LOG BOOK OF FIACTA (Paed)

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



Indian College of Cardiac Anaesthesia (ICCA)

Institution Name / Logo

NAME: Dr.

ACADEMIC QUALIFICATIONS:

PERIOD OF FIACTA (Paed) COURSE:

CERTIFICATE

I hereby certify that I have performed /assist	ed 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 Ca	rdiac Anaesthesia.		
Place:			
Date:			
a.			
Si	gnature:		
D	r.		
Dr. has satisf	actorily carried out the minimum		
required procedures under supervision and in	•		
required procedures under supervision and in	idependentry.		
Prof.	Dr.		
Fello	wship program in charge		
Paedi	atric Cardiac Anaesthesia		

Institution:

Seal

CONTENTS

Items Page No.

CLINICAL ACTIVITIES

Case No (OT cas	ses):					Date:
Patient Information	tion					
Name	Age	Gender	Wt	Medicatio	ns Any	relevant information
Diagnosis:						
Surgery:						
Pre-op Investigat	ion:					
Premedication:						
Anesthesia Induc	tion:					
Intubation: ETT s	size:			Reg	gional Anesth	esia (if used):
Ventilation: FiO ₂	: TV:		RR:	PE	EP:	
IV Line:	A	ART line:		Ce	ntral Line:	
Pre-CPB/Surgical	l Echo (TEE/	Epicardial/T	TE) Fi	ndings (sum	mary):	
Anesthesia Maint	enance:					
Heparin:			ACT	:		
CPB Time:	A	Aortic Cross	clamp	Time:	TCA T	ime:
Post-CPB						
Heart Rate:	Rhythm:	Tei	mp:	AB	BP:	
Post-CPB/Surgica	al Echo (TEE	/Epicardial/	TTE) F	indings (sum	nmary):	
Inotropes:						
Protamine:	P	ost-Protami	ne: AC'	Γ-		
Blood products tr	ansfused:					

(Please note: Required no is 50 cases)

Outcome / Remarks (if any):

ANAESTHESIA FOR CARDIOLOGY CATH LAB PROCEDURES

SL No	NAME	AGE (Yrs)	GEND ER	DATE	DIAGNOSIS	PROCEDURE	ANESTHESIA TECHNIQUE	ANESTHESIA REMARKS

ANAESTHESIA FOR RADIOLOGICAL PROCEDURES

(CT, MRI etc.)

SL No	NAME	AGE (Yrs)	GEND ER	DATE	DIAGNOSIS	PROCEDURE	ANESTHESIA TECHNIQUE	ANESTHESIA REMARKS

PAEDIATRIC ICU POSTING

SL No	NAME	AGE/ GEN DER	DIAGNOSIS AND SURGERY	PROCEDURE PERFORMED (Intubation, Art line, Central line, FOB, Defibrillation, ICD, CPR etc)	REMARKS

INVASIVE / NON-INVASIVE PROCEDURES PERFORMED

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

ACADEMIC PRESENTATIONS

DATE	TOPIC	MODERATOR	SIGNATURE (Moderator/Fellowship in charge)				
Seminars							
	Journ	nal club					
Clinical Case Presentations							

ACADEMIC SESSIONS ATTENDED

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

CONFERENCES, CMEs AND WORKSHOPS ATTENDED

Date	Conference/CME/Workshops	Organized by

PRESENTATION IN CONFERENCES

DATE	CONFERENCE	POSTER/ PODIUM	TITLE

RESEARCH PROJECTS

Γitle:
[nyagtigators:
Investigators: Ethics committee approval:
Aims and Objectives:
Methods:
Results:
Conclusion:

JOURNAL PUBLICATIONS

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