

LOG BOOK

OF

FIACTA

**(Fellowship of the Indian Association of Cardiovascular
Thoracic Anaesthesiologists)**



Indian College of Cardiac Anaesthesia (ICCA)

Institution Name / Logo

NAME: Dr.

ACADEMIC QUALIFICATIONS:

PERIOD OF FIACTA 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 Department/Division of Cardiac Anaesthesia.

Place:

Date:

Signature:

Dr.

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

Prof./ Dr.

Fellowship programme in charge

Cardiac Anaesthesia

Seal

Institution:

CONTENTS

Items

Page No.

CLINICAL ACTIVITIES

Case No (OT cases):

Date:

Patient Information

Name	Age	Gender	Wt	Ht	Medications	Any relevant information	Previous surgery

Diagnosis:

Surgery:

Pre-op Investigation:

Premedication:

Anesthesia Induction:

Intubation: ET/DLT/ LMA Regional Anesthesia: Epidural/Intrathecal/.....

Ventilation: FiO₂: TV: RR: PEEP:

IV Line: ART line: Central Line: PAC: Y/N

Pre-CPB/Surgical TEE Findings (summary):

Anesthesia Maintenance:

Heparin: ACT:

CPB Time: Aortic Cross clamp Time: TCA Time:

Post-CPB

Heart Rate: Rhythm: Temp: ABP:

Post-CPB/Surgical TEE Findings (summary):

Inotropes:

Protamine: Post-Protamine: ACT - ABG -

Blood products transfused:

Outcome / Remarks (if any):

(Please note: Required no is 100 cases)

INVASIVE / NON-INVASIVE PROCEDURES PERFORMED
(total)

Sl no	Procedures	No of Procedures done under supervision	No of Procedures done independently
1.	Invasive Arterial Line		
2.	Central Venous Line		
3.	Pulmonary Artery Catheterization		
4.	Thermodilution CO monitoring		
5.	Non-invasive CO monitoring		
6.	Thoracic/lumbar epidural catheterisation		
7.	Paravertebral blockade		
8.	CSF Drain insertion		
9.	Trans-oesophageal echocardiography		
10.	Trans-thoracic echocardiography		
11.	Fibre-optic bronchoscopy		
12.	Percutaneous tracheostomy		
13.	Intercostal Drainage		
14.			
15.			

ACADEMIC ACTIVITIES

ACADEMIC PRESENTATIONS

DATE	TOPIC	MODERATOR	SIGNATURE (Moderator/Fellowhip in charge)
Seminars			
Journal club			
Clinical Case Presentations			

ACADEMIC SESSIONS ATTENDED

S. No	Date	Topics	Presenter
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

PRESENTATION IN CONFERENCES

DATE	CONFERENCE	POSTER/ PODIUM	TITLE

THESIS / STUDY 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