

Cordially invites you to the CME on



STROKE, ACS & PTE 20

October 12, 2025 | 8 am to 6 pm 6th Floor, Auditorium, Yashoda Hospitals, Malakpet

Organising Secretary

Dr. Kondle Raghu HOD-Emergency Medicine Yashoda Hospitals, Malakpet

Registration Fee: ₹ 500/-

RSVP:

Dr. Faisal - 996 662 6012 Dr. Karthika - 949 732 1012

BLOCK YOUR DATE



Critical Thrombosis Emergencies in the ED *Fast Thinking...Faster Action...Managing Time*



OBJECTIVES

To provide Emergency Physicians with the latest evidence-based strategies for rapid diagnosis, triage, and management of Thrombotic Emergencies, including Ischemic Stroke, Acute Coronary Syndromes (ACS), and Pulmonary Thromboembolism (PTE), the first golden hour of care

Tracks:

STROKE IN THE ED

- Door-to-Needle: Are You Beating the Clock?
- Tenecteplase vs Alteplase: The ED Thrombolysis Debate
- · Posterior Circulation Strokes: Don't Miss the Subtle Signs
- Pre-hospital Stroke Scales: What's Best for EMS Triage?
- Mechanical Thrombectomy: How to Recognize Large Vessel Occlusions Early

ACUTE CORONARY SYNDROMES (ACS)

1. Cracking the Code: High-Risk ECGs in ACS that Fool the Eye

- Focus: Atypical and subtle ECG findings posterior MI, de Winter's, Wellens', & STEMI mimics
- Why it's great: Sharpens diagnostic skills, case-based learning, high relevance for ED docs

2. DAPT in the ED: When to Load. When to Wait

- Focus: Dual antiplatelet therapy initiation in ACS timing, contraindications, & risk stratification
- Why it's great: Controversial, decision-critical in the ED; balances thrombotic vs bleeding risk

3. NSTEMI Nightmares: When the Troponin Lies, Balancing Risk & Resources

- Focus: Elevated troponin in non-ACS conditions PE, myocarditis, & renal failure
- Why it's great: Clarifies real-world dilemmas in interpretation & prevention over-treatment

4. STEMI without Chest Pain: Atypical ACS in the ED (STEMI Mimics and Misses in the ED)

- Focus: ACS in elderly, diabetics, women atypical symptoms and high-miss cases
- Why it's great: Improves detection, reduces missed MIs, includes real ED case scenarios

5. RESCUE STRATEGIES IN ER (IABP, ECMO)



OBJECTIVES

PULMONARY THROMBOEMBOLISM (PTE)

- Massive vs Submassive PTE: A Triage-based Approach
- ED Tools in Action: PERC Rule, Wells Score & D-dimer
- Thrombolysis in PTE: When to Pull the Trigger in the ED
- PE in Pregnancy and Pediatrics: Red Flags Not to Miss
- RV Strain on POCUS: Bedside Clues for EM Docs

HANDS-ON WORKSHOPS:

- · POCUS for Stroke, PE, and ACS
- Simulated Stroke Code & STEMI Code Scenarios
- ECG Bootcamp: Thrombosis Patterns in 12 Leads
- · Clot or Not? D-dimer & Imaging Decision Making

PANEL DISCUSSIONS:

- Thrombosis in the Young: Stroke, MI & PE Under 40
- The First 60 Minutes: Cross-specialty Coordination Between EM, Neurology & Cardiology
- Thrombolysis in Resource-Limited EDs What's Feasible?

TAKEAWAYS FOR EMERGENCY PHYSICIANS:

- Practical interpretation of latest guideline updates (ISTH, AHA, ESC)
- ED-focused pathways for early thrombolysis or intervention
- Risk stratification tools tailored to triage and disposition decisions
- Understanding the role of DOACs and antiplatelet strategies in the ED setting
- Role of pre-hospital teams and EM-led code activation