available. Let us respond to the time and demand.

Very Successful Criticare 2011 augurs well for the society. This too enhances our responsibility further.

I take this opportunity to thank my outgoing editorial team and EC. I welcome new EC and call upon my new editorial team members to collect news from their areas and zones and contribute to the bulletin in a meaningful manner.

Thanks to Mitchell Levy for writing for CCC.

Jai Hind

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THE CRITICAL CARE COMMUNICATIONS
A Bi-Monthly Newsletter of Indian Society of Critical Care Medicine
I have completed one year as the President of Indian Society of Critical Care Medicine. It is time to look back and indulge in self retrospection, to make an assessment of the promises made last year and to look forward to the future.

**Indian College of Critical Care Medicine**

- Our dream of forming an Indian College of Critical Care Medicine has finally come true. The constitution of the college has been approved in the last Annual General Meeting, held at Vigyan Bhawan, New Delhi on the 17th February, 2011. The main aims of the college are to implement and carry out all educational activities (including Indian Fellowship in Critical Care Medicine and Indian Diploma in Critical Care Medicine) and to recognize and honor members of the Society who have shown dedication and leadership in the practice of Critical Care. The college will also guide the Society from time to time in academic activities and develop new programmes. I shall come back to you with more details in the next bulletin.

**Electronic Elections**

As already approved in the last Annual Meeting, all future elections of the Society, starting this year, will be held by electronic mail. Please ensure that your personal data with the Society is updated, if not already done. You can download the database form from the ISCCM website and send the signed form to the office to update your details. In future, we propose to communicate with the members mostly through email.

**Constitutional Amendment**

Our constitution was written many years ago and subsequently a few amendments were made. Necessary amendments to our Constitution to incorporate the proposed changes as mentioned above, and many others, were approved in the last Annual General Meeting. Dr Narender Rungta and members of the Constitutional Committee have done a commendable job. Such an exercise will now be done every five years.

**New Office**

Presently, we have a very small Society office at the present address. The Society is expanding and to carry out all its diverse activities we require a bigger space. We have finalized the deal for a new office at Dadar Mumbai. Dr C K Jani, Chairman, Building Committee and all the members have worked very hard to find an appropriate place. The new office will go a long way towards facilitating the activities of the Society.

**Research**

- You will agree with me that under the chairmanship of Dr. J Divatia, the Research Committee has made a resounding success of the Indian Intensive Care Case Mix and Practice Patterns Study (INDICAPS). The ISCCM Research Committee has recommended that ISCCM should undertake studies on problems relevant to India. Data from INDICAPS would help in identifying problems as well as ICUs that could participate in research. The MOSER study on epidemiology of ICU infections in India is ready to start. This study is an observational study of selected ICUs across India and data collection will start very soon.

**Website**

- Our newly designed website has already started functioning. You will agree with me that it is user friendly and has become more informative. We now plan to put up a lot of educational material on the site.

**Publications**

Our PubMed indexed Journal, the Indian Journal of Critical Care Medicine, and the bimonthly news bulletin; Critical Care Communications are being brought out regularly. This year at the Delhi Conference, we published an ISCCM supplement which included all the abstracts presented at Criticare 2011 in Delhi.

**Criticare 2011**

The Annual Conference of Indian Society of Criticare Medicine, Criticare 2011, held from 16th to 21st February, 2011 at Vigyan Bhawan New Delhi was a great success. I thank and congratulate all those who made it possible, especially Praveen Khilnani, Suninder S Arora and Deepak Govil to name a few, and all the member of Scientific and Organizing Committees. This Conference was very rich in scientific content and it received all round appreciation from everyone present. There were 17 post-Congress workshops, which we also well attended.

**The Coming Year**

In the next year, we are going to concentrate on the following.

- **ICU Protocol Book - A stepwise approach**
  - We have received most of the articles and the book is at the editing stage. I have the privilege of being one of the editors along with Dr. S Todi. We plan to bring this out in October-November, 2011.

- **ISCCM Branches**
  - We have 43 branches at present. The Society is going to regularize the working of these branches and help them in organizing CME/Scientific programmes locally in a big way.

- **Implementation of the decisions taken in AGM**
  - Most importantly, we plan to implement all the new plans approved in the Annual General Meeting. We call upon all the members to come forward and help us to make our Society ISCCM more effective and more far reaching.
As many of you know, I consider India a “second home.” I have been coming to India for many years—in fact, and I have been on the faculty of the Annual Congress of ISCCM since 2002. I look forward each year, with great excitement, to my return visit to India and attendance at ISCCM.

Leading up to my presidency of the Society of Critical Care Medicine (SCCM) in 2009, the leaders of SCCM and ISCCM worked together to forge the strong relationship that now exists between our two societies. Together, we have brought Fundamental Critical Care Support (FCCS) and Fundamentals of Disaster Management (FDM) to India. In particular, the introduction of the FDM course into India in Delhi last year was an important indication of the way in which the partnership between our two societies can lead to significant benefits for the field of Critical Care as well as the general culture. As we move forward, it is important to look forward, with great excitement, to my return visit to India and attendance at ISCCM.

Greetings to all new and old members of ISCCM. It is just over an year since I took over as the General Secretary from the capable hands of Dr Charu Jani. As I look back to the year gone by, it gives me great satisfaction to see the progress we have made. Under the able leadership of Dr Chawla, we achieved several important things. Our aim for a long time has been to achieve due recognition, for our specialty of hardworking, unsung heroes, who always remain in the background, by the eminent medical body of the country the Medical Council of India. ISCCM have been trying hard for last 17 years and at long last we have succeeded in achieving this goal. The MCI notification (available on the MCI website under education section) lists Critical Care, Anaesthesia for Organ Transplant and Critical Care among several others for DM. The universities can now start offering this course from 2012.

The Membership drive launched in October was quite fruitful and now the ISCCM boasts of over 5100 members. “The ICU Protocol Book” should be published soon and the members can benefit from the excellent quality of the book. Our website was re-designed and has been found to be useful by many members. The IDCCM and IFCCM are running well under the expert and punctual management of Dr N Ramakrishnan. IJCCM is PubMed indexed and is publishing quality articles on original research. The national annual conference at New Delhi displayed that ISCCM has finally arrived on the scene by putting out an excellent scientific program. Critical Care Communications is running well in a new format under the guidance of president elect Dr N Rungta.

The first study undertaken by ISCCM generated an enthusiastic response and the last data collection date is just over (13th April 2011). By the next annual conference the data should be ready to be presented.

Due to the success of the Delhi Congress we have acquired new office space near Shivaji Park in Dadar, Mumbai and it is double the size of the original office.

The forthcoming elections shall have on-line voting. We have sent the members business reply envelopes along with the update form. I urge you to update your e-mail addresses and mobile nos. in the ISCCM database so that you can participate in future voting programs. Please ask your friends and colleague to do the same.

With warm regards.

Mark Your Dates for
CRITICARE 2012
15-19 February 2012 • Pune
The CriTic al Care CommuniC aTions
A Bi-monthly newsletter of Indian Society of Critical Care Medicine

2011-2012

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Dr. Pravin Amin
Mumbai

XVIII National Conference 2011

XVII National Conference 2011

XVIII National Conference 2011, Pune

Chairman Clinical Research

Chairman Education Committee
Dear Friends

INDICAPS is a pioneering study in Indian Critical Care aimed at collecting vital data on patients and practices in Indian ICUs. We planned to collect data of all patients in the ICU on one particular day, and four such days spread throughout a one-year period have been selected: the second Wednesday of July and October this year, i.e. July 14 and October 13, 2010 and the second Wednesday of January and April next year, i.e. January 12 and April 13, 2011.

We have now completed data collection for the first three days, and are now into the fourth and final phase of INDICAPS. This last phase began on April 13, 8.00 am and will end on May 13, 2011 at 8.00 am. Thus INDICAPS is drawing to a close. Thank you for your overwhelming support and participation.

Over 370 ICUs have registered. 177 ICUs have participated so far, in this phase of the study (see Table). INDICAPS now has data on over 3500 patients from 118 ICUs, data is still piling in, but we still need more data. This is your last chance to contribute to INDICAPS and be a part of a historical study!

We congratulate the Pragati Hospital ICU (Centre no. 108) from Assam for enrolling the first patient in INDICAPS! The top 10 contributors till date are the Bombay Hospital ICUs (Mumbai), Apollo Hospital ICU (Chennai), PD Hinduja Hospital (Mumbai), KEM Hospital (Pune), AMRI Hospital (Kolkata), Kovai Medical Centre (Coimbatore), Artemis Health Institute (Gurgaon), SMS Hospital ICU (Jaipur), CHL Apollo hospital (Indore) and Sir Gangaram Hospital (Delhi).

Your data is very important to make this a truly large and representative study. So whether your ICU is large or small, 5-star hospital or 5-bed nursing home, urban or rural, full or empty, surgical or medical or cardiac or neuro ICU, do not hesitate to join this study.

We look forward to your participation in this last and final phase.

Thank you all once again for this effort.

Please participate in a big way on this day.

Dr. J.V. Divatia
Past President & Chairman Clinical Research, ISCCM
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Members’ Achievement published in Critical Care Communications, Volume 5.6, November-December, 2010 pg. 4 (Dr. Prasad Rajhans)

One of the pioneers of Emergency Medical Service (EMS), Pune-based Dr Prasad Rajhans (44) was recently bestowed with the first Lifeline Foundation-AAEMI (American Academy of Emergency Medicine, India) award in the individual category. Dr Rajhans received this prestigious national award for the pioneering work done by him for developing EMS in India. The award was given to him by Principal Secretary, Government of Gujarat and the President of AAEMI at an awards ceremony held recently at Ahmedabad.

Dr. C.K. Jani
Vice President, ISCCM
drcharujani@gmail.com

I thank President Dr Chawla and team of Criticare 2011 for bringing significant contribution from conference to make it possible to purchase the new office in a good area. By August renovations will be completed and we will have a fully functional office. By chance, if any one of you happen to visit Mumbai do visit our new office, kindly have a look at the photos of our new office.

Pooja at New ISCCM Office

Addendum

Members’ Achievement published in Critical Care Communications, Volume 5.6, November-December, 2010 pg. 4 (Dr. Prasad Rajhans)

One of the pioneers of Emergency Medical Service (EMS), Pune-based Dr Prasad Rajhans (44) was recently bestowed with the first Lifeline Foundation-AAEMI (American Academy of Emergency Medicine, India) award in the individual category. Dr Rajhans received this prestigious national award for the pioneering work done by him for developing EMS in India. The award was given to him by Principal Secretary, Government of Gujarat and the President of AAEMI at an awards ceremony held recently at Ahmedabad.
The Conceptualization: The Year 2009
The EC meeting of the Delhi and the NCR branch under the Chairmanship of Dr Praveen Khilnani is in progress. The Honorary Secretary, Dr Suninder S. Arora proposes to bid for the 17th National Conference of the ISCCM scheduled for the year 2011 as a tribute to Dr Rajesh Chawla as he would be holding the post of the President of the ISCCM then. This is a rare combination and a first in the history of the ISCCM. There is instant acceptance by all members and a proposal is sent to the Centre.

The Preparation: The Year 2010
A formal presentation of the bid takes place during the Executive Meeting of the ISCCM being held during Criticare 2010 at Agra. The proposal gets accepted. There is excitement and anxiety as new responsibility is reposted upon the Delhi and NCR branch.

A dedicated team to undertake this mammoth task is formed. To accomplish this daunting task, the EC decides to designate two organizing secretaries for this conference, roping in the experienced services of one of its senior member, Dr Deepak Govil along with Dr Suninder Arora. Another first in the history of the ISCCM.

The hosting of over 2000 delegates under one roof with “state of art” facilities is now a challenge. Various venues in Delhi and NCR region are short listed and physically inspected. But, the charm and the magnificence of Vigyan Bhawan is overpowering to one and all. The EC chooses on Vigyan Bhawan as the venue even though we are bound to cater through ITDC only. Little do we realize that this is as difficult as climbing the Mount Everest. Now starts the travails of this arduous journey. Innumerable meetings with the Government officials take...
place no effect and that is very de-moralizing.

The Providence:
Time is passing by and my anxiety is surmounting. We are praying to God to show us the way. Finally our prayers are heard. Help comes straight from the good offices of the Health Minister, Delhi Government. The ISCCM partners with the Government to organize this conference. Another first in the history of the ISCCM.

The Scientific Programme:
The success of any conference lies on two important issues.

- The Scientific Content of the conference
- Punctuality with which the sessions are being conducted.

A National Scientific Committee is instituted under the chairmanship of the President ISCCM and Conference Chairman, Dr Rajesh Chawla. Various topics and speaker names are suggested by the members they consider appropriate to be considered as National and International Faculty. The Committee suggests majority representation by Indian Faculty with about 25% being contributed by young doctors dedicated in the field of Critical Care in India. The Committee then screens each suggestion and the final programme is chalked out for implementation. This process keeps away personal bias. Another first in the history of the ISCCM.

The Sponsorship:
All sponsorship money is collected in an account opened by the Centre in conjunction with the local branch. There are no withdrawing facilities available to the local branch and all money is accounted for. The Centre provides 75% of the collection to the local branch. Another first in the history of the ISCCM.

The Conference: The Year 2011
Come February and we expect sunshine weather for our conference. Never has this month witnessed hail and thunderstorm in Delhi. The rain God has let loose his frenzy on the eve of the conference with a heavy downpour. The waterproof exhibit area has developed leaks at its seams. Gloom has set in and our heartbeats are racing. Dr. Rajesh Chawla and I are paying obeisance to God at the Bangla Sahib Gurudwara each morning and seeking His help. Rains stop for the entire duration of the conference!

The conference starts to a full capacity in Plenary Hall at the Vigyan Bhawan by the clock. The Presidential address is followed by a crisp Inauguration by the Chairperson of the Board of Governors of the Medical Council of India, Prof S K Sarin. His presence is a testimony of the MCI's commitment to recognize Critical Care Science as a special field of Medicine. The Pro-Con debate has a very unusual format with both speakers on a single podium putting forward their views on each slide they project. The Critical Care Tutorials are a rage with attendees. The Pediatrics Section deliberations are overwhelming. Research work and anecdotal experiences are being shared with a pan-Indian audience. Panel discussions could go on for hours. The truth behind the scientific recommendations, which we so dogmatically follow in our clinical practice, has an empirical basis is finally revealed to the audience. They are awestruck! Newer concepts are food for thought. Professors of Medicine of yester years are now students in this field of Critical Care Medicine. Everybody is learning and clearing the cobwebs in their minds. After a high quality intellectual exposure the delegates are exposed to some scintillating dances at the Banquet dinner. The star attraction’s of the evening is the singing by the expert vocalist Dr Praveen Khilnani, Organizing Chairman of Criticare 2011 and a “Latin Dance - Tango” by Dr Rajesh Chawla.
CRITICARE 2011 - A Report

The Exhibit Area:
Is novel and has the largest representation of our industry colleagues to date in a water proof area that spans over 30,000sq ft of National Lawns along the Rajpath. There are Hospitality Suites, a Cloak Room and a "Launch Room". Numerous new products are displayed and delegates are being enticed with souvenirs and gifts. Mr. Harbans Nagpal of IEMS is our hero of the day (or rather 'night') who has magically transformed the wet stalls overnight with water proofing material shipped from Jaipur.

The Poster Session:
Electronic (E) posters have been introduced this year adding ease and comfort to the participants in presenting their work. Another first in the history of ISCCM.

POST CONGRESS WORKSHOPS (19th - 21st February 2011)
The post conference workshops were conducted at different centers other than the India Habitat Centre with special attention being given to provide hands on training.

Advance Trauma life Support Course (ATLS):
Advance Trauma life Support was held at Advanced Simulation Facility, Basement, JPN Apex Trauma Care Centre under the coordination of Prof. M.C Mishra.

Advance Cardiac Life Support Course (ACLS):
Advance Cardiac Life Support was co-ordinated by Dr. Sumit Ray and Dr. Vijaya Rajkumari at Fortis Escort Heart Hospital.

Advance Airway Management (AAM):
This workshop was coordinated by Prof. Rakesh Kumar from Maulana Azad Medical College and Dr. Maitree Pandey from Lady Hardinge Medical College, New Delhi. They covered all normal and difficult airway intubation techniques.

The faculty included:
Rakesh Kumar, Sunil Kumar, SD Sharma, Anil Mishra, Munisha Agarwal, Neera Gupta, Anju Bhalotra, Sonia Wadhavan, Manoj Bhardwaj, Maitree Pandey, Sheila N. Myatra.

Basic Pediatric Intensive Care Course (BPIC):
This two day programme was co-ordinated by Dr. Krishna Chugh, Dr. Praveen Khilnani and Dr. Rajiv Uttam.

The Pediatric Critical Care Course book was given to each candidate who participated in the event.

The faculty included:
Dr Praveen Khilnani, Dr Rajiv Uttam, Dr Krishna Chugh, Dr Vikas Taneja, Dr Kundan Mittal, Dr Bhaskar Saikia, Dr Rashmi Kapoor, Dr Nitesh Singhal, Dr Kundan Mittal, Dr Nameet Jerath, Dr Anil Sachdev, Dr Jyoti Kaur

Basic Assessment and Support in Intensive care (BASIC):
This is the second time that Basic Assessment and Support in Intensive care (BASIC) course was organised with ISCCM annual conference. There were 25 providers and five instructors who have joined the workshop from all over India as far as Guwahati (Assam) to Latur (Maharastra). There is an eminent faculty for the workshop which included Dr Parvin Amin, Dr Shiva Iyer, Dr Ramesh Venkatraman, Dr Jayant Shelgaonkar, Dr Jignesh Shah and Dr Banani Poddar. The response of the participants was overwhelming and popularity of the course was on the rise.

The faculty included:
Dr Praveen Khilnani, Dr Rajiv Uttam, Dr Krishna Chugh, Dr Vikas Taneja, Dr Kundan Mittal, Dr Bhaskar Saikia, Dr Rashmi Kapoor, Dr Nitesh Singhal, Dr Kundan Mittal, Dr Nameet Jerath, Dr Anil Sachdev, Dr Jyoti Kaur

CRITICARE 2011 - A Report
demonstration on NAVA, PAV, ASV, NIV, APRV and Graphics.

Fundamental Critical Care Support (FCCS):
The Fundamental Critical Care Support Course spread over 2 days had over 40 candidates attending the course. The course co-ordinators Dr. Narendra Rungta and Dr. Praveen Amin gave introduction about the FCCS to the candidates. The course included lectures by the National Faculty who also provide hands on experience individually to all candidates on seven skill stations which include mannequins for airway access, vascular access, and CPR. In addition, candidates were taught the basics of mechanical ventilation and the different modes available for ventilation on three separate skill stations. Following the conclusion of the course on the ultimate day the candidates wrote their examination. Successful candidates would then be able to provide the fundamental Critical Care in emergency situation.

Fundamental Critical Care Nursing Course (CCN):
The Nursing Workshop was spear headed by Dr Prakash Shastri and Dr Prasad Rajhans at Sir Ganga Ram Hospital, and was attended by more than 70 Nurses. The faculty included Tenzin, Jaya Kuruvilla, Samina Shirke, V. Rajendran, S.C Sharma, Ashok Anand, Raymond Savio, Arindam Kar, Christine D’Souza and Shani.

Fundamental Disaster Management (FDM):
Fundamental Disaster Management was organized for the second time in India, Prof. J.Divatia and Dr. Mrinal Sircar co-ordinated this workshop.

Managing Crisis as a Team - Learning through Simulations (MCT):
Managing crisis as a team was a simulation workshop designed to allow participants to practice their clinical skills in a non-judgmental environment for managing challenging clinical scenarios that they would encounter in their daily practice of critical care medicine. Simulation of medical emergencies was done with the help of mannequins operated by different computerized modules to create various clinical emergencies.

At the start of the workshop the instructors briefed the audience about the concept of the workshop and the importance of attending it. The workshop was attended by neurologists, cardiologists and intensivists from all parts of the country and abroad including Canada and Nepal. Each doctor in a team got five scenarios to manage with about 15 to 20 minutes of time on each simulation station. The course directors Dr Deepak Govil, Ms Elcee C.Conner, Dr.Hemant Tewari and Dr.Shrikant Srivastavan stress the need for organization, leadership and good medical skills in the doctors performing the simulation station. After each scenario the team performance was analyzed and their performance rated as per their skills. Important clinical scenarios discussed were the management of the airway, cervical-spine immobilization in a trauma patient, hypothermia, hyperkalemia, cannot intubate and cannot ventilate scenarios, management of sepsis and shock.

Nutrition In Critical Care (NUC):
For the first time workshop “Nutrition in Critically ill patient” was conducted on 20th February 2011, at Indian Habitat Centre. The faculty included doctors from all over the country and overseas. Dieticians were also were actively participating in it. In the morning session there were lectures on issues addressing various aspect of nutrition in critically ill patients. In the post lunch session, there was case based discussion related to different medical and surgical problems. This was followed by an active interactive session with the delegation including an overview of different products available for eternal and parenteral nutrition making it a grand success.

Ultrasound in Emergency and Critical Care Unit (UECC)
Ultrasound Course in ICU was co-ordinated by Dr. Luca Neri & Dr. V. Muralidhar.

This was held at Indraprastha Apollo Hospitals. This course is becoming very popular. The faculty includes Drs Sanjeev Bhoi, Pradeep deCosta, Deepak Govil.
**Hemodynamic Monitoring & Echo-Cardiography (HMEC):**

Hemodynamic Monitoring & Echo-Cardiography workshop was co-ordinated by Dr. Atul Kulkarni and Dr. Yatin Mehta with the participation of 50 delegates. The faculty included Michael Pinsky, Rahul Pandit, P Ghosh, Maher J Albahrani and Sheila Nainan Myatra. Participants got a chance to do Echocardiography on volunteers.

**Neuro Critical Care Course (NCC):**

Neuro Critical Care Course was co-ordinated by Dr. Omender Singh and Dr. Rajendra Prasad with the participation of 40 delegates. The lecture covered every subject in Neuro Critical Care. The faculty included H.S Dash, Terry hope, Deven Juneja, Yash Javeri, Satish Bhardwaj, Rohit Bhatia, Raj Shekhar Reddy, V.Suri, P.N Ranjen.

The curtain to the 17th National Conference of the ISCCM, CRITICARE 2011 finally falls on 21st February 2011.

The whole event was professionally managed by - Integrated Conference and Event Management (A division of Le Passage to India) under the leadership of Congress Manager Mr. Aman Kalra and Congress Co-ordinators Mr. Ankit Bhatia & Mr. Amit Ahuja and Mr. Harbans Nagpal from IEMS.

On behalf of the organizing committee we wish to thank each and every one who has been associated with CRITICARE 2011. Please do accept our apologies for any inadvertent action that may have caused you any discomfort. This has been a great learning and humbling experience for us and wish to have your continued love and support always.

**Antimicrobial Stewardship and Infection control (ASIC):**

A full day workshop on Antimicrobial Stewardship and infection control was organized. It is a known fact that the magnitude of antimicrobial resistance both at community and hospital level in India is unparalleled and there is an urgent need to address this issue by raising awareness and making effective interventions. Hence, this workshop with an objective to educate the participants on the need for having antimicrobial stewardship programmes, infection control policy for individual hospitals and also training on rational use of antimicrobials in various clinical scenarios was conducted. A renowned faculty in the field of infectious diseases comprising Dr Raman Sardana, Dr Vivek Nangia, Dr Arunaloke Chakrabarti, Dr Arti Kapil, Dr SK Todi and Dr Anup Warrier moderate the workshop. The format of the workshop was designed to make it educative and interactive as well with a mix of academic lectures, question and answer sessions, quiz rounds and patient case study based discussions.

**Hemodynamic Monitoring & Echo-Cardiography (HMEC):**

Hemodynamic Monitoring & Echo-Cardiography workshop was co-ordinated by Dr. Atul Kulkarni and Dr. Yatin Mehta with the participation of 50 delegates. The faculty included Michael Pinsky, Rahul Pandit, P Ghosh, Maher J Albahrani and Sheila Nainan Myatra. Participants got a chance to do Echocardiography on volunteers.

**Neuro Critical Care Course (NCC):**

Neuro Critical Care Course was co-ordinated by Dr. Omender Singh and Dr. Rajendra Prasad with the participation of 40 delegates. The lecture covered every subject in Neuro Critical Care. The faculty included H.S Dash, Terry hope, Deven Juneja, Yash Javeri, Satish Bhardwaj, Rohit Bhatia, Raj Shekhar Reddy, V.Suri, P.N Ranjen.

The curtain to the 17th National Conference of the ISCCM, CRITICARE 2011 finally falls on 21st February 2011.

The whole event was professionally managed by - Integrated Conference and Event Management (A division of Le Passage to India) under the leadership of Congress Manager Mr. Aman Kalra and Congress Co-ordinators Mr. Ankit Bhatia & Mr. Amit Ahuja and Mr. Harbans Nagpal from IEMS.

On behalf of the organizing committee we wish to thank each and every one who has been associated with CRITICARE 2011. Please do accept our apologies for any inadvertent action that may have caused you any discomfort. This has been a great learning and humbling experience for us and wish to have your continued love and support always.
Congratulations for the great arrangements made for the Criticare 2011. The scientific programmes were too good. The standard of the lectures & presentations was too good. It is one of the best conferences I attended.

Dr. Kapil Sharad Borawake - Solapur

To start with, this is the conference which is very awesome and informative and very well organized. The topics that were discussed during the conference are really from the basic to highly advanced.

Dr. Sri Harsha Tella - Vijaywada

Thanks for organizing such a beautiful show. The Congress was very good & the academic feast was something I shall definitely acknowledge. Keep up the good work.

Dr. Atulya Atreja – Panchkula

Have been fortunate to have participated in the 17th Annual International Congress organized at the Vigyan Bhawan...I would like to express my gratitude and humble "Thanks" to all the members of the organizing team, who put together a spectacular academic event at a much sought after & fabulous venue. The content of the conference was very well thought out, relevant to the current scenario, well spaced over the days & above all the galaxy of both National & International faculty, ensured that all delegates had their 'moneys' worth'. I look forward to many more such events.

Dr. Dipankar Dhar – Noida

I would like to convey my sincere thanks to the ccn team for having given us the opportunity to attend and be part of the team.

- Christine Margaret D’Souza – Chennai

You people have conducted criticare-2011 very nicely and very useful and informative. Most important thing is you people asked for address to send C.D, I felt very happy because it not possible to attend all halls, so imp topics i missed in conference. I will be very thank full to the organizing committee.

Dr. G. Syam kumar – Andhra Pradesh

It's very interesting venue and speaker and I hope u will maintain the same and lots of wishes from my side.

Dr. K.M Mishra - Thane

I congratulate ISCCM team Delhi, the scientific program, conference venue, security system was excellent.

Dr. Deepak H. Mistry – Nadiad

The Criticare congress was an excellent arena to enlighten. Thank you very much for the email and congrats for the success of the congress. 

- Dr. Nikhil Suresh Kumar - Kerala

Thanks for inviting me to the Critical care congress. It was a great experience and one of the finest conferences I have attended. I do hope to be part of ISCCM in the future.

Dr. Krishnan Sinram - Chicago

I wish to say that the conference was organized in a most professional manner. All sessions were very informative and well planned. 

Dr. Subhash Chander

It was excellent experience at Delhi. Scientific sessions were extraordinary, Timing maintained in best way, Facility arrangement were Up to the mark. Enjoyed the educational hunger.

Dr. Sanjay Pandy - Rajasthan

Thank you sir, you organized well. We gained lots of new things and we are applied that in our ICU.

Dr. K Palanichetty – Tamil Nadu

I would like to take this opportunity to congratulate you for wonderfully organizing this conference.

Dr. Purvesh Umarania - Vadodara

Thank you very much for the kind hospitality and hosting all of us.

Dr. Palepu Gopal - Hyderabad

Thank you for organising a wonderful conference of International standard both in quality and content.

Dr. P.S. Bhattacharyya - Kolkata

Thank you for a fine show and opportunity for scientific and social interaction.

Dr. R.K. Mani - Delhi

Thanks very much. It was nice to be part of the faculty at the last minute, but it was good to be there. You and your team did a great job!! Hope it continues like that.

Dr. Mayur Patel - Mumbai

I would like to congratulate the organizers for successfully conducting a congress of this magnitude. Further I would like to thank them for inviting me to be a part of this congress and contribute to its success.

Dr. Deveri Juneja - Delhi

It was a pleasure to be a part of Criticare 2011. I would like to personally congratulate the entire team for planning a congress with rich scientific activity, hospitality and seamless event management.

Dr. N. RamaKrishnan – Chennai

Thank you very much for inviting me for the conference as the Pediatric faculty. For one thorously enjoyed the conference. The Plenary sessions and talks were of exceptional quality, the auditorium was superb. I once again congratulate the whole team of Criticare 2011 for such a magnificent performance.

Dr. Santosh Soans – Mangalore

The academic interactions were excellent and we had a great time.

Dr. V.S.V Prasad – Hyderabad

Thank you. The conference was indeed very well organized. The venue (Vigyan Bhawan) was excellent.

Dr. Dilip Karnad - Mumbai
Welcome New Members to the ISCCM family

1. Rajeev Chaudhary, Meerut  
2. Manjunath Rudrappa, Mysore  
3. Sudhir Deshpande, Aurangabad  
4. Juhu Thakur, New Delhi  
5. Manisha Jain, Ludhiana  
6. Mary John, Ludhiana  
7. Prasad Vankayalapati, Hyderabad  
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9. Naseem Hussain, Bhopal  
10. Deepak Bhasker, Surat  
11. Partha Chakrabarti, Tripura  
12. Vikas Bansal, Ludhiana  
13. Brijesh Patel, Mumbai  
14. Harpreet Thind, Ludhiana  
15. Sanjeev Kumar, Patna  
16. Birendra Sharma, Patna  
17. Ravindra Sinha, Patna  
18. Gurpreet Singh, Ludhiana  
19. Ankur Sethi, Dist - Kundakshetra  
20. Arun Kedia, Rajpur  
21. Manu Azizkhat, Panipat  
22. Sandeep Puri, Ludhiana  
23. Anurag Rajput, Nainital  
24. Parkshe Mahajan, Nagercoil  
25. Savita Sangari, Goa  
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27. Veer Singh, Bareilly  
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29. Jayalakshmi T.K, Mumbai  
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32. Krishna Bharti Gupta, Rohtak  
33. Ravindra Adhikari, Goalpara  
34. Sangeet Naranang, New Delhi  
35. Shalini Adhikari, Naharlagun  
36. Kumar Vishal, New Delhi  
37. Jagdish Rawat, Dehradun  
38. Amit Kumar Verma, Delhi  
39. Granan Ram, Bengaluru  
40. Mallika Balakrishnan, Trivandrum  
41. Uday Kassam, Hyderabad  
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47. Mukesh Shoukat, Noida  
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49. Indra Kumar Hunmerkar, Distt - Balaghat  
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52. Lalchand Daga, Delhi  
53. Amit Kumar Gupta, Delhi  
54. Ashima Sharan, Hyderabad  
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56. Jeson Rajan, Goa  
57. Suresh Patel, Ahmedabad  
58. Mrutunjay Kumar, New Delhi  
59. Shipush Bhosale, Mumbai  
60. Malvi Joshi, Mumbai  
61. Kamal Lashkari, New Delhi  
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64. Sanjay Panda, Bhavnagar  
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66. Krishna Kumar, Allahabad  
67. Vagish Agarwal, Delhi  
68. Ashish Agrawal, Bahraich  
69. Neha Gupta, New Delhi  
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93. Mandeep Kaur, Jalandhar  
94. Arvind Bhagat, Jalandhar  
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117. Manoj Kumar Panigrahi, Jhansi  
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121. Aswin Valsangkar, Salpur  
122. Hembai Garg, Delhi  
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133. Rosemarie Desouza, Mumbai  
134. Dhurba Chakraborty, Delhi  
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151. Subhendu Sarkar, Kolkata  
152. Bhaskar Chaudhuri, Kolkata
A majority of children with in-hospital cardiac arrest and an even larger percentage of children with out-of-hospital cardiac arrest do not survive, or they are severely incapacitated if they do. In the following discussion newer BLS guidelines are highlighted when compared to 2005 guidelines. The main emphasis has been placed on high quality CPR.

**CAB instead of ABC**

Chest compressions should be immediately started by one rescuer, while a second rescuer prepares to start ventilations with a bag and mask. Ventilation is easier in pediatrics because of the large percentage of asphyxial arrests in which best results are obtained by a combination of chest compressions and ventilations. Unfortunately ventilations are sometimes delayed because equipment (bag, mask, oxygen, airway) must be mobilized. Chest compressions require only the hands of a willing rescuer. Therefore, start CPR with chest compressions immediately, while a second rescuer prepares to provide ventilations (Class I, LOE C).

**Adequate compression and adequate compression rate**

The effectiveness of PALS is dependent on high-quality CPR, which requires an adequate compression rate ([at least]100 compressions/min), an adequate compression depth (at least one third of the AP diameter of the chest or approximately 1.5 to 2 inches [4 cm] in infants and approximately 2 inches [5 cm] in children), allowing complete recoil of the chest after each compression, minimizing interruptions in compressions, and avoiding excessive ventilation. Inadequate chest compression depth is common even by the health care providers. Reasons for not performing high-quality CPR include rescuer in attention to detail, rescuer fatigue, and long or frequent interruptions to secure the airway, check the heart rhythm, and move the patient. Optimal chest compressions are best delivered with the victim on a firm surface.

**Two thumb encircling technique**

By two thumb-encircling hands technique, cardiac compressions could be delivered as per 2005 recommendations.

**Two thumb encircling hands technique is no longer recommended in 2010 recommendations.**

**Rationale:** There is no data which shows the benefit from a circumferential squeeze.

**Recovery position** was not recommended in infants and small children. 2005.

**Recovery position is now recommended in children as per 2010 recommendations.**

**Rationale:** If there is no evidence of trauma, recovery position helps to maintain a patent airway and decrease the risk of aspiration.

**Trained versus lay rescuer:** There were no different recommendations for trained versus lay rescuer 2005. If a lay rescuer is not trained in providing ventilations, or is unable to do so, the rescuer should continue with chest compressions (hands – only or compression – only CPR) until help arrives as per 2010 recommendations.

**Rationale:** High quality chest compressions generate blood flow to the vital organs and compressions are easier for an untrained rescuer to perform.

**AEDs:** There were no recommendations for use of Automated External Defibrillator (AED) in infants less than one year of age 2005. For infants a manual defibrillator is preferred. If a manual defibrillator is not available, an AED with a pediatric attenuator is preferred for infants. If neither is available, an AED without a pediatric dose attenuator may be used as per 2010 recommendations.

**Rationale:** Shockable rhythms respond to electric shocks (Defibrillation) which ultimately decides the survival. There is minimal myocardial damage with good neurological outcomes.

**Oxygen:** It is reasonable to ventilate with 100% oxygen during CPR because there is insufficient information on the optimal inspired oxygen concentration (Class Ila, LOE C). Once the circulation is restored, monitor systemic oxygen saturation. It may be reasonable, when the appropriate equipment is available, to titrate oxygen administration to maintain the oxyhemoglobin saturation >94%.

**Bag-Mask Ventilation:** Bag-mask ventilation can be as effective, and may be safer, than endotracheal tube ventilation for short periods during out-of-hospital resuscitation. In the Pre-hospital setting it is reasonable to ventilate and oxygenate infants and children with a bag-mask device, especially if transport time is short (Class Ila, LOE B). Bag-mask ventilation requires training and periodic retraining in selecting a correct mask size, maintaining an open airway, providing a tight seal between mask and face, providing ventilation, and assessing effectiveness of ventilation.

**Two-Person Bag-Mask Ventilation** A two-person ventilation technique may be preferable when personnel are available and may be more effective than ventilation by a single rescuer if the patient has significant airway obstruction, poor lung compliance, or the rescuer has difficulty in creating a tight mask-to-face seal. One rescuer uses both hands to maintain an open airway with a jaw thrust and a tight mask-to-face seal while the other compresses the ventilation bag. Both rescuers should observe the victim’s chest to ensure chest rise.

**CPR Guidelines for Newborns with Cardiac Arrest of Cardiac Origin**

Recommendations for infants differ from those for the newly born (ie, in the delivery room and during the first hours after birth) and newborns (during their initial hospitalization and in the NICU). The compression-to-ventilation ratio differs (newly born and newborns – 3:1; infant two rescuer – 15:2) and how to provide ventilations in the presence of an advanced airway differs (newly born and newborns – pause after 3 compressions; infants – no pauses for ventilations).

This presents a dilemma for healthcare providers who may also care for newborns outside the NICU. Because there are no definitive scientific data to help resolve this dilemma, for ease of training we recommend that newborns (intubated or not) who require CPR in the newborn nursery or NICU receive CPR using the same technique as for the newly born in the delivery room (ie, 3:1 compression-to-ventilation ratio with a pause for ventilation). Newborns who require CPR in other settings (eg, Pre-hospital, ED, pediatric intensive care unit [PICU], etc.) should receive CPR according to infant guidelines. Two rescuers provide continuous chest compressions with asynchronous ventilations if an advanced airway is in place and a 15:2 ventilation-to-compression ratio if no advanced airway is in place (Class Iib, LOE C). It is reasonable to resuscitate newborns with a primary cardiac etiology of arrest, regardless of location, according to infant guidelines, with emphasis on chest compressions (Class Ila, LOE C).

**Further readings:**

Dear Colleagues,

On behalf of ISCCM Pune Branch, & the Organising Committee of CRITICARE Congress 2012, it is a pleasure & privilege to invite you all to the “18th Annual Congress of the Indian Society of Critical Care Medicine & International Critical Care Congress 2012”, being held in at Marriott Hotels & Convention Centre, Pune from February 15th to 19th, 2012.

ISCCM Pune branch was the first city branch of ISCCM, formed in 1993 and has been at the forefront in the ISCCM in various activities. The 4th National Congress held in Pune in 1998 is still remembered by the attending delegates as one of the most outstanding ones.

The theme of this year’s conference is, ‘Critical Care in India – Coming of Age’. This event will bring together an international audience with an interest in Critical Care & emergency medicine. The Scientific program will consist of three adult Critical Care sessions, one Pediatric Critical Care Session & eleven pre conference workshops till date. There will also be an exciting and varied scientific program that will include plenary and thematic sessions, presentation of research papers, workshops & ‘Meet the Expert’ sessions, didactic lectures and smaller group sessions, promoting dialogue, debate and healthy controversy. Adhering to the philosophy of the practice of Critical Care, the sessions will be of interest to all practitioners who care for the critically ill.

Hailed as India’s “Knowledge Capital” and a class metro, Pune has it all ….. Beauty, sophistication and above all, a friendly welcome for everyone! The city proudly stands by its reputation as a true “people city” where its residents live, work and play. Fantastic shopping, breathtaking views and pleasant climate all year round are just a few reasons why residents and visitors alike will tell you that there is no place quite like Pune! The city has the best of both worlds, modern sophistication with neighborhood values.

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ORGANIZING CHAIRMAN

Dr. Ajit Yadav
CO-ORGANISING CHAIRMAN

Dr. Kapil Zirpe
ORGANISING SECRETARY

Dr. Subhal Dixit
CO-ORGANISING SECRETARY

Website: www.criticare2012.org
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- Fluidifies bronchial secretions and facilitates aspiration\(^2\)
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77% increased solubilisation of structured mucus by Mistabron\(^{®}\) unlike NAC, Saline

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<th>Inhaled substance</th>
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<td>Saline</td>
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**Indications:**

Via nebulisation
- During the post operative period to prevent pulmonary complications
- In chronic bronchitis
- In bronchial emphysema
- In bronchiectasis

Via instillation
- In bronchoscopy
- In tracheostomy
- In resuscitation

**Dosage:**

- **Nebulizer:** 3 – 6 ml per day in 1 to 4 sessions (maximum of 26 ml per day)\(^7\)
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**MISTABRON® (Mesna)**

**Composition:** Tyloxapol, sodium alkylsulphate and sodium benzoate, distilled water for injection.

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- Mucus obstruction in patients with cystic fibrosis.
- Bronchial secretions are to be administered as a local bronchial antiseptic and decongestant.

**Contraindications:**
- Hypersensitivity to tyloxapol.
- Pregnancy.

**Warnings:**
- Respiratory distress may occur in patients with severe asthma or chronic bronchitis.
- Use with caution in patients with severe respiratory disease.

**Adverse Effects:**
- Local reactions such as flushing, burning, and itching.
- Transient respiratory distress.

**How Supplied:**
- 1 ml disposable syringe with needle.
- 5 ml prefilled syringe with needle.

**Packaging Information:**
- Store at 2°C to 8°C. Do not freeze.
- Do not use beyond the expiry date.

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