

**BATCH
10**

ONE STOP SOLUTION FOR ALL CRITICAL CARE MEDICINE LEARNING

“Master Classes in CRITICAL CARE MEDICINE”

**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 10th batch from **May 2024**. **Recorded videos of Batch 10 classes will be available till end of October 2024 (Total 6 months from May 2024 to October 2024)**

**Now
around
220 topics
included**



Additional Features of batch 10 :-

- 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.



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After that Regular price- INR Rs 30,000 (365 USD) plus 18% GST

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**Classes will be
starting from
May 2024**

For technical Queries call : +91 95381 15187



CURRICULUM
(now around 220 topics included)

A. INFECTIONS AND ANTI – INFECTIVES

1. SEPSIS – A CASE BASED APPROACH
2. SEPSIS GUIDELINES 2021- WHAT'S NEW?
3. EMPERIC ANTIBIOTIC APPROACH AND ANTIBIOTIC DEESCALATION IN ICU
4. COMMUNITY ACQUIRED PNEUMONIA
5. INVASIVE FUNGAL INFECTIONS – A CASE BASED APPROACH
6. NEWER ANTIBIOTICS IN THE PIPELINE
7. MDR GRAM NEGATIVES IN ICU: BASICS AND BEYOND
8. DIFFERENTIAL USAGE OF CARBAPENAMS: CURRENT EVIDENCE
9. APPROACH TO TROPICAL INFECTIONS IN ICU
10. PK - PD OF ANTIBIOTICS IN CRITICALLY ILL PATIENTS
11. INTERPRETATION OF CULTURE SENSITIVITY REPORT: - MIC, BPC, MPC WHAT TO SEE AT THE BEDSIDE?
12. RAPID DIAGNOSTICS AND THERAPEUTIC DRUG MONITORING IN ICU: IS IT THE FUTURE?
13. TREATING HIV PATIENT: ICU PERSPECTIVE
14. INFECTION CONTROL POLICIES IN ICU: -CARING OF LINES, DRAINS AND PIPES, BIOMEDICAL WASTE MANAGEMENT, TRANSMISSION SPECIFIC ISOLATION PRECAUTIONS
15. IMMUNOMODULATION IN ICU WHAT IS THE EVIDENCE: - ULINASTATIN, METHYLENE BLUE, SEPSIVAC, THYMOCIN ALPHA, INTERFERON ALPHA MARIK'S PROTOCOL
16. MANAGING COMPLICATED UTI: AN OVERVIEW
17. OXA 48 AN EMERGING THREAT: WHAT WE SHOULD KNOW?
18. PULMONARY TB IN ICU: CHALLENGES IN DIAGNOSIS AND THERAPY
19. PYREXIA OF UNKNOWN ORIGIN: A PROTOCOLIZED APPROACH
20. MANAGEMENT OF COMPLICATED SKIN-SOFT TISSUE INFECTIONS IN ICU

B. HEAMODYNAMIC MONITORING

1. PRESSURE BASED INDECES / STATIC PARAMETERS- CVP, PAOP AND ARTERIAL LINE
2. CASE BASED DISCUSSION-VOLUME BASED INDECES / DYNAMIC PARAMETERS-PPV, SVV, SPV
3. CARDIAC OUTPUT MONITORING AN OVERVIEW
4. CARDIOGENIC SHOCK-CASE BASED APPROACH
5. OBSTRUCTIVE SHOCK-CASE BASED APPROACH
6. CASE BASED DISCUSSION- FLUID RESPONSIVENESS AND ADVANCED HEMODYNAMIC MONITORING: FLOW TRAC / VOLUME VIEW / PLR
7. FAST, eFAST, POCUS, BLUE PROTOCOL AND VEXUS SCORE: AN OVERVIEW

C. RESUSCITATION AND DERESUSCITATION

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

D. CARDIAC CRITICAL CARE

1. TREATING ATRIAL FIBRILLATION IN ICU
2. ACUTE CORONARY SYNDROME
3. ACUTE PULMONARY EMBOLISM
4. UNDERSTANDING DIASTOLIC DYSFUNCTION: CASE BASED APPROACH APPROACH
5. NEWER DRUGS TO TREAT HEART FAILURE
6. MANAGEMENT OF SEPSIS INDUCED CARDIOMYOPATHY: CURRENT EVIDENCE
7. RIGHT HEART FAILURE IN ICU: A PROTOCOLIZED APPROACH
8. MECHANICAL CIRCULATORY SUPPORT DEVICES IN ICU (IABP, LVAD, IMPELLA): AN OVERVIEW
9. ECMO BASICS
10. ACLS/BLS
11. POST CARDIAC ARREST CARE
12. PACEMAKER IN ICU

E. ARDS

1. ARDS GENERAL AND VENTILATORY ASPECTS
2. LANDMARK TRAILS IN ARDS
3. UNDERSTANDING ARDS: CASE BASED APPROACH

F. RESPIRATORY CRITICAL CARE

1. VENTILATOR ASSOCIATED PNEUMONIA
2. COPD – ICU MANAGEMENT
3. BRONCHIAL ASTHMA – ICU MANAGEMENT
4. AN EVIDENCE BASED MANAGEMENT OF COVID 19 IN ICU: AN OVERVIEW OF EVIDENCE TILL NOW
5. SYSTEMATIC APPROACH TO AIRWAY MANAGEMENT IN ICU: IS IT A DIFFERENT BALL GAME?
6. MASSIVE HEMOPTYSIS: A PROTOCOLIZED APPROACH
7. APPROACH TO PULMONARY ARTERY HYPERTENSION: AN OVERVIEW
8. TREATING PULMONARY FIBROSIS: AN EVIDENCE-BASED APPROACH
9. ACUTE EXACERBATION OF INTERSTITIAL LUNG DISEASE: AN EVIDENCE-BASED APPROACH

G. MECHANICAL VENTILATION

1. NON-INVASIVE VENTILATION : CURRENT EVIDENCE
2. HIGH FLOW NASAL CANULA: CURRENT EVIDENCE
3. BASICS OF VENTILATOR GRAPHICS
4. ADVANCED MODES OF MECHANICAL VENTILATION AN OVERVIEW
5. WEANING FAILURE AND DIFFICULTY IN WEANING
6. DIAPHRAGM PROTECTIVE VENTILATION: WHAT IT IS EXACTLY?
7. PATIENT SELF INFLICTED LUNG INJURY: UNDERSTANDING THE NEW CONCEPT.
8. LUNG STRESS AND STRAIN IN MECHANICAL VENTILATION.

H. FLUIDS, ELECTROLYTES & BLOOD

1. IV FLUID THERAPY IN ICU – CURRENT EVIDENCE
2. ALBUMIN IN ICU: WHEN, HOW MUCH AND WHICH PATIENTS?
3. APPROACH TO HYPONATREMIA
4. APPROACH TO HYPERNATREMIA
5. MASSIVE TRANSFUSION PROTOCOL AND DAMAGE CONTROLLED RESUSCITATION
6. AN APPROACH TO ARTERIAL BLOOD GAS ANALYSIS
7. ARTERIAL BLOOD GAS ANALYSIS PART II: STEWART'S APPROACH
8. TREATMENT OF HYPOKALEMIA IN ICU
9. TREATMENT OF HYPERKALEMIA IN ICU
10. TREATMENT OF HYPOMAGNESEMIA IN ICU
11. TREATMENT OF HYPERMAGNESEMIA IN ICU
12. TREATMENT OF HYPOPHOSPHATEMIA IN ICU
13. TREATMENT OF HYPERPHOSPHATEMIA IN ICU
14. TREATMENT OF HYPOCALCEMIA IN ICU
15. TREATMENT OF HYPERCALCEMIA IN ICU

I. ENDOCRINE AND NUTRITION

1. DIABETIC EMERGENCIES IN ICU: DKA, HHS & HYPOGLYCEAMIA
2. ACUTE ADRENAL INSUFFICIENCY: ICU MANAGEMENT
3. MANAGING HYPOTHYROIDISM AND MYXEDEMA COMA IN ICU: AN OVERVIEW
4. MANAGING HYPERTHYROIDISM AND THYROTOXICOSIS IN ICU: AN OVERVIEW
5. AN APPROACH TO ENTERAL NUTRITION IN ICU
6. DISEASE SPECIFIC NUTRITION
7. PHARMACO-NUTRITION
8. REFEEDING SYNDROME
9. TOTAL PARENTERAL NUTRITION: WHEN, HOW MUCH AND WHICH PATIENTS?

J. GUT, LIVER AND PANCREAS

1. CLOSTRIDIUM DIFFICILE DIARRHEA
2. SEVERE ACUTE PANCREATITIS
3. ACUTE FULMINANT LIVER FAILURE
4. ABDOMINAL COMPARTMENT SYNDROME
5. ICU MANAGEMENT OF UPPER GASTROINTESTINAL BLEED
6. ICU MANAGEMENT OF LOWER GASTROINTESTINAL BLEED

K. NEURO CRITICAL CARE

1. SUB ARACHNOID BLEED
2. MANAGING STROKE: ICU PERSPECTIVE
3. GB SYNDROME
4. MYASTHENIA GRAVIS
5. ICU ACQUIRED WEAKNESS
6. TREATING MENINGITIS: ICU PERSPECTIVES
7. A STEPWISE APPROACH TO REFRACTORY STATUS EPILEPTICUS
8. AUTO IMMUNE ENCEPHALITIS: ICU PERSPECTIVE
9. ENCEPHALOPATHY IN ICU: METABOLIC
10. ENCEPHALOPATHY IN ICU: SEPTIC
11. TRANSCRANIAL DOPPLER AND ICP MONITORING: AN OVERVIEW
12. BRAIN DEATH DECLARATION AND ORGAN PRESERVATION

L. ONCO CRITICAL CARE AND HEAMATOLOGICAL ISSUES

1. TUMOUR LYSIS SYNDROME
2. HYPERLEUCOCYTOSIS SYNDROME
3. APPROACH TO FEBRILE NEUTROPENIA
4. OVERVIEW ON MANAGEMENT OF POST-TRANSPLANT PATIENT IN ICU
5. THROMBOTIC MICRO ANGIOPATHY IN ICU: - TTP
6. THROMBOTIC MICRO ANGIOPATHY IN ICU: - HUS
7. MACROPHAGE ACTIVATION SYNDROME / HEMOPHAGOCYTIC LYMPHOHISTIOCYTOSIS (HLH) SYNDROME IN ICU
8. ONCOLOGICAL EMERGENCIES PART II – SVC SYNDROME, SPINAL CORD COMPRESSION, PERICARDIAL EFFUSION AND CARCINOMATOSIS MENINGITIS
9. VISCOELASTIC TESTS OF HAEMOSTASIS (TEG AND ROTEM) : WORKING PRINCIPLES AND CLINICAL UTILITIES
10. BLEEDING AND COAGULOPATHY IN ICU: HOW TO APPROACH?
11. THROMBOCYTOPENIA / PLATELET DISORDERS IN ICU: DIFFERENTIAL DIAGNOSIS AND APPROACH

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| 12. NEWER ANTI COAGULANTS AND DVT |
| 13. STEROIDS IN ICU: WHEN, HOW MUCH AND WHICH PATIENTS? |
| 14. IVIG IN ICU: WHEN, HOW MUCH AND WHICH PATIENTS? |

M. TRAUMA/BURNS/SNAKE BITE/TOXICOLOGY

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| 1. GENERAL VIEW ON ADVANCED TRAUMA LIFE SUPPORT (ATLS) |
| 2. ABDOMINAL TRAUMA |
| 3. TRAUMATIC BRAIN INJURY |
| 4. AN EVIDENCE-BASED MANAGEMENT OF BURNS PATIENT IN ICU |
| 5. ICU MANAGEMENT OF PATIENT WITH SNAKE BITE |
| 6. TOXICOLOGY GENERAL APPROACH |
| 7. MANAGEMENT OF CRITICALLY ILL PREGNANT PATIENT |

N. PERI-OPERATIVE CRITICAL CARE

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| 1. MANAGING CRITICALLY ILL POST SURGICAL PATIENT SEPSIS: A PRACTICAL CASE BASED APPROACH |
| 2. MANAGING POST OPERATIVE MYOCARDIAL INFARCTION :PRACTICAL CONSIDERATIONS |
| 3. MANAGING POSTOPERATIVE PULMONARY EMBOLISM: PRACTICAL CONSIDERATIONS |
| 4. PERI OPERATIVE ARRHYTHMIA |

O. NEPHRO CRITICAL CARE AND CONNECTIVE TISSUE DISORDERS

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| 1. ACUTE KIDNEY INJURY |
| 2. PRINCIPLES OF RENAL REPLACEMENT THERAPY |
| 3. ROLE OF EXTRACORPOREAL FILTERS (CYTOSORB, OXARIS, TORAYMYXIN AND LPS ADSORBER) IN CRITICALLY ILL PATIENTS: WHERE WE ARE TODAY? |
| 4. DIURETICS IN ICU: WHEN, HOW MUCH AND WHICH PATIENTS? |
| 5. THERAPEUTIC PLASM EXCHANGE IN ICU: WHAT IS THE EVIDENCE? |
| 6. MANAGING CATASTROPHIC ANTI PHOSPHOLIPID ANTIBODY SYNDROME: ROLE OF INTENSIVIST |
| 7. RHEUMATOLOGICAL EMERGENCIES IN ICU: AN OVERVIEW |

P. ORGAN CROSSTALKS IN ICU

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| 1. ORGAN CROSSTALK IN ICU PATIENTS: -CARDIORENAL SYNDROME |
| 2. ORGAN CROSSTALK IN ICU PATIENTS: - PULMONARY RENAL SYNDROME |
| 3. ORGAN CROSSTALK IN ICU PATIENTS: - HEPATORENAL SYNDROME |

Q. ICU ORGANISATION/QUALITY ISSUES/END OF LIFE CARE/IMAGING:-

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| 1. ICU ORGANISATION AND STRUCTURE : WHAT WE NEED TO UNDERSTAND ? |
| 2. SCORING SYSTEM IN ICU |
| 3. QUALITY INDICATORS IN ICU: AN OVERVIEW |
| 4. HOW TO DO CLINICAL AUDIT IN ICU? |
| 5. COMMUNICATION IN ICU: ITS SHORTFALLS AND HOW TO IMPROVE IT? |
| 6. TRANSPORTING A CRITICALLY ILL PATIENT: PREPARATION AND TROUBLESHOOTING? |
| 7. QUALITY INDICATORS IN ICU: AN OVERVIEW |
| 8. BUNDLE CARE APPROACH IN ICU |
| 9. END OF LIFE CARE PRINCIPLES |
| 10. WHAT IS NEW IN END-OF-LIFE CARE POLICY – INDIAN SCENARIO? |
| 11. HOW TO DO CRITICAL APPRAISAL OF PAPER? |
| 12. IMAGING IN ICU |
| 13.CRITICAL APPRAISAL OF LAND MARK TRAILS IN ICU |

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

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| 1. AN OVERVIEW ON DOXYCYCLINE, TIGECYCLINE AND MINOCYCLINE |
| 2. AN OVERVIEW ON GLYCOPEPTIDES IN ICU: VANCOMYCIN AND TEICOPLANIN |
| 3. AN OVERVIEW ON LINEZOLID |
| 4. AN OVERVIEW ON CLINDAMYCIN |
| 5. AN OVERVIEW ON DAPTOMYCIN |
| 6. AN OVERVIEW ON FOSFOMYCIN USE IN ICU |
| 7. AN OVERVIEW ON LEVONADIFLOXACIN: A NOVEL ANTI-MRSA ANTIBIOTIC |
| 8. AN OVERVIEW ON POLYMYXINS IN ICU |
| 9. AN OVERVIEW ON ARBEKACIN |
| 10. AN OVERVIEW ON ROLE OF CEFTRIAXONE SULBACTAM DISODIUM EDETATE IN THE ICU |
| 11. AN OVERVIEW ON CEFTAROLINE |
| 12. AN OVERVIEW ON CEFTAZIDIME AVIBACTAM AND AZTREONAM AVIBACTAM |
| 13. AN OVERVIEW ON AZTREONAM AVIBACTAM |
| 14.AN OVERVIEW ON HIGH DOSE SULBACTAM |
| 15. AN OVERVIEW ON ECHINOCANDINS: ANIDULAFUNGIN, MICAUFUNGIN AND CASPOFUNGIN |
| 16. AN OVERVIEW ON ERTAPENEM |
| 17. AN OVERVIEW ON FAROPENEM |
| 18. AN OVERVIEW ON ISAVUCONAZOLE |
| 20. AN OVERVIEW ON POSACONAZOLE |
| 21. AN OVERVIEW ON AMPHOTERICIN -B |
| 22. AN OVERVIEW ON ANTIVIRALS: - ACYCLOVIR |
| 23. AN OVERVIEW ON ANTIVIRALS: - GANCICLOVIR |
| 24. AN OVERVIEW ON ANTIVIRALS: - VALGANCYCLOVIR |

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25. AN OVERVIEW ON ANTIVIRALS: - FOSCARNET

26. VABORBACTUM AND ITS COMBINATIONS (MEROPENEM-VABORBACTUM): AN OVERVIEW?

27. RELEBACTAM AND ITS COMBINATIONS (IMIPENEM-RELEBACTAM): CURRENT EVIDENCE

28. CLINICAL EVIDENCE ON TANIBORBACTAM COMBINATIONS (CEFEPIME-TANIBORBACTAM)

29. CLINICAL UTILITY AND EVIDENCE ON CEFIDEROCOL

S. PRACTICAL POINTS TO REMEMBER ON VASOACTIVE AGENTS: AN INTENSIVIST PERSPECTIVE

1. AN OVERVIEW ON ADRENALINE: CURRENT EVIDENCE IN ICU

2. NORADRENALINE: CLINICAL UTILITY AND EVIDENCE

3. DOPAMINE IN ICU: WHEN, WHICH PATIENTS AND HOW MUCH?

4. DOBUTAMINE: IS IT A WONDER IONODILATOR?

5. LEVOSIMENDAN: WHERE IS THE PLACE AMONG CRITICALLY ILL PATIENTS?

6. CLINICAL UTILITY AND CURRENT EVIDENCE ON VASOPRESSIN

7. TERLIPRESSIN IN CRITICAL CARE UNIT: BEYOND ITS ROUTINE USE

8. ANGIOTENSIN II IN VASODILATORY SHOCK: CURRENT EVIDENCE

9. PHENYLEPHRINE: WHEN AND WHICH PATIENTS TO USE?

10. MILRINONE IN MEDICAL ICU: CURRENT EVIDENCE

11. CENTHAQUINE- A NEW MEDICATION FOR HYPOVOLEMIC SHOCK: CURRENT EVIDENCE

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