



# One Stop Solution For All Critical Care Medicine Learning

## MASTER CLASSES IN CRITICAL CARE MEDICINE

**150+ Topics Included**

One and only successfully running digital learning platform in critical care medicine throughout the globe

Dear all after the huge success of previous batches of "Master Classes in Critical Care Medicine", we are happy to announce the schedule of  
COMPREHENSIVE CRITICAL CARE COURSE-1 from March 2026.

### Features of Comprehensive course 1

- Recorded version of the classes will be available to watch as per your convenience for the entire tenure of the course (from the start date of the course to end of the course-total 6 months) on mobile/laptop/desktop with the individual login details
- To cover theory/practical points/MCQs of entire critical care medicine topics
- 10 Mock Tests with explanation of the answers included
- Case based approach to help CTCCM/IDCCM/IFCCM, EDIC/EDIAC II and DM/DrNB exit exams
- To discuss MCQs according to new pattern of NEET-SS and INI-CET critical care super speciality entrance exam
- Round the clock, one to one doubt clarification – to help practicing intensivists/anaesthetists/physicians/pulmonologists/emergency physicians
- Continued academic support to registered delegates through "VOICE OF CRITICAL CARE MEDICINE" even after the batch is over
- With many more newer topics and MCQs included

### Who Should Attend ?

- Those who are practicing Critical Care Medicine, Anaesthesia, Pulmonology, General Medicine and Emergency Medicine and interested to learn and upgrade the knowledge in critical care medicine.
- Those who are doing postgraduation in Anaesthesia, Pulmonology, General Medicine and Emergency Medicine and interested to choose Critical Care as career option.
- Those who are doing CTCCM, IDCCM, IFCCM, PDCC, FNB/DNB, DM in critical care.
- Those who are preparing for EDIC/EDIAC part I & II.
- Those who are preparing for NEET super speciality and INI-CET entrance.



**SCAN QR CODE  
TO REGISTER**



### COURSE FACULTY & DIRECTOR

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**CLASSES  
WILL START FROM  
MARCH 2026**



## HEAMODYNAMIC MONITORING

- PRESSURE BASED INDECES / STATIC PARAMETERS-CVP, PAOP AND ARTERIAL LINE
- CASE BASED DISCUSSION-VOLUME BASED INDECES / DYNAMIC PARAMETERS-PPV,SVV,SPV
- CARDIAC OUTPUT MONITORING AN OVERVIEW
- CARDIOGENIC SHOCK-CASE BASED APPROACH
- OBSTRUCTIVE SHOCK-CASE BASED APPROACH
- CASE BASED DISCUSSION- FLUID RESPONSIVENESS AND ADVANCED HEMODYNAMIC MONITORING:FLOW TRAC / VOLUME VIEW / PLR
- FAST, eFAST, POCUS, BLUE PROTOCOL AND VEXUS SCORE: AN OVERVIEW
- HYPOTENSION PREDICTION INDEX (HPI): NEW CONCEPT IN HEMODYNAMIC MONITORING
- NEW CONCEPT IN HEMODYNAMIC MONITORING: PULSE WAVE TRANSIT TIME

## INFECTIONS AND ANTI – INFECTIVES

- SEPSIS – A CASE BASED APPROACH
- SEPSIS GUIDELINES 2021- WHAT'S NEW?
- EMERIC ANTIBIOTIC APPROACH AND ANTIBIOTIC DEESCALATION IN ICU
- COMMUNITY ACQUIRED PNEUMONIA
- INVASIVE FUNGAL INFECTIONS – A CASE BASED APPROACH
- NEWER ANTIBIOTICS IN THE PIPELINE
- MDR GRAM NEGATIVES IN ICU: BASICS AND BEYOND
- DIFFERENTIAL USAGE OF CARBAPENAMS: CURRENT EVIDENCE
- APPROACH TO TROPICAL INFECTIONS IN ICU
- PK – PD OF ANTIBIOTICS IN CRITICALLY ILL PATIENTS
- INTERPRETATION OF CULTURE SENSITIVITY REPORT: -MIC, BPC, MPC WHAT TO SEE AT THE BEDSIDE?
- RAPID DIAGNOSTICS AND THERAPEUTIC DRUG MONITORING IN ICU : IS IT THE FUTURE?
- TREATING HIV PATIENT : ICU PERSPECTIVE
- INFECTION CONTROL POLICIES IN ICU:-CARING OF LINES, DRAINS AND PIPES, BIOMEDICAL WASTE MANAGEMENT, TRANSMISSION SPECIFIC ISOLATION PRECAUTIONS

- IMMUNOMODULATION IN ICU WHAT IS THE EVIDENCE:- ULINASTATIN, METHYLENE BLUE , SEPSIVAC, THYMOCIN ALPHA, INTERFERON ALPHA MARIK'S PROTOCOL
- MANAGING COMPLICATED UTI: AN OVERVIEW
- OXA 48 AN EMERGING THREAT: WHAT WE SHOULD KNOW?
- PULMONARY TB IN ICU: CHALLENGES IN DIAGNOSIS AND THERAPY
- PYREXIA OF UNKNOWN ORIGIN: A PROTOCOLIZED APPROACH
- MANAGEMENT OF COMPLICATED SKIN-SOFT TISSUE INFECTIONS IN ICU
- CARBAPENEM RESISTANT ENTEROBACTERIACEAE AND THE OPTIONS AVAILABLE : AN OVERVIEW (PART- 1)
- CARBAPENEM RESISTANT ENTEROBACTERIACEAE AND THE OPTIONS AVAILABLE : AN OVERVIEW (PART-2)
- CATHETER-RELATED BLOODSTREAM INFECTION (CRBSI) AND CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI) : AN OVERVIEW
- APPROACH TO NEW ONSET OF FEVER IN ICU
- INHALED ANTI-INFECTIVES (ANTIBIOTICS AND ANTIFUNGALS) IN ICU : CURRENT EVIDENCE

## ARESUSCITATION & DERESUSCITATION

- PCO2 GAP – PRACTICAL UTILITY AT THE BEDSIDE.
- LACTATE IN NORMOTENSIVE PATIENTS : ITS CLINICAL RELEVANCE.
- MICROCIRCULATORY ASSESSMENT IN ICU : WHERE WE ARE TODAY?
- DE-RESUSCITATION IN ICU PATIENTS : WHEN AND WHICH PATIENTS TO BE INITIATED?

## ARDS

- ARDS GENERAL AND VENTILATORY ASPECTS
- LANDMARK TRAILS IN ARDS
- UNDERSTANDING ARDS : CASE BASED APPROACH
- AVIPTADIL -A SYNTHETIC FORM OF VASOACTIVE INTESTINAL PEPTIDE IN ARDS: CURRENT EVIDENCE
- WHAT IS NEW IN ARDS : UNDERSTANDING DIFFERENT PHENOTYPES
- WHAT IS NEW IN ARDS : ADJUVANT THERAPIES

# CURRICULUM

*150+ Topics Included*

## MECHANICAL VENTILATION

- NON-INVASIVE VENTILATION: CURRENT EVIDENCE
- HIGH FLOW NASAL CANULA: CURRENT EVIDENCE
- BASICS OF VENTILATOR GRAPHICS
- ADVANCED MODES OF MECHANICAL VENTILATION AN OVERVIEW
- WEANING FAILURE AND DIFFICULTY IN WEANING
- DIAPHRAGM PROTECTIVE VENTILATION : WHAT IT IS EXACTLY?
- RIGHT VENTRICLE-PROTECTIVE VENTILATION : HOW TO APPROACH
- PATIENT SELF INFLICTED LUNG INJURY : UNDERSTANDING THE NEW CONCEPT.
- LUNG STRESS AND STRAIN IN MECHANICAL VENTILATION.

## ENDOCRINE AND NUTRITION

- IDIABETIC EMERGENCIES IN ICU: DKA, HHS & HYPOGLYCEAMIA
- APPROACH TO HYPOGLYCEMIA IN ICU : AN OVERVIEW
- ACUTE ADRENAL INSUFFICIENCY: ICU MANAGEMENT
- MANAGING HYPOTHYROIDISM AND MYXEDEMA COMA IN ICU: AN OVERVIEW
- MANAGING HYPERTHYROIDISM AND THYROTOXICOSIS IN ICU: AN OVERVIEW
- AN APPROACH TO ENTERAL NUTRITION IN ICU
- DISEASE SPECIFIC NUTRITION
- PHARMACO-NUTRITION
- REFEEDING SYNDROME
- TOTAL PARENTERAL NUTRITION: WHEN, HOW MUCH AND WHICH PATIENTS?

## NEURO CRITICAL CARE

- SUB ARACHNOID BLEED
- MANAGING STROKE : ICU PERSPECTIVE
- GB SYNDROME
- MYASTHENIA GRAVIS
- ICU ACQUIRED WEAKNESS
- TREATING MENINGITIS: ICU PERSPECTIVES

- A STEPWISE APPROACH TO REFRACTORY STATUS EPILEPTICUS
- AUTO IMMUNE ENCEPHALITIS: ICU PERSPECTIVE
- ENCEPHALOPATHY IN ICU: METABOLIC
- ENCEPHALOPATHY IN ICU: SEPTIC
- TRANSCRANIAL DOPPLER AND ICP MONITORING: AN OVERVIEW
- BRAIN DEATH DECLARATION AND ORGAN PRESERVATION
- MANAGING HEATSTROKE IN ICU : AN OVERVIEW
- APPROACH TO AN UNCONSCIOUS PATIENT : AN OVERVIEW

## TRAUMA/BURNS

- GENERAL VIEW ON ADVANCED TRAUMA LIFE SUPPORT (ATLS)
- ABDOMINAL TRAUMA
- TRAUMATIC BRAIN INJURY
- AN EVIDENCE-BASED MANAGEMENT OF BURNS PATIENT IN ICU

## TOXICOLOGY/SNAKE BITE

- TOXICOLOGY GENERAL APPROACH
- APPROACH TO METHEMOGLOBINEMIA IN ICU
- APPROACH TO CORBON MONOXIDE POISONING IN ICU
- APPROACH TO PARAQUAT POISONING : AN OVERVIEW
- APPROACH TO RATOL POISONING (YELLOW / WHITE PHOSPHORUS) : AN OVERVIEW
- APPROACH TO RATOL :- ALUMINIUM AND ZINC PHOSPHIDE POISONING
- ICU MANAGEMENT OF PATIENT WITH SNAKE BITE

## PREGNANCY CRITICAL CARE

- MANAGEMENT OF CRITICALLY ILL PREGNANT PATIENT
- LIVER DISEASES DURING PREGNANCY: ACUTE FATTY LIVER OF PREGNANCY
- LIVER DISEASES DURING PREGNANCY: HELLIP
- LIVER DISEASES DURING PREGNANCY: INTRA HEPATIC CHOLESTASIS



## NEPHRO CRITICAL CARE AND CONNECTIVE TISSUE DISORDERS

- ACUTE KIDNEY INJURY
- PRINCIPLES OF RENAL REPLACEMENT THERAPY
- CITRATE ANTICOAGULATION DURING CRRT: CURRENT EVIDENCE
- RENAL RESISTIVE INDEX TO PREDICT AKI: METHODOLOGY AND EVIDENCE
- ROLE OF EXTRACORPOREAL FILTERS (CYTOSORB, OXARIS, TORAYMYXIN AND LPS ADSORBER) IN CRITICALLY ILL PATIENTS : WHERE WE ARE TODAY?
- DIURETICS IN ICU: WHEN, HOW MUCH AND WHICH PATIENTS?
- THERAPEUTIC PLASMA EXCHANGE IN ICU: WHAT IS THE EVIDENCE?
- MANAGING CATASTROPHIC ANTI PHOSPHOLIPID ANTIBODY SYNDROME: ROLE OF INTENSIVIST
- RHEUMATOLOGICAL EMERGENCIES IN ICU: AN OVERVIEW

## ICU ORGANISATION/QUALITY ISSUES/END OF LIFE CARE/IMAGING

- ICU ORGANISATION AND STRUCTURE : WHAT WE NEED TO UNDERSTAND ?
- SCORING SYSTEM IN ICU
- QUALITY INDICATORS IN ICU: AN OVERVIEW
- HOW TO DO CLINICAL AUDIT IN ICU?
- COMMUNICATION IN ICU: ITS SHORTFALLS AND HOW TO IMPROVE IT?
- TRANSPORTING A CRITICALLY ILL PATIENT: PREPARATION AND TROUBLESHOOTING?
- BUNDLE CARE APPROACH IN ICU
- END OF LIFE CARE PRINCIPLES
- WHAT IS NEW IN END-OF-LIFE CARE POLICY – INDIAN SCENARIO?
- HOW TO DO CRITICAL APPRAISAL OF PAPER?
- IMAGING IN ICU

## PRACTICAL POINTS TO REMEMBER ON ANTIBIOTICS, ANTIVIRALS AND ANTIFUNGALS: AN INTENSIVIST PERSPECTIVE

- AN OVERVIEW ON DOXYCYCLINE, TIGECYCLINE AND MINOCYCLINE
- AN OVERVIEW ON GLYCOPEPTIDES IN ICU: VANCOMYCIN AND TEICoplanin
- AN OVERVIEW ON LINEZOLID
- AN OVERVIEW ON CLINDAMYCIN
- AN OVERVIEW ON DAPTOMYCIN
- AN OVERVIEW ON FOSFOMYCIN USE IN ICU
- AN OVERVIEW ON LEVONADIFLOXACIN: A NOVEL ANTI-MRSA ANTIBIOTIC
- AN OVERVIEW ON POLYMYXINS IN ICU
- AN OVERVIEW ON ARBEKACIN
- AN OVERVIEW ON ROLE OF CEFTRIAXONE SULBACTAM DISODIUM EDETATE IN THE ICU
- AN OVERVIEW ON CEFTAROLINE
- AN OVERVIEW ON CEFTAZIDIME AVIBACTAM AND AZTREONAM AVIBACTAM
- AN OVERVIEW ON AZTREONAM AVIBACTAM
- AN OVERVIEW ON HIGH DOSE SULBACTAM
- AN OVERVIEW ON ECHINOCANDINS: ANIDULAFUNGIN, MICAfungin AND CASPOfungin
- AN OVERVIEW ON ERTAPENEM
- AN OVERVIEW ON FAROPENEM
- AN OVERVIEW ON VORICONAZOLE
- AN OVERVIEW ON ISAVUCONAZOLE
- AN OVERVIEW ON POSACONAZOLE
- AN OVERVIEW ON AMPHOTERICIN -B
- AN OVERVIEW ON ANTIVIRALS: - ACYCLOVIR
- AN OVERVIEW ON ANTIVIRALS: - GANCICLOVIR
- AN OVERVIEW ON ANTIVIRALS: - VALGANCYCLOVIR
- AN OVERVIEW ON ANTIVIRALS: - FOSCARNET
- VABORBACTAM AND ITS COMBINATIONS (MEROPENEM-VABORBACTAM): AN OVERVIEW?
- RELEBACTAM AND ITS COMBINATIONS (IMIPENEM-RELEBACTAM): CURRENT EVIDENCE
- CLINICAL EVIDENCE ON TANIBORBACTAM COMBINATIONS (CEFEPIME-TANIBORBACTAM)
- CLINICAL UTILITY AND EVIDENCE ON CEFIDEROCOL
- DALBAVANCIN: AN OVERVIEW
- PLAZOMYCIN : AN OVERVIEW

## **PRACTICAL POINTS TO REMEMBER ON VASOACTIVE AGENTS: AN INTENSIVIST PERSPECTIVE**

- AN OVERVIEW ON ADRENALINE: CURRENT EVIDENCE IN ICU
- NORADRENALINE: CLINICAL UTILITY AND EVIDENCE
- DOPAMINE IN ICU: WHEN, WHICH PATIENTS AND HOW MUCH?
- DOBUTAMINE: IS IT A WONDER IONODILATOR?
- LEVOSIMENDAN: WHERE IS THE PLACE AMONG CRITICALLY ILL PATIENTS?
- CLINICAL UTILITY AND CURRENT EVIDENCE ON VASOPRESSIN
- TERLIPRESSIN IN CRITICAL CARE UNIT: BEYOND ITS ROUTINE USE
- ANGIOTENSIN II IN VASODILATORY SHOCK: CURRENT EVIDENCE
- PHENYLEPHRINE: WHEN AND WHICH PATIENTS TO USE?
- MILRINONE IN MEDICAL ICU: CURRENT EVIDENCE
- CENTHAQUINE- A NEW MEDICATION FOR HYPOVOLEMIC SHOCK: CURRENT EVIDENCE

**Join the most trusted and result-oriented master program  
designed for aspiring and practicing critical care professionals.**

**Our curriculum is structured to provide in-depth theoretical  
knowledge combined with practical clinical insights.**



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Structured Modules with Simplified Learning



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Certification Upon Successful Completion

Be part of the next successful batch starting March 2026





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## COURSE FACULTY & DIRECTOR

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## FEES STRUCTURE

| CATEGORY                |                       | 25% EARLY BIRD DISCOUNT<br>(Till 28th February 2026) | 15% EXTENDED DISCOUNT<br>(1st March – 15th March 2026) | REGULAR (From 15th March 2026 Onwards) |
|-------------------------|-----------------------|--|--|--|
| INDIAN DELEGATES (INR)  | Registration Fee      | 20,000   | 20,000   | 20,000                                 |
|                         | Discount              | 5,000  | 3,000  | 0                                      |
|                         | Amount After Discount | 15,000   | 17,000   | 20,000                                 |
|                         | GST 18%               | 2,700  | 3,060  | 3,600                                  |
| Total Amount Payable    |                       | 17,700   | 20,060   | 23,600                                 |
| FOREIGN DELEGATES (USD) | Registration Fee      | 240  | 240  | 240                                    |
|                         | Discount              | 60   | 36   | 0                                      |
|                         | Amount After Discount | 180  | 204  | 240                                    |
|                         | GST 18%               | 35   | 37   | 44                                     |
| Total Amount Payable    |                       | 215  | 241  | 288                                    |

**CLASSES WILL BE STARTING FROM MARCH 2026**