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

CRITICARE 2013 Highlights

DAY 1 • Friday, 1st March 2013

1.00 pm ISCCM Executive Committee Meeting
5.30 pm - 6.30 pm Convocation of Indian College of Critical Care Medicine
Past President’s Oration : Medicine in Ancient India: Dr. Ashit Bhagwati
7.00 pm -7.30 pm Inauguration Ceremony
Chief Guest : Swami Suparnanandaji Secretary, Ramkrishna Mission
Guest of Honour : Prof. Suranjnan Das (Vice Chancellor, Calcutta University)
7.30 pm onwards Cultural Program (Niharika Troupe)
Presidential Dinner

DAY 2 • Saturday, 2nd March 2013

8.30 am - 8.50 am Presidential Address Dr. Narendra Rungta
8.50 am - 9.20 am ISCCM oration Dr. Banambar Ray
6.00 pm - 7.00 pm Annual General Body Meeting
7.30 pm onwards BANQUET : Nicco Park : Wet ‘O Wild (a 50 ft high grand waterfall, a simulated sea beach with rolling waves)

DAY 3 • Sunday, 3rd March 2013

10.20 am - 10.40 am Best poster /Floor presentation
3.00 pm - 3.20 pm Hansraj Nayyar Award
6.30 pm - 7.00 pm Valedictory Function

ISCCM Elections 2013 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 30% in ISCCM election 2012. 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 2013.

Dr. Shivakumar Iyer
Chairperson Election Commission • presidentelect@isccm.org
Dr. Vijaya P. Patil • Dr. Babu Abraham • Dr. Rajesh Pandey
Members Election Commission • dmnrungta@gmail.com

Dr. Shivakumar Iyer
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Dr. Vijaya P. Patil • Dr. Babu Abraham • Dr. Rajesh Pandey
Members Election Commission • dmnrungta@gmail.com

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Dear ISCCM members,

The ISCCM Kolkata conference is at our doorstep. Dr. Todi, Dr. Bandopadhyay and their team have put up an excellent scientific program for the benefit of all the delegates and I am sure their hospitality will be unprecedented. I am eagerly looking forward to the Congress and meeting old friends and making new ones. Our president’s efforts in taking Critical Care to places is reflected in the greater involvement of branches and the amazing good academic work being done at the grass root level as seen in the annual reports of the branches. Nagpur has won the best branch award along with Bangalore and I hope this spurs other branches to perform better.

The report on the Critical Care Nursing conference augurs well for Critical Care. Critical Care Nurses are the backbone of patient care in ICU and we must support fully the growth of the critical care nursing specialty.

The journal scan brings you the highlights of the updated sedation guidelines (SCCM) and other recent articles. Once again I request all readers to send in contributions. Looking at the academic activities of the branches I feel there will be no dearth of interesting cases that members can send.

Enjoy ISCCM Kolkata 2013!
Dear Friends,

I have completed one full year in office of the President of ISCCM. It has been fruitful one year of satisfaction, fulfilment, yet full of challenges. Challenges - typically of an organization which is developing very fast, and organizing whose membership consists of high profile ambitious medical professionals who take the challenge of saving a dying patient. Therefore, these are special challenges which I have really enjoyed facing and negotiating. Hats off to my colleagues and friends in EC both past and present, who have born with me and trying to put things together. It is an environment of expectation all round. First and foremost, the growth of the society is at its best. To put it in numbers we were 5495 members before GBM Pune and are 6117 members, today while I am writing this address. Number of branches before GBM Pune were 54 as compared to 61 today. Total fund (all inclusive) before GBM Pune was Rs. 1,07,67,256.04 as compared to Rs. 2,28,50,415.82 today. The number of approved IDCCM centres before GBM Pune were 92 compared to 104 today. Isn’t stupendous. We had set our goal at crossing 6000 membership in Pune which has been easily achieved. Bright funds position has been clubbed with tight finance control. The accounts of the society are in the best health from accounting, organizational and auditors point of view. Thanks to some outstanding work done by our secretariat, treasurers office and of course our internal Auditors.

The participation of the EC, the communication, the democratic exchange of ideas and views have been more than ever. The branches have been actively encouraged to be a part of national main stream. Annual meeting of branch members, seeking guidance from past Presidents has become way of life in ISCCM. Adherence to constitution of ISCCM has become the "Mantra".

With emergence of ASAARCS – the association of SAARC societies of Critical Care Medicine, more collaborations with international Critical care societies, we are looking offshore. We have strong relations with Asia-pacific countries critical care groups which has resulted in award of APACCM conference to ISCCM going to be held at Jaipur from 14th to 18th February 2018 along with 20th annual conference of ISCCM. We are more closely collaborating with Arab world in terms of sharing of information, knowledge and skills. There has been some movement forward about forming Indo-Omanese Forum and holding joint meeting with them once in a year. We have reached them through various workshops like FCCS, PFCCS and Hemodynamic workshops.

Our existing MOUs with other international societies of Critical Care have been growing steadily. However, we have been trying to make sure that these relationship grow at equitable terms. Our ambassadors appointed last year have borne fruits particularly in Oman.

The most exciting news is our readiness to bid for World Congress of World Federation of Critical Care Medicine in coming years. IFCCM -the Indian Journal of Critical Care Medicine has to move into next horizon. Steps have been taken to make it more frequent, more tempting document to posses, better medium for publicity by the industry. With transition in editorial office of the Journal, I am sure the new team will take the challenge of touching newer paradigms early and with glory.

More growth, more people in waiting, therefore probably its time to create space for younger generation in the leadership development programs in ISCCM. Suitable constitutional amendments are being proposed to encourage participation of more younger professionals. I am sure the members will welcome these changes.

Online elections has been huge success and will continue for good. I am sure. Revised guidelines are being published. We will try our best to bring in more guidelines in the year ahead.

Our focus is on research in times ahead. Collection of data of existing ICUs in India, creating an Indian ICU network, doing some meaningful research about tropical fevers, swine flue – the H1N1 scare and some trials about bright looking molecules may be considered in future. No shortage of funds will be felt in this quest. Collaboration with organizations like ICMR are being explored. I am sure we will succeed with flying colors.

The Kolkata Criticare 2013 is coming up with few hiccups and I am sure the organizing committee will accept the challenge and achieve successful meeting putting all speculations to the dust. The registration has been exciting and until I am writing this, I know it has crossed 2500. I wish the conference a grand success and will love to be proud of it at all times.

I am thankful to my EC colleagues for being with me all these times. I have got unforeseen affection from branches where ever I have travelled. I am sorry for the branches where I could not. I will try to make amendments in the current year. My thanks to general Secretary Dr Atul Kulkarni and Treasurer Dr Sheila for being so wonderful and ISCCM office staff I have not been able to thank any one by name, but my gratitude is with all those who have helped me during the year and I am sure they will continue to support me during the next one year particularly when we are organizing Criticare 2014 at Jaipur.

Wishing to see you at Kolkata

Thanks
The Executive Committee of ISCCM takes Great Pleasure in Presenting the 19th Annual Report of the ISCCM

CRITICARE 2012

The “18th Annual Congress of the Indian Society of Critical Care Medicine & International Critical Care Congress 2012”, was held in Pune at the Marriott Hotels & Convention Centre, from February 15th to 19th, 2012. The event brought together an mixed audience of 2650 eminent national & international Intensivists, Anesthetists, Pulmonologists, Pediatricians & Chest Physicians with an interest in Critical Care & emergency medicine from Asia and the rest of the world. Delegates from India, Nepal, Sri Lanka, Bangladesh, Abu Dhabi, Canada, Qatar, Australia, United Kingdom and other countries attended the conference. A number of international societies including the Society of Critical Care Medicine, the World Federation of Societies for Critical Care Medicine and WINFOCUS participated in this congress. This year all workshop had been booked to full capacity. The registrations for workshops had to be closed one month prior due to overwhelming response. A total of 16 workshops at different venues were conducted with emphasis given to hands on training and important skills wherever required. The main conference was conducted at The Marriott and The Mahatma Chamber of Commerce, and was executed to perfection by the organizing committee led by Dr. Shirish Prayag(Chairperson), Dr. Ajit Yadav (Co-Chairperson) and Dr. Kapil Zippe (Organizing Secretary) and Dr. Subbal Dixit (Joint Secretary). The heart of any conference is the scientific program and it was precisely this aspect that Criticare 2012 excelled in. Dr. Sandhya Talekar, the main architect of this scientific program liaised with the scientific committee headed by Dr. Chawla to create a world class scientific program. Dr. Prayag’s international stature helped bring in many excellent international faculty members and the national faculty was carefully chosen to deliver excellent scientific content. Dr. Shivakumar Iyer and other members of the Scientific Committee Criticare 2012 ably assisted Dr. Talekar in shaping the scientific program. 1st Time an Inaugural Function with a Theme Feature Film – Resonant Notes. “Resonant notes” was the brain-child of Dr. Shirish Prayag, organizing chairperson Criticare 2012 and was extremely well received by all our international and national attendees. Dr. Kapil Zippe, Dr. Subbal Dixit and everybody else on the organizing committee also worked extremely hard to make this movie a success. Criticare 2012 was overall a great success be it the scientific sessions or the cultural nights and gala dinners.

Election Results

The Electronic elections were successfully held this year also.

Nominations were invited for the post of two Vice Presidents; one Secretary and four Executive Committee Elected Members. Elections were held for above posts.

The following contestants were declared elected.

**Vice Presidents**: Dr. Yatin Mehta, New Delhi; Dr. Kapil Zippe, Pune; Dr. Khilnani Praveen, New Delhi

**Secretary**: Dr. Prakash Shastr, Gurgaon

**Executive Committee Members**: Dr. Singh Yogendra Pal, New Delhi; Dr. Khunteta Sudhir, Jaipur; Dr. Nikalaje Anand, Aurangabad; Dr. Sachdev Anil, New Delhi

**New Members and Branches**

**Membership of ISCCM**

In the year 2012, there were 624 applications for membership. Presently the total membership of ISCCM is 617.

**Branches**

The following new branches were formed in year 2012.


The city and state wise breakup of the new members is as follows:

<table>
<thead>
<tr>
<th>City</th>
<th>No. of Members</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agra</td>
<td>17</td>
<td>Patiala</td>
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<tr>
<td>Ahmedabad</td>
<td>6</td>
<td>Patna</td>
</tr>
<tr>
<td>Akola</td>
<td>4</td>
<td>Pune</td>
</tr>
<tr>
<td>Aurangabad</td>
<td>1</td>
<td>Raipur</td>
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<tr>
<td>Bangalore</td>
<td>22</td>
<td>Rajkot</td>
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<tr>
<td>Baroda</td>
<td>3</td>
<td>Shillong</td>
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<tr>
<td>Bhilai</td>
<td>3</td>
<td>Solapur</td>
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<tr>
<td>Bhopal</td>
<td>5</td>
<td>Surat</td>
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<tr>
<td>Bhubaneswar</td>
<td>5</td>
<td>Thane</td>
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<tr>
<td>Bilaspur</td>
<td>5</td>
<td>Trichy</td>
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<tr>
<td>Chandigarh</td>
<td>6</td>
<td>Trivandum</td>
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<tr>
<td>Chennai</td>
<td>12</td>
<td>Vadodara</td>
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<tr>
<td>Coimbatore</td>
<td>4</td>
<td>Varanasi</td>
</tr>
<tr>
<td>Delhi &amp; NCR</td>
<td>45</td>
<td>Vishakhapatnam</td>
</tr>
<tr>
<td>Gauhati</td>
<td>4</td>
<td>Valsad</td>
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<tr>
<td>Gurgaon</td>
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<td>State</td>
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<tr>
<td>Guwahati</td>
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<td>Assam</td>
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<tr>
<td>Hyderabad</td>
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<td>Amritsar</td>
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<td>Impbal</td>
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<tr>
<td>Indore</td>
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<td>Harvana</td>
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<td>Jaipur</td>
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<td>Tripura</td>
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<tr>
<td>Mumbai</td>
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<td>Uttar Pradesh</td>
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<td>Nagpur</td>
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<td>West Bengal</td>
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<td>Nashik</td>
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<td>Chattisgarh</td>
</tr>
<tr>
<td>Navi Mumbai</td>
<td>4</td>
<td>New York</td>
</tr>
</tbody>
</table>

Indian Journal of Critical Care Medicine (IJCCM)

The IJCCM is doing well and many articles are being received for publication. The nominations were invited for appointment of editor of Indian Journal of Critical Care Medicine (IJCCM) and Dr. Rajkumar Mani was selected by the Credentials Committee and appointed by the Executive Committee for the said post for the period January 2013 to December 2014. We wish him all the success and hope that Indian Journal of Critical Care Medicine (IJCCM) will progress even further under his able guidance. The Executive Committee also thanks Dr. Shirish Prayag for his untiring efforts during his editorship tenure for making Indian Journal of Critical Care Medicine (IJCCM) a wonderful journal.

Critical Care Communications (CCC)

CCC continued with features such as names of new members and branches approved during Executive Committee Meetings, a report of various branch activities along with their photographs, addresses from the President and General Secretary. Dr. Shivakumar Iyer, Editor, CCC, has been working upon bringing up CCC in an interactive online form.

Website

The ISCCM website has been completely revamped and it is regularly updated about ISCCM activites and other educational events. When you first open the page, it allows you to update your electronic contact details. Please update your details if you have not already done so. Our publications - Indian Journal of Critical Care Medicine (IJCCM) and Critical Care Communications (Newsletter) are available online. Complete information regarding the recently started Indian College of Critical Care Medicine and our courses is also available on the website.

ISCCM Research Activities

Completed Projects

1. Multi-center Observational Study to evaluate epidemiology and resistance patterns of common ICU-Infections (MOSER)

   The MOSER Study, a multicentre observational study on nosocomial infections in Indian ICUs was completed this year (Study period - Aug 2011 to Oct 2012). Dr. R. Venkataraman was the principal Investigator. 20 ICUs across the country are taking part. 387 patients were enrolled from 16 centers. The study was funded by a research grant from MSD India.

2. A survey of Mobilization, Analgesia, Relaxant and Sedation Practices in Indian ICUs (MARS)

   Sedation, analgesia and muscle relaxation are important components in the management of mechanically ventilated patients in the ICU. Evidence suggests that appropriate sedation, analgesia and muscle relaxation can modify outcome in
critically ill patients. There is, therefore, an urgent need to understand current practice patterns in India. This nationwide survey of practices of sedation, analgesia, muscle relaxation and mobilization was conducted by Dr. Chawla and colleagues under the aegis of Indian Society of Critical Care Medicine (ISCCM) with the following aims:

1. To evaluate the demographic pattern of intensive care units using these modalities in India.

2. To understand the variability in sedation, analgesia and relaxation practices in Indian ICUs.

3. To compare the practices of mobilization of critically ill patients in Indian ICUs.

The questionnaire was sent online to all ISCCM critically ill patients in Indian ICUs (Net ICU) to collect data on an ongoing basis from several Indian ICUs. Net ICU will allow generation of epidemiological and quality control data. Net ICU will be expanded to form a body that will focus on research in Indian ICUs.

Dr. Narendra Rungta, President, ISCCM
General Secretary, ISCCM
Dr. N. Ramakrishnan
AB (Int Med),
AB (Cric Care), MMM, FACP, FCCP, FICCM, FICCM
Secretary, Indian College of Critical Care Medicine

Indian College of Critical Care Medicine

2012 was a very special year for all of us as Critical Care Medicine was recognized by Medical Council of India as a superspecialty and DM Courses were started. While rejoicing this, our society also reiterated the commitment to education and training by taking a giant leap and creating Indian College of Critical Care Medicine. We are indeed proud that we are one of the few professional societies with such a designated body focusing on education.

As we reflect on the past year, I would like to summarize the activities of the College and thank everyone for making 2012 a very ‘educative’ year

- The first Convocation Ceremony held during Criticare 2012 at Pune when twenty distinguished peers were honored with fellowship for their commitment and contributions to our society.

- The much awaited Post MBBS course was launched thanks to efforts from our President Dr. N. Rungta & Dr. Yatin Mehta who developed the curriculum and accepted to be the co-ordinator for the course.

- Efforts were initiated to plan a training program for Critical Care Nurses. Dr. Prakash Shastri has taken the lead to create the curriculum and this program is expected to be started soon.

- We are now proud to have a book from India for India and the rest of the world – Dr. Rajesh Chawla and Dr. Subhash Todi edited a book entitled “ICU Protocols – A stepwise approach” published by Springer. Several thousand copies of the book have already been sold and there have also been several online downloads of chapters through the Springer website.

- Based on the ICU Protocols book, we are soon planning a two day “Comprehensive Critical Care Course” and the first of these courses would be offered during Criticare 2013 at Kolkata. We are confident that such a program designed to suit our local needs would be a great value addition.

- The use of technology has certainly helped reach more intensivists through our webinars that were well received and attended.
  - Webinar 1 – June 16, 2012 from Mumbai (Moderator: Dr. J. V. Divatia)
  - Webinar 2 – July 14, 2012 from Chennai (Moderator: Dr. N. Ramakrishnan)
  - Webinar 3 – August 18, 2012 from New Delhi (Moderators: Dr. Rajesh Pande/Dr. Yatin Mehta)
  - Webinar 4 – Sep 8, 2012 from Pune (Moderator: Dr. Shivakumar Iyer)
  - Webinar 5 – Oct 6, 2013 from Kolkata (Moderator: Dr. S. K. Todi)

- Selected lectures have also been released in a DVD format that is available for purchase from ISCCM head office.

- We are initiating the second webinar series from February 2013.

- IDCCM & IFCCM Courses continue to remain popular. A special thanks to Dr. Dhruv Chaudhary, our accreditation co-ordinator who has hastened the process of accreditation. Several new institutions were accredited and we now have 104 institutions across the country offering our training programs.
  - 182 candidates registered for IDCCM in 2012 of whom 107 were successful
  - 14 candidates appeared for IFCCM in April 2012 and five of them were successful.
  - Of note, candidates from ‘alternative pathway’ appeared for the first time this year

- IDCCM & IFCCM Awards

We congratulate the toppers in 2012 who will be receiving the following awards during the Convocation Ceremony to be held on March 1, 2013 during Criticare 2013 at Kolkata

- Dr. Vijayalakshmi Kamat Award for topper in IDCCM – Dr. G. Sathymurthy (Sundaram Medical Foundation Hospital, Chennai)

- Anand Memorial Award for topper in IDCCM – Dr. Pritesh John Karula (Christian Medical College, Vellore)

- Anand Memorial Award for topper in IFCCM – Dr. Prashant Walse (P D Hinduja Hospital, Mumbai)

The information about eligibility, application and examination is available on the ISCCM website. The list of new institutes accredited for IDCCM and IFCCM during the last year is given below. The entire list of all institutes accredited for IDCCM, IFCCM and Post MBBS Certificate course is available on the ISCCM website.

The list of new institutes accredited for IDCCM in 2012 is given below.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Institute</th>
<th>City</th>
<th>Teachers</th>
<th>Number of IDCCM Candidates</th>
<th>Accredited Since</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pushpanjali Hospital &amp; Research Institute Pvt. Ltd.</td>
<td>Agra</td>
<td>Dr. Raviiran S Tyagi, Dr. Diptimala Agarwal, Dr. Rakesh Kumar Tyagi</td>
<td>2</td>
<td>November, 2012</td>
</tr>
<tr>
<td>2</td>
<td>M.S. Ramaiyah Memorial Hospital</td>
<td>Bangalore</td>
<td>Dr. Rathna Rao, Dr. T S Deepak</td>
<td>2</td>
<td>August 2012</td>
</tr>
<tr>
<td>3</td>
<td>Sarvodaya Hospital &amp; Research Centre</td>
<td>Faridabad</td>
<td>Dr. Sunil Garg</td>
<td>2</td>
<td>February, 2012</td>
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<tr>
<td>4</td>
<td>Malabar Institute of Medical Sciences, Kerala</td>
<td>Kozhikode</td>
<td>Dr. Abdulshohiman</td>
<td>2</td>
<td>November, 2012</td>
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<tr>
<td>5</td>
<td>Fortis Hiranandani Hospital</td>
<td>Mumbai</td>
<td>Dr. Chandrasekhar S. Tulasigiri</td>
<td>2</td>
<td>February, 2012</td>
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<tr>
<td>6</td>
<td>Fortis Hospital Shalimar Bag</td>
<td>New Delhi</td>
<td>Dr. Pankaj Kumar, Dr. Harjit Singh</td>
<td>2</td>
<td>February, 2012</td>
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<tr>
<td>7</td>
<td>Orange City Hospital &amp; Research Institute</td>
<td>Nagpur</td>
<td>Dr. Rajesh Atal, Dr. Nikhil Balanikhe</td>
<td>2</td>
<td>November, 2012</td>
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<tr>
<td>8</td>
<td>Alchemist Hospital</td>
<td>Panchkula</td>
<td>Dr. Ashwani Nayar</td>
<td>2</td>
<td>February, 2012</td>
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<tr>
<td>9</td>
<td>Ramkrishna Care Hospital</td>
<td>Raipur</td>
<td>Dr. Mahesh Kumar Sinha, Dr. Pratultra Aghuhotri</td>
<td>2</td>
<td>February, 2012</td>
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<tr>
<td>10</td>
<td>Sterling Hospital</td>
<td>Rajkot</td>
<td>Dr. Chirag Matravadi</td>
<td>2</td>
<td>August, 2012</td>
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<tr>
<td>11</td>
<td>Jupiter LifeLine Hospital</td>
<td>Thane</td>
<td>Dr. Ravindra M Ghatwati, Dr. Dilip Karnad</td>
<td>2</td>
<td>August, 2012</td>
</tr>
<tr>
<td>12</td>
<td>PRS Hospital Kerala</td>
<td>Trivandrum</td>
<td>Dr. Vivek P.</td>
<td>2</td>
<td>February, 2012</td>
</tr>
</tbody>
</table>

The list of institutes accredited for IFCCM in 2012 is given below.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Institute</th>
<th>City</th>
<th>Teachers</th>
<th>Number of IFCCM Candidates</th>
<th>Accredited Since</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Max Super Speciality Hospital</td>
<td>New Delhi</td>
<td>Dr. Omender Singh</td>
<td>1</td>
<td>August, 2012</td>
</tr>
<tr>
<td>2</td>
<td>Apollo Hospital, Jubilee Hills</td>
<td>Hyderabad</td>
<td>Dr. Palepu Gopal</td>
<td>1</td>
<td>November, 2012</td>
</tr>
<tr>
<td>3</td>
<td>St. Jones Hospital</td>
<td>Bangalore</td>
<td>Dr. Sriaram Sampath</td>
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The CriTiC al Care CommuniC aTions
a Bi-monthly newsletter of indian society of Critical Care medicine

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November: Lecture on Gram positive infection n association with Abbott.

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COCHIN BRANCH
Executive Committee Chairman: Dr. V.P. Ramkrishnan, Secretary: Dr. Ramesh Venkataraman Members: Dr. Arun Kumar Menon, Dr. Bal Ram Pal, Dr. N.S. Anand, Dr. Vaishnavi Pillai, Dr. R Thirumavalavan, Dr. Vijay Acharan
We have continued to perform on behalf of the ISCCM Kochi branch that we had a very successful year in terms of academic activities. In January we had a journal club discussing the article in Combination vs. Single antibiotic therapy for empiric coverage in the ICU. Over 20 trainees from all over Kochi attended this informal interactive session. On March 9th and 10th the first and second the first and second annual ECHO/PPAR Preparatory Course was conducted at Sri Ramachandran Medical College and University premises. Two Interns, Dr. Sanjiv Iyer and Dr. Andrew Patkis were invited to conduct this course. Several national and local faculty including Dr. Paul Raj, Dr. Joe Mathew, Dr. Sanjay Iyer, Dr. Rajagopalan, N. Ramkrishnan, Arun Kumar Menon, S. Mathew, M. R. Senthilkumar and Ramesh Venkataraman were well received. The second day was planned to move towards EDC/PPAR-Part 1 with multiple MCQ based interactive lectures. Days 2 and 3 were mainly used to orient trainees towards ECHOPPAR examination. Mock long short cases, short cases and viva were conducted at the bedside and feedback given to trainees on various aspects of their performances. The 2nd day’s interactive course was very well appreciated by all attendees. A total of 50 registrants attended Day 1 and 25 registrants attended day 2.

August 18th and 19th at Sundaram Medical Foundation. This two day workshop covered basic concepts of ECHOPPAR and focused on at course, which revolved around invasive ventilation and invasive ventilation. This was attended by around 70 trainees all over India. September 20th: Hemodynamic monitoring and echocardiography was conducted on October 13th and 14th at Apollo Hospitals, Chennai. The key feature of this course was an entire day of hands on echocardiography on pseudo-fake patients. Dr. K. R. Vinothan, Dr. Arvind Ramajani (Australia) were invited to conduct this workshop along with the local faculty. Around 60 registrants attended the course. On 27th August: ISCCM, Chennai Branch conducted a CME Lecture at Sree Yoga Hospital in which Dr. R. Senthil Kumar gave a lecture on ‘The Need to update the BSI’ (Brook Institute of Chicago). Over 25 members attended this program.

The year’s academic activities concluded with the 8th Annual Refresher Course Conducted on December 14th and 15th. Local faculty from all teaching hospitals, along with Dr. Jigji Divatia and Dr. Jose Chacko conducted this course. This popular course was attended by over 75 registrants. This year the format was changed to include case – based discussions and educational self- learning videos moderated by senior faculty.

CHENNAI BRANCH
Executive Committee Chairman: Dr. S. N. Ramkrishnan, Secretary: Dr. RameshVenkataraman Members: Dr. Arun Kumar Menon, Dr. Bal Ram Pal, Dr. N. S. Anand, Dr. Vaishnavi Pillai, Dr. R Thirumavalavan, Dr. Vijay Acharan
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Regional update in critical care with a workshop on non-invasive ventilation was conducted on 12th & 13th November 2012. The faculty invited were Dr. Narendra Rungra(Jaipur), Dr. Ramesh Venkataraman (Chennai), Dr. Arvind Talwar, Dr. Alok Bhaloja, Dr. Rajesh Mahbub (Ahmedabad). It was attended by around 100 doctors of Indore, Dwarahat, Ujjain & Bhopal.

Use of antibiotics in ICU by Dr. Rajesh Mishra (Ahmedabad) Role of Nutrition in Critical Care

JAIPUR BRANCH

Executive Committee Chairman - Dr. H. Bagaria, Executive Vice Chairman - Dr. Rajeev Lohan Tiwary, Secretary - Dr. Manish Majhur, Treasurer - Dr. Sudhir Khunteta, Scientific Registrars - Dr. Gaurav Bhatia, Dr. Vikas Bansal, Dr. Sushil Bharti, Executive Committee Members - Dr. Ayaj Bansal, Dr. Anur Agarwal, Dr. K. M. Sahai

Regard of 8th Jaipur Conference on Critical Medicine The 8th Jaipur Conference on Critical Medicine held from April 12th - 14th, 2012 at Hotel Clarks Amer, Jaipur was very successful. It was attended with all making an enthusiastic sharing about the sharing and learning that had taken place over the three days of the event. Pre-Conference Courses were also organized on 12-13 April, 2012. Over 250 attendees were provided with a rich overview of the developing field of Critical Care Medicine and had the opportunity to network and share views, research & findings.

Following Courses (as a part of Pre-Conference Programme)

- APACCM and CCMAC Course
- APACCM Critical Care Support (PFCCS) Course
- APACCM Pediatric Critical Care Support (PFCCS) Course
- APACCM Critical Care Support (PFCCS) Course
- APACCM Critical Care Support (PFCCS) Course

On 9th July, we conducted an academic meeting at IMA B Branch on “Antibiotics.” We had a good interaction with the speaker. Chairman Dr.Kameswar Rao spoke on his experiences about the misuse of antibiotics.

LUDHIANA BRANCH

Executive Committee Chairman - Dr. Anupam Srivastava Secretary - Dr. P. L. Gautam Treasurer - Dr. Vinay Singhal Members - Dr. Gaurav Bhatia, Dr. Vikas Bansal, Dr. Sushil Bharti, Dr. Arindam Kar, Dr. Rajiv Shukla. Two workshops were organized on "Mechanical Ventilation" and "Airway Management". The course was attended by more than hundred doctors, and fifty nurses from hospitals in Jamshedpur, Patna, Ranchi, West Bokaro and Sukinda.

First World Sepsis Day at Tata Main Hospital on 13th Sept.

The first World Sepsis Day was on September 13th 2012. To create awareness about this deadly disease SBCMA Conference was organized on 13th Sept. 2012 on Jamshedpur City branch along with Tata Main Hospital at T M. Auditorium on 13th Sept. 2012. This was attended by 300 doctors and 50 nurses from local hospitals and nursing staff. Dr. Ashok Sandur delivered the opening remarks.

There was a panel discussion on prevalence, epidemiology, pathophysiology, diagnosis and management of sepsis and septic shock. Management of septic shock was discussed.

S. Prasad, Pr. Arunima Verma, Dr. Arvind Anand, Dr. Renu Mishra. This was followed by a panel discussion on “treatment of sepsis patients.” Dr. Satish Prasad, Pr. Arvind Anand, Dr. Renu Mishra and Dr. Pr. Shashi Verma discussed. The meeting was moderated by Dr. Rajiv Shukla.

December-2012 workshop on nutrition for ISCCM members, resident doctors of SGPGI and KGMC. At the workshop, around 100 delegates and eminent national and international faculty participated. Course Director- Dr. Rajib Jana with Updates on newer topics in nutrition chaired by Dr. Anuj Clerk with Updates on newer topics in nutrition chaired by Dr. Anuj Clerk.

MUMBAI BRANCH

Executive Committee Chairman - Dr. Charu J. Kani Secretary - Dr. C. M. Desai, Treasurer - Dr. Shruti Nagarkar, Members - Dr. Ajit Kulkarni, Dr. Anupam Agarwal Members - Dr. Shrivardhan Kulkarni, Dr. Nitin Karmik, Dr. Kuldip Dalal, Dr. Harish Chalke, Dr. Mehul Shah, Dr. Ajay Desai, Dr. Shubham Parikh, Dr. Vinay Sinhal, Dr. Balwantrai Desai, Lucknow. Course Director - Dr. Afzal Azim, Dr. V.P Singh
Anaj Clerk with Role of Dexmedetomedine in early weaning from Mechanical ventilation by Dr. Dilip Karnad, Anuj Clerk with Immune nutrition in critically ill patients by Dr. S. Manickavasagam, Dr. Ram Gopal Gupta, Dr. Vasant Panchal, Dr. Samir Gami, Dr. G. Krishnakumar. Details of the academic activities and given below.

28th July 2012 First Journal Club moderated by Dr. J. V. Divatia was followed by a panel discussion on “How I assess Ventilation associated Respiratory infections: ICU performance and Dr. Suresh Ramsubban on Fungal Infection in Surat: Dr. Vahed Mulla(Surat) on 28th September 2012 World Sepsis Day Dr. Anjaj Dongre Dr. Ajay Sakhre, Dr. Pradip Mishra, Dr. Sudhir Chafle, Dr. Ajay Sakhre, Dr. Rajeev Dubey, Dr. Bhavin Tandel, Dr. Tushar Pande, Dr. Ashish Ganjare.

Academic Activities
26/05/2012 CME On Antibiotic Resistance Understanding & Withholding of life support: Dr. J.V. Divatia(Mumbai), Dr. RK.Mani(Delhi), Dr. Suresh Kumar VK(Reliance Hospital & Sanjeevan Hospital) on 26/05/2012 CME On antibiotic resistance Prof. D K Singh.

23rd September 2012 Clinical meeting chaired by Dr. CK Nair on Recent advances in Management of the brain-dead donor Prof Gopalnath, Recent advances in Management of sepsis Prof. D K Singh.

TRIVANDRUM BRANCH Executive Committee Chairman: Dr. Satish Balan Secretary : Dr. Deepak Vijayan, Dr. Madhu K, Dr. Vivek P, Dr. Suresh Kumar VK.

We have conducted six (bi-monthly) meetings and a two-day CME and workshop (critical care ultrasound) in the year 2012.

Details of the academic activities and given below.

2013 January 2012 Pancare Symposium “Society of critical care medicine, Trivandrum city branch”. We have bagged PAN card also (copy attached). PAN No. AAAS6293A with the name of Society of Critical Care Medicine, Trivandrum city branch.

28th July 2012 “What the clinician should know about cultures” Speaker : Dr.Arun R Warriker, “Right dose of Antimicrobials for Renally Impaired Patients in a critical care setting” Speaker : Dr. Noble Gracious, Chairperson: Dr. Hari T.A., 4th October 2012 Management of the brain-dead donor Speaker: Dr. Akilla Rajakumar Chair person Prof Ramdas Fishador.

20th December 2012 Raised ICP-How to tackle: Speaker: Dr. Suresh Chandra. Critical Care Intensive Care Update 2012 October 2012 Management of the brain-dead donor Speaker: Dr. Akilla Rajakumar Chair person Prof Ramdas Fishador.

20th December 2012 “What the clinician should know about cultures” Speaker : Dr.Arun R Warriker, “Right dose of Antimicrobials for Renally Impaired Patients in a critical care setting” Speaker : Dr. Noble Gracious, Chairperson: Dr. Hari T.A., 4th October 2012 Management of the brain-dead donor Speaker: Dr. Akilla Rajakumar Chair person Prof Ramdas Fishador.

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Prof. Jaya Kuruvilla
President CCNS

1st International Conference organized by CRITICAL CARE NURSES SOCIETY

On 15th & 16th February 2013, at Mumbai, India

Critical Care Nurses Society [CCNS], a national body of Critical Care Nurses hosted the first International Conference on the 15th & 16th of February 2013, at Janssen Auditorium, Holy Spirit Hospital, Mumbai, on the theme “Leading Change, Conquering Heights”.

The conference was preceded by a pre-conference session for nurse leaders, on the theme “Leading Change, Conquering Heights To Enhance Quality Of Nursing Practice Through Advanced Education”. The principal speakers were Dr. Sheelagh Martindale, Robert Gordon University, UK and Ms. Nirmal Thakur, PRO, Trauma Center, AIIMS, New Delhi and Chairperson, Academy of Clinical & Emergency Nursing. The session was attended by 47 leading nurse academicians and administrators, & recommendations to be forwarded to the govt were identified.

The conference was inaugurated by the Chief Guest, Ms. Homai Mody, Secretary, Red Cross Society, the Guest of Honour, Dr. Narendra Rungta, President, Indian Society of Critical Care Medicine and Prof Jaya Kuruvilla, the President of CCNS.

Dr. Narendra Rungta, President of ISCCM said “the formation of the Critical Care Nurses Society [CCNS] is a dream come true for me at a personal level and a big positive as far as the Indian Society of Critical Care Medicine is concerned. The ISCCM will support the CCNS to promote critical care nursing education.”

Eminent speakers from various specialities in Nursing- nurses in education, clinical nursing, marketing, media & public relations, Intensive Care Medicine, Medico-legal Consultancy, Organ donation and Clinical Counselling provided insight into a variety of topics during the plenary sessions, panel discussion, sensitization & overview sessions. The presentations included one by the patron of the Society, Arjo Huntleigh, India. The intellectual deliberations were balanced by skill workstations on Airway Management, Arterial Blood Gas, Mechanical Ventilation and ACLS.

The conference also saw competitions on research abstracts, concept maps and pictorial case presentations. Over 50 posters were presented by participants to small groups during the poster gallery session and the highlights presented at the poster feedback. The conference also witnessed the release of the first issue of the peer reviewed Journal of Critical Care Nursing.

The conference was attended by over 500 delegates from 54 institutions all across the country. The participants included Critical Care nurses at various stages in their career, nurse educators and trainers, and nursing administrators. The rich cultural heritage of the country was highlighted at the cultural extravaganza presented by students from 10 different nursing colleges in Mumbai. The valedictory session was graced by Fr Tomy, Director, Bel-Air Hospital & College of Nursing, Panchgani & Dr S M Keswani, Director, National Burns Center, Airoli. The feedback of the delegates was positive & enthusiastic.

Please visit www.criticalcarenursessociety.com to come to know more about CCNS.

Encourage ICU nurses to contribute for the peer reviewed journal “The Journal Of Critical Care Nursing”.

Congratulations to the Nagpur Branch which organized the Central Provinces CRITICON and is also the recipient of the “Best ISCCM Branch”.

Dr. Narendra Rungta
Dr. Mahesh Nirmalan

Executive Committee members of CCNS

Release of The Journal Of Critical Care Nursing” at the hands of Dr. Narendra Rungta, President ISCCM in presence of Prof. Jaya Kuruvilla, President CCNS and Chief Guest Ms. Homai Modi. [in the centre]
Clinical Practice Guidelines for the Management of Pain, Agitation, and Delirium in Adult Patients in the Intensive Care Unit

Juliana Barr, MD, FCCM; Gilles L. Fraser, PharmD, FCCM; Kathleen Puntillo, RN, PhD, FAAN, FCCM et al.

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STATEMENTS AND RECOMMENDATIONS

1. Pain and Analgesia

i. Incidence of pain

a. Adult medical, surgical, and trauma ICU patients routinely experience pain, both at rest and with routine ICU care (B).

b. Pain in adult cardiac surgery patients is common and primary treated: women experience more pain than men after cardiac surgery (B).

ii. Procedural pain is common in adult ICU patients (B).

iii. It is recommended that pain be routinely monitored in all adult ICU patients (+1B).

iv. The Behavioral pain Scale (BPS) and the critical-care Pain Observation Tool (CPOT) are the most valid and reliable behavioral pain scales for monitoring pain in medical, postoperative, or trauma ICU patients (+1B). Adult ICU patients who are unable to self-report and in whom motor function is intact and behaviors are observable. Using these scales in other ICU patient populations and translating them into foreign languages other than French or English require further validation testing (+2C).

v. No recommendation for using vital signs (or observational pain scales that include vital signs) for pain assessment in adult ICU patients (+2C).

vi. But vital signs may be used as a cue to begin further assessment of pain in these patients, however (+2C).

vii. Management of pain

a. It is recommended that preemptive analgesia and/or nonpharmacologic interventions (e.g., relaxation) be administered to alleviate pain in adult ICU patients prior to chest tube removal (+1C).

b. The suggestion is that for other types of invasive procedures, all available iV opioids, when titrated to similar pain intensity endpoints, are equally effective (c).

c. They provide no recommendation for using a combined nonpharmacologic and pharmacologic analgesic therapy and/or nonpharmacologic interventions may also be administered to alleviate pain (+2C).

d. It is recommended that nonopioid (NPO) iV opioids be considered as the first-line drug class of choice to treat non-neuropathic pain in critically ill patients (+1A).

e. It is recommended that neuromodulatory (NMO) iV opioids be considered as an alternative to NPO iV opioids against neuropathic pain (+1A).

f. It is recommended that nonopioid (NPO) iV opioids be considered as the first-line drug class of choice to treat non-neuropathic pain in critically ill patients (+1A).

ix. Available iV opioids, when titrated to similar pain intensity endpoints, are equally effective (C).

a. It is suggested that nonopioid analgesics be considered to decrease the amount of opioids administered (or to eliminate the need for iV opioids altogether) and to decrease opioid-related side effects (+2A).

b. It is recommended that either enteral administered gabapentin or carbamazepine, in addition to iV opioids, be considered for treatment of neuropathic pain (+1A).

c. The recommendation is that thoracic epidural analgesia/analgesic therapy and/or nonpharmacologic interventions may also be administered to alleviate pain (+2C).

d. It is recommended that nonopioid (NPO) iV opioids be considered as the first-line drug class of choice to treat non-neuropathic pain in critically ill patients (+1A).

iv. Benzodiazepine use may be a risk factor for the development of delirium in adult ICU patients (+2B).

2. Agitation and Sedation

i. Depth of sedation vs. clinical outcomes

a. Maintaining light levels of sedation in adult ICU patients is associated with improved clinical outcomes, including an increased incidence of mechanical ventilation and a shorter ICU length of stay (LOS) (B).

b. Maintaining light levels of sedation increases the physiologic stress response, but is not associated with an increased incidence of myocardial ischemia (B).

c. The association between depth of sedation and psychological stress in these patients remains unclear (C).

ii. Monitoring depth of sedation and brain function

a. The Richmond Agitation-Sedation Scale (RASS) and Sedation-Agitation Scale (SAS) are the most valid and reliable behavioral pain scales for measuring quality and depth of sedation in adult ICU patients (B).

b. No recommendation for objective measures of brain function (e.g., auditory-evoked potentials [AEPs], Bispectral Index [BIS], Narcotrend Index [Ni], Patient State Index [PSI], or state entropy [SE]) be used as the primary method to monitor depth of sedation in noncomatose, nonparalyzed critically ill adult patients, as these monitors are inadequate substitutes for subjective sedation scoring systems (+1B).

iii. They suggest that objective measures of brain function (e.g., AEPs, Ni, PSI, or SE) be used as an adjunct to subjective sedation assessments in adult ICU patients who are receiving neuromuscular blocking agents (B).

iv. Subjective sedation assessments may be unobtainable in these patients (+2B).

v. They recommend that EEG monitoring be used to monitor nonpharmacologic seizure activity in adult ICU patients with either known or suspected seizures, or to titrate electroencephalographic medication to achieve burst suppression in adult ICU patients with elevated intracranial pressure (+1A).

vi. Choice of sedative

a. It is suggested that sedation strategies using nonbenzodiazepine sedatives (either propofol or dexmedetomidine) may be preferred over sedation with benzodiazepines (either lorazepam or midazolam) to improve clinical outcomes in mechanically ventilated adult ICU patients (+2B).

3. Delirium

a. Outcomes associated with delirium

i. Delirium is associated with increased mortality in adult ICU patients (A).

ii. Delirium is associated with prolonged ICU and hospital LOS in adult ICU patients (A).

iii. Delirium is associated with the development of post-ICU cognitive impairment in adult ICU patients (B).

b. Detecting and monitoring delirium

i. Routine monitoring of delirium in adult ICU patients is recommended (+1B).

ii. The Confusion Assessment Method for the ICU (CAM-ICU) and the Intensive Care Delirium Screening Checklist (ICDSC) are the most valid and reliable delirium monitoring tools in adult ICU patients (A).

iii. Routine monitoring of delirium in adult ICU patients is feasible in clinical practice (B).

iv. Delirium risk factors

i. Four baseline risk factors are positively and significantly associated with the development of delirium in the ICU-preexisting dementia, history of hypertension and/or alcoholism, and a high severity of illness at admission (B).

ii. Coma is an independent risk factor for the development of delirium in ICU patients (B).

iii. Conflicting data surround the relationship between opioid use and the development of delirium in adult ICU patients (B).

iv. Benzodiazepine use may be a risk factor for the development of delirium in adult ICU patients (B).

v. There are insufficient data to determine the relationship between propofol use and the development of delirium in adult ICU patients (C).

vi. In mechanically ventilated adult ICU patients at risk of developing delirium, dexmedetomidine infusions administered for sedation may be associated with a lower prevalence of delirium compared to benzodiazepine infusions (B).

4. Strategies for Managing Pain, Agitation, and Delirium to Improve ICU Outcomes

a. They recommend that no daily interruption intervention or a light target level of sedation be routinely used in mechanically ventilated adult ICU patients (+1B).

b. It is suggested that analgesia-first sedation be used in mechanically ventilated adult ICU patients (B).

c. They also recommend promoting sleep in adult ICU patients by optimizing patients’ environments, using strategies to control light and noise, limiting patient care activities, and decreasing stimuli at night to protect patients’ sleep cycles (+1C).

d. They provide no recommendation for using specific modes of mechanical ventilation to promote sleep in mechanically ventilated adult ICU patients, as insufficient evidence exists for the efficacy of these interventions (0, No Evidence).

e. They recommend using an interdisciplinary ICU team approach that includes provider education, preprinted and/or computerized protocols and order forms, and quality ICU rounds checklists to facilitate the use of pain, agitation, and delirium management guidelines or protocols in adult ICUs (+1B).

Extravascular lung water is an independent prognostic factor in patients with acute respiratory distress syndrome*

Gonzalez, Mathieu MD et al.

Critical Care Medicine: February 2013 - Volume 41 - Issue 2 - p 472–480

Dr. Jayant Shelgaonkar
Director, ICU, Aditya Birla Hospital, Pune
Acute respiratory distress syndrome might be associated with an increase in extravascular lung water index and pulmonary vascular permeability index, which can be measured by transpulmonary thermodilution. We tested whether extravascular lung water index and pulmonary vascular permeability index were independent risk factors in patients with acute respiratory distress syndrome.

A Retrospective study was conducted by authors in Medical intensive care unit.

Two hundred consecutive acute respiratory distress syndrome patients (age = 57 ± 17, Simplified Acute Physiology Score II = 57 ± 20, overall day-28 mortality = 54%).

The mean extravascular lung water index and pulmonary vascular permeability index (PICCO device, Pulmonar System) at each day of the acute respiratory distress syndrome episode.

**Main Results:** The maximum values of extravascular lung water index and pulmonary vascular permeability index recorded during the acute respiratory distress syndrome episode (maximum value of extravascular lung water index and maximum value of pulmonary vascular permeability index, respectively) were significantly higher in survivors than in non-survivors at day-28 (mean ± SD: 24 ± 10 mL/kg vs. 19 ± 7 mL/kg; P < 0.001) for maximum value of extravascular lung water index and maximum value of pulmonary vascular permeability index, Simplified Acute Physiology Score II, maximum respiratory system compliance, positive end-expiratory pressure, mean cumulative fluid balance, and the minimal ratio of arterial oxygen pressure over the inspired oxygen fraction were all independently associated with day-28 mortality. The mean maximum value of extravascular lung water index >21 mL/kg predicted day-28 mortality with a sensitivity of (mean [95% confidence interval]) 47% (33–61.4) and a specificity of 65% (42–82%). The mortality rate was 70% in patients with a maximum value of extravascular lung water index >21 mL/kg and 43% in the remaining patients (P < 0.001). A maximum value of pulmonary vascular permeability index >3.8 predicted day-28 mortality with a sensitivity of (mean [95% confidence interval]) 67% (57–76%) and a specificity of 65% (54–75%). The mortality rate was 69% in patients with a maximum value of pulmonary vascular permeability index >3.8 and 37% in the group with a maximum value of pulmonary vascular permeability index ≤3.8 (P = 0.0001).

**Conclusion:** Extravascular lung water index and pulmonary vascular permeability index measured by transpulmonary thermodilution are independent risk factors of day-28 mortality in patients with acute respiratory distress syndrome.

**Antibiotic prescription patterns in the empirical therapy of severe sepsis: combination of antimicrobials with different mechanisms of action reduces mortality**

Ana Diaz-Martin, María L. Martínez-González, Ricardo Ferrer et al., Eudespes Study Group

Critical Care 2012, 16:R232

Although the use of adequate antimicrobial therapy is lifesaving in sepsis patients, optimal antimicrobial strategy has not been established. Moreover, the benefit of combination therapy remains uncertain. Our aim is to describe patterns of empirical antimicrobial therapy in severe sepsis, assessing the impact of combination therapy, including antimicrobials with different mechanisms of action on mortality.

**Methods:** This is a Spanish national multicenter study, analyzing all patients admitted to ICUs who received antibiotics within the first 48 hours of diagnosis with severe sepsis or septic shock. Antibiotic-prescription patterns in community-acquired infections and nosocomial infections were analyzed separately and compared with previously published data on mortality of empiric antibiotic treatment, including antibiotics with different mechanisms of action. The combination therapy was defined by the combination therapy (DCCT), with that of monotherapy and any other combination therapy possibilities (non-DCCT).

**Results:** We included 1372 patients, 1022 (74.3%) of whom had severe sepsis and 350 (25.5%) had severe sepsis with nosocomial sepsis. The most frequently prescribed antibiotic agents were β-lactams (902, 65.7%) and carbapenems (345, 25%). DCCT was used in 501 patients (37%), whereas non-DCCT was administered to 978 (71.7%). The mortality rate was significantly lower in patients administered DCCT than in those who were administered non-DCCT (34% versus 40%, P = 0.042). The variables independently associated with mortality were age, male sex, APACHE II score, and community origin of the infection. DCCT was a protective factor against in-hospital mortality (odds ratio (OR), 0.699, 95% confidence interval (CI), 0.522 to 0.936, P = 0.016), as was unologic focus of infection (OR, 0.241; 95% CI, 0.102 to 0.569, P = 0.004).

**Conclusions:** β-lactams, including carbapenems, are the most frequently prescribed antibiotics in empiric therapy in patients with sepsis and septic shock. Administering a combination of antimicrobials with different mechanisms of action is associated with decreased mortality.

**Randomized double-blind placebo-controlled trial of 40 mg/day of atorvastatin in reducing the severity of sepsis in ward patients (ASEPSIS Trial)**

Jaimin M Patel, Catherine Snailh et al.

Critical Care 2012, 16:2321

**Introduction:** A large number of study patients were randomized to receive atorvastatin 40 mg daily or placebo for the duration of their hospital stay up to a maximum of 28 days. The primary end-point was the rate of sepsis progressing to severe sepsis during hospitalization.

**Results:** 100 patients were randomized, 49 to the treatment with atorvastatin and 51 to placebo. Patients in the atorvastatin group had a significantly lower conversion rate to severe sepsis compared to placebo (4% vs. 24% ± 4%, P = 0.007), with a number needed to treat of 5. No significant difference in length of hospital stay, critical care unit admissions, 28-day and 12-month readmissions or mortality was observed. Plasma cholesterol and albumin creatinine ratios were significantly lower at day 4 in the atorvastatin group (P = 0.0001 and P = 0.049 respectively). No difference in adverse events between the two groups was observed (P = 0.238).

**Conclusions:** Acute administration of atorvastatin in patients with sepsis may prevent sepsis progression. Further multicentre trials are required to verify these findings.

**A survey on infection management practices in Italian ICUs**

Matteo Bassetti et al.

Critical Care 2012, 16:2321

**Introduction:** An online survey was conducted to characterize current infection management practices in Italian intensive care units (ICUs), including antibiotic stewardship, and antifungal drug regimen prescribed for various types of infections.

**Methods:** During February and March 2011, all 450 ICUs in public hospitals in Italy were invited to take part in an online survey. The questionnaire was adapted to ICU characteristics, methods used to prevent, diagnose, and treat infections, and antimicrobials prescribing policies. The frequency of each reported practice was calculated as a percentage of the total number of units answering the question. The overall response rate to the questionnaire was 38.8% (175 of the 450 ICUs) compared with non-homogeneous distribution across the country and in terms of type unit.

**Results:** Eighty-eight percent of the responding facilities performed periodical surveillance cultures on all patients. In 71% of ICUs patients were cultured upon admission. Endocardial/brachial aspergillus were the most frequently cultured specimens at both time points. Two-thirds of the responding facilities performed deep vein catheters cultures for methicillin-resistant Staphylococcus aureus. Around 67% of the ICUs reported the use of antifungal de-escalation strategies during treatment. Moreover, in general, the use of empirical antifungal drug regimens was appropriate. Although the rationale for the choice was not always clearly documented, the role of a combination therapy was preferred over antibiotic monotherapy. The preferred first-line agents for invasive candidiasis were fluconazole and an echinocandin (45% and 25% respectively). Two-thirds of the ICUs monitored vancomycin serum levels and administered it by continuous infusion in 86% of cases. For certain antibiotics, reported doses were too low to ensure effective treatment of severe infections in critically ill patients; conversely, inappropriately high doses were administered for certain antifungal drugs.

**Conclusions:** Despite antibiotic control policies and management practices are generally appropriate in Italian ICUs, certain aspects, such as the extensive use of multidrug-empirical regimens and the inappropriate dosage, deserve careful management and closer investigation.

**Effect of Daily Chlorhexidine Bathing on Hospital-Acquired Infection**

Michael W. Cimino, M.D., Deborah S. Yokono, M.D. et al.


Results of previous single-center, observational studies suggest that daily bathing with chlorhexidine-impregnated washcloths on the acquisition of MDROs and the incidence of hospital-acquired bloodstream infections. Nine intensive care and bone marrow transplantation units in six hospitals were randomly assigned to bathe their patients with chlorhexidine-impregnated washcloths or with non-antimicrobial washcloths for a 6-month period, exchanged for the alternate product during the subsequent 6 months. The incidence rates of acquisition of MDROs and the rates of hospital-acquired bloodstream infections were compared between the two periods by means of Poisson regression analysis.

**Results:** A total of 7727 patients were enrolled during the study period. Multiple-adjusted, double-blind, trial, we evaluated the efficacy and safety of oral rivaroxaban administered for an extended period, as compared with subcutaneous enoxaparin administered for a shorter period. Patients were randomized to receive rivaroxaban 5 to 10 cases per 100 patient-days with chlorhexidine bathing versus 6.60 cases per 100 patient-days with non-antimicrobial bathing (P=0.007), a 28% lower rate with chlorhexidine-impregnated washcloths. No serious adverse events were observed in either arm. Daily chlorhexidine-impregnated washcloths significantly reduced the risk of acquisition of MDROs and development of hospital-acquired bloodstream infections.

**Rivaroxaban for Thromboprophylaxis in Acutely Ill Medical Patients**


The clinically appropriate duration of thromboprophylaxis in hospitalized patients with acute medical illnesses is unknown. In this multicenter, randomized, double-blind trial, we evaluated the efficacy and safety of oral rivaroxaban administered for an extended period, as compared with subcutaneous enoxaparin administered for a shorter period. Patients were randomized to receive rivaroxaban 5 to 10 cases per 100 patient-days with chlorhexidine bathing versus 6.60 cases per 100 patient-days with non-antimicrobial bathing (P=0.007), a 28% lower rate with chlorhexidine-impregnated washcloths. No serious adverse events were observed in either arm. Daily chlorhexidine-impregnated washcloths significantly reduced the risk of acquisition of MDROs and development of hospital-acquired bloodstream infections.
Dear Colleagues,

It is our privilege to invite you to Kolkata for the 19th Annual Congress of Indian Society of Critical Care Medicine organised by ISCCM Kolkata Branch. Critical Care in India has “come of age” the theme of Pune Congress in 2012. With coming of age comes maturity and with that comes responsibility and accountability, an appropriate follow up theme for Kolkata congress. Accountable, Accessible and Affordable Care has been selected as the theme for Kolkata Congress, as these are the principal ingredients of critical care delivery mostly needed in our country. As we perceive, success of any scientific congress should be judged by the quality of the scientific content, the depth and breadth of the subject areas covered and choice of international and national faculties. Clinically focussed deliberations are more appreciated by most of our delegates who are predominantly from non research background.

On the other hand, in order to bring Critical Care in India at par with the international standards, original works, research oriented and basic science oriented topics are equally important and a balanced scientific program has been designed

Scientific Publications in the form of CME book, abstract book, compendium on Critical Care research in India, ISCCM guideline book will be available to the delegates.

Twenty workshops covering all important aspects of Critical Care both adult and pediatric is designed for 4th and 5th March 2013.

Organisational aspects of congress is equally important and a close collaborative work between the event managers and local working committee will ensure smooth functioning of various organizational departments to take care of the delegates and ensure a comfortable stay.

We wish you an enjoyable stay in Kolkata, enjoy pre/post congress many tours of Kolkata and surroundings (Darjeeling, Sunderbans) arranged by our event manager, enjoy the science city itself, famous bangal rasagolla and misti doi and a colourful cultural program. We are sure you will have a productive and quality time during the conference.

Best Wishes
Organising Committee
CRITICARE 2013
### SCIENTIFIC PROGRAM DAY – 2 (Contd...)  

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>9:00 – 9:15 am</td>
<td><strong>HALL-A</strong> <strong>THEMATIC: NIV</strong> <strong>HALL-B</strong> <strong>THEMATIC: CPR</strong> <strong>HALL-C</strong> <strong>THEMATIC: SURGERY</strong> <strong>HALL-D</strong> <strong>THEMATIC: PANEL DISCUSSION</strong> <strong>HALL-E</strong> <strong>THEMATIC: INTRA-ABDOMINAL PRESSURE</strong></td>
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<td>9:15 – 10:00 am</td>
<td>Chairpersons: Pravin Amnis &amp; Sibhabrata Banerjee</td>
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<td>10:00 – 10:20 am</td>
<td>Chairpersons: Rajesh Pande &amp; Rajan Barokar</td>
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<td>10:20 – 10:30 am</td>
<td>Chairpersons: Arup Singh &amp; S. Iyer</td>
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<td>11:00 – 11:10 am</td>
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<td>Chairpersons: Sujit Chatterji &amp; Devesh Vashishtha</td>
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<td>5:40 – 5:55 pm</td>
<td>Chairpersons: Anjan Dutta &amp; Mandeep Singh</td>
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### Q&A 1:15  
**10:00 – 10:30 am** **PLENARY SESSIONS (HALL A)**  
**10:30 – 10:45 am** **Lunch Break**  
**10:45 – 11:15 am** **Annual General Body Meeting**  
**11:15 – 12:00 pm** **Banquet**
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>11:30 – 12:00</td>
<td>Newest technology in airway management in ICU - Atil Kulkarni</td>
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<tr>
<td>11:40 – 12:00</td>
<td>Ventilation induced non pulmonary injury – Ajithdev Joseph</td>
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<tr>
<td>12:05 – 12:25</td>
<td>Severe CAP: empiric therapy: deviating from the guidelines - Subhashesh Gosh &amp; Yashesh Paliwal</td>
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<td>12:45 – 1:00</td>
<td>Viral pneumonia - Satyajit Gupta</td>
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**SCIENTIFIC PROGRAM DAY 3 (Contd....)**

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<tr>
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<tbody>
<tr>
<td>12:45 – 1:00</td>
<td>Viral pneumonia - Satyajit Gupta</td>
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<tr>
<td>4:30 – 5:30</td>
<td>Newer technology in airway management in ICU - Atil Kulkarni</td>
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<tr>
<td>4:45 – 5:05</td>
<td>Severe CAP: empiric therapy: deviating from the guidelines - Subhashesh Gosh &amp; Yashesh Paliwal</td>
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<td>5:05 – 5:25</td>
<td>Newer technology:少气 - Ajithdev Joseph</td>
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<tr>
<td>5:25 – 5:45</td>
<td>Newer technology:少气 - Ajithdev Joseph</td>
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<tr>
<td>5:45 – 6:00</td>
<td>Newer technology:少气 - Ajithdev Joseph</td>
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<td>6:00 – 6:15</td>
<td>Encephalitic syndromes in ICU - a practical approach - V.Ramamurthy</td>
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**Q&A 11:30**

11:30 – 11:50 pm Extracorporeal lung support
12:05 – 1:15 pm Parallel Session
12:05 – 12:25 pm Severe CAP: empiric therapy - Jean Louis Teboul
2:00 – 3:00 pm Parallel Session
2:00 – 2:20 pm Strategies beyond antibiotics - Speaker: Yatin Mehta
2:20 – 3:40 pm Pathophysiological basis for understanding transpulmonary pressures - Edgar Jimenez
3:45 – 4:05 pm Mechanisms of antibiotic resistance - Vandana Gosh
4:05 – 4:25 pm Mechanisms of antibiotic resistance - Vandana Gosh

**Q&A 12:00**

9:30 – 11:30 am Preventing VILI: Ajoy Sarkar
11:30 – 11:50 am Critical care in SAARC countries - Dr. N. Ramgita
11:50 – 11:50 pm Extracorporeal lung support - Marco Ranieri

**Q&A 13:15**

1:30 – 2:00 pm Lunch Break
2:00 – 3:00 pm Parallel Session
3:00 – 3:30 pm Panel Discussion - Chairpersons: Dr. Sumit Podder & Samar Ghosh
3:30 – 4:00 pm Newer technology:少气 - Ajithdev Joseph
4:05 – 4:25 pm Mechanisms of antibiotic resistance - Vandana Gosh

**SCIENTIFIC PROGRAM DAY 4**

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<tr>
<td>9:00 – 10:00</td>
<td>New technology in airway management in ICU - Atil Kulkarni</td>
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<td>Ventilation induced non pulmonary injury – Ajithdev Joseph</td>
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<td>11:40 – 11:55</td>
<td>Viral pneumonia - Satyajit Gupta</td>
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**Q&A 14:00**

14:00 – 14:30 pm Extracorporeal lung support - Marco Ranieri
14:30 – 15:00 pm Parallel Session
14:30 – 15:00 pm Panel Discussion - Chairpersons: Dr. Sumit Podder & Samar Ghosh
15:00 – 15:30 pm Newer technology:少气 - Ajithdev Joseph
15:30 – 16:00 pm Mechanisms of antibiotic resistance - Vandana Gosh

**Q&A 15:00**

15:00 – 15:30 pm Lunch Break
15:30 – 16:00 pm Parallel Session
16:00 – 16:30 pm Panel Discussion - Chairpersons: Dr. Sumit Podder & Samar Ghosh
16:30 – 17:00 pm Newer technology:少气 - Ajithdev Joseph
17:00 – 17:30 pm Mechanisms of antibiotic resistance - Vandana Gosh
### PEDIATRIC SECTION - SCIENTIFIC PROGRAM

**Day 1 • 1st March 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>2.00 pm - 2.25 pm</td>
<td>IMPROVING IV FLUID THERAPY (0.9NS VS 0.45NS) IN CRITICALLY ILL CHILDREN</td>
<td>Nitin Aggarwal</td>
</tr>
<tr>
<td>2.45 pm - 3.00 pm</td>
<td>AUDIENCE INTERACTION</td>
<td>Tea Break</td>
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<tr>
<td>3.15 pm - 3.30 pm</td>
<td>IMPROVING IV FLUID THERAPY (0.9NS VS 0.45NS) IN CRITICALLY ILL CHILDREN</td>
<td>PS Bhattacharyya</td>
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<tr>
<td>3.30 pm - 3.45 pm</td>
<td>FOCUS ON HYDROPEA: ATRAPEA IN CRITICALLY ILL CHILDREN</td>
<td>Leelakshi Tiwari</td>
</tr>
<tr>
<td>3.45 pm - 4.00 pm</td>
<td>HOSPITAL ACQUIRED HYPOPAEIA: DO WE KNOW WHAT WE ARE DOING?</td>
<td>Rakshi Lodha</td>
</tr>
<tr>
<td>4.05 pm - 4.25 pm</td>
<td>HYPOPAEIA: GOOD OR BAD FOR ACIDULY INJURED BRAIN?</td>
<td>Kundan Mittal</td>
</tr>
<tr>
<td>4.15 pm - 4.30 pm</td>
<td>LIVER TRANSPLANTATION: THE PEDIATRIC PERSPECTIVE IN INDIAN CONTEXT</td>
<td>Nameeth Jerath</td>
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<tr>
<td>4.45 pm - 4.55 pm</td>
<td>HEPTATORENAL SYNDROME IN LIVER FAILURE: CURRENT CONCEPTS</td>
<td>Madhu Oli</td>
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<tr>
<td>5.00 pm - 5.15 pm</td>
<td>HEPATORENAL SYNDROME IN LIVER FAILURE: CURRENT CONCEPTS</td>
<td>Sunit Singhi</td>
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<tr>
<td>5.15 pm - 5.30 pm</td>
<td>SEVERE DENGUE: THE PEDIATRIC MANAGEMENT ISSUES</td>
<td>Ravi Adlakha</td>
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<td>5.30 pm - 5.45 pm</td>
<td>PAEDiatric SECTiON - SCiENTiFiC Programming</td>
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**Day 2 • 2nd March 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>8.30 am - 8.45 am</td>
<td>SHOULD HYPERPEA: SATISFY THE FIRST LINE THERAPY FOR CEREBRAL EDEMA?</td>
<td>Dhiren Chaud</td>
</tr>
<tr>
<td>8.45 am - 9.00 am</td>
<td>HYPERPEA FOR ACUTE BRAIN INJURY</td>
<td>Dhiren Chaud</td>
</tr>
<tr>
<td>9.00 am - 9.15 am</td>
<td>LONG PROTECTIVE VENTILATION IN CRITICALLY ILL CHILD</td>
<td>V.P. Bansal</td>
</tr>
<tr>
<td>9.15 am - 9.30 am</td>
<td>WHICH IS OPTIMAL TOOL TO MONITOR MANAGEMENT OF RAISED ICP?</td>
<td>Rakshay Shetty</td>
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<tr>
<td>9.30 am - 9.45 am</td>
<td>RACE OF DECOMPRESSIVE CEREBRAL EDEMA</td>
<td>Anand Kumar</td>
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<tr>
<td>9.45 am - 10.00 am</td>
<td>HYPOPAEIA: ATRAPEA IN PEDIATRIC: NEWER ASPECTS</td>
<td>Meera Ramakrishnan</td>
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<tr>
<td>10.00 am - 10.15 am</td>
<td>HYPOPAEIA: GOOD OR BAD FOR THE INJURED BRAIN?</td>
<td>Anil Daud</td>
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<tr>
<td>10.15 am - 10.30 am</td>
<td>DISCUSSION</td>
<td>Tea Break</td>
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<tr>
<td>10.30 am - 10.45 am</td>
<td>SAMI TECHNIQUE FOR THE INJURED BRAIN</td>
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<tr>
<td>10.45 am - 11.00 am</td>
<td>IT IS IMPORTANT TO HAVE POTENTIAL TO CHANGE OUR PRACTICE: AN OVERVIEW</td>
<td>Krishan Chugh</td>
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<tr>
<td>11.10 am - 11.25 am</td>
<td>TAKING PEDIATRIC TO ALL: ROLE OF RISCM</td>
<td>Narendera Rungta</td>
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<td>11.25 am - 11.40 am</td>
<td>PEDIATRIC STRESS SYNDROME: FAMILY AND THE CHILD</td>
<td>Urmila Bhand</td>
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<tr>
<td>11.45 am - 12.00 pm</td>
<td>DISCUSSION</td>
<td>Tea Break</td>
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<tr>
<td>12.00 pm - 12.15 pm</td>
<td>RATION ADVANCE IN MANAGING SEPSIS IN CHILDREN</td>
<td>Sanjiv Singhi</td>
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<tr>
<td>12.15 pm - 12.30 pm</td>
<td>QUALITY OF LIFE IN PEDIATRIC GRADUATES: IS IT WORTH THE EFFORTS?</td>
<td>Rajiv Aggarwal</td>
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<tr>
<td>12.30 pm - 12.45 pm</td>
<td>TRANSPORTING A SICK CHILD: THE CHALLENGES IN THE INDIAN CONTEXT</td>
<td>Suchithra Rangh</td>
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<tr>
<td>1.00 pm - 1.15 pm</td>
<td>DISCUSSION</td>
<td>Lunch</td>
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<tr>
<td>1.15 pm - 1.30 pm</td>
<td>DISCUSSION</td>
<td>Tea Break</td>
</tr>
<tr>
<td>1.30 pm - 1.45 pm</td>
<td>HOW DO I ESTABLISH, EXPAND AND IMPROVE MY PEDIATRIC AND CRITICAL CARE SERVICES IN MY AREA?</td>
<td>Sunit Singhi (Moderator)</td>
</tr>
<tr>
<td>1.45 pm - 2.00 pm</td>
<td>DISCUSSION</td>
<td>Tea Break</td>
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<tr>
<td>2.00 pm - 2.15 pm</td>
<td>SAMI TECHNIQUE FOR THE INJURED BRAIN</td>
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<td>2.15 pm - 2.30 pm</td>
<td>SAMI TECHNIQUE FOR THE INJURED BRAIN</td>
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<td>2.30 pm - 2.45 pm</td>
<td>DISCUSSION</td>
<td>Tea Break</td>
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<tr>
<td>2.45 pm - 2.55 pm</td>
<td>DISCUSSION</td>
<td>Tea Break</td>
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**Day 3 • 3rd March 2013**

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>8.30 am - 8.50 am</td>
<td>STERILIZED IN SEPSIS</td>
<td>FOR</td>
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<tr>
<td>8.50 am - 9.00 am</td>
<td>TIGHT GLYCEMIC CONTROL IN PEDIATRIC</td>
<td>AGAINST</td>
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<td>9.00 am - 9.15 am</td>
<td>COMMENTS AND CONCLUSION BY THE CHAIRPERSONS</td>
<td>Sunit Singhi</td>
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<tr>
<td>9.15 am - 9.30 am</td>
<td>ASEM: INFECTION CONTROL ISSUES IN PEDIATRIC</td>
<td>PS Bhattacharyya</td>
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<tr>
<td>9.30 am - 9.45 am</td>
<td>SPONSORED SYMPOSIUM</td>
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<tr>
<td>10.00 am - 10.30 am</td>
<td>ROLE OF BRONCHOLOGY IN PEDIATRIC</td>
<td>Michael Sengupta</td>
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<tr>
<td>10.30 am - 11.15 am</td>
<td>CHAIRPERSONS: RAKSHAY LADHA</td>
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<tr>
<td>11.15 am - 11.30 am</td>
<td>NIV IN PEDIATRIC AGES</td>
<td>David Watkinson</td>
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<tr>
<td>11.30 am - 11.45 am</td>
<td>OXIMETRY OF PEEP AND RECRUITMENT MONITORS</td>
<td>Rajiv Uttam</td>
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<tr>
<td>11.45 am - 11.55 am</td>
<td>HFOV AND ECMO: AN INDIAN EXPERIENCE</td>
<td>Sonu Udani</td>
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<tr>
<td>11.55 am - 12.10 am</td>
<td>DISCUSSION</td>
<td>Tea Break</td>
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<tr>
<td>12.10 am - 12.25 pm</td>
<td>CHAIRPERSONS: PS BHATTACHARYYA</td>
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<tr>
<td>12.25 pm - 12.35 pm</td>
<td>ESTIMATION OF FLUID OVERLOAD AND CRRT IN CHILDREN BEFORE THE ONSET OF AKI</td>
<td>Bala Ramachandran</td>
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<tr>
<td>12.35 pm - 12.50 pm</td>
<td>DISCUSSION</td>
<td>Lunch</td>
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**Tea Break**

### Day 3 • 3rd March 2013

**Panel of Judges:** David Wensley, Michael Sear, Sumit Singh, Krishan Chugh, Sooni Udani, Praveen Khilnani

**4.00 pm - 4.30 pm | VALEDICTORY**
Second Annual Convocation of Indian College of Critical Care Medicine

Past President Oration and Awards
1st March 2013 • Science City, J.B.S Haldane Avenue, Kolkata

5:30 to 5:35 pm Saraswati Vandana
5:35 to 5:40 pm Welcome and Dr. N Ramakrishnan, Secretary ICCM call over in on Dias
5:40 to 5:45 pm Lighting of the lamp by Dr. Narendra Rungta, President, ISCCM, Dr. J. V. Divatia, Chancellor ICCM
5:45 to 5:50 pm Address by Dr. Rajesh Chawla Vice Chancellor, ISCCM
5:50 to 5:55 pm Address by Dr. Narendra Rungta, President, ISCCM
6:00 to 6:30 pm Past President Oration
Chairperson: Dr. Shiva Kumar Iyer Speaker: Dr. Ashit Bhagwati
6:30 to 6:50 pm Distribution of Awards
 Hon. Fellowship of Indian College of Critical Care Medicine (FICCM)
 Indian Fellowship of Critical Care Medicine (IFCCM)
 Indian Diploma of Critical Care Medicine (IDCCM)
 Presidential Citation
6: 50 to 6:55 pm Address by Chancellor Dr. J. V. Divatia
6:55 to 7:00 pm Vote of Thanks by Dr. N Ramakrishnan
7:00 pm National Anthem

Calender of Events

March 2013
March 1st to 6th, 2013 19th Annual Congress ISCMM , Criticare 2013, Kolkata, India www.criticare2013kolkata.com
March 19th to 22nd, 2013 33rd International symposium on Intensive care and Emergency Medicine, Brussels www.intensive.org

June 2013
June 8th to 9th, 2013 Basic support and support in Intensive care (BASIC), Columbiaasia Referral Hospital, Bangalore Contact : Dr. Pradeep Rangappa, Secretary, ISCCM - Bangalore. email: drpradeepr@aol.com
June 12th to 15th, 2013 24th Annual meeting of European society of Paediatric and Neonatal intensive care, Netherland www.kenes.com/espnic

July 2013
July 9th and 10th, 2013 ISCCM Pune , Intensive Care Review Course, Pune Contact : Ms Vidula- 9001026332; Dr Subbal Dixit- 9822050240
July 11th and 12th, 2013 ISCCM Pune, Workshops on hemodynamic monitoring, Mechanical Ventilation and Ultrasound, ECHO in ICU, Pune Contact : Ms Vidula- 9001026332; Dr Subbal Dixit- 9822050240
July 13th and 14th, 2013 Best of Brussels Conference (Top 50 lectures), ISCCM, Pune Contact : Dr Subbal Dixit- 9822050240, Dr Kapil Zirpe- 9822844212
July 12th to 14th, 2013 Intensive Care in Asia- Opportunities and Challenges, Singapore. www.sg-anzics.com

August 2013
August 17th 2013 USG and ECHO workshop, Manipal Hospital, Bangalore Contact : Dr. Pradeep Rangappa, Secretary, ISCCM - Bangalore. email: drpradeepr@aol.com

September 2013
September 20th to 22nd, 2013 THEMATICCC 2013 and International Conference on Shock, Hemodynamic Monitoring and Therapy Contact person : Dr. Vijaya Patil (09819883535) or Dr. Atul Kulkarni (09869077526)

October 2013
Oct 5th to 9th, 2013 ESICM LIVES 2013, Paris, France www.esicm.org

November 2013
November 9th 2013 Mechanical Ventilation workshop, Narayana Hrudayalaya, Bangalore Contact : Dr Pradeep Rangappa, Secretary, ISCCM, Bangalore email: drpradeepr@aol.com
A JOINT MEETING OF

20TH ANNUAL CONFERENCE OF INDIAN SOCIETY OF CRITICAL CARE MEDICINE &
18TH ASIA-PACIFIC CONGRESS OF CRITICAL CARE MEDICINE

2ND ANNUAL CONFERENCE OF CRITICAL CARE NURSES SOCIETY

POST CONFERENCE WORKSHOPS

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<td>Advanced Cardiac Life Support Provider Course (ACLS)</td>
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<td>Advanced Cardiac Life Support Instructor Course (ACLS)</td>
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<tr>
<td>40</td>
<td>Fundamental Critical Care Support Provider Course (FCCS)</td>
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<td>Fundamental Critical Care Support Instructor Course (FCCS)</td>
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<td>40</td>
<td>Pediatric Fundamental Critical Care Support Provider Course (PFCCS)</td>
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<td>Trauma Support Course</td>
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<td>Ultrasound in Emergency and Critical Care Unit</td>
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<td>Mechanical Ventilation</td>
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<td>Hemodynamic Monitoring</td>
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<td>Learning Through Simulations</td>
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<tr>
<td>40</td>
<td>Basic Assessment &amp; Support in Intensive Care Provider</td>
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<td>Basic Assessment &amp; Support in Intensive Care Instructor</td>
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<tr>
<td>50</td>
<td>Neuro Critical Care Course</td>
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<td>Research and Publication</td>
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<td>Extracorporeal Support (Cardiopulmonary and Liver) in ICU</td>
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<td>50</td>
<td>Physical Rehabilitation and Respiratory Therapy</td>
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<td>Nephro Critical Care</td>
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<td>Obstetrics Critical Care Course</td>
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<td>Nursing Critical Care Course</td>
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<td>Pediatric Ventilation</td>
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<td>Pediatric ICU Procedures</td>
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For registration queries please contact
Conference Secretariat
Dr. Manish Munjal
ORGANISING SECRETARY
Jeevan Rekha Critical Care and Trauma Hospital
Mahal Yojna, Central Spine, Near Akshay Patra Temple, Jagatpura, Jaipur 302025 INDIA
Tel. : +91 141 515 50 50 • (Direct) +91 141 515 50 75
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