

Please join us at our Educational Symposium

## Early Recognition of Deteriorating Patients outside the Intensive Care Unit

18:00, 2nd March 2017 ( Thurs )

Location:

Jordan Room, 2/F, Eaton Hotel  
380 Nathan Road, Kowloon



### PRESENTERS:



**Dr. Philip LAM, FCICM, FHKAM(CCM)**  
*Director,*  
**Intensive Care Unit**  
**North District Hospital**



**Dr. Eyal ZIMLICHMAN, MD, MSc**  
*Deputy General Director and*  
*Chief Medical Officer,*  
**Sheba Medical Centre, Israel**

### PANEL DISCUSSION FACILITATOR:

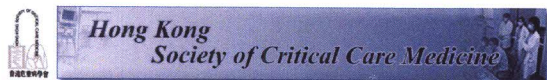


**Dr. Hing-Yu SO, FCICM, FHKAM(Anaesthesiology)**  
*Service Director in Quality and Safety,*  
**New Territories East Cluster**  
**Hospital Authority**

### SCHEDULE:

|       | PRESENTED BY                                                       | TOPIC                                                                       |
|-------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 18:00 |                                                                    | Registration and Refreshment                                                |
| 18:30 | Dr. Henry Kai-Wing CHAN<br>Associate Consultant, Tuen Mun Hospital | Welcome Address by the Symposium Chairman                                   |
| 18:35 | Dr. Philip LAM                                                     | Early Warning Signal – Our Local Experience                                 |
| 19:15 | Dr. Eyal ZIMLICHMAN                                                | Early Recognition of Deteriorating Patients outside the Intensive Care Unit |
| 20:00 | Speakers                                                           | Panel Discussion<br>Facilitator: Dr. Hing-Yu So                             |

Organised by:



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**EarlySense**  
Proactive Patient Care

### RSVP:

Please send your reply to [eric.lam@pacificmedicalsyste.ms.com](mailto:eric.lam@pacificmedicalsyste.ms.com) / 2547 6592 (fax)  
For enquiries, please contact Mr. Eric Lam at 9364 5599 (mobile)

Name : \_\_\_\_\_ ( Dr. / Mr. / Ms. - please specify ) Title : \_\_\_\_\_

Hospital / Clinic : \_\_\_\_\_ Department : \_\_\_\_\_

Tel. : \_\_\_\_\_ Email : \_\_\_\_\_

Signature

Date