Dear Members

Free and fair elections are the foundation of any democratic society. ISCCM elections are now held online only. It is therefore, imperative that ISCCM has email IDs and mobile phone nos. of all its members for registering them on the electoral rolls. You are therefore requested to please update your email IDs and mobile numbers as soon as possible. Election participation has been only 40% in ISCCM election 2013. The last date (1st July) for this year’s elections is over but it will still be useful next year. Please visit our website www.isccm.org for downloading the membership update form. All branches have special duty for following this task. I will be in touch with all branch secretaries for continuing this important work for ISCCM election 2014.

Dr. Atul P. Kulkarni
Chairperson Election Commission

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

Dr. Anand Dongre • Dr. Rajesh Pande
Members Election Commission
Dear Colleagues,

The elections for the national ISCCM Executive Committee are around the corner. By the time you receive the newsletter the last date (1st July as per our constitution) for updating your contact data will be over. However I still urge all those members whose mobile nos. and e-mail IDs are not updated, to please update them with us. This is easy to do, as the change of address form is available on our website. Please download it, fill it and send it either as a scanned copy as attachment or by post. This is important not only for elections but also for communications from the office since we are increasingly using electronic communications rather than the paper. In future, hopefully we will go totally green and offer our publications only in electronic format to those who wish to avail this facility.

A scientific feast awaits us at the 2nd Best of Brussels at Pune. Travel just to Pune, but avail the feast & glory of Brussels at your doorstep. What an Idea!

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

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

Dr Ramakrishnan has contributed the journal scan for this issue. Happy Reading!!!
Dear ISCCM Members,

Greetings! This address comes very close to the previous one, but I hope I will not be repetitive in my address.

Preparations for our elections are well underway and I hope more members will participate.

The website, the office and college processes software for facilitating interactions with members and students are undergoing a major revamp and hopefully by the time of the next executive committee meeting in August these new changes will be rolled out.

ISCCM is planning to bring out a joint position statement with the Indian association of palliative care on humane and appropriate end-of-life care for terminally ill patients. This will also be the theme for our ISCCM day this year. I request members to participate and give their suggestions.

The ISCCM research committee has been constituted and is headed by Dr. Sriram Sampath. In the last executive committee meeting in May, Dr. Sampath outlined his plans for ICU research in India through ISCCM. The primary aim will be to set up a mechanism for uniform data collection throughout the country. This will include creation of an ISCCM adult patient database, a customised software for data collection, an agency to facilitate data collection and most importantly a core of interested ISCCM members and ICU’s who will contribute enthusiastically to data collection.

Criticare 2015 preparations are in full swing. We will soon announce the young talent hunt for speakers in Bengaluru and I request all young ISCCM members to participate wholeheartedly.

The growth of any society is directly linked to the active participation of members. All of you are welcome to write to me or call me for taking our society forward.

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

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**Answer of March–April 2014 Issue :**

He was found to have a genetic link to have greater risk of bleeding. Patients with CYP2C9*2 and CYP2C9*3 alleles need smaller doses of warfarin and higher doses are associated with higher risk of bleeding. So someone who presents like this patient should be screened always for presence of these gene variants.

**Review**


**Abstract**

**Purpose :** Two common variant alleles of the cytochrome CYP2C9 (CYP2C9*2 and CYP2C9*3) lead to reduced warfarin metabolism in vitro and in vivo. The study objective was to examine the strength and quality of existing evidence about CYP2C9 gene variants and clinical outcomes in warfarin-treated patients.

**Methods :** The study was a systematic review and meta-analysis. Multiple electronic databases were searched, references identified from bibliographies were sought, and experts and authors of primary studies were also contacted. Strict review inclusion criteria were determined. Three reviewers independently extracted data using prepiloted proformas.

**Results :** In all, 11 studies meeting review inclusion criteria were identified (3029 patients). Nine were included in the meta-analyses (2775 patients). Random effects meta-analyses were performed; statistical heterogeneity and inconsistency was assessed. Twenty percent of patients studied carry a variant allele: CYP2C9*2 12.2% (9.7%-15.0%) and CYP2C9*3, 7.9% (6.5%-9.7%). Mean difference in daily warfarin dose: for CYP2C9*2, the reduction was 0.85 mg (0.60-1.11 mg), a 17% reduction. For CYP2C9*3, the reduction was 1.92 mg (1.37-2.47 mg), a 37% reduction. For CYP2C9*2 or *3, the reduction was 1.47 mg (1.24-1.71 mg), a 27% reduction. The relative bleeding risk for CYP2C9*2 was 1.91 (1.16-3.17) and for CYP2C9*3 1.77 (1.07-2.91). For either variant, the relative risk was 2.26 (1.36-3.75).

**Conclusions :** Patients with CYP2C9*2 and CYP2C9*3 alleles have lower mean daily warfarin doses and a greater risk of bleeding. Testing for gene variants could potentially alter clinical management in patients commencing warfarin. Evidence for the clinical utility and cost-effectiveness of genotyping is needed before routine testing can be recommended.

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**Image Challenge**

**Dr. Yash Javeri**
Senior Consultant, Institute of Critical Care Medicine, Max Super Speciality Hospital, New Delhi

*What is this sign called? Why does it occur?* (Answer in the next issue.)
Dear Friends

Greetings

It has been a fruitful quarter where one has learnt the mechanics & dynamics of functioning of ISCCM. The most important development has been the appointment of Prof Sampat as a chairperson of research committee of ISCCM. He gave a glimpse of what can be achieved by having a uniform platform for data recording, saving & retrieval, which if implemented can become the launching pad for many multi centric trials & studies in future.

The leadership of ISCCM took a conscious decision to promote the young talent last year, which we are duty bound to carry forward. It is therefore requested to you all to participate actively, once it is formally announced.

My dear friends in today’s environment there is a trust deficit resulting in breaking down of once sacred doctor - patient relationship. Complexity & cost of technology & explosion of information has further created a strain, more so in the environment where we all work. Intensive Care Units. Time has come when introspection is needed & we have to not only look into the interest of profession but also to look after the interest of patients in the interest of medical profession itself. One way to win back the trust of public in general & patients & their care givers in particular is to have patient safety network/forum where all stake holders participate in a transparent fashion to provide best cost effective safe healthcare as per the locally available resources. I intend to take this issue in the upcoming meetings to have a policy to guide all of us.

I assure you all, the leadership at ISCCM is conscious of its responsibility & is sensitive to the needs of its members as well as the public to carry forward the mission & motto of “Quality, Outreach & Austerity- Bridging the gap”

Warm wishes & regards
Indian College of Critical Care Medicine

Invitation for Nominations for Fellow of Indian College of Critical Care Medicine (FICCM)

E
evry year the Indian College of Critical Care Medicine, under the aegis of Indian Society of Critical Care Medicine (ISCCM), awards Fellowship to distinguished professionals in Critical Care Medicine by taking into consideration their contribution to the field of Critical Care Medicine.

Nominations are hereby invited for FELLOW OF INDIAN COLLEGE OF CRITICAL CARE MEDICINE (FICCM) for the year 2015. The guidelines and nomination forms will be available on the ISCCM website under the education section by 10th of June 2014. The submitted nominations will be scrutinized by the Credentials Committee of ISCCM and finalized by Executive committee of ISCCM. These fellowships will be conferred at the convocation of Indian College of Critical Care Medicine during the 21st Annual Congress of ISCCM in Bengaluru in March 2015.

Dr. Palepu B. Gopal
Secretary, Indian College of Critical Care Medicine

General Guidelines for the Award of Fellowship Fellow of Indian College of Critical Care Medicine (FICCM)

1. Essential Criteria: Candidates applying for fellowship should meet the following criteria
   ▪ Candidates should be Life Member of ISCCM for at least 5 years
   ▪ Physicians should have a sub-specialty certification in Anesthesia, Chest medicine, Internal Medicine, Pulmonary Medicine, Surgery, Critical Care Medicine or Pediatrics. This also includes diplomas in the same subjects.
   ▪ Candidate must be spending at least 50% of his/her practice time in the field of Critical Care Medicine at the time of application. A statement regarding the same should be signed by the candidate at the end of the application form.

With the above mentioned essential qualifications only those who fulfill AT LEAST one of the following criteria may apply:

- Practising Critical Care Medicine in India for at least 10 years after obtaining appropriate postgraduate degree approved by Medical Council of India
- Candidates who have cleared Indian Fellowship in Critical Care Medicine (IFCCM) and Fellowship of National Board (FNB) in Critical Care Candidates who have cleared Indian Diploma in Critical Care Medicine (IDCCM)
- Candidates who are American board certified in Critical Care Medicine
- Candidates who have cleared European Diploma in Critical Care Medicine or FJICCM from Australia
- Candidates who have obtained Certificate of Completion of Specialist Training (CCST / CST) after MRCP, FRCA or FRCS from United Kingdom

In addition to having one of the above, candidates should demonstrate

- Continued involvement in the practice of Critical Care by research, publication or education, and
- Involvement in national and local community activities that demonstrate outstanding dedication and/or leadership in the practice and training of Critical Care Medicine.

APPLICATION PROCESS:

- Application in prescribed form should be accompanied by a statement on a plain paper by the candidate describing his credentials supporting his claim for award of fellowship (up to 300 words) This should include nature of work, training, contribution to society programs and research work.
- All applications should be accompanied by a Demand Draft for Rs.10000/- (Rupees Ten Thousand Only) in favour of ‘Indian Society of Critical Care Medicine’ payable at Mumbai. The application fee is non-refundable
- Last date of application - September 30, 2014 (Monday). Any application received after 5 pm on September 30, 2014 in the ISCCM headquarters (Mumbai) will not be considered.
- All applications should be sent to ISCCM Headquarters in Mumbai to the following address by post or courier:

Indian College of Critical Care Medicine
Unit 6, First Floor, Hind Service Industries Premises Cooperative Society, Near Chaitya Bhoomi,
Off Veer Savarkar Marg, Dadar, Mumbai 400 028.

- The Credentials Committee would examine each application for award of Fellowship. Factors that will be considered by the Credentials Committee include (but are not restricted to) duration of experience in critical care, critical care teaching experience (including examiner for IDCC/FICCM), publications in indexed journals, memberships of editorial boards for critical care journals, contribution to the ISCCM at National/Regional level, (including conference organization, public awareness programmes, socially relevant activities, participation in government programmes, etc), and the applicant’s Fellowships, Awards and Honors.

- The decision of the Credentials Committee would then be put for approval by the College Board.
- Candidates will be informed of the decision before December 31, 2014.
- The decision of Credentials Committee and College Board would be final and appeals from applicants will not be entertained.
- Fellowship would be awarded during the College Convocation at the Annual Conference of Indian Society of Critical Care Medicine to be held in March 2014 at Bengaluru.
- If the candidate is unable to attend the convocation and collect the award certificate, the same has to be personally received during one of the subsequent conferences held in 2016 or 2017, failing which a fresh application would have to be made for the award.

Dr. Palepu B. Gopal
Secretary, Indian College of Critical Care Medicine
**Comprehensive Critical Care Course**

The Comprehensive Critical Care Course was launched by the Society of Critical Care Medicine (ISCCM) in September 2013 at Tata Memorial Hospital. We have already completed 10 courses. All the courses have been a great success. Since this has been recently developed, so we are constantly working to improve the content of the course based on the feedback of the delegates.

### 4th Comprehensive Critical Care Course at Jaipur

For the first time Comprehensive Critical Care Course was also included in the Annual conference held at Jaipur on 17th & 18th February 2014. There were overall 69 delegates registered for the course.

The faculty included Dr. Atul Kulkarni, Dr. Rajesh Chawla, Dr. Shiva Iyer, Dr. Suresh Ramasubban, Dr. Sandhya Talekar, Dr. Sheila Nainan Myatra, Dr. Dhruv Chaudhary, Dr. Arindam Kar, Dr. Avdhesh Bansal, Dr. Babu K. Abraham, Dr. Deepak Govil, Dr. Deven Juneja, Dr. Jose Checco, Dr. Kapil Zirpe, Dr. Lalit Singh, Dr. Prakash Shastri, Dr. R. Senthilkumar, Dr. Rahul Pandit, Dr. Prashant Nasa, Dr. Rajesh Pande, Dr. Shirish Prayag and Dr. Vinod Singh.

The feedback was very encouraging.

Dr. Manish Munjal

### 5th Comprehensive Critical Care Course at Aurangabad

Society of Critical Care Medicine, Aurangabad branch of ISCCM had the privilege to hold the first 4C course in Marathwada region on 29th & 30th of March 2014.

The course was attended by 56 delegates from different specialties (Intensivist, Physicians, anesthesiologist and medicine residents). The course was held in MGM Medical College, Aurangabad.

All the delegates took active participation and enjoyed the academic feast.

### 6th Comprehensive Critical Care Course at Chennai

The Indian Society of Critical Care Medicine, Chennai Branch conducted a Comprehensive Critical Care Course (4C) on 12th & 13th April 2014 at Hotel Deccan Plaza, Chennai.

Dr. N. Ramakrishnan was the Course Director who oversaw the conduct of the course and moderated the sessions. A total of 48 delegates attended this program. Course material was distributed amongst the participants. Dr. Atul Kulkarni, Dr. Shivanakumar and Dr. J.V. Peter were invited to the faculty for the program and their lectures were well received.

Different topics were covered in a befitting manner by many of the local eminent speakers like Dr. N. Ramakrishnan, Dr. Babu. K. Abraham, Dr. R. Senthilkumar, Dr. Suchitra Ranjit, Dr. Ramesh Venkataraman, Dr. Dedeepiya Devaprasad and Dr. Arun Kumar Menon. The registration process was managed efficiently by our office staff. After completion of two days course, ISCCM Chennai Branch offered the participation certificate to all the participants.

Dr. Anand Nikalje

### 7th Comprehensive Critical Care Course at Kolkata

The program was held on 19th and 20th April 2014 from 8.30AM to 5.00PM for both the days. 71 delegates and attended this program. Course material was distributed amongst the participant.

Dr. Kayanoosh Kadapatti, Dr Yash Javeri and Dr Rajesh Chawla were the national faculties for the program and their lectures were earnestly solicited. Different topics were covered in a befitting manner by many of the local eminent speakers like Dr Suresh Ramasubban, Dr Subhas Todi, Dr Susruta Bandopadhyay, Dr Ajoy Sarkar, Dr Dipankar Sarkar & Dr Animesh Gupta. The registration process was managed efficiently by our office staff Mr Kaushik Dhar. Lunch was healthy & delicious.

After completion of the two days course, ISCCM offered the participation certificate to all the participants. The Executive Committee is thankful to them for their support and is especially thankful to Dr Suresh Ramasubban for the wonderful arrangements and support. Overall it was a very successful academic fiesta in an academic hospital.

Dr. Dipankar Sarkar
The 8th Comprehensive Critical Care course was organized by ISCCM at Nagpur. It was held on 10th and 11th May 2014 at Hotel Centre Point, Nagpur.

The following eminent national faculties were present for this course.

Dr. Rajesh Chawla past president ISCCM was the principal coordinator, Dr. Atul Kulkarni General Secretary ISCCM from Mumbai, Dr. Shiva Iyer and Dr. Kapil Zirpe from Pune, Dr. Kamasubban from Kolkata, Dr. Nirmal Jaiswal, Dr. Rajan Barokar, Dr. Anand Dongre, and Dr. Girish Deshpande from Nagpur deliberated on various topics.

Around 50 students, mostly from Medicine and Anaesthesia Department residents from Medical colleges, physicians, anaesthetists and Residents from Critical care hospitals attended the course.

Dr. Jayesh Timane, Secretary and Dr. Sudhir Chafle, Treasurer ISCCM Nagpur had worked very hard for the success of the programme.

Two days of academic deliberation, discussion and interaction was greatly appreciated by all the delegates.

Dr. Jayesh Timane

9th Comprehensive Critical Care Course at New Delhi

For the first time the 9th Comprehensive Critical Care Course was organized for three days at Indraprastha Apollo Hospitals, New Delhi. This course covered a large number of topics and for the first time skill stations were introduced on Mechanical Ventilation, Hemodynamic Monitoring, Nutrition, Radiology/Ultrasound in ICU, Trauma, ABG, Airway, Cardiac Arrhythmia in ICU and NIV.

Dr. Atul Kulkarni, Dr. Rajesh Chawla, Dr. Shiva Iyer, Dr. J.V. Divatia, Dr. Vinod Singh, Dr. Yatin Mehta, Dr. Suninder S. Arora, Dr. Sheila Nainan Myatra, Dr. R.K. Mani, Dr. N. Ramakrishnan, Dr. Prakash Shastr, Dr. Omender Singh, Dr. J.C. Suri, Dr. Manoj Goel, Dr. Krishan Chugh, Dr. Yash Javeri, Dr. Rajesh Pande, Dr. Avdhesh Bansal, Dr. Deepak Talwar, Dr. Dhruv Chaudhary, Dr. Sudha Kansal, Dr. Prashant Nasa, Dr. Deven Juneja, Dr. Supradip Ghosh, Dr. Sachin Gupta were the prominent faculty who delivered their talks in various topics.

More than 60 delegates participated in the course. The feedback from the delegates was extremely good. The society is now thinking of updating the modules and to making necessary changes as per the feedbacks received from the delegates.

Friends, this is our course. Please don’t hesitate to write to me regarding 4C course. Our attempt would be to make this a best course in Critical Care.

Dr. Rajesh Chawla
The Critical Care Communications
A Bi-Monthly Newsletter of Indian Society of Critical Care Medicine

Calender of Events 2014

July 2014
7-13 July 2014
Best of Brussels Symposium 2014, Pune
Dr. Kapil Zirpe • 9822844212 • isccmpune@gmail.com

26-27 July 2014
Comprehensive Critical Care Course, Ludhiana
Dr. Rajesh Mahajan
9815620102 • drrmahajan@gmail.com

August 2014
2-3 August 2014
Comprehensive Critical Care Course, Mumbai
Dr. Amol Kothekar
9769633568 • amolkothekar@yahoo.com

September 2014
4-6th September 2014
Delhi Critical Care Symposium – DCCS 2014
India Habitat Centre, New Delhi
Dr. Yash Javeri
9818716943 • isccmdelhichapter@gmail.com

6-9 September 2014
ESPIN Congress, Geneva, Switzerland
www.espen.org/geneva-2014

18-21st September 2014
Maha Criticon 2014, Aurangabad, Maharashtra
Dr. Anand Nikalje
09822496190 • anandnikalje@rediffmail.com

27 Sept.-1 Oct. 2014
ESICM Annual Congress, Centre de Convencions Internacional de Barcelona, Spain
www.esicm.org

October 2014
9-11 October 2014
ANZICS/ACCCN Intensive Care ASM, Melbourne

18-19 October 2014
Tutorials in Hemodynamic Monitoring & Therapy in Critical Care 2014 (THEMATICC’14), Tata Memorial Hospital, Mumbai
Dr. Vijaya Patil • 9819883535
Dr. Atul Kulikami • 9869077526
Registration forms available at www.tmc.gov.in

November 2014
14-16 November 2014
Mumbai Criticon 2014, Hotel Trident, Nariman Point, Mumbai
Dr. Rahul Pandit • 9820595519 • dr_rapandit@yahoo.com

21-23 November 2014
Gujarat Criticon 2014, Rajkot
Dr. Sankalp Vanzara • +91 98244 59695
www.gujaratcriticon.com

2nd Annual State Conference of Gujarat
Organised jointly by all branches of ISCCM in Gujarat

21st-22nd and 23rd November, 2014 • Rajkot

SCIENTIFIC PROGRAM HIGHLIGHTS
• Latest Developments in Critical Care.
• Practice oriented clinically relevant topics.
• Interactive Sessions interspersed with Informative Lectures.
• Plenary Session on Hot topics.
• Thematic sessions.

WORKSHOP HIGHLIGHTS
• Comfortable timings of 10 am 6 pm.
• Limited Seats only.

WORKSHOP TOPICS
• ABC of Critical Care.
• Vascular Access and Basic Hemodynamic Monitoring.
• Mechanical Ventilation.

CONFERENCE HOSTS
ISCCM, Rajkot Branch
Ahmedabad Branch • Baroda Branch • Shovanger Branch • Karmasangal Branch • Surat Branch • Vadodar Branch

FOR COMMUNICATION WITH ISCCM, RAJKOT BRANCH
Dr. Sankalp Vanzara • +91 98244 59695 • dr Jayesh Dobaryani • +91 98250 43590
302, LifeLine Building, 13, Manara Plot, Vidyanagar Main Road, Rajkot 360001.
isccmrjkot@yahoo.in • www.gujaratcriticon.com

Mumbai Criticon 2014, Hotel Trident, Nariman Point, Mumbai
Dr. Rahul Pandit • 9820595519 • dr_rapandit@yahoo.com

21-23 November 2014
Gujarat Criticon 2014, Rajkot
Dr. Sankalp Vanzara • +91 98244 59695 • dr_jayeshdobaryani • +91 98250 43590
302, LifeLine Building, 13, Manara Plot, Vidyanagar Main Road, Rajkot 360001.
isccmrjkot@yahoo.in • www.gujaratcriticon.com

Some more memories from

Jaipur
CRITICARE 2014


Dr. H. Bagaria
Organising Chairman
CRITICARE 2014

Dr. Narendra Rungta
Chairman, Conference & Chairman, Scientific Committee
CRITICARE 2014

Dr. Manish Munjal
Organising Secretary
CRITICARE 2014

New Office Bearers of ISCCM Coimbatore Branch

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<tr>
<th>PATRONS</th>
<th>CHAIRPERSON</th>
<th>SECRETARY</th>
<th>TREASURER</th>
<th>EXECUTIVE COMMITTEE</th>
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<td>Dr. N. Selvarajan</td>
<td>Dr. V. M. Balasubramani</td>
<td>Dr. M. N. Sivakumar</td>
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**Branch Activities**

**AHMEDABAD BRANCH**

**28/02/13**
- ISCCM members meeting for the planning of the monthly academics
- DVT & PE
  - Dr Vivek A Dave
  - Pathophysiology
  - Dr Anish Joshi
  - Guidelines & Case Presentation
  - Dr Bhagyesh Shah

**28/03/13**
- Viral Pneumonia
  - Dr Vipul Thakkar
  - Guidelines of ARDS
  - Dr Hitesh Patel

**25/04/13**
- Stroke: Recent Guidelines
  - Management of TBI
  - Dr Kuntal Shah
  - Dr Hemul Solanki

**30/05/13**
- ILD Management
  - Dr Gopal Rawal
  - Radiological implications of ILD
  - Dr Anish Joshi
  - Dr Sanjay Patel (Radiologist)

**27/06/13**
- How to read a paper?

**25/07/13**
- Tropical Fever
  - Dr Sandip Vaghela
  - Case presentation

**27/01/14**
- ISCCM members meeting for the planning of the monthly academics

**Branch Activities**

**BHAVNAGAR BRANCH**

**Academic Activity**

**April 2014**
- "Clinical Nutrition Symposium"
  - Renowned Faculty Professor Jonathan Asprer, St Luke Hospital, Philippines has conducted the symposium

**May 2014**
- CPR (BLS- ACLS ) Course – American Heart Association, Conducted at Sterling Hospital by Dr Ritesh J Shah and Dr Ankur Bhavsar.

**BHIPAL GUPTA**

**SECRETARY, ISCCM BHAVNAGAR, GUJARAT**

**BHOPAL BRANCH**

**March 2014**
- We had organized a half day CME on Fungal Infections “Fungal Update 2014” on 30th March, 2014. It was attended by more than 150 delegates. Renowned Faculties had participated:
  - Dr Arunaloke Chakraborty from PGI, Chandigarh
  - Dr George Verghese from CMC, Vellore
  - Dr Vasant Nagvekar, Mumbai

**April 2014**
- "Clinical Nutrition Symposium”
  - Renowned Faculty Professor Jonathan Asprer, St Luke Hospital, Philippines has conducted the symposium

**May 2014**
- CPR (BLS- ACLS ) Course – American Heart Association, Conducted at Sterling Hospital by Dr Ritesh J Shah and Dr Ankur Bhavsar.

**BARODA BRANCH**

**March 2014**
- We had organized a half day CME on Fungal Infections “Fungal Update 2014” on 30th March, 2014. It was attended by more than 150 delegates. Renowned Faculties had participated:
  - Dr Arunaloke Chakraborty from PGI, Chandigarh
  - Dr George Verghese from CMC, Vellore
  - Dr Vasant Nagvekar, Mumbai

**April 2014**
- “Clinical Nutrition Symposium”
  - Renowned Faculty Professor Jonathan Asprer, St Luke Hospital, Philippines has conducted the symposium

**May 2014**
- CPR (BLS- ACLS ) Course – American Heart Association, Conducted at Sterling Hospital by Dr Ritesh J Shah and Dr Ankur Bhavsar.
3. Assessment of the Response to Antifungal Therapy
   Dr. Subash Varma

4. Recurrent Fungal Infection & vulnerable patients
   Dr. Pradip K. Bhattacharya

5. Candida score, predictive rule, colonization – where do we stand?
   Dr. A.K. Baronia

6. Non culture based diagnosis of fungal infection
   Dr. Arunaloke Chakrabarti

7. Resistant and multi drug resistant fungal infection
   Dr. Shivaprakash M R

8. Management of invasive pulmonary mycoses
   Dr. Randeep Guleria

9. Intraabdominal fungal infections
   Dr. Subhash Todi

10. Issues with combination therapy (Antifungal)
    Dr. Randeep Guleria

11. Principles of Escalation & De-escalation of Antifungal Therapy
    Dr. Subhash Todi

12. Case Presentation
    Dr. Apoorva Tripathi

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**COCHIN BRANCH**

**Monthly Scientific Meeting – March**
Friday, 7th March 2014
Acute Coagulopathy of Trauma: Dr. Mohan A Mathew

**Monthly Scientific Meeting – April**
Friday, 4th April 2014
Thromboprophylaxis in ICU - Current evidence based guidelines: Dr. Menon Sachin

**Criticare CME Kochi 2014**
9.00 am Registration
10-11.30 am Theme - Sepsis
10.00 am What’s new in ‘Surviving Sepsis Campaign guidelines 2012’: Dr. Raymond Dominic Savio
10.30 am Microrcirculatory dysfunction in sepsis: Dr. Suresh Kumar V.K.
11.00 am Antimicrobial therapy in Sepsis – current concepts: Dr. Anoop Warrier
11.30-11.45 Tea Break
11.45-1.15 Theme: Organ Dysfunction in ICU
11.45 am Acute Kidney Injury in ICU: Dr. Satish B
12.15 pm Right Heart Failure in a non-cardiac ICU: Dr. Jacob Abraham
12.45 pm Disseminated Intravascular Coagulation Dr. Neeraj Sidharthan
2-3.00 pm Panel Discussion: ARDS Moderator: Dr. Jigi Divatia
   Panelists: Dr. Sreevalsan T.V., Dr. Jojo John, Dr. Anuroop Balagopal, Dr. Praveen Valsalan K.

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**DELIHI BRANCH**

March 2014

**Critical Care Refresher Course**
13th - 15th March 2014 (3-days)
Organised by Medanta-The Medicity
Organizing Secretary : Dr Deepak Govil

**Monthly CME**
22nd March 2014
India Habitat Centre. New Delhi
Organised by Saket City Hospital
CME Coordinator : Dr R K Mani
Chairperson Dr Yatin Mehta

April 2014

**Basics of Mechanical Ventilation (hands on workshop)**
05th April, 2014
Organised by Max Super Speciality Hospital, Saket
Organizing Secretary : Dr Suneel Garg

**Monthly CME**
18th April 2014
India Habitat Centre. New Delhi
Organised by Medanta-The Medicity
CME Coordinator : Dr Jeetendra Sharma

**Lung Ultrasound, Basic Level 1 Provider (LUS BL1P)**
16th -17th April 2014
Organised by Medanta-The Medicity

May 2014

**Monthly CME**
16th May 2014
India Habitat Centre. New Delhi
Organised by Medanta-The Medicity
CME Coordinator : Dr Yash Javeri

9th Comprehensive Critical Care Course (4C)
30th, 31st May and 1st June, 2014
Organized by Auditorium, Indraprastha Apollo Hospitals
Organizing Secretary : Dr. Yash Javeri
The first 3 day Comprehensive Critical Care Course was held at the Apollo Hospital in Delhi from 30th May to June 1, 2014. This is the first time there were break-out hands on sessions on various aspects of Critical Care. Needless to say, it was a grand success and big hit.

JALANDHAR BRANCH

23/02/2013 - “Management of Sepsis – What’s New”: Dr. Gurmeet Singh. Intensivist, Columbia Asia Hospital, Patiala.

23/03/2013 - “Haemodynamic Monitoring in ICU” Dr. Gurpreet Singh, Consultant Chest Physician, Apollo Hospital Ludhiana.

28/04/2013 - CRITICON JALANDHAR-2013 Theme “Sepsis Care”.

19/06/2013 - “Nutrition in ICU” by Dr. Rajesh Arora, Fortis Hospital Amritsar.

01/09/2013 - “Workshop on Mechanical Ventilation” at Radisson Hotel Jalandhar, by Deptt. of Critical Care, SPS Apollo Hospital Ludhiana.

18/01/2014 - “CME on Antibiotic Stewardship” by PEHAL.

24/04/2014 - “CME on Respiratory Care” i. ARDS and its Management ii. NIV in COPD.

LUDHIANA BRANCH

23/02/2013 - CRITICON JALANDHAR-2013 Theme “Sepsis Care”.

19/06/2013 - “Nutrition in ICU” by Dr. Rajesh Arora, Fortis Hospital Amritsar.

KOLKATA BRANCH

Report of Comprehensive Critical Care Course (4c) program Indian Society of Critical Care Medicine, Kolkata Branch at Auditorium, Apollo Gleneagles Hospital, Kolkata

The program was held on 19th and 20th April 2014 from 8.30AM to 5.00PM for both the days. 71 delegates attended this program and course material was distributed amongst the participant. Dr. Kayanoosh Kadaapati, Dr Yash Javeri and Dr Rajesh Chawla were the national faculties for the program and their lectures were earnestly solicited. Different topics were covered in a befitting manner by many of the local eminent speakers like Dr Suresh Ramasubban, Dr Subhas Todi, Dr Susruta Bandypadhyay, Dr Ajoy Sarkar, Dr Dipankar Sarkar & Dr Animesh Gupta. The registration process was managed efficiently by our office staff Mr Kaushik Dhar. Lunch was healthy & delicious. After completion of the two days course, ISCCM offer the participation certificate to all the participants. Three stalls and conveyance for the national faculties were sponsored by the pharmaceutical companies. The Executive Committee is thankful to them for their support and is especially thankful to Dr Suresh Ramasubban for the wonderful arrangements and support. Overall it was a very successful academic fiesta in an academic hospital.

Thank you,

Infectious Disease Workshop and CME

Indian Society of Critical Care Medicine, Kolkata Branch in Association with Rabindranath Tagore International Hospital at the Dept of Intensive Care & Auditorium NH-RTIICS – May 2nd, 3rd and 4th 2014

The program “Infection Control and Awareness” was organised along with RITRICS at Rabindranath Tagore International Hospital and Research Centre for training of the RMO Registrar and PGT and junior consultant. The program was held on 2nd to 4th May 2014. 40 delegates were attended this program. The eminent national faculties, like Dr Jose Chako, Dr P Rangappa, Dr S. Srinivas & Dr S Todi were actively participated in this program. Dr Animesh Gupta, Dr Arindam Kar, Dr E. Rupat. Dr Amitabha Saha, Dr Tapas Chakraborty, Dr Souren Panja and many local eminent speakers also delivered lectures on various topics. The Executive Committee of ISCCM Kolkata Branch is especially thankful to Dr Animesh Deb and Dr E Rupat for the wonderful arrangements and support. Overall it was a very successful academic fiesta in an academic hospital.

Dr. Dipankar Sarkar
Secretary, ISCCM, Kolkata Branch

Future CME programs of ISCCM Kolkata Branch on June 2014

7th June - Rational use of Collistine
14th June - Nutritional workshop for doctors nurses and dieticians
19th June - Monthly Clinical Meeting
28th and 29th June - Onco-Critical Care programme in collaboration with Tata Medical Centre

MUMBAI BRANCH

“Echocardiography for Hemodynamic Monitoring” - ISCCM Mumbai Workshop and Meeting, March 2014

The Mumbai branch held a two day echocardiography workshop for intensivists, at the Tata Memorial Hospital, Mumbai on the 8th and 9th of March 2014, along with national and international experts in the field. This was a focused echocardiography workshop covering the use of echocardiography for hemodynamic monitoring and diagnosis in the ICU. Registration was limited to fifty delegates and was full on the day of announcement itself.

International experts included, Professor Xavier Monnet and Professor Armand Mekontso- Dessap from France. Both are practicing intensivists, with a PhD and a specialist Diploma in Cardiology. They are excellent teachers and experts at echocardiography, having conducted several echocardiography courses and workshops across the globe. Xavier Monnet an expert in hemodynamics, is a professor of Intensive Care Medicine at the Medical Intensive Care Unit, Paris-South University Hospital and also the General Secretary of the French Intensive Care Society. Armand Mekontso- Dessap is professor of Intensive Care at the Paris-East University and works in the Medical Intensive Care Unit of the Henri Mondor University Hospital ( Créteil, France).

His areas of research include circulatory and respiratory failure. The national outstation faculty included Dr.Ram Rajagopalan, former president of ISCCCM and Head of the Department of Critical Care Medicine at Sundaram Medical Foundation, Chennai and Dr. Pradeep D’Costa, ICU incharge of KEM hospital, Pune. The Mumbai faculty included Senior Consultant Intensivists, Dr Rahul Pandit from Fortis Hospital and Dr. Anuj Clerk from Seven Hills Hospital. Faculty from the Department of Anaesthesia, Critical Care and Pain at Tata Memorial Hospital, Mumbai were Dr. JV Divatia (Professor and Head of Department) , Dr.Atul Kulkarni (Professor and Head of ICU) , Dr Vijaya Patil (Professor), Dr Sheila Naianan Myatra (Professor) , Dr.Reshma Ambulkar (Associate Professor) Dr. Shilpush Bhovale ,Dr.Amol Kothekar , Dr Swapnil Parab (Assistant Professors) and Dr.Suhail Siddiqui (ICU Fellow) The first day of the workshop included basics in echocardiography with training in basic views, evaluation of L v and R v function, and pericardial diseases, tamponade, DVT screening and Lung Ultrasound for hemodynamic assessment. Each lecture set was followed by four simultaneous hands on sessions with several
echo machines and ample time for the delegate to learn and practice echocardiography in small groups. The delegates also had sufficient time to interact closely with the expert faculty at the workstations.

Professor Xavier Monnet beautifully demonstrated the prediction and assessment of fluid responsiveness using echocardiography. He ended the day putting together the day's learning, with an interactive case-based discussion on "How to Assess My Patient in Shock" using echocardiography.

That evening there was a ISCCM branch meeting on hemodynamic monitoring in ICU at Sunville Hotel in Worli, which had a record attendance. The session was chaired by Dr. J.V. Divatia and Dr. Dilip Karnad (ICU Incharge at Jupiter Hospital, Mumbai). Prof Armand Mekontso-Dessap spoke on “Pulmonary Vascular Dysfunction during ARDS” and Prof Xavier Monnet covered “Fluid Management in 2014.” This was followed by lively interactive panel discussion on hemodynamic monitoring in ICU, conducted by Dr. Sheila Nainan Myatra. The panelists were Dr. Farhad Kapadia (Senior Consultant Intensivist at the P.D. Hinduja National Hospital, Mumbai), Dr. Ram Rajagopalan, Dr. J.V. Divatia, Dr. Xavier Monnet and Dr. Rahul Pandit. There was excellent audience participation, various controversies were discussed and current evidence highlighted, with a take home message, after each aspect of hemodynamic monitoring was addressed as the case progressed.

The second day of the Echocardiography workshop had more advanced training. This included assessing and measuring cardiac output, measuring systolic function, diastolic dysfunction, RV dysfunction and valve assessment. Professor Armand Mekontso-Dessap, an excellent orator and teacher, ended the workshop with an interactive case-based discussion, covering various clinical aspects of echocardiography that were learnt over the two days.

This echocardiography workshop was unique in many ways, focusing on hemodynamic assessment and monitoring in ICU, with excellent and experienced faculty and ample time for learning and practicing echocardiography in small groups. Mumbai branch plans to have many more such workshops in the future.

Dr. Sheila Nainan Myatra, Chairman
Dr. Rahul Pandit, Secretary
ISCCM Mumbai Branch

Dr. Rajesh Chawla
PRINCIPAL CO-ORDINATOR
Dr. J.V. Divatia
ORGANISING CHAIRMAN
Dr. Shivakumar Iyer
PRESIDENT, ISCCM
Dr. Amol Kotekar
ORGANISING SECRETARY
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Dr. Shivakumar Iyer
President, ISCCM
Dr. Dharmesh Kapoor
General Secretary, ISCCM
Fibrinolysis for patients with intermediate-risk pulmonary embolism

Meyer et al. (N Engl J Med 2014;370(5):1402-1411)

Study Conclusions: Among patients with severe pulmonary embolism treated with unfractionated heparin, administration of Tenecteplase reduces hemodynamic decompensation and acausal mortality on day 7 when compared to placebo, but an increased risk of bleeding was noted.

Background: Thrombolysis with intravenous rtPA is a standard treatment for acute massive PE. However, among patients with submassive PE, namely those who are hemodynamically stable but have signs of RV dysfunction, the selection of patients who may benefit from thrombolysis remains elusive.

The MAPPET-2 trial (2002) compared heparin therapy with either Tenecteplase or placebo in submassive PE with submassive PE. No survival benefit was seen, an observation attributed in part to the excess in bleeding risk associated with aPA. A low-dose aPA regimen was studied in the 2013 MAPPET trial, which found reduction in pulmonary hypertension rates.

Design: The 2014 Pulmonary Embolism Thrombolysis (PEITHO) trial randomized 1,205 patients with a submassive PE (hemodynamic instability with RV strain and elevated troponins) to unfractionated heparin (UFH) with either Tenecteplase or placebo. The dose of Tenecteplase used was 30-50 mg IV once over 1-30 minutes.

Results: At 17 days, Tenecteplase was associated with a significant decrease in the primary endpoint of all-cause mortality or hemodynamic decompensation (2.6% vs. 5.6%; P=0.02; NNT 33). Tenecteplase was associated with increased rates of major extracranial bleeding at 7 days (6.5% vs. 1.2%; P=0.01; NNH 26) and strokes at 7 days (2.4% vs. 0.2%; P=0.04; NNH 42).

Comments: The authors claim success in a number of surrogate endpoints they categorized as “hemodynamic collapse”. The mortality between the groups however was statistically equivalent.

High versus low blood-pressure target in patients with septic shock


Study Conclusions: For patients with septic shock, a MAP goal of 80-85 mmHg does not reduce all-cause mortality at 28 days when compared to a goal of 65-70 mmHg. The higher MAP goal was associated with reduction in rates of renal dysfunction for patients with a history of chronic hypertension.

Background: No large, randomized-controlled trials currently exist to support a MAP target in sepsis. A higher MAP goal than the current 65 mmHg as recommended by the Surviving Sepsis Campaign may theoretically improve end-organ perfusion, especially for those with chronic hypertension.

Design: The 2014 Sepsis and Mean Arterial Pressure (SEPSIS/AMAP) which is an open label, multicentre trial randomized 2751 patients with septic shock to a goal MAP of 65-70 or 80-85 mmHg for up to 5 days vasopressor administration. (Both groups average achieved MAPs were above the target range after 2 days).

Results: There was no difference between the two groups for all-cause mortality at 28 (30.4% vs. 36.6%; P=0.57) or 90 days (42.3% vs. 43.8%; P=0.74) Those with a history of chronic hypertension had less renal dysfunction with a higher MAP goal (Doubling of creatinine in patients with Chronic hypertension 52.0% vs. 38.9%, P=0.02). The higher MAP goal was generally well tolerated with no increase in the potential for bleeding.

Comments: The study was not blinded and the MAP’s achieved tended to be above their goal ranges (70-75 and 85-90 mmHg). The incidence of Stroke was not measured, which is problematic given the rate of increased AF in the high MAP group.

Albumin replacement in patients with severe sepsis or septic shock


Study Conclusions: Among patients with severe sepsis or septic shock, daily administration of albumin to maintain serum albumin ≥3 g/dL for days 1-28 or maintain serum albumin concentration ≥3 g/dL for days 1-2, or until discharge from the hospital (whichever came first) both groups were treated with crystalloids as needed.

Results: There was no difference in all-cause mortality at 28 days (31.8% vs. 32.0%, P=0.94) and 90 days (41.1% vs. 43.6%, P=0.65).

Comments: Albumin concentration differed from that used in the SAFE study. A subgroup analysis of the secondary outcome of 90 day all-cause mortality demonstrated a survival advantage for albumin therapy in those in septic shock at enrollment. However, this should be interpreted in the light of hypothesis-building purposes given its post-hoc nature.

A randomized trial of protocol-based care for early septic shock


Study Conclusions: Among patients with early septic shock, there was no difference in all-cause in-hospital mortality at 60 days among management driven by early goal-directed therapy, a novel protocol-based therapy, or usual care.

Background: A dramatic shift in the practice of critical care medicine followed the publication of the 2001 Trial, which showed that an early goal-directed aggressive resuscitation and early antibiotics led to an absolute risk reduction in mortality of 16% for patients with severe sepsis or septic shock. The following year the Surviving Sepsis guidelines reflected the EGDT protocol with a grade 1C recommendation. A multicenter trial confirming the benefit of the EGDT interventions was lacking.

Design: The 2014 Protocolized Care for Early Septic Shock (ProCESS) multicenter trial randomized 1,341 patients with septic shock to one of three arms: 1. EGDT-care 2. A novel protocol-based care using non-invasive monitoring to drive resuscitation 3. Usual care as directed by the treating physicians

Results: At 60 days, 90 days, and 1 year there was no differences in mortality between the three arms. The EGDT group received more vasopressors, dobutamine, and blood transfusions than the other two groups. The protocol-based care group received more volume through hour 6 and total-volume through hour 72 than the other two groups. The protocol-based care was associated with higher degree of renal failure.

Comments: The EGDT arm was preceded by fluid resuscitation, unlike the protocol in the Rivers trial. Demographics and disease prevalence differed from that in the Rivers trial. Over the past decade since the Rivers trial was published, the practice of critical care medicine has changed considerably given the SSC’s emphasis on early identification and resuscitation of those with sepsis. The very guidelines driving the standard of care in this field are heavily influenced by the Rivers trial. Indeed, all three groups in this trial received similar volume administration at 6 hours as the EGDT group in the Rivers trial.

Beta-lactam antibiotic concentrations during continuous renal replacement therapy


Study Conclusions: In septic patients undergoing CRRT, doses of beta-lactam antibiotics similar to those given to patients with normal renal function achieved drug levels above the target threshold in 90% of samples. Among the 233 samples tested, 53% of samples were associated with very high drug levels and daily drug regimens may need to be adapted accordingly.

Background: The current recommendations on antibiotic dosing during CRRT are based on studies that included a limited number of patients, with varying inclusion/exclusion criteria and who received different types of RRT. In a prospective study, Seyler et al. showed that the recommended doses for broad-spectrum β-lactam antibiotics were largely insufficient to maintain therapeutic serum concentrations for the treatment of P aeruginosa in septic patients.

Design: 50 consecutive adult patients on CRRT in whom therapeutic drug monitoring (TDM) of broad-spectrum β-lactam antibiotics (ceftriaxone and cefepime, CEP; piperacillin/tazobactam; TAZ; meropenem, MPM) was performed using unadapted antibiotic drug regimens (CEF = 2 g q8h; TAZ = 4 g q8h; MPM = 1 g q8h). Serum drug concentrations were measured twice during the elimination phase by high-performance liquid chromatography (HPLC-LA). Serum drug concentrations was considered adequate if it were between 4 and 8 times the minimal inhibitory concentration (MIC) of Pseudomonas aeruginosa.

Results: Drug concentrations were above 4× the MIC in 63% (90%), but above 8× the MIC in 39% (35%) samples. The authors found a weak but significant correlation between β-lactam antibiotics clearance and CRRT intensity.

Comments: 3. No outcome data was collected Therefore, the results of this drug level testing cannot be drawn from the study. 4. The MIC levels were measured only for pseudomonas. It is hard to justify such high drug levels when maintaining unadapted to the dose to begin with and with low MIC exposing the patient to potential drug toxicity.

Dr. N. Ramakrishnan & Dr. D. Ravivarma

Department of Critical Care Medicine, Apollo Hospitals, Chennai

Study Conclusions: Tigocycline (TGGC) was well tolerated at a higher than standard dose in a cohort of critically ill patients with severe infection, in the VAP subgroup the high-dose regimen was associated with better outcomes than conventional administration due to Gram-negative MDR bacteria.

Background: The high incidence of multidrug-resistance (MDR) in the aero microbiology among patients admitted to ICUs has determined an increase of Tigocycline (TGGC) use for the treatment of severe infections. In the ATLAS trial, which compared Tigocycline (TGGC) with placebo, there was no difference in all-cause in-hospital mortality at 28 days among patients treated with Tigocycline 50 mg every 12 hours after a 100-mg LD were defined as the standard dose group (SD). Those who received 100 mg every 12 hours after a 200 mg LD were classified as the high dose group (HD).

Results: The clinical cure rate and microbiological eradication percentage were higher when TGGC was used at higher doses (57.3% vs. 33.3% and 65.1% vs. 30.4%, P=0.07, respectively). However the overall mortality in the VAP group was 57%, without differences between the two groups.

Comments: It is a single-centre, retrospective analysis with a relatively small number of patients.

– Almost all the patient TGGC was used in addition to another active molecule, leading therefore no conclusion regarding the efficacy of high dose TGGC as monotherapy could be drawn.

– Plasma and tissue drug concentrations was not measured which could have confirmed the clinical observations.

• In almost all the patient TGGC was used in addition to another active molecule, leading therefore no conclusion regarding the efficacy of high dose TGGC as monotherapy could be drawn.

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Jointly Organized by: ISCCM, Pune Branch & Intensive Care Department of Erasme Hospital, Brussels

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NEW! Translational Session - 13th July 2014

This year we have planned an exclusive new concept called the Translational Session. This will be conducted on Sunday, 13th July. International & National faculty members will hold discussion on the topics of major presentations made during the preceding 2 days of BOB.

These will be case based and interactive with the audience.

We aim to convert the points made in the BOB into real "Take Home" Messages related to cases that we see in our ICUs.

WORKSHOPS / COURSES

Intensive Care Review Course

July 7th & 8th

Maximum 100 participants

This workshop is designed especially for exam-going students. It will be an exam oriented review course with workstations similar to the exam pattern. MCCs with Interactive Sessions will be added as part of the program.

Renowned ISCCM National & Local Faculty who are experienced examiners will be our faculty for this course.

Fundamentals of Mechanical Ventilation

July 9th & 10th

Maximum 100 participants

This Mechanical Ventilation Workshop will cover the fundamental aspects of Mechanical Ventilation. Some of the topics that will be covered in this workshop include Modes of Ventilation, Troubleshooting, Airway Management, NIV, Ventilation in COPD, ARDS, etc.

Renowned International & National Faculty will be a part of this workshop.

Emerging Strategies of Mechanical Ventilation

July 9th & 10th

Maximum 100 participants

This Workshop will cover the latest emerging strategies in Mechanical Ventilation. Some of the topics that will be covered include Non-invasive Ventilation, NIV in ARDS & COPD, etc.

Renowned International & National Faculty will be a part of this workshop.

Hemodynamics

July 9th & 10th

Maximum 60 participants

Hemodynamic monitoring is an invaluable tool used routinely in management of critically ill patients. During this workshop various invasive and non-invasive techniques of hemodynamic monitoring and Cardiac output measurement (Echocardiogram) (Echo, IABP, PA pressure monitoring) Doppler will be demonstrated. Renowned International & National Faculty will be a part of this workshop.

ULTRASOUND & 2D ECHOCARDIOGRAPHY IN ICU

July 9th & 10th

Maximum 80 participants

A joint venture of ISCCM Pune & WINFOCUS. The faculty will split the course in using Ultrasound according to ‘ABCDE’ and ‘Head-to-Toe’ priority pathways in order to enhance rapid and effective decision making in triaging, diagnosing, treating, and monitoring acute and critical patients. The course will broadly cover general principles of ultrasound how to interpret the ultrasound patterns of the major acute syndromes, and the techniques of the major invasive procedures. The tutorials will also have hands-on practice sessions so as to make them comfortable to use ultrasound in critical care. The 2D Echo course will be interactive, have hands-on sessions & discussions, with training in bedside echocardiography. This well structured workshop will help you to use echocardiography in septic shock, ARDS, pulmonary embolism, acute decompensation of Heart Failure and many more complex scenarios.

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4th - 8th March, Bengaluru

Dates to Remember
Workshop:
4th & 5th March
Confernce Inauguration:
6th March
Exhibition Opening:
5th March
Confernce
6th - 8th March
Banquets:
7th March