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Welcome Message from

Officiating Guest

I have much pleasure in welcoming you all to this 2010 Annual Scientific Meeting organized by the Hong Kong Society of Critical Care Medicine.

The theme of this year's meeting is " What's Up: Current Trends in Local ICUs." The focus is on recent experience and the latest approaches to critical care and I would like to welcome our speakers both from Hong Kong and overseas. The recent and continuing experience with the human swine flu pandemic is another example of one type of event that will put pressure on our professionals as they continue to improve the care provided to our community in a world where expectations of healthcare, particularly critical care changes as rapidly as the challenges. There is no doubt that further pandemics will occur as the movement of people between countries becomes easier and more affordable. The report of a recurrence of poliomyelitis in the nearby geographic region reminds us that our earth is flatter than we image.

The Hospital Authority's mission is to provide high quality and cost effective treatment. What has happened due to scientific advances globally would definitely have an impact locally on the enhancement of skill and practice of our healthcare providers. The HA will continue to support and promote such stimulating and information interactive sessions.

Please relax and enjoy !

Dr Shao Haei LIU
Chief Manager
Department of Infection, Emergency & Contingency
Quality and Safety Division
Hospital Authority

Welcome Message from

the Chairman of HKSCCM

On behalf of the Hong Kong Society of Critical Care Medicine, I cordially invite you to join our Annual Scientific Meeting (ASM) 2010.

"What's up? Current trends in local ICUs ..." In fact, how much do we know about what our colleagues are doing in other ICUs? How much do you know about the latest hot topics, like Extracorporeal Membrane Oxygenation (ECMO)? What's the debate on the dosage of Renal Replacement Therapy (RRT) going on? What is the most updated situation of Catheter Associated Blood Stream Infection in Hong Kong? These are the issues every critical care physician and intensivist should keep an eye on. Same for thromboembolism, which imposes tremendous impact on our feeble patients. Last but not the least, how to rehabilitate our patients early in ICU is also an important topic in the contemporary field of Intensive Care. You can get the most updated and concise knowledge of all the above from the speakers in this one-day ASM.

I look forward to seeing your gorgeous faces in HKSCCM ASM 2010!

Dr Wing Wa YAN
Chairman
Hong Kong Society of Critical Care Medicine

HKSCCM ASM 2010
Scientific Program

08:30-09:00	Registration	Theatre Foyer
09:00-09:15	Opening Ceremony Officiating Guest: ***Dr Shao Haei LIU***, Chief Manager (Infection, Emergency & Contingency), Hospital Authority, Hong Kong Welcome Address: ***Dr Wing Wa YAN***, Chairman, Hong Kong Society of Critical Care Medicine	Lecture Theatre
09:15-10:00	***Symposium I: Rehabilitation*** ***Chairpersons: Dr Arthur Chun Wing LAU &*** ***Dr Osburga Pik Kei CHAN*** **Exercise Therapy in ICU** ***Dr Florence YAP***, *Prince of Wales Hospital, Hong Kong*	Lecture Theatre
10:00-10:45	***Symposium II: ECMO*** ***Chairpersons: Dr Arthur Chun Wing LAU &*** ***Dr Osburga Pik Kei Chan*** **Extracorporeal Membrane Oxygenation: Local Experience** ***Dr Wing Wa YAN***, *Pamela Youde Nethersole Eastern Hospital, Hong Kong*	Lecture Theatre
10:45-11:00	Tea Break	Theatre Foyer / Seminar Room 2
11:00-12:30	***Symposium III: CRRT*** ****Sponsored by Gambro Hong Kong Ltd.*** ***Chairpersons: Dr Sheung On SO &*** ***Dr Dominic Hui Kei SO*** **The RENAL Trial: Clinical Outcomes** ***Dr William CLARK***, *Assistant Professor of Clinical Medicine, Indiana University of Medicine, Indianapolis, United States* **Extracorporeal Approaches to Immunomodulation in Septic Conditions** ***Dr William CLARK***, *Assistant Professor of Clinical Medicine, Indiana University of Medicine, Indianapolis, United States*	Lecture Theatre
12:30-14:00	Lunch Break / AGM	Canteen / Lecture Theatre
14:00-15:30	***Symposium IV: Haematological Problems in ICU*** ***Chairpersons: Dr Chi Keung CHING &*** ***Dr Wing Lun WAN*** **Prophylaxis Against Venous Thromboembolism in ICU** ***Dr Thomas LI***, *Union Hospital, Hong Kong* **The Implication of Acute Traumatic Coagulopathy on Massive Transfusion Protocol in Trauma** ***Dr Kang Yiu LAI***, *Queen Elizabeth Hospital, Hong Kong*	Lecture Theatre
15:30-16:00	Tea Break	Theatre Foyer / Seminar Room 2
16:00-17:30	***Symposium V: Infections in ICU*** ****Sponsored by Chong Lap (Hong Kong) Co., Ltd*** ***Chairpersons: Dr Kin Ip LAW &*** ***Dr Anne Kit Hung LEUNG*** **Catheter-related Bloodstream infections: Where we are and where to go?** ***Dr Wai Ming CHAN***, *Queen Mary Hospital, Hong Kong* **Are Health Care Workers Adequately Protected from Pandemic Influenza- What is the Evidence?** ***Dr Tom BUCKLEY***, *Princess Margaret Hospital / Yan Chai Hospital, Hong Kong*	Lecture Theatre
17:30-17:40	Closing Remarks	Lecture Theatre

CME Accreditation

Hong Kong College of Physicians	6 Points
The Hong Kong College of Anaesthesiologists	6 Points
The Medical Council of Hong Kong	5 Points

CNE Accreditation

Under Application

Organizing Committee

Chairman

Dr Wing Lun WAN *ICU, PMH/YCH*

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Dr Kin Ip LAW *ICU, UCH*

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Dr Kam Shing TANG *ICU, TMH*

Dr Koon Ngai LAM, Philip *ICU, PWH*

Publication Coordinator

Dr Hiu Lam WU, Helen *ICU, PYNEH*

Dr Ka Yee HO, Jasperine *ICU, TMH*

Exercise Therapy in ICU

Dr Florence Hiu Yee YAP

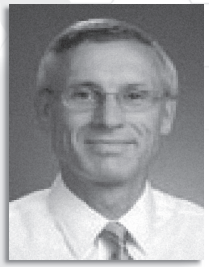
Consultant
Department of Anaesthesia and Intensive Care,
Prince of Wales Hospital, Hong Kong

Extracorporeal Membrane Oxygenation: Local Experience

Dr Wing Wa YAN

Director (Intensive Care Unit)
Pamela Youde Nethersole Eastern Hospital,
Hong Kong

Chief of Service: Intensive Care Unit, Princess Margaret Hospital, *September 1995 - July 2003*
Director: Department of Intensive Care, Pamela Youde Nethersole Eastern Hospital, *September 2004 - present*
Secretary and Board Member: Specialty Board in Critical Care Medicine, The Hong Kong College of Physicians, *1996-2009*
Chairman: Specialty Board in Critical Care Medicine, The Hong Kong College of Physicians, *2009-present*
Council Member: Hong Kong Society of Critical Care Medicine, *1993-2007*
Chairman: Hong Kong Society of Critical Care Medicine, *2007-present*



Dr William Richard CLARK

Assistant Professor of Clinical Medicine,
Indiana University School of Medicine, Indianapolis,
in USA

Dr. Clark is an expert nephrologist and has been active in the field of renal replacement therapy for many years. His specific areas of interest are solute removal and membranes in both acute kidney disease and end-stage renal disease. Within acute kidney injury, he has numerous publications addressing the issue of renal replacement therapy dose provided by different modalities, especially continuous renal replacement therapy. He has been invited to speak in many international scientific conferences and meetings in nephrology and intensive care.

The RENAL Trial: Clinical Outcomes

Abstract

The Randomized Evaluation of Normal versus Augmented Level of renal replacement (RENAL) Study was a multi-center randomized controlled trial with 1,508 critically ill AKI patients in Australia and New Zealand. CRRT was the initial therapy in all patients, who were randomly assigned to an intensive dose group (CRRT dose of 40 ml/kg/hr) or a conventional dose group (CRRT dose of 25 ml/kg/hr). Moreover, CRRT was prescribed nearly exclusively while patients remained in the ICU.

Although survival was not impacted significantly by CRRT dose in RENAL, 90-day all-cause mortality overall was only 45%. This represents a major improvement in AKI survival relative to prior studies involving patients with similar illness severity, as prospective trials performed prior to ATN and RENAL have shown that mortality in critically ill patients requiring renal replacement therapy is approximately 60%. Moreover, mortality in these prior studies has typically been measured at time points earlier than 60 or 90 days (i.e., at 30 days or at hospital discharge).

Both the RENAL and ATN studies provide new evidence suggesting the appropriate use of CRRT improves AKI patient outcomes. While CRRT was essentially the only therapy used in the RENAL study, it was also the modality applied almost exclusively

to hemodynamically unstable patients in the ATN Study. Similar to the RENAL Study, mortality were improved in the ATN Study, in which a 52.5% mortality at 60 days was achieved. The widespread use of CRRT in the two trials, at least in the most critically ill patients, was likely a major factor contributing to the improved survival.

In addition to the impressive survival results achieved in RENAL, 94% of surviving patients recovered renal function by 90 days, despite the inclusion of a large number of patients with significant pre-existing chronic kidney disease (CKD). These results corroborate several prior studies that have suggested a benefit for CRRT over conventional hemodialysis with respect to renal recovery. The findings are noteworthy because recent data clearly indicate AKI can cause or contribute to the development of end-stage renal disease, especially in patients with CKD.

A direct comparison of the RENAL and ATN trials provides further evidence supporting the widespread use of CRRT in ICU patients with AKI. As mentioned above, CRRT essentially was the only renal replacement therapy used in RENAL while patients were in the ICU. On the other hand, a mixture of CRRT and conventional hemodialysis was used in ATN, with CRRT being the initial therapy in only about 50% of patients. For reasons discussed above, this difference is a very plausible explanation for the substantially greater rate of renal recovery in RENAL versus ATN. Likewise, the nearly exclusive use of CRRT in RENAL likely contributed to the substantial reduction in duration of renal support and hospital length of stay in RENAL relative to ATN. These latter findings not only have important clinical but also health economic implications.

Extracorporeal Approaches to Immunomodulation in Septic Conditions

Abstract

Extracorporeal Approaches to Immunomodulation in Septic Conditions

Sepsis is a complex, multifactorial and fast evolving disease characterized by the body's overreaction to infection. Usually, the body's immune response to infection is targeted at the site of infection. In the event of sepsis, the immune response triggers an overwhelming, systemic chain reaction that activates both the inflammatory response and the coagulation cascade, ultimately leading to multiple organ damage and failure, and possibly, to death.

Due to its continuously increasing incidence, sepsis remains a major risk factor for the Intensive Care Unit patient.

Endotoxins i.e. lipopolysaccharides released from Gram-negative bacteria, are amongst the main substances which can trigger sepsis by activating the immune response to gram-negative bacterial infections. The presence of endotoxins in the bloodstream causes the release of cytokines, such as:

- Interleukin-1
- Interleukin-6
- TNF-alpha

Endotoxins activate complement and coagulation factors, leading to septic shock and multiple organ failure. Acute renal failure is frequent in patients with sepsis due to fluid redistribution, hypoperfusion and circulating nephrotoxins, many of which are released following cell injury.

Latest trials show that mediators can be achieved by using different membrane technology, for example,

1) Enhanced absorption capability through new membrane technology
2) Large molecule removal by new membrane
3) High Volume Hemofiltration

Speakers

Prophylaxis Against Venous Thromboembolism in ICU

Dr Thomas LI

MB ChB MRCP (UK) FHKCP FHKAM (Medicine) FJFICM FHKCA (Intensive Care) FHKAM (Anaesthesiology) FCICM

Consultant Respiratory Physician
Union Hospital, Hong Kong

Dr LI graduated from the Chinese University of Hong Kong in 1993, and completed his specialist training in respiratory medicine, advanced internal medicine & intensive care medicine in 2000, 2001 & 2006 respectively. He obtained his fellowship of Hong Kong College of Physicians in 2000 & fellowship of Joint Faculty of Intensive Care Medicine in 2006. He is the Foundation Fellow of College of Intensive Care Medicine of Australia and New Zealand.

Dr LI started his career in intensive care medicine in the intensive care unit of Prince of Wales Hospital since 2002. He was the departmental infection control coordinator & quality and patient safety coordinator. He has published more than 20 articles in local & overseas respiratory medicine & intensive care journals. Dr LI is currently the Consultant Respiratory Physician of Department of Internal Medicine, Union Hospital.

Speakers

Dr Kang Yiu LAI

MBBS, MRCP (UK), FHKCP, FHKAM (Medicine)

Chief of Service
Intensive Care Unit
Queen Elizabeth Hospital, Hong Kong

Dr Lai is an experienced critical care physician and has been working in Queen Elizabeth Hospital since 1983. He underwent his specialist training in intensive care in the Anaesthetic and Intensive Care Unit of St Bartholomew's Hospital, London in 1987. He is the foundation fellow of Hong Kong College of Physicians & Hong Kong Academy of Medicine. He is member of the Subspecialty Advisory Committee in Critical Care Medicine, Hong Kong College of Physicians since 1993.

The Implication of Acute Traumatic Coagulopathy on Massive Transfusion Protocol in Trauma

Abstract

Trauma accounts for 1 in 7 death worldwide and haemorrhage is the potentially treatable cause of death in the first twenty four hours. Massive blood transfusion in trauma carries a mortality rate between 20% to 50%. Coagulopathy is one of the major adverse prognostic factors for mortality in major trauma. In addition to the lethal triad caused by hypothermia, metabolic acidosis and dilutional coagulopathy, a new form of coagulopathy called acute traumatic coagulopathy has been identified in trauma victims. It can be present on arrival in hypotensive patients with major trauma in the absence of significant fluid resuscitation. Acute traumatic coagulopathy has been associated with a four-fold increase in mortality and increased incidence of organ failure. Protein C activation and hyperfibrinolysis have been implicated in its pathogenesis. Conventional trauma resuscitation and transfusion protocols as promulgated in A.T.L.S. since 1985 appear inadequate in the management of acute traumatic coagulopathy and massive transfusion. Retrospective studies performed by the American military indicate that resuscitation of severely injured patients with higher ratios of plasma and platelet given early may improve outcome and reduce overall blood product use.

Catheter-related Bloodstream Infections: Where we are and where to go?

Dr Wai Ming CHAN

MBBS (HK), FRCP (Edin, Glas), FHKCP, FHKAM (Medicine)

Consultant & Co-Clinical Director
Adult Intensive Care Unit
Queen Mary Hospital, Hong Kong

Dr W M Chan is the Consultant of the Adult Intensive Care Unit of Queen Mary Hospital since 2003 and Honorary Clinical Associate professor of Department of Medicine & Department of Anaesthesiology, Faculty of Medicine, University of Hong Kong. Being a respiratory physician, he was the President of the Hong Kong Thoracic Society from 2007 to 2009 and currently serves as the Honorary Secretary of the Hong Kong Lung Foundation.

Are Health Care Workers Adequately Protected from Pandemic Influenza- What is the Evidence?

Dr Tom BUCKLEY

BBS, MB ChB, FANZCA, FHKCA, FCICM, FHKAM

Chief of Service,
Department of Intensive Care,
Princess Margaret and Yan Chai Hospitals, Hong Kong

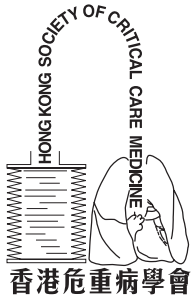
Dr Tom Buckley initially trained as an Anaesthetist before crossing over to train in Intensive Care Medicine. He now has over 20 years of experience as an Intensivist and in the care of the critically ill patient. His particular areas of interest include airway management, trauma, sepsis and ethics.

Dr Buckley was previously Director of Intensive Care Unit at the Prince of Wales Hospital in Hong Kong for 10 years before transferring to Princess Margaret Hospital during the SARS epidemic of 2003. He is currently Chief of Service of Intensive Care Unit of Princess Margaret and Yan Chai Hospitals.

While being a council member of the Hong Kong College of Anesthesiologists, he served as Chairman of the Intensive Care Committee and has overseen the development of training in Intensive Care Medicine in Hong Kong, culminating in the development of the Fellowship Diploma in Intensive Care.

He has held numerous training and supervisory positions within the Hong Kong College of Anaesthesiologists and the College of Intensive Care Medicine of Australia and New Zealand. Previously, he was the Clinical Associate Professor of the Chinese University of Hong Kong. Dr Buckley has spoken locally and internationally on various topics related to management of the critically ill patient.

Introduction of the Organizer



Hong Kong Society of Critical Care Medicine (HKSCCM)

The Hong Kong Society of Critical Care Medicine was founded in 1983 for the purpose of improving the co-operation, liaison and comradeship of all the health care workers practising critical care medicine in Hong Kong.

Our current chairman, Dr Yan Wing Wa, is the 12th Chairperson of our society. The current council was formed in the first quarter of 2008. Under the leadership of Dr Yan, our society has made remarkable progress in the last three years. Besides formally registered under the name Hong Kong Society of Critical Care Medicine Limited, the Critical Care Medicine Foundation was also established in 2009 to advance Critical Care Medicine as an important specialty in its own right in Hong Kong.

We are proud of our website www.hksccm.org, which is organized by Dr Chan King Chung, Kenny and Dr Lau Chun Wing, Arthur. The website fully serves as a platform for promoting communication and cooperation among Hong Kong ICUs, encouraging the sharing of knowledge among ICU professionals as well as enhancing the exchange of intelligence among various professionals in health care field. Our new section - The Patient Page, contains simplified information leaflets introducing various ICU services in bilingual versions for patients and their relatives to enhance their knowledge and reduce their anxieties when facing different intensive care procedures. The website attracted enormous attention and popularity in both local and oversea communities as evidenced by our 452,000 hit-rate since 20 Jan 2009.

In the past one year, our society endorsed four position statements for important issues in the field of Critical Care Medicine. These include the Prevention of Venous Thromboembolism in Intensive Care Units in Hong Kong, the protocol of Hyperbaric Oxygen Therapy for Critically Ill Patients in Hong Kong, the Catheter Associated Blood Stream Infection and the Guideline on Certification of Death following the Irreversible Cessation of Brainstem Function. All these statements were posted in our website under the main menu for reference.

HKSCCM organizes bimonthly inter-hospital grand-rounds. With effect from July 2009, Intensive Care Medicine Board of Hong Kong College of Anesthesiologists included HKSCCM inter-hospital grand-rounds as part of their training program of trainees. From November, 2009, it was approved as a provider of Continuing Nursing Education by Hong Kong Association of Critical Care Nurses.

The Annual Scientific Meeting 2010 is also a major project of our society. The aim of this meeting is to share the clinical practices of different local ICUs.

We welcome all health care workers in the field of Critical Care Medicine to join our society. Membership application forms can be downloaded from our website www.hksccm.org and we are looking forward to seeing you joining our society.

Annual Report of Hong Kong Society of Critical Care Medicine Limited (HKSCCM) 2009

(1) Formation of HKSCCM

- Hong Kong Society of Critical Care Medicine Limited was registered under HKSAR government Company Registries on 17th November 2008.
- In EGM of Hong Kong Society of Critical Care Medicine on 30th December 2008, **Hong Kong Society of Critical Care Medicine Limited (HKSCCM)** took over the assets and responsibility from Hong Kong Society of Critical Care Medicine which had then dissolved.
- The newly established limited company, HKSCCM, now has 81 members (67 ordinary members and 14 associate/ nursing members)
- The executive council consists of 16 council members: Chairman (Dr Yan Wing Wa), Treasurer (Dr Chan Pik Kei Osburga), Hon Secretary (Dr Chan Yan Fat Alfred), Editor-in-chief of HKSCCM website (Dr Lau Chun Wing), HKACCN representative (Mr. Luk Hing Wah with effect from 10th February 2010) and 11 representatives from 11 ICUs of Hong Kong.

(2) HKSCCM website and editorial board of newsletter

- In the meeting of COC (ICU) on 24th June 2008, it was decided that an ICU newsletter would best be developed under the auspices of the Hong Kong Society of Critical Care Medicine (HKSCCM). On 22nd July 2008, HKSCCM council appointed Dr Lau Chun Wing to be the editor-in-chief of ICU newsletter which would also constitute major part of HKSCCM website. With the invaluable help from Dr Wong Kwan Keung, the academic advisor, the editorial board was setup on 18th November 2008. The editorial board consists of four Associate Editors: Dr Ching Chi Keung (TKOH), Dr Gordon Choi (PWH), Dr Lam Kam Wah (QEH) and Dr Dominic So (PMH/YCH), as well as twenty five hospital editors from 13 ICUs.
- The official website had been in function since 20th January 2009, under dedicated contribution from three webmasters, namely Dr Chan King Chung, Dr So Sheung On and Dr Lau Chun Wing (editor-in-chief)
- The website had attracted enormous attention and soon gained popularity. The content hit rate in year 2009 reached 170,000, and the visitors were not limited to locality. Important news and notification of HKSCCM are constantly posted on the website, so are the announcement of important relevant courses/ lectures/ tutorials and symposia. Majority of dissertation abstracts of candidates of Critical Care Medicine Exit examination from 1998 to 2009 had been made available. More than 60 interesting cases/ imaging; > 50 hospital presentations, > 400 abstracts of clinical journals were uploaded
- In July 2009, a member-only discussion forum dedicated to epidemic H1N1 infection was opened, which served as a platform to exchange opinion and knowledge in managing those critically ill cases

(3) Bimonthly inter-hospital grand-rounds

- HKSCCM organized six inter-hospital grand-rounds in 2009. Two ICUs presented in each grand-round according to roster. With effect from November 2009, PWH joined the roster as well.
- The inter-hospital grand-rounds had gained recognition from other professional bodies. With effect from July 2009, Intensive Care Medicine (ICM) Board of Hong Kong College of Anesthesiologists (HKCA) included HKSCCM inter-hospital grand-rounds as part of the training program of trainees. With effect from November 2009, the inter-hospital grand-rounds were approved as provider of Continuous Nursing Education (CNE) with collaboration by Hong Kong Association of Critical Care Nurses (HKACCN).

(4) Other academic activities

- HKSCCM had co-organized the following scientific symposia:

A. **Staphylococcus Aureus Infection: New Challenges from an Old Pathogen;** on 26th February 2009; co-organized with Hong Kong Society of Infectious Disease (HKSID)

B. **Echinocandin in the ICU ---- A Clinical & Pharmacoeconomic Advance;** integrated in inter-hospital grand-round on 19th May 2010; sponsored by Pfizer

C. **Prevention & Control of Endemic MRSA; Update of Best Practices for Diagnosing Bloodstream Infection;** on 9th July 2009; co-organized with Hong Kong Infection Control Nurses Association, Hong Kong Society

of Microbiology & Infection, Hong Kong Association of Critical Care Nurses (HKACCN)

D. **Management of Acute Kidney Injury Caused by Septic Shock with CRRT;** on 31st August 2009; sponsored by Gambro.

(5) Joint Annual Scientific Symposium with HKACCN

- Organizing committee which consisted of council members from two professional societies was led by Dr Tang Kam Shing (Chairman) and Ms Esther Wong (Co-chair). The symposium was held on 17-18th October 2009 at the Hospital Authority Building, and it included one half-day workshop with theme on Point of Care Technology (POCT) and one whole day lecture. Free-paper presentation contest was one of the most attractive sessions in the symposium.
- More than 160 delegates had attended the symposium, of which 70 nurses attended the workshop. Delegates came not only from Hong Kong, but as far as Macau and Mainland China.

(6) Position Statements

- The working group in which Dr So Hing Yu being the coordinator, drafted the HKSCCM position statement **"Guidelines of Certification of Death Following the Irreversible Cessation of Brainstem Function"**. After evaluation by HKSCCM council, the position statement was finalized and issued on 14th September 2009 and was published on HKSCCM website. This position statement supersedes the previous position statement on **"Guidelines on Certification of Brain Death"**.
- Drafting of other position statements are in progress.

(7) Collaboration with overseas professional society

- HKSCCM is about to establish official affiliation with Asian Pacific Association of Critical Care Medicine (APACCM) and its official journal **Critical Care & Shock**.
- **"Declaration of Vienna"**, the declaration of a campaign initiated by European Society of Intensive Care medicine (ESICM) to promote patient's safety, had been signed in September 2009 by representative of HKSCCM which represent the specialty of Critical Care Medicine in Hong Kong.

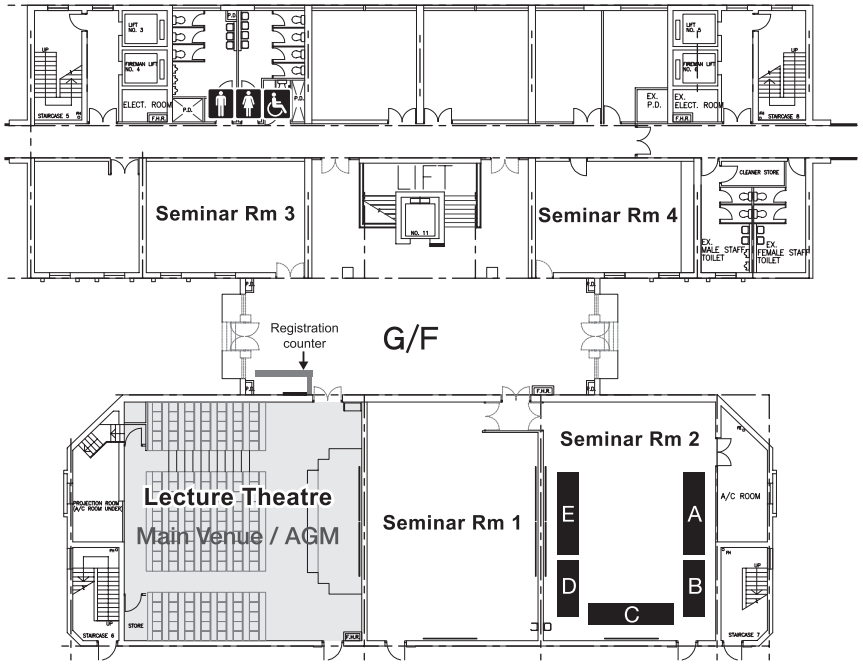
(8) Critical Care Medicine Foundation (CCMF)

- In order to advance Critical Care Medicine in Hong Kong as an important specialty in its own, CCMF was founded on 21st July 2009.
- The CCMF will manage funds to (a) financially support activities for the exchange and dissemination of critical care medicine knowledge with local and overseas academia and healthcare institutions; (b) award scholarships to qualifying individuals or organizations to pursue novel knowledge and skills concerning critical care medicine; (c) financially support academic research in critical care medicine; and (d) financially support activities to raise public awareness and interest in critical care medicine.
- At present phase of preparatory work, CCMF Executive Board has the same composition and tenure of office as those of the HKSCCM executive council, and meetings of the CCMF shall be held concurrently during each HKSCCM council meeting. The ultimate aim is to establish an independent CCMF Board to manage the fund in a transparent and fair manner.
- The CCMF welcome donation/ sponsor from individuals and organization to support the achievement of its objectives.

Dr Chan Yan Fat Alfred
(Hon Secretary of HKSCCM)

Floor Plan

G/F, HKECTC



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THE F&P 850 SYSTEM WITH OPTIFLOW™ NASAL CANNULA

The system - comprising the MR850 heated humidifier, MR290 auto-fill humidification chamber and RT Series heated breathing circuit - delivers Optimal Humidity to the Optiflow Nasal Cannula.

This proprietary system has been designed to work with a wide variety of flow sources including ventilators and traditional air/oxygen blenders, giving caregivers the flexibility to use familiar equipment. Fisher & Paykel Healthcare has also partnered with Maxtec Inc. to offer the MaxVenturi™, an all-in-one venturi blender, flow meter, oxygen analyzer and pole clamp. This compact, simple device has been designed for use with the F&P Optiflow Nasal Cannula, providing the flow rates and oxygen levels required in an acute care setting without the need for piped air.

Dual feedback control of the 850 System ensures a consistent temperature and humidity level is delivered across the entire therapy flow range with minimal input from caregivers.The unique F&P Optiflow Nasal Cannula is lightweight, flexible and ergonomically moulded to deliver exceptional comfort around the sensitive nasal septum while the wide-bore cannulae are shaped to disperse air-flow, avoiding the uni-directional "jet" of traditional cannulae.

NHF with the 850 System is unmatched in terms of humidity performance and patient tolerance to therapy.

DELIVERING NASAL HIGH FLOW

F&P 850™ System

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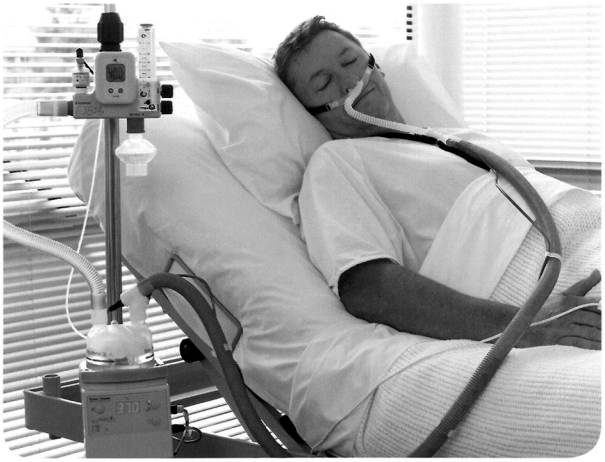
HUMIDIFIER
MR850

DELIVERY SYSTEM
HUMIDIFICATION CHAMBER
MR290
BREATHING CIRCUIT
RT202*

INTERFACE
F&P Optiflow™

** The RT202 kit includes an MR290 humidification chamber*



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