ISCCM NEWSHEADLINES

- Criticare 2014 at Jaipur a Grand Success.
- 8 Comprehensive Critical Care Courses held to date. Welcomed by all Delegates.
- Elections to be held in the First Week of August 2014.
- ISCCM joins hands with Indian Association of Palliative Care.
- Both to issue a joint statement about End of Life Care Policy for the Dying.
- ISCCM to file impleadment motion in Supreme Court regarding End of Life Care.
- Dr. Sriram Sampath appointed Chairman Research Committee.
- Nominations invited for Honorary Fellows of Indian College of Critical Care Medicine.

ISCCM Elections 2014 Appeal
Please update your Email ID and Register your mobile phone no with ISCCM

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. 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 • presidentelect@isccm.org

Dr. Anand Dongre • Dr. Rajesh Pande
Members Election Commission

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

First of all my heartfelt thanks and gratitude for electing me to the august office of the President Elect of Indian Society of Critical Care Medicine. It is a great honour to be entrusted with the responsibility of leading such a vibrant and fast growing society. The society is modern in every true sense of the word except the pitiful condition of our contact data. Of nearly 7000 members we have contact data only for about 4000 members. I urge all of you if your mobile nos. and e-mail IDs are not updated, please update the same with us. The form can be downloaded from our website isccm.org. This is important not only for elections but also for communications from the office, since we are increasingly using electronic forms communications rather than letters.

We are trying to regularise the branch elections process and will attempt to hold them in the same week of August as central elections.

The ‘2nd Best of Brussels’ is around the corner and similar to the first one, I am sure; this too will prove to be a huge success. This is brainchild of Dr. Shrish Prayag and as usual the Pune branch keeps coming up with innovative ideas. Kudos to them!

Dr. Srinivasan has contributed the journal scan for this issue. Happy reading.
Dear ISCCM Members, 
I thank all of you for having elected me as your President for the next two years. I have several ideas for taking our society forward and seek your wholehearted support. ISCCM is the third largest critical care society in the world with close to 7000 members. We have recently purchased a new office in Mumbai and I hope we now have enough space to have a world class ISCCM secretariat. It is imperative to put in place modern business processes in our ISCCM central office and have an integrated approach to data management in order to improve our communication with members and reach out to them more effectively. The website too needs to be revamped and integrated with our members and students database in order to meet our communication needs. Dr. Atul Kulkarni (President-elect), Dr. Dhruvaa Chaudhary (General Secretary), Dr. Vandana Agarwal and Dr. Shastri (Secretary), Dr. Jayant Shelgaonkar (Joint Secretary & Website Committee chair) and Dr. Vijaya Patil (Treasurer) are working closely with me for achieving this target as soon as possible.

The members’ database has to be updated and made entirely compatible with our electronic election process so as to ensure free and fair elections. Dr. Atul Kulkarni as our president-elect and election commissioner along with his team Dr. Rajesh Pande and Dr. Anand Dongre are committed to this.

Our constitution is in the process of being corrected and put in the right legal language in order to avoid any ambiguity by Dr. Rungta and Hon GS Hora. Dr. Atul Kulkarni as chair of the constitutional amendments committee along with Dr. Bande (ICCm College board member), Dr. Deepak Govil (ICCm accreditation secretary) and Dr. Kapil Zirpe (Vice President) will ensure that this process is completed and presented to the EC along with suggestions for further constitutional amendments.

The rapid growth in our membership has resulted in the growth of no. ISCCM branches all over the country. In order to protect the interests of our members, branches need to have a clear understanding of their responsibilities to the members. Branches need to adhere to the ISCCM constitution, maintain proper accounts, have free and fair elections at the branch level, participate wholeheartedly in ISCCM activities like the ISCCM Foundation Day and organise regular academic activities. While branches of a particular region may get together to organise regional conferences, the ISCCM constitution does not recognise state or regional chapters at present. It will be my endeavor to work along with Dr. Vandana Agarwal (Secretary ISCCM), Dr Pradip Bhattacharya and our zonal representatives Dr. Avadesh Bansal (North), Dr. Ranvir Tyagi (Central), Dr. Pradeep Ranagapa (South), Dr. Manoj Singh (West), Dr. Susruta Bandyopadhyay (East) to foster and promote close centre -branch relationships in order to maximise the benefit to ISCCM members.

Pediatric Critical Care Fellowship and the basic pediatric critical care course represent our success with promoting pediatric critical care. Our new pediatric section chairperson, Dr. Jayashree Muralidharan along with her committee has promised to streamline the work of our pediatric section, establish a good liaison with the Indian Academy of Pediatrics and work to increase the membership of our pediatric section.

Our national conferences are the showpiece of ISCCM. We are working closely with the Bengaluru and Agra organizing committees to ensure an impeccable scientific program, flawless organization and financial probity. Dr. Atul Kulkarni and I will act as central observers for the next two years.

Education is the most important aspect of our society and the Indian College of Critical Care Medicine established three years back is doing a wonderful job. Our educational courses IDCCM and IFCCM are now well established and are widely sought after by young postgraduates desirous of a career in Critical Care medicine. We hope to address the manpower shortage in our country with the help of our post MBBS course and Indian Diploma in Critical Care Nursing. We must take care to ensure adequate standards of training and certification in order to maintain the high standards of our society’s educational training. The 4 C course is expanding rapidly and we hope to run it in all parts of India to enhance Critical Care education. We are already collaborating with WINFOCUS for ultrasound courses. BASIC is being run for entry level courses in Critical Care and resuscitation and I hope to take this forward during my presidency. We require to design standardised courses in hemodynamic monitoring, mechanical ventilation, neurocritical care, critical care nephrology. I hope to work along with Dr. Chawla (Chancellor ICCM), Dr. Ramakrishnan (Vice Chancellor) and the college board for attaining these educational objectives.

The new Credentials Committee under Dr. Divatia has the important job of selecting fellows who have submitted their nominations in a fair and objective manner and also of selecting the research committee chairperson. I would also like to entreat the committee with the responsibility of framing an ethical framework for the society. We already have a conflict of interest form for office bearers of ISCCM and ICCM. I plan to extend this to our teachers group, ISCCM branch secretaries and chairpersons and also faculty who speak at ISCCM regional and national conferences.

The IDCCM and IFCCM alumni represent the society’s future and need to be encouraged to participate whole heartedly in ISCCM activities. Dr. Vijaya Patil and Dr. Ramakrishnan will head the alumni committee and we hope to organise the first alumni meet in the Bengaluru Criticare 2015 conference.

ISCCM has made attempts to foster Critical Care research in our country with the important INDICAPs study spearheaded by Dr. Divatia and the ongoing tropical fever study by Dr. Singh. A lot more needs to be achieved and I hope the new chairperson of the research committee will set an aggressive agenda. The important objectives will be to create a research network, ensure systematic and reliable data collection while ensuring confidentiality through a well designed central database and planning further multicentre Indian Studies. It would be nice if we could validate severity of illness scoring systems in India along with setting up a national system for critical care audit and research. I invite all ISCCM members who have contributed to Critical Care research in India to be part of the ISCCM research network. All the teaching centres of ISCCM should also contribute to the ISCCM research initiative in a big way. I assure all of you that ISCCM will take stringent steps to protect confidentiality of data and at the same time acknowledge everybody’s contribution appropriately.

ISCCM has been at the forefront of setting national Critical Care guidelines and position statements. One guideline on Critical Care nephrology (Dr. Arindam Kar) and one position statement on Critical Care nutrition (Dr. Ramakrishnan) are already planned. A joint position statement on palliative care and implementation of end of life guidelines along with the palliative care society of India is also being planned.

Creating public awareness and reaching out to our patients is an activity we have successfully carried out on our ISCCM foundation day and this year too I hope to have an appropriate theme that will help empower our patients.

I once again thank all members for having chosen me and welcome their suggestions for taking ISCCM to greater heights.

Thank you.
Dear Friends

It is an honour to take over as the Gen Secretary of the ISCCM. It is for the first time in the history of the society when someone from outside Mumbai has taken over this huge responsibility & that too unanimously. It shows the maturity & statesmanship of leadership, esteemed members & vision of society.

The growth of the society over last decade reflects the story of growth of Critical Care in India. Credit for this goes to very large extent to the quality of leadership which we had in the past. ISCCM not only came out with various guidelines to improve quality of care of critically sick but also primarily initiated formal training in Critical Care in India by starting certificate courses & later upgrading to diploma & fellowship courses. Lately we have also initiated Post MBBS as well Indian Diploma of Nursing in Critical Care. To take care the need of the education ISCCM established Indian College of Critical Care Medicine & it gives me immense satisfaction that I have the privilege to be part of this process.

Over the years society has expanded very rapidly. We have more than 70 branches & large membership of young professionals who are there to mark their presence in the field. This has created both an opportunity as well as a challenge. Realising the change, as a society we have tried to march ahead with time. The old guard is crumbling & newer one is taking shape. Therefore the challenge is to make systems which are not only based on healthy conventions but are robust & transparent enough to withstand these dynamics. Those who are in leadership role have to do mentoring by leading by example.

Therefore my endeavour will be that over next year working actively as a team under the leadership of Dr Iyer to develop systems & processes where by we should not only consolidate the gains achieved over the years but to ensure that we continue with all round inclusive growth of the society.

Best wishes & warm regards.

New Office Bearers of ISCCM Branches

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Election of Office Bearers of the Executive Committee for 2015-2016. Members are hereby informed that the following persons will retire in AGM 2015:

- **Three Vice Presidents**
  - Dr. Yatin Mehta
  - Dr. Kapil Zirpe
  - Dr. Praveen Khilnani
- **One General Secretary**
  - Dr. Dhruva Chaudhry
- **Two Secretaries**
  - Dr. Prakash Shastri
  - Dr. Vandana Agarwal
- **One Treasurer**
  - Dr. Vijaya Patil
- **Four Executive Committee Members**
  - Dr. Yogendra Pal Singh
  - Dr. Sudhir Khunteta
  - Dr. Anand Nikhalje
  - Dr. Anil Sachdev

Therefore election for the following Office Bearers and elected members of the Executive Committee for 2015-2016 will be held and nominations are hereby invited for them.

1. One Vice President (The elected VP should not be the same zone as the present vice president)
2. One General Secretary (open to anywhere in country)
3. One Treasurer (from Headquarters)
4. One Secretary (from Headquarters)
5. Four Executive Committee Elected Members (of which not more than 3 shall be from the same Zone)

### 4.1 Eligibility

1. **For the post of Vice President and General Secretary, Treasurer the candidate should have been elected and not nominated for 4 (Four) years as follows:** on the National Executive Committee for a minimum of 2 (two) terms i.e. total 4 (four) years in the National Executive Committee or 1 (one) term of 2 (two) years in the National Executive Committee and 2 (two) years as office bearer in the City Branch Executive Committee, the 2 terms not running concurrently.

2. **For all other positions, membership of the society for at least 5 year is mandatory.** For re-eligibility to contest election for any post on the National Executive Committee the candidate must have attended at least 2 (two) out of the last 4 (four) Executive Committee meetings held in both years of his/her previous term. In case of such absence the member shall not be eligible to contest elections for one term (i.e. two years) and can contest after this term is over.

3. **For re-eligibility to contest election for the post of Vice-Presidents, on the National Executive Committee the candidate must have attended at least 3 (three) Executive Committee Meetings out of the 4 (four) last Executive Committee Meetings held in the term that he/she had served on the National Executive Committee. (This will be applicable to members serving on the National executive committee on or after February 1, 2008).

4. **No member shall be eligible to seek election for more than 2 tenures as Vice-President, Gen. Secretary, Treasurer, or Elected Member of the Executive Committee.**

5. **The Term for President, President-elect, Immediate Past President, General Secretary, Treasurer, Secretary is one year and for Vice President two years. The term for Executive Committee members is two years.**

6. **The President/President-Elect shall not seek election for any position in the Executive Committee after completing his/her tenure. However he/she can be nominated on the executive committee as may be decided by the Executive Committee provided his tenure in EC does not exceed 11 years.**

7. **A member shall not contest simultaneously for more than one office bearers post (i.e. of Vice President, General Secretary and Treasurer).**

8. **No member except the President shall be on the executive committee for more than eight years regardless of posts held in the EC. After completing 8 years in the EC, the member can contest only for the post of President. Thus the president shall remain on the EC for 11 years i.e. 8 years as EC member in any capacity and 1 year each as President elect, President and Immediate Past President.**

### 4.2.6.1 Canvassing in any form will result the automatic disqualification from the election process. This includes emails, SMS etc.

The nomination paper which shall set out the candidate's name, address and the office for which the candidate is nominated, shall be proposed by one valid member and duly signed by the candidate, signifying his/her willingness to stand for the election and to serve on the Executive Committee if elected. There shall be a separate nomination paper for each candidate, and for each post. These nominations must reach the General Secretary not later than 15th June by 5.00 P.M. For every post, the nomination paper must be accompanied by a sum of Rs.5000/- (Rupees five thousand only) from a candidate, in the form of a demand draft payable at Mumbai. A nomination paper not accompanied by a Bank Draft of Rs.5000/- shall be deemed invalid. A short bio-data not exceeding 200 words, should accompany the nomination or it can also be sent as soft copy along with a photograph (compulsory).

The proceeding after this will be taken over by the election commissioner. The Election commission shall inform BY EMAIL the contesting candidate of all the nominations received for the post they are contesting, and if any one wishes to withdraw his/her nomination, he/she should inform election commissioner in writing or from the official e-mail address (i.e. registered with ISCCM headquarters previously) on or before the 30TH of June by 5.00 P.M. No member of ISCCM EC except those in Election Commission will in any manner interfere in the Election Process.

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**Dr. Dhruva Chaudhry, General Secretary, ISCCM**
Dear Colleague Members of ISCCM and Indian College of Critical Care Medicine,

At the outset I am humbled and feel honoured to be given the responsibility of secretary of Indian College of Critical Care Medicine. I am grateful to all of you for trusting me with this vital position. Indian College of Critical Care Medicine is ever growing in its stature as the flagship academic institution of Critical Care medicine training and education in our country, under the able and mature leadership of ISCCM. The newly formatted College Board has taken charge during the Jaipur national congress. This board has Dr Rajesh Chawla as Chancellor, Dr N. Ramakrishnan as Vice-chancellor, Dr Palepu Gopal as College Secretary, Dr Deepak Govil as Accreditation Secretary, Dr Yatin Mehta as Controller of Examinations and Dr B D Bande and Dr P Rangappa as Joint Secretaries. Dr Prakash Shastri and Dr Khilnani will co-ordinate nursing education and pediatric programmes respectively. The board is also having the presence of Dr Narendra Rungta, Dr Shivakumar Iyer, Dr Atul Kulkarni and Dr Dhruva Chaudhry in their ex-officio capacity of ISCCM executive committee positions. This has been done to keep a dynamic liaison with and guidance from the parent organization, ie, ISCCM. It has been decided that from next term the President of ISCCM will take the responsibility of Chancellor of the college.

This year the college has extended its training and educational courses by introducing the post MBBS certificate course and a Diploma course for Nursing in Critical Care Medicine (IDCCN). The number of centers accredited for IDCCM and IFCCM courses have also gone up in number. They currently stand at 128 centers for IDCCM course, 30 centers for IFCCM course and 128 centers for Post MBBS certificate course. All IDCCM accredited centers are permitted to conduct IDCCN courses as well.

The examination process for these courses is being streamlined further under the supervision of Controller of Examinations and an examination cell. The IDCCM examination was conducted successfully in four centers this year, including opening up of Kolkata as new center, apart from Delhi, Pune and Bengaluru. The IFCCM exam was held at three centers, namely, Delhi, Chennai and Pune. The chief examiners and examiners at each center has ensured smooth conduct of this process, ably aided by our college and society staff. Process is underway to conduct the exam for Post-MBBS and IDCCN courses.

The popularity and attendance of 4C course has progressed impressively under the leadership of Dr Chawla and is set to become a platform course for periodic updating of Critical Care management in our country.

It is not without the guidance, co-ordination and hard work of all the members and office bearers of both the college and ISCCM that this progress was possible. The solid ground created by the outgoing team of Dr Divatia, Dr Chawla and Dr Ramakrishnan has raised the expectation of our stakeholders all around. On behalf of the current College Board, I respectfully thank the outgoing college board and ISCCM EC and all its leaders for their exemplary effort and leadership. We will continue to follow the path set by our beloved predecessors and try our best to take it to further lofty goals. I thank you all once again.

With Regards.

Dr. Palepu B. Gopal
Secretary, Indian College of Critical Care Medicine
palepu_gopal@hotmail.com

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**Image Challenge**

A young male presented with increasing breathlessness, increasing red patches over body (sub cutaneous haemorrhage) & anaemia. He was on warfarin 2.5mg OD. What Condition is most likely?

(Answer in the next issue.) - Dr Anand Dongare
It is with great pleasure that we present the following report summarizing the activities and outcomes of first-ever Joint Meeting of the 20th Annual Conference of Indian Society of Critical Care Medicine (ISCCM), 18th Asia-Pacific Congress of Critical Care Medicine (APACCM) & 2nd Annual Conference of Critical Care Nurses Society (CCNS) – CRITICARE 2014 hosted at B.M. Birla Auditorium & Convention Center, Jaipur, India hosted by the Jaipur Branch of the Indian Society of Critical Care Medicine, from 14th to 16th February and workshops on 17th & 18th February, 2014.

CRITICARE 2014 was an overwhelming success, attracting over 3500 delegates, 303 speakers and many sponsors from India, SAARC countries, the Asia-Pacific Region & across the world. The conference provided great intellectual and social interaction for the participants with their fullest involvement in the scientific deliberations. It was the first ever Critical Care Medicine Conference of this scale at which we were able to actively engage with and reach out to a wider range of stakeholders across the Asia-Pacific Region. The outcome of this conference will help us strengthen Critical Care across the Asia-Pacific Region.

The conference had a comprehensive program and agenda, the discussions and sharing of experiences over the course of this conference was highly productive and useful with cutting-edge educational sessions, hands-on workshops and interactive debates. The delegates could preview the newest technologies, products, services and opportunities provided by exhibitors. New ideas and solutions to vexing problems came out of the scientific deliberations. The scientific program had over 40 Meet the Expert Sessions, over 60 Plenary Sessions, over 275 Thematic Sessions and over 20 Panel Discussions & Debates. We also had a Grand Quiz, over 50 Free Paper Sessions & 181 poster presentations. The sessions in Adult, Pediatric, Nursing Critical Care and APACCM Sections reflected strong motivation for young and regional Indian talent to share their clinical experience in the field of Critical Care Medicine. The mammoth response which we received from the teachers, consultants, Intensivist fraternity, nurses and industry had overwhelmed us and with new ideas and enthuse young talents explored the new facets of the intriguing and important aspect of Critical Care Medicine.

Any vacuum left was filled with the mind-boggling demonstrations in workshops such as ACLS, Comprehensive Critical Care Course, ECMO, FCCS, PFCCS, Hemodynamic Monitoring, Mechanical Ventilation, Neuro-Critical Care, Nephro-Critical Care, Obstetrics Critical Care, Pediatric Ventilation & Simulation, Ultrasound, Trauma support course. The workshops added the much needed practical tips in Critical Care Medicine. The conference presented attendees with the latest research and information on the science and treatment advances in Critical Care Medicine.

All the participants and delegates enjoyed the Rajasthani cuisines and cultural extravaganza including the ghazals & Light Satire on 13th February; Rajasthan Heritage Musical Dhamaka on 14th February, Western Musical Extravaganza by Euphoria Band on 15th February and Light Indian Musical Program on 16th February in the food courts respectively. We chose the best of the available programs to the suit the taste of Indians and foreign guests. The exhibition area was illuminated with the participation of more than 50 exhibitors from various fields including renowned pharmaceutical companies and medical book sellers.

Dr. H. Bagaria  
Organising Chairman  
CRITICARE 2014

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

Dr. Manish Munjal  
Organising Secretary  
CRITICARE 2014
Congratulations for memorable and wonderful conduction of Conference.
Dr Suresh Bhargava, Jaipur
Please convey my congratulations to the whole organizing team.
Farhad
Dear Dr. Munjal,
It was a pleasure meeting you at the conference—briefly though. Congrats on the success of criticare 2014. Also, thank you for visiting the simulation workshop and for all the media attention we got. Do let me know if I can be of help in future. Best Regards
Dr. Mahesh Joshi
A memorable conference. Kudos to the Organizing committee. Expect the next another 10 years from now.
Mohan Mathew
Congratulations on successfully organizing the mega event and thanks for inviting me as a faculty. regards.
Pradeep Bhatia, Prof. & Head, Dept of Anaesthesiology & Critical Care, AIIMS, Jodhpur
Dear Team Criticare 2014,
I would like to thank each one of you for your tireless efforts. It was such a massive event, but everything went smoothly. That really takes a great effort. I could personally meet some of your ‘torch bearers’ like Mr. Pawan Bathla, Mr. Ranna Ram and Mr. Rupesh and thank them. But please extend this thanks to all the others who worked silently behind the scenes. And thanks to you two, Sir, Dr. Rungta and Dr. Munjal. Regards,
Banani Poddar
Dear Manish,
On behalf of the SCCM, please accept our congratulations for a job well done. CRITICARE 2014 was wonderfully conceived and executed. This was a terrific congress. Awesome work!
Chris Farmer
Dear Sir,
It was an honour and privilege to be a part of Criticare 2014. Thank you for having me there. I sincerely hope that we achieve higher standards in Nursing practice. I had a very lovely time at Jaipur. Thank you very much for making the entire experience enriching and memorable. Best wishes
Ruth
Dear Doctors,
Thank you for your hospitality and I will congratulate you and all members of the Indian Society on the amazing organization and great success of Criticare 2014. Best regards
Nobuo Fuke, Teikyo University Chiba Medical Centre, Chiba, Japan
Dear Dr. Manish Munjal,
Thank you for organizing a wonderful conference and it was a pleasure to attend and participate in the Pediatric programme. With Best Wishes and Regards,
VVS Prasad
Dear Dr Rungta, Munjal & team,
Congratulations on a very successful conference. Well done indeed. Thank you very much for your warm hospitality too. We enjoyed the venue, food and most importantly the scientific sessions. So congrats once more and well done
Dr Sandhya Talekar, Pune
Dear All
Really enjoyed the congress. Hoping to meet you soon.
Sameer Jog
Dear Dr Munjal,
Thanks a lot for your hospitality. It was well organized academic feast with best of the content and faculties and I enjoyed it thoroughly. I am proud to be associated with this gala congress and will like to contribute in future too in whatever capacity. Please send my deepest regards to Dr Rungta sir and other members of your team too. Regards
Dr Prashant Nasa
Thank you, organizers.
You appear to have spared no effort in ensuring that we have a lively interaction and comfortable stay. The scientific fare as well as the catering & entertainment were varied and rich, the hospitality befitting the famed Rajasthani tradition! Kindly accept my sincere thanks. Warm regards,
RK Mani
Dear Manish and Narendra,
We are back in the U.S. and we want to thank you for the invitation and for an excellently run conference! It was a great experience and we are looking forward to working closely together!
Gene Sung, M.D., M.P.H.
Immediate Past-President, Neurocritical Care Society
Director, Neurocritical Care and Stroke Division,
University of Southern California, Los Angeles, CA
Dear Dr Munjal and Rungta,
Let me congratulate all of you for a wonderful and well organized conference. It is a herculean task and all of you have put a lot of effort. Thank you for the wonderful hospitality. I enjoyed the changed and neat jaipur immensely with family too. Thanking you once again. Yours sincerely
Manimalarao
Dear Professors Munjal, Rungta and Bagaria,

Congratulations on a wonderful conference which was most successful, stimulating and exciting. Your hospitality was beyond belief and the beautiful artistic historic picture making Jaipur a landmark. I especially wish to thank you for going beyond what was necessary to make sure that I was well taken care of. The accommodation and transportation were superb and the evening venues were fantastic. When I showed my colleagues to you, they were all envious and understand my excitement when I returned. If any of you are ever in the neighborhood please let me know so that I might reciprocate.

Kind Regards

Marc J. Shapiro, M.S., M.D.
Professor of Surgery and Anesthesiology
Stony Brook, New York

Respected Sir (Dr Rungta) and Dear Dr Munjal,

Trust this mail finds you and your family in best of health and spirit. May you be happy, healthy and excelling through a herculean task. Thank you so much for all that you have done for me and the entire critical care physician community. Though late but still accept my congratulations and hats off salute. Regards

S Moied
Sir

At the outset let me congratulate you on the CCNS 2014. It was a 2014; I would also like to thank you for considering me as a faculty.

Ganeshyam Jagatkar

Dear Dr. Munjal and Dr. Rungta,

It was indeed a pleasure to witness such a large congress of like-minded individuals for the 20th Critical Care conference at Jaipur. I was at the CCNS conference and workshop. Everything went very well for us too. Was indeed a privilege to be associated with stalwarts like yourselves. Regards

Dr. Shirley David,
College of Nursing, CMC, Vellore

Dear Drs Munjal, Rungta and Bagaria,

Many thanks to you and all your colleagues at BCCM for such excellent hospitality and a marvellous scientific and social program in Jaipur. Thankfully I did manage to get a full day of sightseeing before my departure Tuesday evening and finally had an opportunity to see what an impressive city Jaipur is. Thanks again for the invitation. Kind Regards, Michael.

Michael J O’Leary, Senior Staff Specialist, Intensive Care Service, RPAH Sydney & Clinical Associate Professor, Sydney Medical School, The University of Sydney

Congratulations for organizing such a big event. Unfortunate to miss the event. Thanks & Regards

Mukesh Arora
Dear Sir,

Greetings. Please accept our hearty congratulations to you and your team for the successful conduct of the criticare 2014. It was a 2014 and we enjoyed our participation.

Dr.Sunil T Pandya, Hyderabad
To the Organizers

Congratulations for a high quality conference! Best regards

Suchitra Ranjit
Dear Dr MR

Greetings. It was wonderful event and every one enjoyed . Almost all delegates were involved. It was not like other conference that people stay out. All session were full and properly attended by all. Faculty also put their best.

Kundan Mittal, Professor & Head of Uniform charge Pediatric Intensive Care and Respiratory Services, Department of Pediatrics, Pt. B D Sharma PGIMS, Rohtak

Dear Dr Munjal,

Jaipur conference was a life time memorable experience for me. I appreciate the organizer’s hospitality. The conference was a great and grand success. Congratulations go to you, Dr Bagaria and many others especially the leadership of Dr Rungta which made it a fantastic get together of the medical scientists across the globe.

Regards

Prof. Mohammad Omar Faruq, MD, FACP, FACEP, FCP, FCCM
Professor of Critical Care Medicine, Birdem General Hospital & Ibrahim Medical College, Dhaka,Bangladesh, President, Bangladesh Society of Critical Care Medicine (BSCCM)

Respected Dr Rungta and Munja,

Congratulations to the three of you for the overwhelming success of Criticare 2014, Jaipur. The Organizing Committee’s hard work, dedication and attention to detail was apparent throughout the conference and the sole reason for its success. I would personally like to thank the three of you from the bottom of my heart for giving me this opportunity to attend BCCM conference, visit India for the first time and begin friendships that I hope will last a lifetime. I look forward to many such interactions with BCCM at a professional level and with all of you at a personal level and sincerely hope and pray that I will get an opportunity to return to the hospitality at some stage! Best regards.

Madhia Hasmi, President, Pakistan Society of Critical Care Medicine (PSCCM)
Respected Dr Rungta and Dr Munjal,

It was a privilege and honour to participate in the criticare 2014. Thank you for a wonderful organized congress with great scientific content, thank you also for a pleasant stay at Jaipur. Best Regards

Anurag Kishore, Agra

Dear Manish,

Congratulations to the whole jaipur team. Even though was there only on the last two days to do the workshop, the overall picture I got was that of a well conducted program. Regards

Babu Abraham
Dear Dr Rungta and Dr Munjal sir,

It is really honour and privilege to attend and be the faculty in such a great event. I thank you from my heart for giving me such an opportunity, I am obliged sir, Thanking you.

Dr. Deepak Jeswani, Nagpur
Hi Dr. Manish
I must congratulate you for the excellent hospitality you provided to all of us during the Jaipur conference. You will not believe but I have actually gained weight during the days I was in Jaipur. Thank you from the bottom of my heart, and you deserve all the appreciation and will for the success of the conference.

Sandeep Kanto
Dear Manish,

Thanks for organising the meeting it was a very successful scientific and social event and you should be very proud of what you have achieved . Thank you also for turning the heat down for those of us that are more used to cooler temperatures. Best wishes to you and your family

Ross Freembairn, MBChB, Dip Obst, FANZCA, FRCP, FCICM
President College of Intensive Care Medicine, ANZ, Consultant, Intensive Care Services, Hawke’s Bay Hospital, Hastings NZ

Dear Sir,

Firstly congratulations on hosting a spectacular conference. It was an academic feast. I also take this opportunity to thank you for having invited me as a faculty. Warm regards

Dr Hemant HR
Dear Dr Rungta, Dr. Manish and the entire CRITICARE 2014 team

Hello, Heartly congratulations on the grand success of CRITICARE 2014. Excellently organised and a great scientific feast. Social events were superb and very meticulously planned. Thank you for inviting me as faculty and for your kind hospitality.

Shaila Nainan Mynatra MD, FICCM
Dear Dr Rungta
Congratulations for conducting a very successful conference. From event management, scientific content to hospitality, it was a highly successful performance. I have always been a fan of Jaipur. The weather was perfect and I will always look forward for the next conference in Jaipur. Thank You for inviting me.

Susruta
Dear Dr Munjal
This is to express our gratitude for the opportunity provided to CCNS to conduct conference along with BSCCM. The conference was of exemplarily standard . Thank you once again for your co-operation. Thanks & regards

Prof Jaya K, President CCNS
Dear sir,

Heartiest congratulations for conducting such a nice conference. Thanks a lot for great hospitality. I hope it will be remembered for long. Regards

Pradip Bhattacharya
Dear Dr. Rungta and Dr. Munjal,

Many many congratulations for the wonderful organization of the conference. I enjoyed the scientific contents immensely. The hospitality Unit was superb. Thanks

AK Baronia, Professor & Head, Department of Critical Care Medicine, SGPGIMS, Lucknow 226014
Respected Sir,

Thanks very much for giving an opportunity to participate in the prestigious conference. The experience shall be cherished for a long time. Kind regards,

Abhinav Gupta
SIR,

I would like to wish you a hearty congratulations for the grand success of criticare 2014, Jaipur. Thanks for providing excellent hospitality and truly informative sessions.

Dr Ranvir S Tyagi, M.D, Zonal member ISCCM

Thank you for having me as part of the programmes. The RRT workshop was a learning experience. Me and my family enjoyed Jaipur city and staying at hotel Lalith was a nice experience.

R. Chakravartti
Well run meeting - thank you for the invitation.

Neil Macintyre
Respected sir,

It was a great pleasure & honour to be part of criticare 2014 at Jaipur, the arrangements were great & stay was comfortable. It was a fantastic scientific & academic feast with great scholars & speakers from all over the world coming on a single platform. Thanks a lot again sir,

Dr Raman Chattrath
Dear Narendra and Manish,

Thank you very much for your wonderful hospitality and excellent arrangements for my stay in Jaipur. I very much enjoyed the opportunity to participate in the conference which was well organized. I look forward to opportunities to develop further collaborations with you and the ISCCM. Thank you again for a very memorable visit. Warmest regards, Ravi

Ravindra I. Mehta
MD, FACP, FASN, FRCP, Professor of Clinical Medicine, Associate Chair for Clinical Research Department of Medicine, San Diego, CA

It was a pleasure participating in the congress. Congratulations for organizing a very successful congress. Regards

Rajesh Pande
Thank u Dr Munjal

It was fantastic conference. Full of educational topics and innovative workshops. My nursing staff was very much impressed. Thank u again for giving me the opportunity to become part of the conference.

Dr Nirmal Jaiswal
Thank you, organizers,

You appear to have spared no effort in ensuring that we have a lively interaction and comfortable stay. The scientific fare as well as the catering & entertainment were varied and rich, the hospitality befitting the famed Rajasthani tradition! Kindly accept my sincere thanks. Warm regards,

Rajesh Pande

To Dr Munjal and his team,

Thanks sir for organizing this great event, thanks for all the hospitality. Everything was splendid, do not hesitate to stay, to transportation. Thanks once again, especially to Dr Rungta Sir for giving me this great opportunity to speak as a national faculty at such a young age.

Dr. Saurabh Saigal
# ISCCM Sub-Committees

President and General Secretary are ex officio members of all sub-committees. All sub-committee appointments are for one year.

<table>
<thead>
<tr>
<th>Name</th>
<th>Chairperson/Co-Chairperson</th>
<th>Members</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials Committee</td>
<td>Dr. Jigeeshu Divatia</td>
<td>Dr. Arvind Baronia, Dr. Sumit Ray, Dr. Susruta Bandyopadhyay, Dr. Babu Abraham</td>
<td>Selection of fellows, Selection of Research Committee Chairperson, Selection of Editors, Selection of New Speakers/Talent Hunt</td>
</tr>
<tr>
<td>Research Committee</td>
<td>Nominations invited on website</td>
<td>Last date 1st April 2014, 1 nomination received from Dr. Sriram Sampath</td>
<td>Promote research by creating a framework for research projects, Invite proposals for research from ISCCM members, Create a core group of Indian researchers</td>
</tr>
<tr>
<td>Election Committee</td>
<td>Dr. Atul Kulkarni</td>
<td>Dr. Rajesh Pande, Dr. Anand Dongre</td>
<td>Carry out elections smoothly, Set criteria for elections of branches</td>
</tr>
<tr>
<td>Constitutional amendments Committee</td>
<td>Dr. Atul Kulkarni</td>
<td>Dr. Bande, Dr. Deepak Govil, Dr. Kapil Zirpe</td>
<td>Propose amendments for constitution, Scrutinise ISCCM constitution as corrected by Hon GS Hora &amp; present it to the EC</td>
</tr>
<tr>
<td>ISCCM Day Committee</td>
<td>Dr. Ramakrishnan/Dr. Anand Nikalje</td>
<td>All Zonal Members</td>
<td>To decide theme of ISCCM day, To coordinate ISCCM day activities</td>
</tr>
<tr>
<td>Pediatric Section Committee</td>
<td>Dr. Jayashree Muralidharan</td>
<td>Dr. Pravin Khilnani, Dr. Sachdev, Dr. Banani Poddar</td>
<td>To prepare pediatric members list, To prepare MOU for interaction with IAP pediatric intensive care section, To review pediatric ISCCM diploma course, To review BPICC course</td>
</tr>
<tr>
<td>Finance Committee</td>
<td>Dr. Atul Kulkarni, Dr. Ramakrishnan</td>
<td>Dr. Narendra Rungta, Dr. Vijaya Patil, Dr. Kapil Zirpe, Dr. YP Singh, Dr. Yatin Mehta</td>
<td>Review accountant’s quarterly report &amp; financial status, Review financial progress of previous national conferences, Review college finances, Review use of funds by subcommittees, Scrutinize research &amp; other proposals for financial assistance</td>
</tr>
<tr>
<td>Office Committee</td>
<td>Dr. Vandana Agarwal, Dr. Palepu Gopal</td>
<td></td>
<td>To review office processes regarding membership, college activities, staff, etc</td>
</tr>
<tr>
<td>Website Committee</td>
<td>Dr. Jayant Shelgaonkar</td>
<td>Dr. Sauren Panja, Dr. Manoj Singh, Dr. Rajesh Mishra</td>
<td>To oversee website content on a weekly basis, To work with office committee for implementation of website changes for membership &amp; college activities, To work with Newsletter editor for internet format of newsletter</td>
</tr>
<tr>
<td>Guidelines Committee</td>
<td>Dr. Yatin Mehta</td>
<td>Dr. Vijaya Patil, Dr. Arindam Kar, Dr. Ramakrishnan</td>
<td>To complete current guidelines, To review and see if any previous guidelines need any revision, To explore new guidelines</td>
</tr>
<tr>
<td>Membership Committee</td>
<td>Dr. Pradip Bhattacharya</td>
<td>All zonal members</td>
<td>To suggest methods to increase membership, Zonal members to represent ISCCM centre at regional conferences for</td>
</tr>
<tr>
<td>Branches Liaison Committee</td>
<td>Dr. Vandana Agarwal</td>
<td>Dr. Rajesh Pande, Dr. Sushruta Bandopadhyay, Dr. Ranvir Tyagi, Dr. YP Singh</td>
<td>Create alumni group of ISCCM including all IDCCM and IFCCM awardees and plan alumni meeting at Criticare 2015</td>
</tr>
<tr>
<td>Alumni Committee</td>
<td>Dr. Vijaya Patil</td>
<td>Dr. Prakash Shastri, Dr. Sauren Panja, Dr. Manoj Singh</td>
<td>Create alumni group of ISCCM including all IDCCM and IFCCM awardees and plan alumni meeting at Criticare 2015</td>
</tr>
</tbody>
</table>
Dramatically Advanced Fecal Incontinence Management

For bedridden-patients with liquid or semi-liquid stool, Flexi-Seal FMS is designed to:

- Reduce the risk of skin breakdown
- Minimize the spread of infection
- Protect wounds, surgical sites and burns
- Improve patient comfort
- Reduce the cost of managing fecal incontinence
- Restore Patient dignity

Is Nosocomial Infection a growing Problem?

- Reduce the risk of skin breakdown
- Minimize the spread of infection
- Protect wounds, surgical sites and burns
- Improve patient comfort
- Reduce the cost of managing fecal incontinence
- Restore Patient dignity

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Before it Strikes

- Spread of hospital acquired infection can increase a patient’s risk of dying by 4.3%
- May add 10 days to patient’s hospital stay
- Infection related cost can exceed $15075 per case.

Have you ever had an ICU patient...

- become progressively more swollen and edematous after fluid resuscitation?
- develop renal failure and need dialysis?
- develop multiple organ failure and die?

AbViser AutoValve Monitors IAP with proven accuracy and reproducibility

- Early IAH Recognition within 30 secs
- Transducer Driven Accurate Data Monitoring
- Simplifies ICU Nursing Tasks
- Data Assists Surgeon in closing laparatomy
- Closed System w/syringe sleeve helps reduce the risk of CAUTI
- Contains C. Difficile
- Safe hourly diuresis
- Monitoring IAP + Intervention → Reduced Organ Failure

UnoMeter™ Safeti™ Plus

- Proven safety and infection control
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- Prevents contamination through the Kombikon™ needle-free sample port
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- Can be transported face up when patients are moved without urine back-flow or loss of measurement

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® Contains C. DIFFICILE

before it strikes

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Branch Activities

RAJKOT BRANCH

JANUARY 2014
After nearly 2½ years of hard work and persistence in tackling the government machinery, we have finally been able to register our ISCCM, Rajkot Branch with the Charity Commissioner Authority. Albeit we had to change the nomenclature of our branch as per existing government rules informed to us by the authorities, and now we are registered as “Critical Care Society of Rajkot” with the Charity Commissioner and the Registrar of Societies, Rajkot. We have also obtained our Income Tax PAN no. in this name. We have submitted the concerned papers, and our undertaking regarding the same, to the head office already by courier in Feb 2014.

A Family Get-Together for all ISCCM members was kept at the Doctor’s Club, Rajkot on 19th January, Sunday. A Special GBM was conducted during this gathering and it was attended by members. The Points that were discussed were:

1. Declaration of the new Nomenclature of the Society, as above
2. Declaration of forthcoming elections and the dates for filing nominations. Senior member Dr Asit Vaishnav was unanimously appointed as the Returning Officer for the elections during this meeting.
3. Discussion of the plan of action for Gujarat Criticon 2014 which will be hosted by the ISCCM, Rajkot Branch.

Clinical Meeting and discussion on interesting cases was held on 30th January, 2014 at the Imperial Palace. Speaker were Dr Milap Mashru & Dr Amit Patel.

FEBRUARY 2014
We have had our Election process for electing our new Executive Committee for the 2-year term of 2014-2016, and we had appointed Dr Asit Vaishnav as our Election Presiding Officer/Returning Officer.

9 posts were vacant where the candidates were supposed to be elected. Nomination forms for these 9 posts were invited through 2 circulars, and also smes, during the designated period of 1st February to 28th February, 2014.

Clinical Meeting was held on 27th Feb. Speakers were Dr Sankalp Vanzara & Dr Samir Prajapati. Latest Advances discussed during Jaipur Criticare 2014, & Journal reading was done.

MARCH 2014
As one nomination was received for each of the 9 posts vacant, we did not have had to go through the voting process to elect our new office bearers. The following candidates were elected unopposed for the following posts for the next 2 year term beginning from 1st April 2014.

Chairman : Dr. Jayesh Dobariya
Hon. Secretary : Dr. Tejas Karmata
Treasurer : Dr. Archit Rathod
Executive Committee : Dr. Naresh Barasara, Dr. Hetal Vadera, Dr. Dharmendra Amritiya, Dr. Digvijaysinh Jadeja, Dr. Bhumi Dave, Dr. Ravi Nagrecha

The Formal installation of the new team was done on 27th of March, 2014 after the Clinical Meeting at which the speaker, Dr Jayesh Dobariya made presentation on current status of Pulmonary Embolism.

SURAT BRANCH

President : Dr Mukur Petrolwala • Secretary : Dr Mitul Chavda

1. ACLS workshop- in association with Life Supporters, Mumbai
   • March 8-10, 2013
   • At BAPS Pramukh Swami Hospital, Surat
   • Total no of participants-29

2. Update on sepsis- Surviving Sepsis Campaign guideline 2013
   • Local Speakers: Dr Mitul Chavda, Dr Karsan Nandaniya, Dr Alpesh Parmar, Dr Samir Gami, Dr Nikesh Davda, Dr Haresh Vastrapura, Dr Rajesh Prajapati

3. Workshop on “Nutrition in critically ill patients”- 28th April 2013
   • Dr Chirag Matrvad (Rajkot)- Basics of Nutrition in critically ill
   • Dr Dipak Talwar (Delhi)- Immuno nutrition in ICU
   • Dr Pravin Bhatia (Delhi)- Nutrition in surgical patient

4. Basic Life Support Training for Medical Students- 3rd MBBS –at SMIMER Medical College, Surat
   • Date : 19/04/2013
   • Speakers: Dr Mitul Chavda, Dr Arul Shukla

5. ISCCM Day activity- 11/10/2013
   • Theme- Tropical Fever in ICU
   • Dr Ramesh Surati- “ Syndromic Approach in tropical fever”
   • Dr Dipak Shukla- “ Recent advance in management of tropical fever”

6. Workshop for Critical Care Nursing – Conducted by Surat ISCCM branch at TGB hotel, Ahmadabad as part of Gujarat Criticon – Date: 25/10/2013
   • Total numbers of delegate- 280
   • Faculty: Dr Prakash Shashtri (Delhi), Dr Mitul Chavda, Dr Alpesh Parmar, Dr Rajesh Prajapati, Dr Samir Gami, Dr Chetan Mehta, Dr Arul Shukla
   • 6 workshop stations:
     i. Hemodynamic monitoring
     ii. O2 therapy & airway management
     iii. BLS
     iv. Emergency Drugs & ABG
     v. Mechanical Ventilation
     vi. Tracheostomy care & suctioning

7. ISCCM Surat branch has started Critical Care Clinics last Friday of every month and it is being successfully conducted since March 2013.It is being supervised under guidance of senior physician Dr Ramesh Surati & Dr Amish Shah. Every time one interesting case presentation and recent study about Critical Care medicine was discussed.

BHUBANESWAR BRANCH

1. The Bhubaneswar branch of Indian Society of Critical Care Medicine was formed on 17th March 2007. The branch got its registration on 15.11.2011. The registration no is BBSNo.1786-57 of 2011-2012. It has been conducting academic meetings regularly every 3rd Friday in each month, along with an annual course or update every year.

2. On 22-23 June 2013 we conducted for the first time in Odisha a two days CME cum workshop on “Critical Care training for Nurses and Technicians” attended by around 100 nurses in and around Odisha.

3. The following Academic meetings were conducted:
   18.01.2013 – Assessment of Critically ill patient - Dr Saroj Pattnaik
   15.02.2013 - Post-resuscitation care - Dr Arata Kumar Swain
   16-03-2013 - A case of PUO ??? - Dr. Swayam Bikash Pattnaik
   Dr Arindam Kar
   4. Therapyin Sepsis management
   9-22 June 2013 - Critical Care training for Nurses and Technicians Dr Saroj Pattnaik
   16.08.2013 – “Traumatic Brain Injury – Dr. Sharmili Sinha
   11. Evidence and Current practices in Critical Care”
   12. 9-09-2013 – ISCCM Foundation Day Celebration - Dr Samir Sahu
   13. Experience on Tropical FEVERS in ICU patients
   14. 20.09.2013 – Adult Immunization and IPD - Dr. Ramasubramanium. V.
15. 15.11.2013 – “Newer Antibiotics & their usage in critical care cases”  
Dr. Amitav Mohanty

  A step ahead in patient care

Dr. Saroj Pattanaik
Secretary, ISCCM, Bhubaneswar Branch
Consultant, CCU, Apollo Hospitals, Bhubaneswar

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AGRA BRANCH

1. 27 Oct.13 - Conducted BTC3 ICU course for Nurses 4th Annual Conference of UP & UK chapter at Kanpur
  Faculty : Dr Vivek Badada, Dr Rakesh Kr Tyagi, Dr Ranvir S Tyagi, Dr Diptimala Agarwal

2. 10 Nov.13 - Panel Discussion on Sepsis at Rainbow Hospital Agra
  Panelists: Dr AK Gupta, Dr VN Kaushal, Dr Diptimala Agarwal, Dr Vandana Kalra

3. 30 Dec.13 - Role of Mocolytics in ICU Dr Yatin Mehta at Hotel Amar Agra

4. 30 Jan.14 - Celphos Poisoning: New Perspective Dr Diptimala Agarwal at Hotel Dazzle Agra

5. 6 Feb 14 - Change in ICU practises over last decade in our city Dr Diptimala Agarwal at Pushpanjali Hospital Agra

6. 2 March 14 - Role of steroids in Septic Shock, Dr Ranvir S Tyagi at Hotel Amar Agra

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NAGPUR BRANCH

CME on severe sepsis. Date 29 Nov 2013
1. Management of severe sepsis- Where we are heading? and
2. Indian experience with safety and use of Ulinastatin
  Speaker : Dr Ashit Hegde, ICU Director, PD Hinduja Hospital

Chairpersons were Dr Nirmal Jaiswal and Dr Anand Dongre
Venue: Hotel Tuli Imperial
Comprehensive Critical Care Course 10-11 May 2014

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DELHI BRANCH

September 2013
Meeting : World Sepsis Day
Date : 13th September 2013
Venue : The Dome, Hotel Vivanta by Taj Ambassador, Khan Market, New Delhi
Organized by : Dr Rajesh Pande, Secretary, SCCM Delhi

October 2013
Meeting : ISCCM Foundation Day (Fight against tropical Infections in ICU)
Date : 9th October 2013
Venue : Palwal (A district Town of Haryana) with IMA, Palwal
Organized by : Dr Supradip Ghosh, Fortis Faridabad Hospital
Meeting : Monthly CME
Date : 17th October June 2013
Venue : Maple Hall at India Habitat World
Organized by : Dr Vinod K Singh, Sir Ganga Ram Hospital, New Delhi

Agenda
1. Case 1: A case of Multiple Drug Overdose. Speaker - Dr Pradip Dalvi
2. Case 2: A case of Refractory Hypoxemia. Speaker - Dr Rahul Kumar
3. Journal Club Speaker - Dr S Taneja

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November 2013
Meeting : Annual General Body
Date : 7th November 2013
Venue : The Theaters
Organized by : Dr Rajesh Pande, Secretary ISCCM Delhi

Agenda
1. Consensus for the new Executive Committee Members
2. Executive committee Election process for the year 2014-2016: Whether we should go for electronic voting or postal ballot or manual voting like last time?
3. Annual Conference DCCS 2013 - Accounts
4. Branch Activities 2012 – 2013 (CME/Workshop/Annual Conference/ website etc)
5. Any other issue with the permission of the Chairman

Meeting : Workshop on Management Of Fluids and Electrolytes Balance In Critical Care
Date : 17th November 2013
Venue : Metropolitan Hotel, New Delhi.
Organized by : Dr Supradip Ghosh, Fortis Faridabad Hospital

January 2014
Meeting : Tropical Medicine Update 2014
Date : 18th January 2014
Venue : Sri Balaji Action Medical Institute, Paschim Vihar, New Delhi
Organized by : Dr Prashant Nasa/Dr Deven Juneja
Topics covered:
• Approach to Tropical Fever
• Diagnostic aspects of tropical fever.
• What are red flag signs triggering intensive management?
• Controversies in the management of Tropical Fever
• Newer therapies and what is the evidence?

Meeting : Monthly CME
Date : 24th January 2014
Venue : Willow Hall at India Habitat World
Organized by : Dr Supradip Ghosh

Agenda:
1. Osborne wave as the initial presenting manifestation of Stress cardiomyopathy.
2. Case 1 : An unusual etiology of obstructive shock.

February 2014
Meeting : Critical Care Refresher Course
Date : 13-15 March 2014
Venue : The Medicity, Sector 38, Gurgaon, Haryana.
Organized by : Dr Deepak Govil

WSD 2014: 13 September 2014

97 Seconds for sepsis video
“97 seconds for sepsis” is a short video that highlights the very personal impact sepsis has on those who experience it. It’s about loss and it’s about hope.

The World Sepsis Day Awareness movie was partially recorded at Max Super Specialty Hospital, Saket-Delhi with inputs from Dr Yash Javeri.

PUNE BRANCH

97 Seconds for sepsis

EC members of Pune Branch in the New Office
The Critical Care Communications
A Bi-Monthly Newsletter of Indian Society of Critical Care Medicine

DCOS 2014
Delhi Critical Care Symposium

12th Annual Conference of Society of Critical Care Medicine - Delhi
(A Delhi & NCR Branch of Indian Society of Critical Care Medicine)

Theme: Controversies in Critical Care Medicine

Pre-Conference Workshops
4th-5th September, 2014
Various Hospitals - NCR Delhi

Main Conference
6th-7th September, 2014
India Habitat Centre, New Delhi

Highlights
- Case Based Sessions
- Buzzer rounds for trainees
- Quiz Post graduates & fellows
- DCCS Oration

Abstracts
Contribute to Critical Care by submitting your original investigative research and case reports. Last date 30 July 2014.

Target Audience
- Critical Care Physicians & Trainees
- Critical Care Nurses
- Post Graduates Students

Website: www.isccmdelhi.com

May 2014
30, 31 May-1st June 2014
Comprehensive Critical Care Course, New Delhi
Dr. Rajesh Chawla
9810333985 • drcshawla@hotmail.com

30-31 May 2014
Winfocus USG Workshop, Gandhinagar
Dr. Manoj Singh
9925179799 • drmanojsingh@rediffmail.com

June 2014
14-15 June 2014
Comprehensive Critical Care Course
Dr. Pradeep Rangappa
9611700888 • prangapa939@gmail.com

20-22 June 2014
Critical Care Update 2014, Hyderabad
Mr. Vinod • 9985612924

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

15-16 August 2014
Comprehensive Critical Care Course, Hyderabad
Dr. Shyam Sunder
9849038265 • shyamsundert@rediffmail.com

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

6-9 September 2014
ESPEN 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

11-12 October 2014
Comprehensive Critical Care Course, Bareilly
Dr. Lalit Singh • 9415134949 • drlalits@yahoo.co.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
www.gujaratcriticon.com/
The effect of intravenous interferon-beta-1a (FP-1201) on lung CD73 expression and on acute respiratory distress syndrome mortality: an open-label study.

Bellingan et al
The Lancet Respiratory Medicine, Volume 2, Issue 2, Pages 98–107, February 2014

ARDS is a fairly common condition in intensive care. Mechanical ventilation is the mainstay of therapy with extra corporeal support used as a rescue. Mortality is also high in refractory ARDS. However, ventilator and extra corporeal supports address the consequence of the process rather than the patho-physiological basis of the syndrome. Several therapies including corticosteroids have been used with varying results. Bellingan and colleagues initially demonstrated the beneficial effect of IFN-beta-1a induced CD73 upregulation on lung tissue samples. Subsequently they identified optimal therapeutic dose of IFN-beta-1a. They then compared 28 day mortality of patients with ARDS who received the drug as compared to those who did not. The optimum dose was identified at 10µgm per day and was given for 6 days. The authors report a 81% reduction in odds of 28 day mortality (odds ratio 0.19 [95% CI 0.03–0.72]; p=0.01). The authors suggest that this could be the first effective, mechanistically targeted disease specific pharmacotherapy for ARDS.

Reviewers comments: This certainly seems to be an interesting hypothesis. However, several such therapies have appeared and disappeared. Whether these results can be replicated by others and withstand the rigorous course of an RCT and inevitable meta analysis remains to be seen. Nevertheless a ray of hope….watch this space

Fluid Management in the Intensive Care Unit: Bioelectrical Impedance Vector Analysis as a Tool to Assess Hydration Status and Optimal Fluid Balance in Critically Ill Patients.

Flavio Basso
Blood Purif 2013;36:192–199

Fluid management in ICU is always a tricky, difficult and sometimes emotional issue. Positive fluid balance has been shown to have an adverse effect on outcome in certain subsets of patients. None of the currently available tools of assessment of hydration status have proven infallible. Basso et al from Vicenza (Ronco’s group) have chosen to use Bioelectrical Impedance to answer this question.

Bioelectrical impedance analysis has been used for decades to measure resistivity of tissues, as well as to determine extracellular fluid volume and total body water. Bio-impedance is a measure of the body’s conductivity and is directly proportional to its fluid composition. Bioelectrical impedance vector analysis (BIVA) combines measures of capacity with the standard bio-impedance. BIVA is already implemented for the determination and monitoring of weight in the chronic kidney patient in both extracorporeal and peritoneal dialysis. This method is well validated in this subset of patients. However, its application in ICU and relevance of fluid overload as assessed by BIVA in ICU has not been studied. Basso et al sought to study the hydration status of ICU patients and its variation during ICU stay, hydration status among ICU patients needing RRT and the relationship between hydration status and mortality with or without RRT. This was a single centre observational study. Primary outcome measured was ICU mortality. BIVA measurements were taken for a minimum of 3 hours up to a maximum of 120 hours. Patients were classified as dehydrated, normally hydrated and hyperhydrated with the first and last groups being subdivided into mild, moderate and severe. This study found that more than 70% of patients were admitted to the ICU in a state of hyperhydration. Patients receiving CRRT had higher prevalence of hyperhydration. Non survivors had higher mean and maximum hydration values. Sixty day mortality also appeared to be influenced by mean and maximum hydration values.

Reviewers comments: This study is a observational study, thus scoring less on strength of evidence. However, it comes from Ronco’s group known for its work on AKI. BIVA might take some more time to enter the ICU. But the study draws attention to the fact that fluid balance needs to be regulated more meticulously in critically ill patients since it has a direct bearing on survival in critically ill patients. CRRT is not an insurance against fluid overload.

Delirium in the ICU and Subsequent Long-Term Disability Among Survivors of Mechanical Ventilation

Nathan E. Brummel
Crit Care Med 2014; 42:369–377

Delirium is a well recognized but somehow underdiagnosed phenomenon in patients being ventilated mechanically. Delirium is recognized as a determinant of outcomes while the patient is in ICU. The effect of delirium after ICU discharge is less appreciated. Brummel et al hypothesized that duration of delirium while being ventilated in the ICU is associated with disability and worse health status after discharge. They performed a single centre prospective cohort study nested within a randomized controlled trial of a paired sedation and ventilator weaning strategy. They evaluated 126 survivors of critical illness using a logistic regression analysis model. Confusion Assessment Method for the ICU, Katz activities of daily living, Functional Activities Questionnaire (measuring instrumental activities of daily living), Medical Outcomes Study 36-item Short Form General Health Survey Physical Components Score, and Awareness Questionnaire were used. They had a 81% followup at 3 months and 72% follow up at 12 months. Duration of delirium was given more importance rather than simple occurrence on non-occurrence. Follow up occurred at the patients home and questionnaires were applied by an independent blinded neuro-psychologist. Their main findings suggest that the duration of delirium in the ICU was independently associated with disability in Activities of Daily Living in the year following critical illness after adjusting for covariates, including baseline ADL function, and the longer a patient was delirious in the ICU, the more likely he or she was to report worse motor-sensory function during follow up compared with his or her pre-illness state. However physical disability and health status was not significantly affected.

Reviewers comments: This is a very well designed and executed study. However, the results do not substantiate the initial hypothesis. Nevertheless this study brings into focus the issue of minimizing the duration of delirium in order to improve overall quality of Post ICU life of critically ill patients. Maybe Indian ICUs can collaborate and conduct a similar survey.

Macrolides and Mortality in Critically Ill Patients With Community-Acquired Pneumonia: A Systematic Review and Meta-Analysis

Wendy Sigl
Crit Care Med 2014; 42:420–432

Community acquired pneumonia is one of the most common diagnosis for patients needing ICU admission. Several guidelines recommend a combination of cephalosporins and macrolides as an empirical choice. Of late there has been some concern about the cardiac effects of macrolides particularly related to their effect on...
Pneumonia seemed to be the most common subset. Infections did not seem to be significantly higher when TH was done as part of a procedure for less than 12 hours or as part of Ischemic stroke or TBI management. The only study involving post cardiac arrest patients did not show a higher risk of infection. The risk ratio for developing infection was higher in patients cooled by endovascular means. Mechanical ventilation did not increase the risk of infections. The overall increase in the risk of infections was not matched by an increased prevalence of sepsis. ICU mortality and neurological outcomes were not evaluated as part of this meta-analysis.

Reviewer’s comments: This meta-analysis draws attention to the issue of risk of infections while TH is used in ICU. Studies evaluating the outcome of TH should include this as one of the end points. More attention needs to be paid to infection control practices while using TH protocols.

Selenium supplementation in critically ill patients: A systematic review and meta-analysis
Francesco Landucci

**Therapeutic Hypothermia (TH) and the Risk of Infection: A Systematic Review and Meta-Analysis**

**Marjolein Geurts**

*Crit Care Med 2014; 42:231–242*

Therapeutic hypothermia is increasingly being used for neuro protection in a expanding set of investigations. Patients in whom TH is generally considered are intrinsically at risk for nosocomial infections. While observational studies have reiterated this fact, RCTs have not shown the same association. But most RCTs have evaluated the association between TH and Infection for a single indication for TH. Geurts et al have attempted to pool all the data and arrive at a broader conclusion. Subgroup analysis was defined apriori. Twenty eight studies involving 9850 patients were analysed. All studies were methodologically high quality studies. Macrolide therapy was used in 41% of patients studied. Macrolide use was associated with a statistically significant lower risk of mortality compared with non macrolide use (21% [846 of 4,036 patients] vs 24% [1,369 of 5,814]; RR, 0.82; 95% CI, 0.70–0.97; p = 0.02).

Some other conclusions were drawn after sub group analysis. They found that an antibiotic combination that includes macrolides had marginally better survival benefit. Combination including fluoro-quinolones was marginally inferior to a combination that included macrolides. However, this benefit did not seem to be significant when only prospective studies were evaluated. Macrolides did not show a beneficial effect on shock reversal.

Reviewer’s comments: This meta analysis primarily establishes the safety of macrolides. The beneficial effect on survival seems to be obvious in non ventilated patients and in those who were hemodynamically stable. This is not the bread and butter ICU patient. Therefore extrapolation into tertiary critical care looks a little distance away. However, safety concerns should not prevent the use of these agents if the clinical situation warrants.

**Long-Term Survival and Dialysis Dependency Following Acute Kidney Injury in Intensive Care: Extended Followup of a Randomized Controlled Trial**

Martin Gallagher for the POSTRENL Study Investigators

*PLOS Medicine, February 2014 Volume 11 Issue 2*

The incidence of AKI is high in an ICU cohort. Development of AKI is considered as a marker of poorer outcomes among critically ill patient. This study aims to present the results of a four year follow up of patients diagnosed with AKI and undergoing various forms of renal replacement therapy. This is a continuation of a randomized-controlled trial comparing higher and lower intensities of continuous RRT in ICU patients with AKI published by the same authors in NEJM 2009.

This study was a multicentre open label RCT involving 1500 patients across Australia and New Zealand. The current study evaluated all cause mortality at 3.5 years as primary outcome measure. Need for maintenance dialysis was the secondary outcome measure. Quantification of renal function, proteinuria, hypertension and quality of life were the tertiary end points. The investigators found that patients with AKI treated with RRT in the ICU were at high risk of dying during the 3.5-year follow-up period; overall 31.9% of those surviving to 90 days died during the extended follow-up period.

The risk of dying was much greater than the risk of entering a maintenance dialysis program, with neither outcome being influenced by the use of a higher intensity of RRT.

The rate of albuminuria in survivors was substantial, despite relative preservation of renal function. Quality of life however was similar to that in patients with other life style diseases.

Reviewer’s comments: This study emphasizes the relevance of AKI in ICU patients. Since the mortality seems to be a significant factor at 3.5 years, a more aggressive approach to identify patients at risk of AKI and steps to prevent AKI seem to be in order.
Bedside Selection of Positive End-Expiratory Pressure in Mild, Moderate, and Severe Acute Respiratory Distress Syndrome

Luciano Gattinoni

Acute Respiratory Distress Syndrome (ARDS) is one of the common indications for initiation of ventilator support in ICU. The ARDS NET studies have streamlined the strategies for ventilating these patients. However, a common bed side dilemma is to determine the optimal PEEP for individual patients. Gattinoni et al attempted to evaluate three well described methods to identify optimal PEEP – stress index (described in the ExPress study; JAMA 2008; 299:646–655), esophageal pressure and oxygenation. The patients were stratified into mild, moderate and severe ARDS as per the Berlin definition. This study found that PEEP selected by ExPress stress index and Oesophageal pressure resulted in higher PEEP unrelated to recruitability of the lung. The oxygenation based determination resulted in lower PEEP and correlated with recruitability of the lung. The recruitability of the lung was judged on the basis of CT imaging at the end of the maneuver. Recruitability was measured according to the following equation: Recruitability = (not aerated lung tissue PEEP 5 cm H2O – not aerated tissue PEEP 45cm H2O) / (total lung tissue PEEP 5 cm H2O). The increment of PEEP showed a progressive trend from mild to severe ARDS, while other methods did not show such progress. This study concludes that oxygenation based upscaling of PEEP appears to be the most effective and safer technique.

Reviewers comments: This study emphasizes the value of clinical assessment of oxygenation to decide on optimum PEEP. It also reiterates the value of identifying recruitable lung prior to manipulating PEEP.
2nd Annual International Best of Brussels Symposium on Intensive Care & Emergency Medicine

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

INTERNATIONAL FACULTY - Best of Brussels 2014

Venue: Hyatt Regency, Pune, INDIA

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. MCQs with Interactive Sessions will be added as part of the program.

Renowned ESCCM 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, Tracheostomy, Airway Management, NIV, Ventilation in COPD, ARDS.

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 (BIS COV, arterial pressure and PA pressure monitoring) will be discussed. Renowned National & International Faculty will be a part of this workshop.

Emerging Strategies of Mechanical Ventilation

July 9th & 10th 
Maximum 100 participants

This Mechanical Ventilation Workshop is an exclusive new addition and will cover new emerging technologies in Mechanical Ventilation and Gas Exchange. Some of the topics that will be covered in this workshop include Electrical Impedance Therapy (EIT), ECMO, ECCO2R, NAVA, ASV, HFID, Trans Pneumectomy, Pressure, And Newer Modes of Ventilator. 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 take delegates in using Ultrasound according to ‘ABCC’ 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 delegates will also be a part of this workshop.

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New Workshops Added:
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