

# **College of Physicians and Surgeons of Mumbai**

# Syllabus for CPS-PG-Course

## **DPICU-DIPLOMA IN PAEDIATRIC INTENSIVE CARE**

**College of Physicians and Surgeons of Mumbai** 

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## **DPICU-DIPLOMA IN PAEDIATRIC INTENSIVE CARE**

### AIMS:

To implement the curriculum to train the qualified Pediatricians in understanding the basics of Pediatric emergency and intensive care medicine, simultaneously working towards progressive positive outcomes in the form of morbidity andmortality

To train the Pediatricians to develop skills and experience in early detection and management of Pediatric critical illnesses

Totrain the Pediatricians in basic and advanced mechanical ventilation and day to day care of a critically ill child

To train the Pediatricians in clinico- academic activities through various teaching programs, research, and publications related to Pediatric intensivecare

## **COURSE DESCRIPTION**

Eligibility Criteria for Candidates:

i. A candidate should possess MBBS degree/ equivalent degree as per provisions of Indian Medical Council Act.

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ii. Candidates having a recognized 3 years degree Qualification (MD/MS/DNB) in Paediatrics speciality

or 2 years Diploma Qualification in Paediatrics specialty

Duration of the Course : 2 years

Additional postings are suggested in following areas for period of 2 weeks each:-

CardiacSurgery

Neurosurgery

Chemotherapyunit

Intensive care with advance facilities Intake Capacity: 2 students everyyear.

## **SYLLABUS**

Introduction

Pediatric Intensive Care has become a rapidly growing branch in the past decade in India, but still it is in its developing stage in most places in the country. There are only few centers where satisfactory Pediatric critical care teaching is available. The present fellowship course is designed keeping in mind the need for learning the common Pediatric emergencies, basics of intensive care & monitoring, advanced mechanical ventilation and life support. This fellowship course is planned keeping in mind the need of Pediatric intensive care being delivered to periphery, so that the Pediatrician trained as the Fellows at this institute will be able and confident delivering the PICU services to the hospitals/teaching institutes they wish to practice, with the state of the art knowledge and adequate experience.

#### Set up and categorization of PICU :-

PICU with level III facility (Based on infrastructure/facilities/patient work load withdiagnosis) Mandatory Protocols :- written stepwise protocols with reference to standard international protocol (with suitable modifications for Indianscenario)

#### Curriculum of PICU:

Basic training in Pediatric emergencies and intensivecare

Clinical skills in procedures, understanding equipments, monitoring and resuscitation

Mechanicalventilation

Allied posting in Pediatric surgery and anesthesia- 1month

research programs, teachingskills

Designing a PICU: replicacreation

Basic training in Pediatric emergencies and intensive care:

Emergency and critical Pediatrics:

Scope andneed

- Pediatric emergency resuscitation and Pediatric advanced life support, and lifesavingprocedures
- Common Pediatricemergencies
- Shock
- Sepsis and Hospital acquiredinfections
- Convulsion and Statuse pilepticus
- Respiratorydistress

Cardiac emergencies including arrhythmias, CCF

- Tetanus
- Burns

Snake Bite & Scorpion

- Envenomation snakebite, scorpion bite
- Neardrowning
- Hemorrhagic
- Syncope
- Anaphylaxis
- Hypertension

#### Diabeticketoacidosis

Inborn error of metabolism :-Diagnosis/Immediate evaluation/screening and lab diagnosis/immediate measures (e.g.: Supplement, dietary restriction, intervention)

- Poisoning diagnosis and managementantidotes
- Access to rareantidotes/literature/websites
- Neurological emergencies including ICPandconing
- Approach in a case of suspected braindeath

Taking care of a PICU child: basicnursing

- Taking care of a PICU child: anesthesiaandanalgesia
- Trauma, head injury and othersurgicalemergencies
- Transporting a sickchild

Safety and Bio wastemanagements

- Investigations in PICU:includingradiology
- PRISM- PIM Score

Record keeping inPICU

Inclusion/Emphasis on following topics is suggested

Poisoning

Common : diagnosis and management

Unknown : The universal antidotes and immediate measures

Rare : Access should be available/Literature/Website/and access to rare antidotes

Inborn errors of Metabolism :

Vascular / Central line access: Jugular, subclavian, femoral and cut down access

Arterial catheterization Intraosseus line

Ventricular tap and VP shunt Pleuro- and peritoneocentesis Peritoneal dialysis

**Difficult intubations** 

Monitoring: Needs, modalities and actionResuscitation:

Pediatric advanced life support: CPR, intubation and medicines

Monitoring a resuscitatedchild

Equipments- oInvasive and noninvasiveequipmentsoMultichanel Monitors, defibrillators
Nebulisers, suctions, O2 delivery systems oVentilators
Machines: ECG, Doppler, Echo oEEG and ICP monitoring oMaintenance and recordkeeping
PICU Pharmacology
Mechanical ventilation
Basic physiology of respiratory system in a child Need for artificial ventilation
Modalities and machines: know your ventilators ABG analysis; ABG actions
Ventilation modes and needs, Airway dynamics Ventilation graphics, HFO, Trouble shootings
Controlled ventilations, Assist ventilations
Care of a ventilated child; Weaning from ventilators CPAP, Tracheostomy, VAP
ARDS and its management
Research programs, teaching skills
Clinical Core competency skills : development and assessment
Research dissertationcompletion
Organizing aCME
Representation inconferences
Writing a paper and basics ofstatistics
Staying in touch and staying updated: VirtualPICU
Designing a PICU: replica creation
Understanding a need for PICU at periphery Point of Care PICU
PICU designing: budget, management and maintenance
Implementing a PICU protocoland a teaching program
Teachingscheme:
Daily teaching clinical rounds & case discussions, Bedside clinics and discussions
Monthly critical care audit meets, Success cases discussions Discussions on mortality data
Monthly statistics of the unit Equipment maintenance Classroom lecture series
Lectures on advances in Pediatric critical care
Guest lectures: Bimonthly multidisciplinary international & national faculty Seminars
Antimicrobial and infection control policies Journal reading and advances in therapeutics Case
presentations: twice a week
Hands on supervision of procedures

### Courseevaluation:

After completion of curriculum the candidates will be evaluated through dissertation, written and practical examination, conducted by two Pediatric intensivists independently. The results are graded as A, B or C.

#### Infrastructure:

Faculty will be from the Department of Pediatrics In house PICU library is required Dedicated Pediatric intensive care unit and equipments

 $\underline{Certification:} Certificate will be awarded on successful completion of the course with minimum 80\% attend a nce.$ 

#### **DPICU: DIPLOMA IN PEDIATRIC INTENSIVE CARE**

#### Examination Pattern

#### **Theory Examination:**

PAPER I		PAPER II		PAPER III		
ANATOMY PHYSIOLOGY		THERAPEUTICS		APPLIED SCIENCES & RECENTADVANCES		
Se	ction I	Se	ection I	Se	ection I	
Q.1	10 Marks	Q.1.	10 Marks	Q.1.	10 Marks	
Q.2.	10 Marks	Q.2.	10 Marks	Q.2.	10 Marks	
Q.3.	10 Marks	Q.3.	10 Marks	Q.3.	10 Marks	
Q.4.	10 Marks	Q.4.	10 Marks	Q.4.	10 Marks	
Q.5.	10 Marks	Q.5.	10 Marks	Q.5.	10 Marks	
Total	50 Marks	Total	50 Marks	Total	50 Marks	
Section II		Section II		Section II		
Q.6.	10 Marks	Q.6.	10 Marks	Q.6.	10 Marks	
Q.7.	10 Marks	Q.7.	10 Marks	Q.7.	10 Marks	
Q.8.	10 Marks	Q.8.	10 Marks	Q.8.	10 Marks	
Q.9.	10 Marks	Q.9.	10 Marks	Q.9.	10 Marks	
Q.10.	10 Marks	Q.10.	10 Marks	Q.10.	10 Marks	
Total	50 Marks	Total	50 Marks	Total	50 Marks	
Section I + II =	100 Marks	Section I + II =	100 Marks	Section I + II =	100 Marks	
Total Theory = 300 Marks, Passing = 150 (i.e. 50%) Marks in aggregate						

Practical Exami	Marks	
Paper - IV	Clinical Practical	100
Paper - V	Oral & Viva	100
Paper - VI	Case	100
Total Marks	(Aggregate marks for passing is 50% out of total.)	300

#### BOOKS:

Textbook of Pediatric Intensive Care (Dr P Khilnani) Mechanical Ventilation (Chnag)

Pediatrics Intensive Care (Tobias)

IAP Textbook of Pediatric Intensive Care PediatricEnergencies (Meherbansingh)

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