**LOG BOOK**

**OF**

**FIACTA (Paed)**

**(Paediatric Cardiac Anaesthesia Fellowship of Indian Association of Cardiovascular Thoracic Anaesthesiologists)**



**Indian College of Cardiac Anaesthesia (ICCA)**

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**Institution Name / Logo**

**NAME: Dr.**

**ACADEMIC QUALIFICATIONS:**

**PERIOD OF FIACTA (Paed) COURSE:**

**CERTIFICATE**

I hereby certify that I have performed /assisted all the cases, procedures listed in the work record. I have performed the procedures under the able guidance of the consultants of the Division of Paediatric Cardiac Anaesthesia.

Place:

Date:

Signature:

**Dr.**

Dr. has satisfactorily carried out the minimum required procedures under supervision and independently.

**Prof./ Dr.**

Fellowship program in charge

Paediatric Cardiac Anaesthesia Seal Institution:

**CONTENTS**

**Items Page No.**

**CLINICAL ACTIVITIES**

**Case No (OT cases):** Date:

**Patient Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Age | Gender | Wt | Medications | Any relevant information |
|  |  |  |  |  |  |

Diagnosis:

Surgery:

Pre-op Investigation:

Premedication:

Anesthesia Induction:

Intubation: ETT size: Regional Anesthesia (if used):

Ventilation: FiO2: TV: RR: PEEP:

IV Line: ART line: Central Line:

Pre-CPB/Surgical Echo (TEE/Epicardial/TTE) Findings (summary):

Anesthesia Maintenance:

Heparin: ACT:

CPB Time: Aortic Cross clamp Time: TCA Time:

Post-CPB

Heart Rate: Rhythm: Temp: ABP:

Post-CPB/Surgical Echo (TEE/Epicardial/TTE) Findings (summary):

Inotropes:

Protamine: Post-Protamine: ACT -

Blood products transfused:

Outcome / Remarks (if any):

*(Please note: Required no is 50 cases)*

**ANAESTHESIA FOR CARDIOLOGY CATH LAB PROCEDURES**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SL No** | **NAME** | **AGE (Yrs)** | **GENDER** | **DATE** | **DIAGNOSIS** | **PROCEDURE** | **ANESTHESIA TECHNIQUE** | **ANESTHESIA REMARKS** |
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**ANAESTHESIA FOR RADIOLOGICAL PROCEDURES**

**(CT, MRI etc.)**

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| **SL No** | **NAME** | **AGE (Yrs)** | **GENDER** | **DATE** | **DIAGNOSIS** | **PROCEDURE** | **ANESTHESIA TECHNIQUE** | **ANESTHESIA REMARKS** |
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**PAEDIATRIC ICU POSTING**

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| **SL**  **No** | **NAME** | **AGE/GENDER** | **DIAGNOSIS AND SURGERY** | **PROCEDURE PERFORMED**  **(Intubation, Art line, Central line, FOB, Defibrillation, ICD, CPR etc)** | **REMARKS** |
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**INVASIVE / NON-INVASIVE PROCEDURES PERFORMED**

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| **Sl no** | **Procedures** | **No of Procedures**  **done under supervision** | **No of Procedures**  **done independently** |
| 1. | Invasive Arterial Line |  |  |
| 2. | Central Venous Line |  |  |
| 3. | Regional Blocks |  |  |
| 4. | Trans-oesophageal echocardiography |  |  |
| 5. | Trans-thoracic echocardiography |  |  |
| 6. | Epicardial Echo |  |  |
| 7. | Fibre-optic bronchoscopy |  |  |
| 8. | Intercostal Drainage |  |  |
| 9. |  |  |  |
| 10. |  |  |  |

**ACADEMIC ACTIVITIES**

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| --- | --- | --- | --- |
| **DATE** | **TOPIC** | **MODERATOR** | **SIGNATURE (Moderator/Fellowship in charge)** |
| **Seminars** | | | |
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| **Journal club** | | | |
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| **Clinical Case Presentations** | | | |
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**ACADEMIC PRESENTATIONS**

**ACADEMIC SESSIONS ATTENDED**

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| --- | --- | --- | --- |
| **S. No** | **Date** | **Topics** | **Presenter** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
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**CONFERENCES, CMEs AND WORKSHOPS ATTENDED**

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| **Date** | **Conference/CME/Workshops** | **Organized by** |
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**PRESENTATION IN CONFERENCES**

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| **DATE** | **CONFERENCE** | **POSTER/ PODIUM** | **TITLE** |
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**RESEARCH PROJECTS**

Title:

Investigators:

Ethics committee approval:

Aims and Objectives:

Methods:

Results:

Conclusion:

**JOURNAL PUBLICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| SL No | Title of the paper | Authors | Journal- year, vol, pages |
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