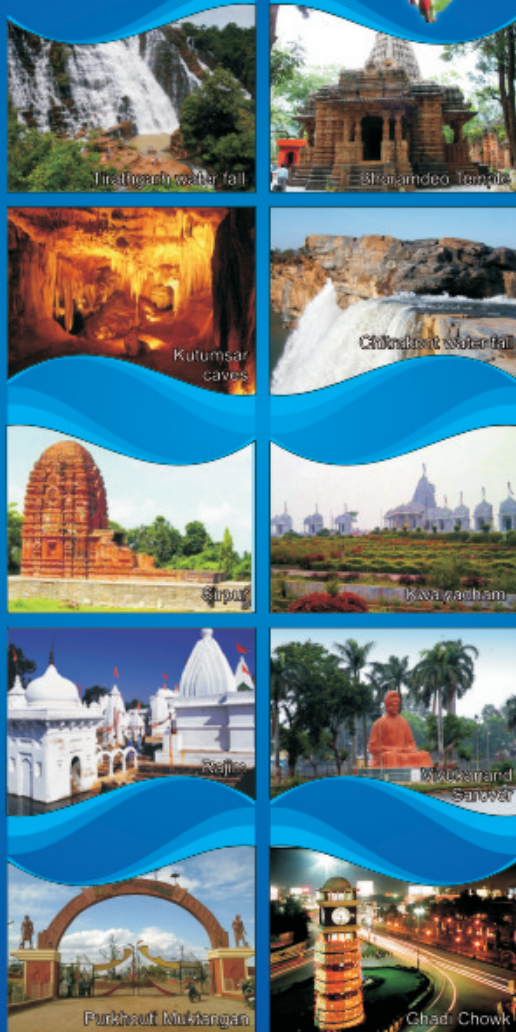


WELCOME TO CHHATTISGARH



**NATIONAL CME ON
INTERDISCIPLINARY COMPREHENSION
IN TRANSFUSION MEDICINE**



ORGANISED BY
THE DEPARTMENT OF
TRANSFUSION MEDICINE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
RAIPUR (C.G.)

DATE
28TH JANUARY 2014, TUESDAY

VENUE
ALL INDIA INSTITUTE OF MEDICAL SCIENCES
RAIPUR (CHHATTISGARH)

TIME
12:30PM TO 5:00PM

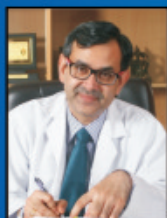
-: Co-sponsored by :-

CHHATTISGARH COUNCIL OF
SCIENCE AND TECHNOLOGY

Website
www.aiimsraipur.edu.in
Email
sunray2077@gmail.com
varshanema@live.com

MESSAGE

This conference promotes the rational usage of blood component therapy for specific clinical indications and heightens comprehensive inclusivity of the various branches in medicine. The objective of this CME is to have specific clinical indications for discussion, pertaining to their transfusion aspect and to have an insight on multiple transfusions from a Transfusion Medicine perspective.



Dr. Nitin M. Nagarkar
Director
AIIMS, Raipur

Dr. Surya Prakash Dhaneria
Dean
AIIMS, Raipur

Organising Secretary
Dr. Sankalp Sharma
Assistant Professor,
Department of Transfusion Medicine,
AIIMS, Raipur



**INTERDISCIPLINARY COMPREHENSION
OF TRANSFUSION MEDICINE**

We are organising a national CME in Transfusion Medicine at AIIMS Raipur on the 28th of January 2014 Tuesday. The Program for the CME is as mentioned below:

Time	Events	Speaker
12.30 pm to 01.30 pm	Registration with Lunch	-
01:30 pm to 02:00 pm	Inauguration:	-
02:10 pm to 02:35 pm	Transfusion management in Burns patients	Dr. Ashwani Kumar Dalal
02:40 pm to 03:05 pm	Transfusion Therapy in the Sickle cell anemia and Thalassemia (A clinical perspective)	Dr. Atul Jindal
03:10 pm to 03:35 pm	Massive Transfusion in a Trauma Patient	Dr. Tej Prakash Sinha
03:40 pm to 04:05 pm	"Multiple transfusion therapy: A Transfusion Medicine perspective"	Dr. Rati Ram Sharma
04:10 pm to 05:00 pm	Questions to the guest faculty and discussion on the Faculty feedback form	Dr. Sankalp Sharma
	High Tea	

AIIMS Raipur (Department of Transfusion Medicine) is releasing a souvenir with the lectures of the conference and guest articles, and is inviting write-up or reports for publications from the various Government and Private institutions. Last date for submission : 17 Jan. 2014

Registration to the CME in Transfusion Medicine
Registration charges
Delegates: Rs 500 per person.
Residents: Rs 350 per person.

Request for the credit hours has been approved by C.G. Medical Council

**COMMITTEE FOR THE CONFERENCE
IN TRANSFUSION MEDICINE**

PATRON AND ADVISOR:
PROF. DR. NITIN M NAGARKAR
PROF. DR. S.P. DHANERIA

ORGANISING SECRETARY
DR. SANKALP SHARMA

TREASURER
Dr. Sankalp Sharma
Dr. Manish Jagdish Raghani
Dr. Sanjay Singh Negi

REGISTRATION COMMITTEE
Dr. Ripu Daman Arora
Dr. Monika Kheterpal
Dr. Ekta Khandelwal
Dr. Varsha Pandey

SCIENTIFIC COMMITTEE
Dr. Sankalp Sharma
Dr. Debajyoti Mohanti
Dr. S Srinivasan

TRAVEL AND ACCOMMODATION
Dr. Ankur Srivastava
Dr. Rupa Mehta

CATERING ARRANGEMENT
Dr. Ujjwala Nitin Gaikwad
Dr. Prasanta Kumar Nayak
Dr. Amit Bugalia

ADVISORY BOARD
Dr. Sarita Agrawal
Dr. Alok C Agrawal
Dr. Ekta Khandelwal

**INAUGURATION AND IT COORDINATION
OF THE LECTURE THEATER**
Dr. Siddhartha Nanda
Dr. Rupa Mehta
Dr. Varsha Pandey

AUDIO VISUAL COMMITTEE
Dr. Amit Bugalia
Dr. Sudhir Chandra Sarangi
Dr. Varsha Pandey

INTERDISCIPLINARY COMPREHENSION OF TRANSFUSION MEDICINE

TRANSFUSION MANAGEMENT IN BURNS PATIENTS; DR ASHWANI KUMAR DALAL

The questions which shall be asked from you in the panel discussion are as follows:

1. Management of patients in a dedicated burns intensive care unit in a developing country, your comments.
2. Acute burn induced coagulopathy; its relation to the fluid resuscitation, severity of the burn, inhalational injury, incidence of full thickness burn and abbreviated burn severity index and its management.
3. The choice between plasma products and Human albumin solution (5% albumin) for the fluid replacement after 24 hrs of crystalloid infusion.
4. Blood transfusion within first sixty days in context to the TBSA/cm burns, age, and sex is calculated by various formulas is there any relation of transfusion requirement with the number of surgical procedures, pre-transfusion laboratory test results.
5. Correlation of antiplatelet concentrates in the graft visco-elasticity in a post burn grafting.
6. The use of therapeutic plasma exchange (TPE) in the setting of refractory burn shock. When Resuscitation volumes exceeded 1.2 times the amount predicted by the modified Baxter formula (3 cm (3) LR/kg/%TBSA).Comment.

INTERDISCIPLINARY COMPREHENSION OF TRANSFUSION MEDICINE

Massive Transfusion in a Trauma Patient; Dr Tej Prakash Sinha

Q: Blood loss calculated in a poly-trauma patient in a preoperative, intraoperative state and post operative period. What are the protocols followed by the surgery for the autotransfusion of the blood loss in a polytrauma patient.

Q. What are the global indicators for oxygenation and perfusion.

Q. Whole fresh blood or Red cell aggregate in 1:1 with fresh frozen plasma what is preferred and should comprise the management guidelines for a poly-trauma patients .

Q. What are the target platelet levels in a poly-trauma patient during the intra-operative phase? What mode of platelet is preferred RDP or a SDP?

Q. when is the hemoglobin a required parameter for blood Transfusion in contrast to the volume of blood loss.

Q What is the difference of blood transfusion protocols in children and adults. What are the criteria for the massive transfusion protocol to be initiated in a pediatric population, and of transfusion?

Q. In a documented case of trauma how transfusion services are be initiated at a pre-hospital stage.

INTERDISCIPLINARY COMPREHENSION OF TRANSFUSION MEDICINE

TRANSFUSION THERAPY IN THE SICKLE CELL ANEMIA AND THALASSEMIA

(A CLINICAL PERSPECTIVE): DR ATUL JINDAL

Q1. Your suggestions for a coordination with the transfusion medicine department for the diagnosed patients affiliated with the Institute. (Patient specific unrelated donors; requisition form with shared data on the patient, use of apheresis etc).

Q2. How do we minimize the red cell administration to the diagnosed patients are the Adjuvant therapies a substitute for blood transfusion for the treatment of hemoglobinopathies.

Q3. What is the difference in the treatment for the preterm, term infants and child-hood Patients, with hemoglobinopathies.(blood volume and the component transfused eg red cell Concentrate or whole blood etc)

Q4. What diagnostic parameters do you use to determine the need for transfusion in Sickle cell and thalassemia along with the need for therapeutic intervention for iron accumulation .

Q5. The treatment of life threatening complication in sickle cell anaemia and the role of therapeutic erythrocytapheresis in contrast to partial exchange in the removal of HbS from the circulation and its subsequent replacement with the HbA.

INTERDISCIPLINARY COMPREHENSION OF TRANSFUSION MEDICINE

"MULTIPLE TRANSFUSION THERAPY: A TRANSFUSION MEDICINE PERSPECTIVE": DR RATI RAM SHARMA

1. Single donor program what is the viability in a referral centre like PGI Chandigarh; apheresis use or regular transfusions how do you maintain coordination with the clinical faculties protocols followed.
2. Partial exchange and complete exchange regimens; what is the scope for auto-transfusion in a partial exchange setup. (sickle cell disease).
3. Alloimmunisation bank protocols for future transfusions to such patients.
4. Target levels for various parameters in conditions requiring multiple transfusions example hemoglobin levels; Hb electrophoresis values of Hb A2 , HbF , HbS, Blood Reticulocyte counts ; S ferritin etc how do these parameters help in blood bank auditing.
5. What is the time interval taken for a routine ABO cross match; LISS cross match.
6. Very urgent cross match: ABO Rh compatible uncross-matched blood protocol, which competent authority authorizes the process of transfusion from the clinical side and blood bank.
7. Blood group not available protocol of a blood bank/transfusion committee/BTO for emergency; routine patients.
8. Blood Transfusion committees composition how frequent are the meetings for the case discussions.
9. Blood warming protocols of blood bank to the clinical specialties for Red cell aggregates; FFP etc in a routine and emergency conditions.
10. Role of Therapeutic plasma exchange in burns induced coagulopathy.
11. Preparation of autologous platelet concentrates for burns patients during surgery/debridement procedure platelet gel; can it be made in a routine blood bank....
12. Auto-transfusion and salvaged blood; blood bank protocols.
13. FFP, cryo-poor plasma, colloid infusions in burns patients is FFP indicated only in cases of coagulopathy or does it have a role in routine as a fluid requirement.
14. Intrauterine Transfusion blood bank protocol for transfusion.

15. 21st century Transfusion Medicine how should a INTERDISCIPLINARY blood Transfusion team function.



अखिल भारतीय आयुर्विज्ञान संस्थान, रायपुर (छत्तीसगढ़)
All India Institute of Medical Sciences, Raipur (Chhattisgarh)
Tatibandh, GE Road,
Raipur-492 099 (CG)

QUESTIONNAIR FOR THE AIIMS RAIPUR FACULTY AND THE DELEGATES

Q 1: Platelets are transfused prophylactic to a patient in an inpatient setup only when the blood platelet level per cubic milliliter is 10,000 or there are signs of active bleeding. (Answer in one sentence).

Q 2: Platelet concentrate are the treatment of choice for Disseminated intravascular coagulation and idiopathic thrombocytopenic purpura. (Answer in one sentence).

Q 3: Cryoprecipitate is the treatment of choice for Hemophilia (factor VIII deficiency); comment.

Q 4: Red cell concentrate is the treatment of choice in nutritionally deficient anaemia when Hemoglobin levels are below 8gm percent.

Q 5: Red cell transfusion to a infant less than three months of age should be group O and rhesus compatible to the infant group or if infant identical red blood cells are used it should be compatible with maternal serum as well. (Answer in one sentence).

Q 6: Chronic liver disease patients are given prophylactic Fresh Frozen Plasma for the maintenance of their coagulation factor levels.

Q 7: Single donors are encouraged by the blood banks for the Transfusion to a patient rather than using blood bank resources (comment).

Q 8: Blood component of Rh positive may be administered to an Rh negative male if compatible during the cross-match if the patient is critical, but not to a female of the reproductive age group. (Answer in one sentence).

Q 9: Whole blood has practically no indication in blood banking. (Answer in one sentence).

Q 10: Leucoreduced blood prevents the ability of the patient to use the donor blood leucocytes for immunity. (Comment).

Q 11: Delayed clamping of cord may prevent anaemia in infancy. (Answer in one sentence).

Q 12: Cord blood is a source of stem cells which are immune-naive and has a better uptake by the patient. (Answer in one sentence).

Q 13: Both the mother and newborn blood is required for the cross-matching for a newborn patient. (True or false).

Q 14: Group O FFP can be given only to group O and no other blood group (True or False).

Q 15: Multiple Transfusion causes the patient to develop allo-antigenic reaction due to the new antigen formation which may cause reaction with even a blood group to blood group transfusion in these patients. (True or False).

Q 16: Autologous blood donation option is considered the most important and the safest alternative in cancer patients because such patients may be spared of potential risk associated with the allogenic products (True /False; kindly provide an opinion on this issue).

Registration Details

Delegates/Faculty	Rs. 500/- per person
Residents	Rs. 350/- per person

(Request for the credit hours has been approved)

Payment should be made by cash/cheque/DD in favour of

"CME IN TRANSFUSION MEDICINE" payable at Raipur

Address for Correspondence:-

Organising Secretary

CME IN TRANSFUSION MEDICINE

Department of Transfusion Medicine

All India Institute of Medical Sciences

Tatibandh, G.E. Road, Raipur - 492099, Chhattisgarh

Mob. : 8518881735, 8518887707

Website : www.aiimsraipur.edu.in

E-mail : sunray2077@gmail.com, varshanema@live.com



आरोग्यम् सुख सम्पदा

CME IN TRANSFUSION MEDICINE

28 January 2014, Tuesday

• **ORGANISED BY** •

Department of Transfusion Medicine

All India Institute of Medical Sciences

Tatibandh, G.E. Road, Raipur-492099, Chhattisgarh, India

Registration Form

Name (in Block Letters) :

Designation :

MCI Registration No. :

Institution :

Address for Correspondence :

.....

E-mail :

Mobile :

Registration Fee Details: (DD/Cheque/Cash):

DD No. / Cheque No. Date :

Bank :

Amount :

Place :

.....

Signature

Date :

P.T.O.