**Format of Application for Accreditation of Postdoctoral Fellowship Course**

**in Neuro-Critical Care**

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| --- | --- |
| **Name of the Institution:** |  |
| **Address of the Institution:**  Tel:  Fax:  Email (For correspondence): |  |
| **Name, address and contact details of the Head of the Institution** |  |
| **Name, address and contact details of the**  **Head of the Department conducting the course** |  |
| **Name, address and contact details of the Course Director of PDF (Neurocritical care)** |  |
| **Details of the Institution**   1. Inception 2. General Hospital/ Neurosciences centre |  |
| **Information on Neurosciences:**   1. Neurosurgery: Present / Absent 2. Neurology: Present / absent 3. No. of qualified neurologists 4. No. of qualified neurosurgeons 5. No. of Neurosurgical operations / year (average over the last two years) *(Details to be provided in Annexure A)* 6. Dedicated Neuro-ICU (Yes/No) 7. No of beds 8. Occupancy rate 9. Percentage of patients on mechanical ventilation for > 48hrs 10. Do all postoperative patients pass through NICU 11. No. of admissions to Neuro-ICU in the last 12 calendar months in the format enclosed  *(Details to be provided in Annexure B)* 12. Is there a separate neuroradiology department (Yes/ No) 13. Provide information on the number of neuroradiological investigations carried out under anaesthesia in the last 12 calendar months  *(Details to be provided in Annexure C)* 14. Any other information |  |
| **Facilities in NICU**   1. ICU ventilators per bed and make 2. Monitoring facilities 3. ECG 4. NIBP 5. IBP 6. Pulse oximetry 7. Capnography 8. ICP 9. EEG 10. TCD 11. Ultrasound 12. Any other monitoring facility 13. Blood gas analyser 14. Infusion pumps (Total no) 15. Infusion syringes (Total no.) 16. Bed-side x-ray 17. Bronchoscope 18. Transport ventilator 19. Round-the clock Biochemistry 20. Round the clock x Ray service 21. Microbiology back-up 22. Any other information |  |
| **Staff**   1. No. of dedicated neurointensivists 2. No. of Professors/Senior Consultants 3. No. of Junior faculty (below the rank of additional professor) / Junior consultants 4. Senior Residents 5. Junior Residents 6. ICU Technicians 7. Respiratory Therapist 8. Consultant coverage for ICU in the night (Yes/ No) 9. Any other information |  |
| **Proposed Teaching programs**   1. No. of seminars / week 2. No. of journal clubs / week 3. No. of case presentations / week   (A minimum of three hours of class-room teaching is mandatory per week in addition to bed-side discussions) |  |
| **Library**   1. No. of books in anaesthesia/ Critical care (< 10-year-old editions) 2. No. of journals in anaesthesia/Critical care 3. No. of journals pertaining to Neuroanaesthesia/ Neuro Critical care 4. Internet access for the faculty / students (Yes/No) 5. Information on relevant on-line material subscribed for by the institution. |  |
| **Class-room facility**   1. Computer 2. LCD projector / OHP |  |

**Signature & Seal of the Course Director of the PDF**

**Signature & Seal of the HOD**

**Signature and Seal of the Head of the Institution**

**Annexure A**

**DETAILS OF SURGICAL OPERATIONS OVER ONE YEAR**

|  |  |
| --- | --- |
| **Type of operation** | **Total no. of cases (in 12 months)** |
| Elective |  |
| Supratentorial tumours |  |
| Infratentorial tumours |  |
| Cerebral aneurysms |  |
| Other vascular lesions |  |
| Pituitary |  |
| Cervical Spinal lesions |  |
| Other Spinal lesions |  |
| Shunts |  |
| Neuro-endoscopy |  |
| Surgery on bony lesions / skull base lesions |  |
| Peripheral nerve surgery |  |
| Any other surgery |  |
| Emergency |  |
| Head injury |  |
| Other emergency (List below) |  |

**Annexure B**

**DETAILS OF NEURO-ICU PATIENTS OVER ONE YEAR**

|  |  |
| --- | --- |
| **Diagnosis** | **Total no. of cases (in 12 months)** |
| Postoperative observation only (no invasive interventions) |  |
| Neuro-medical patients (for observation only) |  |
| Patients requiring ICU interventions |  |
| Patients requiring invasive monitoring (IBP, ICP etc.) |  |
| No. of patients requiring mechanical ventilation |  |
| Diagnostic categories |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
|  |  |

**Annexure C**

**DETAILS OF ANAESTHESIA FOR NEURORADIOLOGY OVER ONE YEAR**

|  |  |  |
| --- | --- | --- |
| **Diagnosis / Procedure** | **No. of cases** | **No Anaesthesia Services/ MAC/GA** |
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**Please note:**

1. The selection of the candidate is done by the institute itself at present
2. The selected candidate should be registered with the secretariat after paying a fee of Rs 5000/- only
3. It is advised to pay the candidate equivalent to senior resident
4. The selected candidate should become member of ISNACC
5. A common exit evaluation examination will be held by the ISNACC at the end of the course for the entire country.
6. A fellowship certificate will be issued by the ISNACC
7. Successful candidates will be presented at the Annual conference of the ISNACC
8. An inspection fee (non-refundable) of Rs. 50,000/- should accompany this application, which may be paid in the form of a DD drawn in favour of “**Indian Society of Neuroanaesthesiology and Critical Care”**
9. The examination fee for each candidate is Rs. 10000/- which shall be paid by the candidate before appearing for the examination. An application form for the examination will be made available on the ISNACC website or can be collected from the ISNACC Secretariat.
10. Applications to be sent to

**ISNACC SECRETARIAT**

Department of Neuroanesthesiology & Critical Care

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