



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-2 from March 2026.

Features of Comprehensive course 2

- 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**

**CLASSES WILL START
FROM
MARCH 2026**

COURSE FACULTY & DIRECTOR

Dr. Harish Mallapura Maheshwarappa
MBBS, MD, DNB, IDCCM, DM (Critical Care Medicine TMH, Mumbai),
EDIC(Dublin), Fellowship in Infectious Diseases, FIARC, MBA
Intensive Care Physician and Infectious Disease Specialist

Mail: dr.harishmm@rocketmail.com
Contact no: +91-8095218493



Kauvery
hospital

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 INFILCTED LUNG INJURY : UNDERSTANDING THE NEW CONCEPT.
- LUNG STRESS AND STRAIN IN MECHANICAL VENTILATION.

INFECTIONS AND ANTI – INFECTIVES

- SEPSIS – A CASE BASED APPROACH
- SEPSIS GUIDELINES 2021- WHAT'S NEW?
- EMPERIC ANTIBIOTIC APPROACH AND ANTIBIOTIC DEESCALTION 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

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

CARDIAC CRITICAL CARE

- TREATING ATRIAL FIBRILLATION IN ICU
- ACUTE CORONARY SYNDROME
- ACUTE PULMONARY EMBOLISM
- UNDERSTANDING DIASTOLIC DYSFUNCTION : CASE BASED APPROACH
- NEWER DRUGS TO TREAT HEART FAILURE
- MANAGEMENT OF SEPSIS INDUCED CARDIOMYOPATHY: CURRENT EVIDENCE
- RIGHT HEART FAILURE IN ICU: A PROTOCOLIZED APPROACH
- MECHANICAL CIRCULATORY SUPPORT DEVICES IN ICU (IABP, LVAD, IMPELLA): AN OVERVIEW
- ECMO BASICS
- ACLS/BLS
- POST CARDIAC ARREST CARE
- PACEMAKER IN ICU

RESPIRATORY CRITICAL CARE

- VENTILATOR ASSOCIATED PNEUMONIA
- COPD – ICU MANAGEMENT
- BRONCHIAL ASTHMA – ICU MANAGEMENT
- AN EVIDENCE BASED MANAGEMENT OF COVID 19 IN ICU: AN OVERVIEW OF EVIDENCE TILL NOW
- SYSTEMATIC APPROACH TO AIRWAY MANAGEMENT IN ICU : IS IT A DIFFERENT BALL GAME?
- MASSIVE HEMOPTYSIS: A PROTOCOLIZED APPROACH
- APPROACH TO PULMONARY ARTERY HYPERTENSION: AN OVERVIEW
- TREATING PULMONARY FIBROSIS: AN EVIDENCE-BASED APPROACH
- ACUTE EXACERBATION OF INTERSTITIAL LUNG DISEASE: AN EVIDENCE-BASED APPROACH
- EXTRACORPOREAL CO₂ REMOVAL: WHEN AND WHICH PATIENTS?

FLUIDS, ELECTROLYTES & BLOOD

- VENTILATOR ASSOCIATED PNEUMONIA
- COPD – ICU MANAGEMENT
- BRONCHIAL ASTHMA – ICU MANAGEMENT
- AN EVIDENCE BASED MANAGEMENT OF COVID 19 IN ICU: AN OVERVIEW OF EVIDENCE TILL NOW
- SYSTEMATIC APPROACH TO AIRWAY MANAGEMENT IN ICU : IS IT A DIFFERENT BALL GAME?
- MASSIVE HEMOPTYSIS: A PROTOCOLIZED APPROACH
- APPROACH TO PULMONARY ARTERY HYPERTENSION: AN OVERVIEW
- TREATING PULMONARY FIBROSIS: AN EVIDENCE-BASED APPROACH
- ACUTE EXACERBATION OF INTERSTITIAL LUNG DISEASE: AN EVIDENCE-BASED APPROACH
- EXTRACORPOREAL CO₂ REMOVAL: WHEN AND WHICH PATIENTS?
- IV FLUID THERAPY IN ICU – CURRENT EVIDENCE
- ALBUMIN IN ICU: WHEN, HOW MUCH AND WHICH PATIENTS?
- APPROACH TO HYponatremia
- APPROACH TO HYPERnatremia
- MASSIVE TRANSFUSION PROTOCOL AND DAMAGE CONTROLLED RESUSCITATION
- TRALI AND TACO : AN OVERVIEW
- AN APPROACH TO ARTERIAL BLOOD GAS ANALYSIS
- TREATMENT OF HYPOKALEMIA IN ICU
- TREATMENT OF HYPERKALEMIA IN ICU
- TREATMENT OF HYPMAGNESEMIA IN ICU
- TREATMENT OF HYPERMAGNESEMIA IN ICU
- TREATMENT OF HYPOPHOSPHATEMIA IN ICU
- TREATMENT OF HYPERPHOSPHATEMIA IN ICU
- TREATMENT OF HYPOCALCEMIA IN ICU
- TREATMENT OF HYPERCALCEMIA IN ICU

GUT, LIVER AND PANCREAS

- CLOSTRIDIUM DIFFICILE DIARRHEA
- SEVERE ACUTE PANCREATITIS
- WHAT'S NEW IN THE MANAGEMENT OF ACUTE SEVERE PANCREATITIS IN THE ICU
- ACUTE FULMINANT LIVER FAILRE
- ABDOMINAL COMPARTMENT SYNDROME
- ICU MANAGEMENT OF UPPER GASTROINTESTINAL BLEED
- ICU MANAGEMENT OF LOWER GASTROINTESTINAL BLEED

ONCO CRITICAL CARE AND HEAMATOLOGICAL ISSUES

- TUMOUR LYSIS SYNDROME
- HYPERLEUCOCYTOSIS SYNDROME
- APPROACH TO FEBRILE NEUTROPENIA
- OVERVIEW ON MANAGEMENT OF POST-TRANSPLANT PATIENT IN ICU
- THROMBOTIC MICRO ANGIOPATHY IN ICU: – TTP
- THROMBOTIC MICRO ANGIOPATHY IN ICU: – HUS
- MACROPHAGE ACTIVATION SYNDROME / HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS (HLH) SYNDROME IN ICU
- SVC SYNDROME
- VISCOELASTIC TESTS OF HAEMOSTASIS (TEG) : WORKING PRINCIPLES AND CLINICAL UTILITIES
- BLEEDING AND COAGULOPATHY IN ICU: HOW TO APPROACH?
- THROMBOCYTOPENIA / PLATELET DISORDERS IN ICU: DIFFERENTIAL DIAGNOSIS AND APPROACH
- MANAGING SICKLE CELL CRISIS IN ICU
- NEWER ANTI COAGULANTS AND DVT
- STEROIDS IN ICU: WHEN, HOW MUCH AND WHICH PATIENTS?
- IVIG IN ICU: WHEN, HOW MUCH AND WHICH PATIENTS?

PERI-OPERATIVE CRITICAL CARE

- MANAGING CRITICALLY ILL POST SURGICAL PATIENT SEPSIS : A PRACTICAL CASE BASED APPROACH
- MANAGING POST OPERATIVE MYOCARDIAL INFARCTION: PRACTICAL CONSIDERARTION
- MANAGING POSTOPERATIVE PULMONARY EMBOLISM : PRACTICAL CONSIDERATIONS
- PERI OPERATIVE ARRYTHMIA

ORGAN CROSSTALKS IN ICU

- ORGAN CROSSTALK IN ICU PATIENTS: -CARDIORENAL SYNDROME
- ORGAN CROSSTALK IN ICU PATIENTS: - PULMONARY RENAL SYNDROME
- ORGAN CROSSTALK IN ICU PATIENTS: - HEPATORENAL SYNDROME

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 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 CEFTRIAZONE SULBACTAM DISODIUM EDETADE 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
- VABORBACTUM AND ITS COMBINATIONS (MEROPENEM-VABORBACTUM): 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



SCAN QR CODE TO REGISTER



COURSE FACULTY & DIRECTOR

Dr. Harish Mallapura Maheshwarappa

MBBS, MD, DNB, IDCCM, DM (Critical Care Medicine TMH, Mumbai),
EDIC(Dublin), Fellowship in Infectious Diseases, FIARC, MBA

Intensive Care Physician and Infectious Disease Specialist

Mail: dr.harishmm@rocketmail.com

Contact no: +91-8095218493



FEES STRUCTURE

CATEGORY		25% EARLY BIRD DISCOUNT (Till 28th February 2026)	15% EXTENDED DISCOUNT (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