



CME - 2014 PAEDIATRICS

OFFICE PRACTICE IN PAEDIATRICS

KAMINENI ACADEMY OF MEDICAL SCIENCES
AND RESEARCH CENTRE
L.B.Nagar, Hyderabad.



Date:

Saturday, 8th March, 2014

Venue:

Indira Auditorium, Kamineni Hospitals
L.B.Nagar, Hyderabad- 500068, Ph: 040-39879999

Time	Topics	Faculty	Chairpersons
8.30-9.00am	Registration and Tea		
9.00-9.15am	Inauguration of CME by Dr. S.M.Patil, Principal KAMSRC		
9.15-9.45am	Refractory Seizures	Dr. Lokesh Lingappa, Paediatric Neurologist, Rainbow Hospitals	Dr. Srikanth Reddy Consultant Neurologist, Kamineni Hospitals
9.45-10.15am	Approach to Bleeding disorders	Dr. M. Srinivas, Haemato Oncologist, Kamineni Hospitals	Dr. Ramanjaneyulu, Consultant Gastroenterologist, Kamineni Hospitals
10.15-11.00am	TPN in neonates	Dr. Laxman Basani, Neonatologist, Dolphin Hospitals	Dr. G. Satyanarayana, HOD General Surgery, Kamineni Hospitals
11.00-11.15am	Tea Break		
11.15-12.00pm	Recurrent RTI	Dr.K.Satyanarayana, Consultant Paediatrician, Kamineni Hospitals	Dr. Ravindra Reddy, Consultant Pulmonologist, Kamineni Hospital
12.00-12.45pm	Juvenile Idiopathic Arthritis	Dr. Ashish Badika, Consultant Rheumatologist, Kamineni Hospital	Dr. Kamaraj, Orthopedic Consultant, Kamineni Hospitals
12.45-1.30pm	Lunch Break		
1.30-2.15pm	Basics of ventilation	Dr. Kuldeep Paike, Consultant Paediatrician, Kamineni Hospitals	Dr. Ramu, Consultant Anesthetist, Kamineni Hospitals
2.15-3.00pm	Current Concepts of Hydrocephalus	Dr. Subodh Raju, Consultant Neuro Surgeon, Kamineni Hospitals	Dr. Srikanth Reddy Consultant Neurologist, Kamineni Hospitals
3.00-3.45pm	Movement disorders	Dr. Srikanth Reddy Consultant Neurologist, Kamineni Hospitals	Dr. Kamlesh, Consultant Neurologist, Kamineni Hospitals
3.45-4.30pm	Hepatic Encephalopathy	Dr. Ravi Sharma, Paediatric Intensivist, Narayana Hrudayalaya, Bangalore	Dr. Ramanjaneyulu, Consultant Gastroenterologist, Kamineni Hospitals
4.30-5.45pm	Handing out of participation certificates / High Tea		

* Applied for AP Medical Council - Credit hours.

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REGISTRATION FORM

Name: _____

Age: _____, Sex: Male Female

Consultant / PG Student: _____

Institution /Hospital : _____

Mobile No : _____

E Mail ID : _____ @ _____

Signature

- Note:**
- * No Registration fee
 - * Registration is compulsory for all
 - * Applied for AP Medical Council - Credit hours.

Send to CME Secretariat:

Dr. K. Satyanarayana

Organizing Secretary, CME 2014

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