Asia-Pacific Congress of Critical Care Medicine 2014 to be held in India (Jaipur) along with Annual Conference of Critical Care Medicine.

More than 100 new members added to ISCCM during the last 3 months

Criticare 2011 NEW DELHI round the corner, book your dates

ISCCM day being celebrated throughout India on 27th November. Enthusiastic reports and feedback from more than 100 centers in the country

City and regional branches of ISCCM vibrant. Successful meetings held at Pune (MV workshop), Lucknow (Sepsis and FCCS course), BHU (Criticare update 2010), Nasik and other centers.

ISCCM Election to go online from 2011 season, so please update your email ID and register your mobile with ISCCM office.

Members participation in the Critical Care Communications increased vertically – Thank You

Final form of Indian College of Critical Care Medicine getting established.

ISCCM News Headlines

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We request our esteemed readers to send their valued feedback, suggestions & views at drnrungta@gmail.com

www.isccm.org

Next data collection date
12th January 2011
SCCM is growing envitably. Growth of any organization always puts more onus and responsibility on its members and leadership. The society is focused on its aims and objectives - development of education and training programmes in Critical Care Medicine. Ultimate aim of the society is to ensure that the all citizens of the country are provided with affordable protocolised Critical Care at all levels. In the process there will be many challenges which have to be take upfront. We have to remove all possible barriers when it comes to Training of doctors and nurses in the specialty of Critical care Medicine. I think there is need for thinking on two lines – (1) Training for education and training of trainers (2) Training for augmenting medical and paramedical work force for taking care of patients both at rural and urban levels. This in long term, will ensure both good quality teaching/training and bedside critical care at all levels. I am sure, creation of Indian College of Critical Care Medicine is right step in this direction.

Elections of the society have to go online. There has not been so enthusiastic participation of members in the elections to the executive of the society. The society spends lots of resources in terms of money, effort and time to follow the process of the elections to the constitutional requirements of the society. Therefore, to make the participation of members in election as easy as possible, going online is the easiest way in modern times. This will make the election process short, easy for members to participate and save lots of resources. It is, therefore, imperative for all of us to update our email IDs and mobile numbers in the records of the society. Aim is to reach 100% members before March 2011. Member’s co-operation is solicited.

ISCMM participated in Asia Pacific congress of critical care medicine held at manila Philippines during the 2nd weekend of October. We bid for 2014 congress and it was awarded to India through a unanimous decision. The congress will be held at Jaipur in February 2014 along with annual national conference of ISCCM. This will pave way for more international collaborations, interactions, training and research, particularly in relation to Asia pacific region and more so in SAARC region in coming times.

Criticare 2011 is round the corner - the annual academic feast for our members and opportunity to learn more. Let us participate in maximum numbers with enthusiasm. Dr Rajesh Chawla and his team are making all efforts to make it a grand success.

The ISCCM day celebration has generated immense enthusiasm all over the country and I am sure it will be a huge success. Dr Manish Munjal and his team has been working tirelessly for the same.

Last but not the least, The Critical care communications has been able to draw International attention and the editorial office has been receiving lot of articles/feedbacks from India and across the seas. My special thanks to Dr. Michael O’Leary, President ANZECs for writing for Critical Care Communication. We welcome these and are happy to publish them. The response from ISCCM branches has also been encouraging and their reports find important pages in this bulletin. The editorial board invites more and more articles, reports, pictures and feed backs from branches and individuals.

Indicaps data collection has also been exciting and the next date for data collection is 12th January. Congs Jigi.

I thank all the contributors. Thanks - Michael, Andrew, Ramesh, Purshottom, Ranvir for your kind words. Every single word means a lot to us.
Dear ISCCM Members,

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

It gives me great pleasure to share with you that we have grown from strength to strength as a society. The current year’s review for the society has been highly productive across India.

There has been a change in the planning of the forthcoming Critical Care Congress 2011 in New Delhi. The scientific programme is being planned by the National Scientific Programme Planning Committee. This is a team of over twenty national experts, who are targeting to bring out the most comprehensive and effective scientific session for all of you. The committee met in Hyderabad, earlier this year during Criticare Congress 2010. Each member was asked to choose two sections of interest, and suggest topics and speakers for them. The Chairman and Co-Chairman went through these topics and selected the most suitable topics which would be of most interest to the delegates. Next year onwards this process of selection of topics will be further improved by the Scientific Committee of the Congress. We promise to raise the standards of the Congress with each passing year.

You are aware that February 2011 onwards the election process is going to be conducted by electronic mail. It is mandatory for all of you to update your database. For this you will have to fill a form that you can download from the website www.isccm.org. The form is also attached to this bulletin. The completed form must be signed and send it to the society’s official address. After verifying your signature, if required, your e-mail ID will be changed in the database. Please complete this process asap.

I am very delighted to make the announcement that the Indian Society of Critical Care Medicine has been selected to host the Asia Pacific Critical Care Congress in India in Jaipur in February, 2014. Please join me in congratulating Dr. J. Divatia, Dr. N. Rungta and Dr. Manish Munjal who had gone to Manila to represent our case.

I am also pleased to give you the good news that the executive committee of the Indian Society of Critical Care Medicine has decided to form the Indian College of Critical Care Medicine modelling on the lines of SCCM, USA. The Society will award Fellowship of the College once the Constitution of the College is approved in the AGM. All the guidelines for eligibility criteria would be available on the website of the society next year. The first Convocation Ceremony of the College would be held in Pune in February, 2012.

The INDICAPS study is progressing very well. The second day data collection is going to end on 13th November 2010. The next day data collection is in Jan 2011. I thank all of you who have participated in this landmark study. We may present the preliminary analysis of this study in the next Annual Conference.

I am confident that as we will continue to grow, we will achieve great success through best society practices with the help of hard work, dedication and passion of each one of you.

With best wishes,

Dr. Rajesh Chawla
President, ISCCM
drchawla@hotmail.com
Developing Critical Care in the Asia-Pacific Region: The Role of International Collaboration

Michael O’Leary
MD, FRCIA, FICCM
President, Australia & New Zealand Intensive Care Society

In October I had the pleasure of attending the 16th Asia-Pacific Association of Critical Care Medicine Congress in Manila. This was a great opportunity to meet up with critical care colleagues from the many diverse nations that make up the Asia-Pacific group. At the meeting Younsuck Koh from Korea presented some of the results of the MOSAIC study that analysed critical care resources across the region and I was struck by the fact that although there was considerable variation in resources available to patients in high-income versus low-income countries, there was often better application of clinical guidelines in the low-income countries. It appears, therefore, that we all may have things that we can teach each other regardless of whether we are resource rich or resource poor. The question is how to promote international collaboration – the APACCM Congress occurs only every 2 years and only a few practitioners can attend.

What might ANZICS have to offer our regional colleagues? We in Australia and New Zealand are proud of our history as pioneers in developing Intensive Care as a specialty and have just seen the inauguration of our independent College of Intensive Care Medicine. We can demonstrate that our systems of training, accreditation and ICU organisation result in better outcomes for patients than the best published internationally. I believe that we should be exporting the lessons we have learnt in intensive care training and organisation to our colleagues in the region.

This year ANZICS sponsored a speaker to the APACCM meeting, and we would be keen to explore other opportunities to facilitate ANZICS speakers attending regional meetings in the future. Next April we are running an international meeting in Singapore along with the Singapore Society for Critical Care Medicine. If this meeting is successful we plan to continue it biannually and would be interested to hear from other societies such as ISCCM that might be interested in co-hosting such an event. Rather than competing with APACCM, I suggested at APACCM Council that if successful this meeting might be brought under the APACCM umbrella in the future as a stand-alone APACCM event.

Promoting education is also of importance and ANZICS was pleased to sponsor the BASIC course in 2009. Ideally, the opportunity to run educational courses in tandem with international meetings should be encouraged, as it is a very efficient way of maximising value of invited speakers and experts. Another area in which further collaboration needs development is in critical care research. Alongside our meeting in Singapore next year our Clinical Trials Group will be running a Research Foundations Workshop which will give guidance to novice investigator groups wishing to set up and run multi-centre research networks. We are not currently looking to expand ANZICS CTG activities into the Asia-Pacific region, however in the future the possibility of running international trial collaborations will need to be investigated.

Australia, New Zealand and India have many connections given that so many Indian specialists have done at least part of their training on our islands. I think we should use these personal relationships to develop collaborations between our societies. This can only be of benefit to the members of both ISCCM and ANZICS, and also, of course, to our patients.
Maintaining a constant high standard of intensive care is the greatest challenge for an ICU. The nursing staff are the mainstay in achieving that goal. They are responsible for most of the minute-to-minute monitoring and treatment. In addition to conventional nursing responsibilities, much of the clinical decision making can be decentralised to a skilled nursing staff. This requires investment in teaching, in-service programmes and audits directed at the bedside nurse.

The permanent senior medical and nursing staff must provide the continuity of care and ensure that standards are maintained within an ICU. They are responsible for the orientation, education and training of new staff. Junior medical staff usually rotate through the ICU for varying periods and this can lead to inconsistency in the care of patients unless standardisation is ensured through protocols, supervision and educational programmes.

Examples of the expanded nursing role include infection control, weaning, titration of fluids and drug infusions. It can be further expanded to include ICU administration and staff education.

Ward rounds and continuity

There should be at least one comprehensive ward round each day. The half-life of major decisions regarding seriously ill patients is approximately 24 hours, whereas for patients in general wards it is approximately 3–4 days. The medical staff, nursing staff and others involved in a patient’s management should formulate a strategy for the next 24 hours. This is a framework around which fine-tuning can occur, depending on changes in the patient’s condition and the findings on laboratory tests. Like other strategies, it must be flexible enough to allow changes according to the patient’s condition. Rather than using a system that features a provisional diagnosis and final diagnosis, one must take a problem-orientated approach to seriously ill patients.

Despite the drama involved in the ups and downs of the critically ill, there are many predictable patterns. There is the initial resuscitation phase, usually begun outside the ICU. This is followed by a phase, usually within the ICU, where resuscitation is continued and fine-tuned together with a more detailed diagnostic work-up and history taking. There follows a maintenance phase where we deal with not only the presenting problems of the patient but also complications of highly invasive management in the ICU such as nosocomial infection and intravenous line infections. If the patient survives there is a final gradual improvement phase where the challenge is to dismantle the patient from as much support as quickly as possible in order to facilitate discharge to a general ward. There are blurred boundaries, of course, between each phase and patients can move between phases during their ICU stay. The ICU team must recognise the different challenges associated with each phase and drive the patient’s progress as rapidly as possible.

Detailed handovers with a short and long term plan are essential for continuity and optimal management of the patient, especially by senior medical staff.

Relatives and friends

The condition of a patient should be explained in an honest and forthright manner to relatives and friends. There is no place for false hope and avoidance of difficult explanations, even if it means admitting that many aspects of the patient’s disease process are, as yet, unknown. Much of the practice of intensive care medicine is titrational (e.g. trying an inotrope or antibiotic and looking for a response, without necessarily understanding all aspects of the interactions involved), and this should be explained honestly. It helps to have a special information pamphlet for the patient’s friends and relatives that will explain certain matters such as:

An explanation of the possible time course of the patient’s illness must be given. Many relatives wish to maintain an all-night vigil during the early part of a critical illness, when the patient conceivably could remain stable for days or weeks. It is important to inform relatives of such possibilities so that they can arrange their schedules regarding sleep, work and other responsibilities.

Quality assurance

Quality Assurance (QA), auditing and peer review are all concepts that generally have to do with monitoring and attempting to improve current practice. The idea behind most efforts in this area is that practitioners can demonstrate to themselves and to others the quality and quantity of work they are doing. The principles of QA and total quality management (TQM) readily lend themselves to managing an ICU. QA is not simply a matter of conducting an audit; it encompasses the principles of how an organisation should run – in our case an ICU. The Japanese have run their industries on a similar basis for decades. They call the concept ‘Kaizen’ or the continuous search for improvement in oneself and in the system. In order to accomplish this effectively, we need to shed much of our previous conditioning and training. Decision making and autonomy must be decentralised to the bedside. The ability to make decisions comes through education. Making changes is difficult, and many who have been trained in a different way will feel uncomfortable. We need, ultimately, to reach the point at which we begin to feel comfortable with many of the unpredictable aspects of our practice, until eventually we can thrive on the non-routine. Managers must learn to authorise others to solve their problems and managers themselves must learn to find ways of saying yes, rather than finding fault.

The staff need to be encouraged to be autonomous and to speak out when the system is not working. We need to eliminate senseless rules and we need to carefully examine everything we do and always ask why. Rules should be replaced by guidelines and priorities. A collective rhythm must be created whereby quality can be coaxied out of the available resources, which often are inadequate. The key to an organisation’s success is to master the art of orchestrating collective thinking. The common good should always be put above one’s own. This system will not be the place for large egos that are easily bruised.

The principles of this new style of management include the following:

The quality of patient care can be improved by removing the causes of problems in the system.

Problems can be solved only after they have been identified.

The person who is doing the job, is probably the one most knowledgeable about that job.

People want to be involved in running the unit and doing their jobs well.

People should be authorised and encouraged to bypass managers and solve problems themselves.
It gives us immense pleasure to inform you that the dream that we had collectively dreamed about has been finally given shape. We always felt that the critical care setup in North Bengal had to be developed and that we had to come together to be able to get the desired results. The coming together happened 2 years back when we started our Critical Care Group in Siliguri. The group conducted several academic activities since formation. We then realized the need for affiliation of this group to a national body in order to dream bigger.

The group was finally approved as a branch in the month of August. The inaugural meeting of the new ISCCM Siliguri Branch was held on 9th October, ‘10, in the presence of Dr. Subhash Todi, honorable executive committee member and Eastern Zonal Head. The meeting started with the formal inauguration of the branch by Dr. Todi, with the lighting up of the ceremonial lamp followed by the launch of the official website of the branch which is www.isccmsiliguri.com

Dr. Sekhar Chakraborty (Chairman, Scientific Committee-Siliguri Branch) initiated the meeting with his opening speech wherein he mentioned the significance of the inauguration date i.e. 9th October which also happens to be the day on which ISCCM came into existence 17 years back.

Dr. K. C. Mitra, a senior clinician and the guest of honour, delved on the importance of critical care in managing mortality in his speech.

Dr. Iqbal Rahman (Chairperson-Siliguri Branch) stated the goal of the branch when he elaborated on the common purpose of bringing around a comprehensive development in Critical Care Medicine in the North Bengal region.

Dr. Todi was then invited to deliver his lecture on ‘Antimicrobial Stewardship’, the backbone of any hospital specific antimicrobial protocol formation. The lecture was followed by a lot of interactions and discussions.

Dr. C. P. Sharma
Secretary, ISCCM Siliguri Branch

A three-days CME- cum-workshop ‘Criticare Update’ was organized on October 1-3, 2010 under the auspices of Varanasi Chapter of Indian Society of Critical Care Medicine (ISCCM) and Department of Anaesthesiology, Institute of Medical Sciences, Banaras Hindu University, Varanasi to commemorate the 150th birth anniversary of Pandit Madan Mohan Malviya, the great patriot and Founder of Banaras Hindu University. About fifty eminent scholars from various parts of the country delivered lectures and shared their experience on various aspects of intensive care. The theme of the conference was ‘Economy and Excellence’.

It was inaugurated by Professor D P Singh, Hon’ble Vice-Chancellor, Banaras Hindu University, Varanasi, Padma Bhushan Dr B K Rao, Chairman, Sir Ganga Ram Hospital, New Delhi, and Dr Narendra Rungta, President Elect, ISCCM and Chief Editor, Critical Care Communications. Dr B K Rao emphasized on the steps to be taken for providing a cost-effective and safe care for the critically ill patients. He added that the services of the intensive care units of developing countries like India must be within the reach of common man. Dr Narendra Rungta illustrated that, in the present scenario, majority of critical care centres are congregated in the metropolitan cities. Their services must percolate down to the smaller towns and rural areas, he added. He spoke at length on the aims and objectives of the ISCCM, and future projects of the organization. On this auspicious occasion a CME book titled ‘Pearls of Critical Care’ was also released. Professor D K Singh welcomed all the dignitaries, faculty and delegates to the conference. The inaugural programme was conducted by Dr Rajeev K Dubey, Organizing General Secretary of the conference.

The conference was attended by two hundred and fifty delegates from Uttar Pradesh, Uttarakhand and other neighbouring states. A Critical Care quiz contest and competitive paper presentation session was also organized for the residents and budding intensivists. It is worth mentioning that the Varanasi chapter of ISCCM has been regularly conducting Critical Care Updates as well as other academic activities and awareness programs for the residents, intensivists, physicians of other disciplines, and paramedical staff since two years of its establishment. The Department of Anaesthesiology, Institute of Medical Sciences, Banaras Hindu University is also providing a post doctoral certificate course (PDCC) training in Intensive care as well as various other specialties of Anaesthesiology.

Prof. D. K. Singh
Professor and Head, Department of Critical Care, BHU, Varanasi

release of Varanasi Criticare Update 2010 Souvenir
**Nashik Branch Activities**

At Nashik Branch we conduct regular activities. On 7th October we conducted a Workshop on Critical Care Medicine in the Association of Physicians (API) Maharashtra State level conference. This workshop was attended by 70 Physicians from all over Maharashtra. Faculty for the workshop was - Dr Atul Kulkarni, Dr Shiva Iyer, Dr Vijaya Patil, Dr Vandana Agrawal, Dr Rajan Barokar, Dr Dalal, Dr Shrinitas, Dr Deodatta Chafekar, Dr Yatindra Dube, Dr Suwarna Tambde.

During the same month we had a CME presented by an eminent international faculty - Dr Peter Clardy from Harvard Medical School, USA. He spoke on Creation of Safe and High Quality ICU on 13th October.

Photographs of the CME are attached with this mail.

Thank You.

Dr Suwarna Tambde
Secretary, ISCCM Nashik Branch

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**Pune Branch Activities**

The 14th Annual Workshop on Mechanical Ventilation, was organised by the Pune Branch of ISCCM on the 25th and 26th September, 2010. This is an exclusive workshop on Mechanical Ventilation being organised by the Pune branch, and it is a very popular annual event. The course was organised for 2 days - Basic course on day 1 and the Advanced course on day 2. The workshop was attended by 175 - 200 delegates on each day, which included PG students, fellows, physicians, nurses and physiotherapists. It gave the delegates a great opportunity to update their skills and knowledge in the art and science of MV. Some of the most noted experts on MV in India, participated as faculty. The programme included 4 lectures by experts on both days, followed by 5 workstations (each for 1 hour). The delegates rotated around all the workstations. Enough ‘Hands-on Training’ was provided to all the delegates and the sessions were made very interactive as far as possible. Interesting topics included this year were the VILI emerging role of lung ultrasound, cardiopulmonary interactions during MV, management of refractory hypoxemia in ARDS, ECMO, etc.

The workbooks were completely revised this year and new workbooks were given to all delegates.

The workshop was a huge success.

Dr. Sandhya Talekar
Chief Co-Ordinator; Workshop 2010

**Newspaper Clipings Udaipur - Rajasthan Activities**

**India Represented at Asia Pacific Congress Manila**

Asia Pacific Congress on Critical Care medicine was held from 8th to 10th October at Manila Philippines. The association’s constituents include Australia, New Zealand, China, Hong Kong, Singapore, Korea, Japan, Malaysia, Philippines, Thailand and other countries. India is recent entrant to this association. India has 3 members on the council of the association which manages the affairs of the council. ISCCM offered to host the 2014 APACCMM conference at Jaipur (India), along with National Conference of ISCCM. The proposal was approved unanimously. The 2012 conference will be held in Japan. India was represented in the meeting by Dr. J Divatia, Dr. Narendra Rungta and Dr. Manish Munjal
Welcome New Members to the ISCCM family

1. Shrikant Bhutani LM-10/B-358
2. Rama Krishna Biyyapu LM-10/B-359
3. Ramalingeswara R. Bommal LM-10/B-360
4. Ravishankar Nagaraj LM-10/N-149
5. Rajiv Jain LM-10/J-246
6. Sandeep Kumar Kadian LM-10/K-466
7. Anand Arumugam LM-10/A-304
8. Akepogu Christopher LM-10/C-217
9. Rajmohan Tumulu LM-10/T-176
10. Meena Trehan LM-10/T-177
11. Natraj Sadafule LM-10/S-749
12. Prashant Patole LM-10/P-427
15. Anoop Kumar A.S LM-10/S-751
16. Hariom Khandeval LM-10/K-467
17. Laltanpuii Sailo LM-10/S-752
18. Nari Mary Lyngdoh LM-10/L-44
19. Rajani Thabah LM-10/T-178
20. Shilpa Goyal LM-10/G-369
22. Marchang Lanleila LM-10/L-45
23. Vanlalhmgaihi Hmar LM-10/H-56
24. Priyam Saikia LM-10/S-753
25. Jandip Baishya LM-10/B-361
26. Rajkamal Haloi LM-10/H-57
27. Janardan Bordoloi LM-10/B-362
28. Shirin Naaz LM-10/N-150
29. Hrishikesh Lawand LM-10/L-46
31. J Raghu LM-10/R-308
32. Saindhra Sharma LM-10/S-754
33. Chetan Mehta LM-10/M-417
34. Krishna Baradol LM-10/B-363
35. Pradeep Shrigaonkar LM-10/S-755
36. Anivash Tribhuwan LM-10/T-179
37. Jakir Hussain LM-10/H-58
38. Rahul Choudhary LM-10/C-218
39. Rajesh Sharma LM-10/S-756
40. Ashutosh Jaiswal LM-10/J-248
41. Praveen Chabukswar LM-10/C-219
42. Bhavinkumar Patel LM-10/P-428
43. Sanjiv Zandge LM-10/Z-6
44. Jitesh Khandrani LM-10/K-469
45. Gaurishankar Sharma LM-10/S-757
46. Narendrasing Rajput LM-10/R-309
47. Alok Narde LM-10/N-151
48. Salil Patil LM-10/P-429
49. Vikas Saraswat LM-10/S-758
50. Surya Sahu LM-10/S-759
51. Deepak Bahekar LM-10/B-364
52. Srinivasa Srivatsa LM-10/S-760
53. Rajnikant S. Malapur LM-10/M-418
54. LT Col. Rajesh Deshwal LM-10/D-299
55. Arvind Tuteja LM-10/T-180
56. Anu Kapur LM-10/K-470
57. Nihikat Jahan LM-10/J-249
58. Sachin Sukhsohale ALM-10/S-761
59. Dheeraj Kapoor LM-10/K-471
60. Manpreet Singh LM-10/S-762
61. Pratim Ray LM-10/R-310
62. Sabyasachi Das LM-10/D-300
63. Tika Sharma LM-10/S-763
64. Debashish Das LM-10/D-301
65. Manish Patne ALM-10/P-430
66. Rashmi Datta LM-10/D-302
67. Sujit Kumar Pradhan LM-10/P-431
68. Sadipirala M Reddy LM-10/R-311
69. Manduri Srinivasa Rao LM-10/R-312
70. Kireeti A.S LM-10/K-472
71. Gudapati Mahedhar LM-10/M-419
72. Athuru Jeewan Babu LM-10/B-365
73. Manohar Badur LM-10/B-366
74. Sreennasa Rao Suresetty LM-10/S-764
75. Abhijit Das LM-10/D-303
76. Kalyan Sengupta LM-10/S-765
An appeal to all ISCCM members
Please update your Email ID and Register your mobile phone no with ISCCM

Dear members

This is brought to your kind notice that 2011 onwards ISCCM elections are likely to be held online only. It is therefore imperative that ISCCM office has email IDs and mobile phone number of all its members for making communication 100% effective. You are therefore requested to please update your email IDs and mobile numbers in the records of ISCCM as early as possible, before 28th February 2011. Please visit our website www.isscm.org for more information.

All branches have special duty to do. They have to facilitate the important task of collecting email IDs and mobile numbers of all its members.

Herewith attached is the Information renewal request form. Please fill it and send it to ISCCM office.

Dr. Narendra Rungta
Chairman Election committee, ISCCM

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<th>No.</th>
<th>Name</th>
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<td>Vandana Goel</td>
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<td>Pankaj Punj</td>
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<td>Anuj Jain</td>
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<td>Ilankumarana Kaliamoorthy</td>
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<td>Rangit Pandey</td>
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<td>Sisir Mahapatro</td>
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<td>Bhawana Rastogi</td>
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<td>Sandeep Dave</td>
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Telefax : 022-23054843 • email : isccm1@vsnl.net
17th Annual Congress of the Indian Society of Critical Care Medicine (ISCCM)

International Critical Care Congress 2011

In Association With
Ministry of Health & Family Welfare (Govt. of Delhi)

February 16 - 21, 2011
Vigyan Bhawan, New Delhi, India

Main Congress February 16 - 18, 2011
Post Congress Workshop February 19 - 21, 2011

INTERNATIONAL FACULTY

Prof. Charles Sprung (ISRAEL)
Prof. Jean Louis Vincent (BELGIUM)
Dr. John J. Marin (USA)
Prof. Luciano Gattinoni (ITALY)
Dr. Marco V. Ranieri (ITALY)

Dr. David Bihari (AUSTRALIA)
Dr. Pam Lipsett (PRESIDENT SCCM - USA)
Prof. Mervyn Singer (UK)
Dr. Michael R. Pinsky (USA)
Dr. Mitchell M. Levy (USA)

Dr. Brahmi Goldstein (USA)
Dr. Pierre Singer (ISRAEL)
Dr. Jerry J. Zimmerman (USA)
Dr. Krishnan Srimam (USA)

And Many More...

ORGANISING COMMITTEE

Rajesh Chawla
President ISCCM & Chairman Congress

Praveen Khilnani
Organising Chairman

Deepak Govil
Organising Secretary

Suninder S. Arora
Organising Secretary

“Reaching New Heights in Critical Care”

www.criticare2011.org
TENTATIVE SCIENTIFIC PROGRAM

Plenary Sessions
- How To Improve Quality of Care in Your ICU
- Cardiovascular Insufficiency with Initiation & Withdrawal of Mechanical Ventilation
- Resistant Bacteria, Resistant Fungus & Untreatable Virus - Are we really make Progress
- End of life Issues - A world wide Perspective
- Clinical Challenges in an ICU Patient in India
- Airway Management - Life Saving or Life Threatening
- Computerized Document System Today & Tomorrow
- What Cause Multi Organ Failure & How Do Failed Organ Recover
- Harmful Threshold for Mechanical Ventilation - Stress & Strain Concept
- Management of Endotoxicemia in Severe Sepsis & Septic Shock
- Pharmacokinetics in Critical Care
- Consequence & Management of ICU Acquired Weakness
- Leadership and Teamwork in Critical Care - Critical For Success
- Forgotten Factors in Respiratory Monitoring

ETHICAL SESSIONS

Pulmonary Embolism
- Changing Diagnostic Strategies
- Management of Pulmonary Embolism
- IVC Filters

VAP (Ventilator Associated Pneumonia)
- Diagnostic Techniques - State of the Art
- Choice of Antibiotics & Optimal Duration of Treatment
- Can We Really Prevent VAP

Family Communication
- Family Conferences & Communication in ICU
- How to Communicate Error to the Patient & Family
- Visiting Policy - Strict or Liberal

Tropical Infection
- Dengue Hemorrhagic Shock Syndrome
- Complicated Malaria
- Leptospirosis Infection

Management of Trauma
- Management of Traumatic Brain Injury
- Head Injury - Current Guidelines
- Intra Abdominal Hypertension

Poisoning
- Insecticides
- Bites & Sting
- Drug Abuse

Investigation in ICU
- Frequency of Lab Investigations
- Chest ultrasound - A New Paradigm
- Still Daily Chest X-Ray after Each Insertion

Non Invasive Ventilation
- Failure of NIV - Why does it fail
- Overcoming Patient Ventilator a Synchrony during NIV
- NIV in Hypoxemic Failure

Administration
- Negotiations with Administrators; Do's & Don'ts
- Conflict Management
- Challenges in Implementation of Protocols & Guidelines

And Many More....

Pro-Con Debates
- Surviving Sepsis Guidelines is the Final Answer to Sepsis?
- Steroids in Severe Sepsis and Septic Shock are Effective
- Low Tidal Volume for Everyone in ARDS
- There is No Place for PAC in the Management of Severe Sepsis
- Steroids Are Ineffective in ARDS

Critical Care Tutorials – CME
- How to Take Rounds & Write notes in ICU
- COPD - Critical Care Issues
- Management of Multidrug Resistant Organisms
- Monitoring of Coagulation
- High Risk Surgical Patient
- Role of Ultrasound in ICU
- Applied Understanding of gas exchange
- Abnormalities in Critical Care

Panel Discussion
- H1N1 Indian Experience
- Controversies in ARDS
- Three Drugs / Three Drugs
- Medico-legal / Ethical / End of life Issues in Pediatric ICU
- Pediatrics ICU Procedures: Common Pitfalls

Critical Care Tutorials – CME
- Homodynamic Monitoring at Bedside
- Current Management of Acute Pancreatitis
- Antibiotic Therapy - Role of Antibiotics
- Management of Severe Heart Failure
- Neurological Criteria of Brain Death
- Management of Post Operative Pain in ICU
Pediatrics Sessions

- Newer Innovation in management of Sepsis / Septic Shock - Pediatric Perspective
- Clinical Monitoring of Tissue Perfusion and Oxygenation.
- Management of Meningo Encephalitis - Application of Neurointensive Care.
- Beyond Common Cause of Shock
- Recruitment Maneuvers in Pediatrics - What does the Evidence Say.
- NIV in Pediatrics: International Perspective
- Asthma
- Current ICU Management of Fulminant Hepatic Failure
- H1N1 – Indian Scenario
- Newer Antifungal in Pediatric Critical Care
- PICU Procedures: Common Pitfalls

Optimizing fluids and Inotrops in Septic Shock.
- Severe Traumatic Brain Injury.
- Dengue Hemorrhagic shock - The Changed Guidelines.
- Conventional Ventilation To Newer Modes - Has it Made Any Difference.
- Cardiogenic Shock
- Renal Replacement Therapy
- Management of intra Abdominal Hypertension in PICU
- Complicated Malaria – Pediatric ICU Perspective
- Medicolegal /Ethical /End of life Issues in PICU

POST CONGRESS WORKSHOPS: 19 – 21 February 2011

- Advanced Cardiac Life Support Provider Course (ACLS-01)
- Fundamental Critical Care Support Course (FCCS-02)
- Fundamental Disaster Management Course (FDM-03)
- Advanced Trauma Life Support (ATLS-04)
- Ultrasound in Emergency and Critical Care Unit (UECC-05)
- Contemporary Approaches to Mechanical Ventilation (MV-06)
- Hemodynamic Monitoring & Echo-Cardiography in Critically
- Critical Care Nursing Update (CCN-08)
- Ill Patients (HMEC-07)
- Basic Pediatric Intensive Care Course (BPIC-09)
- Antibiotic Stewardship & Infection Control (ASIC-10)
- Advanced Airway Management Workshop (AAM-11)
- Managing Crisis as a Team – Learning through Simulations (MCT-12)
- Bronchoscopy in ICU (BRC-13)
- Basic Assessment & Support in Intensive Care (BASIC-14)
- Clinical Research Methodology (CRM-15)
- Neuro Critical Care Course (NCC-16)
- Nutrition in Critical Care (NUC-17)


ACCEPTANCE: Authors selected for oral & poster presentation will be informed by email by 31st December 2010

We also encourage submission of Abstracts through our online process, as per the format provided in our congress website www.criticare2011.org

“HANSRAJ NAYYAR MEMORIAL AWARD”

A prestigious award called the “HANSRAJ NAYYAR MEMORIAL AWARD” will be awarded annually to the best paper presented by a young scientist; below 40 years of age, at the 17th Annual Congress of ISCCM & International Critical Care Congress 2011 organized by ISCCM. The winner will present this paper in a special session called the HANSRAJ NAYYAR MEMORIAL SESSION to be held during the Plenary Session. The award consists of a trophy, certificate, and a cash prize, which will be presented to the recipient of the award, at the 17th Annual Congress of ISCCM to be held in February 2011 at Vigyan Bhawan New Delhi.

Interested members of ISCCM can apply for the same.

Last date for submission online: 15th December, 2010 to Chairman Congress &Scientific committee - Dr. Rajesh Chawla

For update and details about this award, please visit our congress website www.criticare2011.org
### CONGRESS REGISTRATION FEES

<table>
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### POST CONGRESS WORKSHOP & COURSES FEES

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**Congress Secretariat**

Mr. Aman Kalra - Congress Manager  
Room No 4162 , 1st Floor ,General OPD, Gate no.10, Indraprastha Apollo Hospital, Sarita Vihar, Delhi - Mathura Road, New Delhi-110076, India  
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# The Critical Care Communications

**Annual Congress of the Indian Society of Critical Care Medicine (ISCCM)**  
**International Critical Care Congress 2011**  
In association with Ministry of Health & Family Welfare (Govt. of Delhi)  
February 16 - 21, 2011, Vigyan Bhawan, New Delhi, INDIA

**1st Slab of Registration Ends on 31st August 2010**  
Have You Registered Yet? Hurry!!  
**Click Here & Register Now**

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<thead>
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<td>• Advanced Cardiac Life Support Provider Course (ACLS - 01)</td>
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<td>• Thematic Sessions</td>
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<td>• Pro-Con Debates</td>
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<td>• Evidence - Based Developments in Intensive Care Medicine</td>
<td>• Ultrasound in Emergency and Critical Care Unit (UECC - 05)</td>
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<td>• Nutrition in Critical Care (NCC - 17)</td>
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Head, Critical Care, Rungta Hospital Jagpur • Phone: (0141) 2520171, 2522389 •  
(0) 0141-6393999 • email: drnrun@gmail.com  
cccisccm@gmail.com

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Forthcoming Events

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<th>Date</th>
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<th>Contact Details</th>
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</table>
| 3rd to 5th Dec 2010 | The Difficult Airway Workshop                        | Dr. Sheila Nainan  
 Tata Memorial Hospital, Mumbai – Maharashtra  
 Cell no.: +919820156070 • Email: sheila150@hotmail.com |
| 10th to 12th Dec 2010 | 16th Annual Conference of the Indian Society for Parenteral and enteral nutrition | Dr. Sunit Singh, Organizing Chairperson  
 Dr. Gurpreet Singh, Organizing Secretary  
 PGI, Chandigarh |
| 15th to 19th Jan 2011 | Critical Care Congress (Society of Critical Care Medicine) | San Diego, United States  
 Website: http://www.sccm.org |
| 17th to 21st Feb 2011 | 17th Annual Congress of the Indian Society of Critical Care Medicine | Praveen Khilnani, Organizing Chairman  
 Deepak Govil, Organizing Secretary  
 Surinder S. Arora, Organizing Secretary  
 Indraprastha Apollo Hospital, Sarita Vihar New Delhi  
 Ph : +91 11 26925858  
 Email: congress@criticare2011.org / info@criticare2011.org  
 Web : www.criticare2011.org |
| 13th to 17th Mar 2011 | 6th World Congress on Pediatric Critical Care       | Sydney, Australia  
 Phone: +61 2 9265 0700 begin_of_the_skype_highlighting  
 +61 2 9265 0700 end_of_the_skype_highlighting  
 Fax : +61 2 9267 5443  
 Email : pcc2011@tourhosts.com.au  
 Website : http://www.pcc2011.com |
 Phone : +32 555 36 31  
 Fax : +32 2 555 4555  
 Email : sympicu@ulb.ac.be  
 Website: http://www.intensive.org |
| 8th to 10th Apr 2011 | Jaipur Conference on Critical Care Medicine, PFCCS and FDM Course and many more | Dr. Manish Munjal  
 Phone : +91-9829062550 • Email : drmmunjal@hotmail.com |

Reader's Views

Dear Sir,

This Critical Care Communications, Volume 5.4, July to August 2010 has also included the ISCCM - Agra Chapter Activity, i.e. first aid and resuscitation training program for general public. This is really very motivating, this gives us a lot of responsibilities also, that we at Agra Chapter of ISCCM can further come up with sort of programmes and activities. On behalf of Agra Chapter, I would like to thanks for this appreciation and motivation.

We always appreciate and admire the critical care communications, issues, as it brings to us a complete and detailed informations on activities going on at the national level.

Kudos to all critical care communications team..........

Dr. Ranvir S. Tyagi  
Cons. Anesth. & Critical Care, PHRC Agra

Dear Narendra,

Many thanks for sending me this copy - I enjoyed reading through it. Congratulations on excellent work.

Regards

Andrew Argent  
Professor, School of Child and Adolescent Health, University of Cape Town, Medical Director PICU, Red Cross War Memorial Children’s Hospital

To,

Dr N Rungta, Editor in Chief  
The Critical Care Communications

Dear Dr Rungta,

Congratulations to you and your esteemed team for bringing up the first newsletter successfully. The academic content, information and printing quality of the critical care communications is par excellence. Dr Subash Todi also needs appreciation for giving nicely the comprehensive review of international symposium on intensive care and emergency medicine from Brussels. Rightly said that intensive care needs to go beyond boundaries of the ICU to wards of hospital and to the remote areas to provide early care for disaster management for better outcome by early interventions.

With best wishes,

Dr. Parshotam Lal Gautam, MD, DNB, MNAMS.  
Professor of Anaesthesia, Head, Critical Care Division, Dayanand Medical College & Hospital, Ludhiana, 141 001, Punjab ( India)

Dear Narendra,

Congratulations on an excellent Newsletter. Well done.

I echo many of the sentiments expressed by Dr Guntupalli in the newsletter and wish the ISCCM the very best.

From an Australian perspective, it is pleasing to see many ISCCM Certificate holders and many who have trained in India after the birth of ISCCM to have come here, qualified for their FCICM and have settled down in the system here as Intensivists. The contribution of the recent entrants in to the Australian system is immense.

Let me congratulate ISCCM for the metamorphosis and the enormous heights it has achieved. Wish the ISCCM all Godspeed.

Sincerely

Assoc. Prof. Ramesh Nagappan, MBBS, MD, FRACP, FCICM  
Melbourne, Australia
Fast Acting Local Mucolytic

3 times more potent & 5 times faster acting than N-acetylcysteine (NAC)¹

- Fluidifies bronchial secretions and facilitates aspiration²
- Disintegrates blood clots by its lytic action upon the mucus embedded in the fibrin network³
- Effective on blood clots alone and on mixed blood and mucus clot⁴ ⁵
- Improves patient status by reducing post-bronchoscopic complications⁶
- Can be co-administered with bronchodilators, such as salbutamol and with corticosteroids like methylprednisolone⁷

77 % increased solubilisation of structured mucus by Mistabron® unlike NAC, Saline

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<td>Propylene glycol</td>
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<tr>
<td>Tyloxapol</td>
<td>18</td>
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<td>Arginol</td>
<td>18</td>
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<tr>
<td>Urea</td>
<td>24</td>
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<tr>
<td>NAC</td>
<td>36</td>
</tr>
<tr>
<td>Alpha - chymotrypsin</td>
<td>55</td>
</tr>
<tr>
<td>Hyaluronidase</td>
<td>67</td>
</tr>
<tr>
<td>Mesna (Mistabron)</td>
<td>77</td>
</tr>
</tbody>
</table>

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)
- Instillation: 1 – 2 ml every hour until fluidification is achieved (maximum of 26 ml per day)

Abbreviated Prescribing Information
MISTABRON® Injections (Mesna)

Composition: Each milliliter contains L-mesna, 600 mg; and an inorganic acid to render the solution pH 5.0. Therapeutic indications: prior to radiation, Mistabron in methotrexate, during the post-operative period, chronic pulmonary complications due to bronchial stenosis, cystic fibrosis, and the treatment of the smokers’ lung, mucous or mixed pleural effusion. Such treatment has been shown to improve the respiratory function, help in the drainage of secretions and to reduce the toxic effect of inhaled substances. MISTABRON® is contraindicated in patients with a known allergy to L-mesna or its formulation. It is recommended that the treatment be monitored by regular physical examination and medical evaluation. MISTABRON® should be used with caution in patients with a history of cardiovascular disease or who are taking medications that may affect cardiac function.

Pregnancy and lactation: MISTABRON® has been shown to cross placental barriers and may affect the fetus. Therefore, it is recommended that pregnant and lactating women do not receive MISTABRON® unless the potential benefit justifies the potential risk to the fetus or infant.

Additional information: MISTABRON® should be used with caution in patients with a history of cardiovascular disease or who are taking medications that may affect cardiac function.

Preparation: MISTABRON® is supplied as a ready-to-use solution. Each vial contains 600 mg of L-mesna in a vial of 5 ml of solution. The solution should be refrigerated and used within 24 hours of opening. The solution is not for intravenous use. It is recommended that the solution be administered slowly over a period of 5 to 10 minutes.

References:
1. Mesna product monograph.