

Pakistan Society of Emergency Medicine is a permanent Member of "International Federation of Emergency Medicine"

## ELS & SIREN courses in SIALKOT & LAHORE



PSEM & ELSi Conduct Emergency Life Support Course ELS and SERIOUS ILLNESS IN REMOTE ENVIRONMENTS (SIREN) COURSE in Two Different Cities Sialkot and Lahore.

April 2, 2023 – Pakistan Society of Emergency Medicine (PSEM) in collaboration with ELSi Australia recently conducted a comprehensive life support course in two different cities, aimed at equipping individuals with the necessary skills and knowledge to provide critical medical care during emergency situations.

The first course was held at Khawaja Muhammed Safdar Medical College Sialkot on 20th and 21st February 2023, second course was completed at Central Park Medical College and Teaching Hospital Lahore from 23rd to 24th February 2023, third and final course was conducted at Khawaja Muhammad Safdar Medical College Sialkot from 26th to 27th February 2023.

Almost more than 70 Emergency care providers were trained. The trainers' group consisted of National and International Emergency Physicians and consultants. The team was led by Dr. Allen Tankel, Dr. Farida Khawaja and Dr. Abdus Salam.

Whereas the SIREN course was focused to train the nurses in the same capacity of managing and improving emergency care.



The course was conducted at Khawaja Muhammed Safdar Medical College, Sialkot from 1<sup>st</sup> to 2<sup>nd</sup> March 2023.

There were more than 60 nurses who took part in the course from different public and private hospitals of the area.

During the courses, attendees were taught the latest techniques in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), and Pediatric Advanced Life Support (PALS). The instructors provided hands-on training, using realistic simulation scenarios that helped the participants to apply their newly acquired knowledge in a practical setting.





The course also covered topics such as airway management, patient assessment, and resuscitation techniques, as well as the proper use of emergency medical equipment such as defibrillators and oxygen tanks.

"The goal of these life support courses is to empower emergency trainees, emergency doctors and nurses to provide critical medical care in an emergency situation," said **Dr. Junaid Mustafa, President of PSEM**. "By offering these courses in multiple cities, we hope to reach a wider audience and help make our communities safer."

PSEM and ELSi has been providing high-quality safety and emergency management training for over 6 years, and their team of experienced instructors includes medical professionals including doctors and nurses.

**Reported By: PSEM Focal Person**

## EDITOR'S CAUSERIE

### ***"Emergency Medicine and College of Physicians and Surgeons Pakistan elections of 2023".***

College of Physicians and Surgeon Pakistan went through the process of elections in Mar 2023. The new cabinet have been selected and their work continued. Emergency Medicine is a very small part of the whole College yet for us the emergency medicine people, the college is the most valuable source of progress.

College of Physicians and Surgeons was enacted in 1962, and since then it is acting as the regulatory college for the fellowship of almost 79 disciplines through different Medical Institutes. This current cabinet has 20 members and the President of CPSP is Dr. Khalid Masood Gondal. This election is for 4 years and the cabinet will be working till 2027.

The last 12 years have seen that the Emergency Medicine slowly grew across Pakistan and reaching now to the point that we have more than 30 doctors graduated and obtained the degree of FCPS in EM and work in different parts of Pakistan as well as outside Pakistan. Dr. Shoaib Shafi along with other CPSP members have been instrumental in helping our faculty in the last decade and are expected to continue the support in the future. The work done so far is work in progress and needs continued support and continued effort of the faculty and the new cabinet of CPSP.

What is expected of us is also important. We need to put our energy together and work in those areas of EM which are important and lagging behind. Recognition of new departments in public sector Hospitals is an important task and needed to continue. Similarly, supporting the struggling departments who are already accredited is also very important. These departments need support at multiple levels, including educational support, pathway creation, workflow enhancement including triaging, and the most important aspect is of communication within the hospital especially with the other faculty seniors. EM can only flourish well if the whole hospital provides all kind of support in terms of communication, helping when there is an exit block and working together with them as a team. Another avenue is collaborative research. This is long overdue to work in this area and produce effective outcome-based research to communicate to our colleagues that a trained department is cost-effective and improves overall quality of care.

In the end, we the Pakistan Society of Emergency Medicine welcome all the CPSP cabinet with the wish to continue working together to improve emergency medicine in Pakistan in future.



**By: Dr. Abdus Salam Khan**

**PSEM NEWS FEED**

Keeping you Informed

**LATEST NEWS**

- Launch of Emergency Medical Services in Balochistan
- The Department of Emergency Medicine IHHN holds WHO-ICRC Basic Emergency Care (BEC) course for the Pakistan Civil Aviation authority (PCCA)
- Rescue 1122 - Animal Rescue operation



## “EMS” LAUNCH OF EMERGENCY MEDICAL SERVICES IN BALOCHISTAN

The launch of Emergency Medical Services (EMS) in 7 divisional headquarters hospitals marks an important step towards enhancing emergency medical care in the area. The hospitals, located in Quetta, Zhob, Kalat, Sibi, Nasirabad, Rakhshan, and Turbat, will be equipped with state-of-the-art ambulances and

trained medical personnel to provide immediate assistance to patients in urgent situations. The initiative will improve response times in emergency situations and ensure that patients receive timely, high-quality care. As the program expands to cover all 34 districts in the area, it will offer an extensive network of emergency medical services. The addition of more hospitals and ambulances will broaden the EMS's capability and reach, particularly in remote areas with sparse access to medical care. Access to emergency medical services will not only save lives but also enhance the general health and well-being of the community. The expansion of EMS to 34 districts will create one of the most comprehensive emergency medical services in the nation and is a significant milestone in the delivery of healthcare services in the region

## The Department of Emergency Medicine IHHN holds WHO-ICRC BASIC EMERGENCY CARE (BEC) course for the Pakistan Civil Aviation authority (PCCA)

The Department of Emergency Medicine IHHN held a 5-day WHO-ICRC Basic Emergency Care (BEC) course for the Pakistan Civil Aviation authority (PCCA) at Jinnah International Airport, Karachi. This course was aimed at capacity building of the Civil Aviation healthcare providers who deal with life threatening emergencies on a regular basis. The 4-day course teaches the providers a systematic approach towards managing an acutely ill patient and safe referrals following their management. This course was conducted by Dr. Saima Ali, HOD Emergency Medicine IHHN, Korangi campus and had Dr. Jonathan Strong, an Emergency Medicine faculty from Brigham and Women's Hospital, Boston, USA; Dr. Sabahat Fatima and Dr. Sarfaraz Ahmed, both senior Emergency Medicine residents at IHHN as co-facilitators. The course is endorsed by the Pakistan Society of Emergency Medicine (PSEM). The course was followed by a one-day training of the trainers and was very well received by the PCCA personnel who stated that they now felt more confident and methodical in their clinical approach while managing their patients. The course ended with certificate distribution amongst the participants by senior PCCA officials.





# ANIMAL RESCUE OPERATION

## (LEOPARD RESCUE)



On February 16-02-2023, a call received in the Command & Control Room of Punjab Emergency Services Department (Rescue-1122), Rawalpindi that there is a leopard attacking people viciously in DHA phase 02, Rawalpindi. The Command & Control Room immediately mobilized the Search & Rescue team along with specialized vehicles and ambulances for the rescue operation. When Rescue 1122 team reached the incident site, they saw a large number of people gathered in streets at incident site. Upon asking from bystanders regarding location of animal, they pointed out towards an under construction building. Incident commander, Awais Saeed (Rescue & Safety Officer) assessed the situation and briefing was done to the rescuers about the sensitivity of the incident. Team's objective was to save the precious human lives of the area as well as the life of wild animal being an endangered species. The team was divided in three groups (A, B & C) so that it became easy to conduct the operation keeping the safety of general public as well as rescuers in view. Team A, led by Kaleem (LFR) cordoned off the area so that no one, except the rescuers and other allied departments can enter the operation zone. Team B sympathized the panicked public and announced in the area that they should go inside their homes to keep them safe, so that animal doesn't attack any of them in case it get furious or to keep them safe from stampede. Meanwhile, team of wildlife department also reached at location. Team C reached nearby house with necessary gadgets along with wildlife team to help them capture the leopard. Rescue team was on high alert keeping the severity of the scenario in mind. As soon as wildlife team approached the leopard, it suddenly leaped towards a wildlife official and attacked him. A security guard nearby, fired a bullet towards the animal abruptly (certainly not a good move keeping the safety of crowd in view and also because the motive was to capture the animal alive). It was a frightening scene and everyone ran away from the site. There was nothing but chaos in sight. There came rescue 1122 officials, who immediately picked up the injured patient and shifted him in the ambulance, and while treating him with necessary emergency medicines, shifted him to nearby hospital.

Now the scenes has totally changed. The sun has set and there was darkness making the rescue operation more difficult as leopard was again on the run and probably hid again in some house. Rescue 1122 staff tried to locate the animal and it was found that it hid inside another house. Rescue 1122 staff brought their specialized night vision search cam and it helped to find the exact location of the animal in a room. Wildlife officials again tried to fire the animal with tranquilizer gun to make it unconscious but animal was much agile and missed the fire. In a swift move it jumped outside the house and once again hide in a bungalow after attacking two more security personnel. Without putting the lights on Rescue 1122 team focused on the sound of animal and found that the animal is hiding inside the basement. Once again, technical Urban Search & Rescue team of Rescue 1122 locate the exact location of leopard by appropriate usage of Search night vision search cam. It was golden chance to capture the leopard since it was inside a room with exact location measures. Wild Life team tranquilized the Leopard by using tranquilizer gun. As soon as leopard got tranquilized, rescue 1122 staff moved inside the room and shifted the alive leopard immediately on spine board following necessary SOPs. Wildlife team shifted the leopard to Lohi bher wild life park (Islamabad) successfully. The span of this major operation was around 08 hours in total. People lauded the Rescue 1122 staff on performing such a crucial operation with such bravery and courage.



# MEDICOLEGAL ROADBLOCKS IN THE **FAST LANE!**

“Is there a doctor on board?”

A question that many doctors dread. For emergency physicians, however, it is an experience which they crave. A source of adrenaline that helps them thrive on a day-to-day basis in their respective ERs. I, unfortunately, faced this question in the most unfavorable of circumstances.

I slowed down the car and gently pulled over seeing a group of people gathered around someone lying still in the fast lane of Islamabad Expressway. I grabbed my pulse oximeter and stethoscope as I got off the car and rushed to the ten-year-old boy lying still in a puddle of blood on the road.

“No Pulse, No Breathing!”

I immediately began CPR and asked the bystanders to call 1122. It was in that moment when I was joined by a lady who turned out to be ‘Head of Pediatrics’ in UK and was visiting Pakistan on her vacations.

“Rhythm Check.... ROSC!”

What are the odds? The odds of a pediatric OHCA being resuscitated by an emergency physician and a pediatrician who just happened to be passing by?

“This is a sign from God”, I said to myself.

We are saving this kid today no matter what. We stabilized the cervical spine and shifted the boy to the vehicle. We shouted for any family member of the child who may have been present in the crowd, yet no one turned up. With time against us, we decided to proceed with the evacuation. I took my stethoscope and pulse oximeter out... A GCS of 7/15, 72% SpO2 and Chest full of Crepts. The child needed to be intubated immediately.

As we reached the nearest tertiary care, I rushed the patient to the ‘Resus Room’. We didn’t have time to call a code so I introduced myself to the MO on call and proceeded with an RSI. Neuroprotective measures were instituted and a CT Head revealed a ‘Massive Epidural Hematoma’ with contusions. This is where all our efforts came to an abrupt medicolegal roadblock.

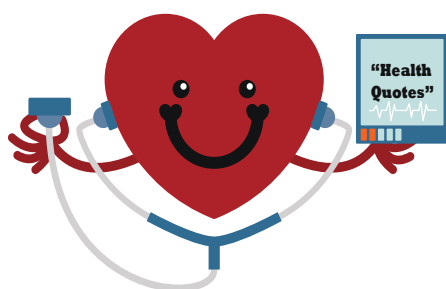
The child was declined to be taken into any form of neurosurgical intervention as it was a ‘hit and run’, hence, a medicolegal case. The next of kin have to be traced before any surgical procedure. Most importantly, the FIR has to be registered etc. Amidst the cacophony of a busy ER, I had a few people question me regarding the incident with their uncomfortably cold suspicious eyes focused on me. Just when we thought we had perhaps won the battle of life and death for the kid, we found ourselves ambushed by bureaucratic hurdles.

There is a dire need of efficient law making to be done to help maneuver past these medicolegal roadblocks that plague the FASTLANE. The police registered the FIR the next day. The parents of the child were traced two days later. Three days later, the child was declared brain dead and was taken off the ventilator to be buried away, forgotten, and for the world to move on. The roadblocks, however, remain unmoved... unaltered! ┐

By: **Dr M. Mahad Qureshi**

**Pakistan Army**

## “HEALTH QUOTES”



“LET FOOD BE THY MEDICINE AND MEDICINE BE THY FOOD.” -  
HIPPOCRATES”- Denis Waitley



“GOOD HEALTH AND GOOD SENSE ARE TWO OF LIFE'S GREATEST  
BLESSINGS.”- Publilius Syrus



“IF YOU'RE HAPPY, IF YOU'RE FEELING GOOD, THEN NOTHING ELSE  
MATTERS..” - Robin Wright

# VIRTUAL TOXICON 2023-EXCHANGING PERSPECTIVES, EXPANDING HORIZONS

In the unprecedented times of the COVID-19 pandemic, the world realized the potential of virtual learning in different aspects of life. In a short time, several digital tools were designed to facilitate virtual learning experiences such as virtual meeting applications, and virtual classrooms. It also made collaboration with international experts much easier and smoother. Medical science is one of the fields which learned lessons from the pandemic and emerged with several virtual learning methods to mitigate the gaps in medical learning.

Emergency Medicine (EM) is an emerging medical specialty in Pakistan and the COVID-19 pandemic was indeed a tough time for emergency physicians (EPs) across the world. It greatly influenced the learning of post-graduate trainees, interns, and medical students. To compensate for this loss, emergency departments (EDs) in Pakistan, like all elsewhere, also experimented with and successfully initiated virtual learning processes. This would include a transition to an entirely virtual format comprising of teaching courses, academic modules, presentations, and learning classrooms.

Understanding this compelling impact of virtual learning, a two-day Virtual Toxicon (VT) was organized on the 8th and 9th of March 2023 through a collaboration between the Department of Emergency Medicine (DEM), Aga Khan University (AKU), Pakistan & Northwell (NW) Health, New York, United States of America (US). It was led by Dr. Muhammad Akbar Baig (AKU) and Dr. Joshua Nogar (NW Health). Dr. Baig recently completed his fellowship in Medical Toxicology at the Northshore University Hospital, New York US. The primary objective of the VT was to build collaboration and learn from the world's leading experts in the field of Medical Toxicology. The registration process began in February 2023, and more than one hundred registrations for this activity were received which majorly comprised post-graduate trainees belonging to EM, Internal Medicine, Critical Care, and Pediatrics.

A team was designed to conduct the VT smoothly. It included EM chief resident (Dr. Nirdosh Kumar), a senior administrator (Muhammad Abid), a research instructor (Dr. Ayesha Abbasi), and was led by Dr. Baig. A package of instructions with a pre-test was emailed to all the registered participants a few days before the VT.

On the 1st day of VT, i.e., 8th March 23, we had sessions on the history of Toxicology, Gastrointestinal decontamination, Toxicologic Electrocardiograms, Common pediatric ingestions, Toxicologic hyperthermia, Toxicological resuscitation. Around 65 participants were present online throughout the VT and others joined in for specific sessions. The 2nd day started with sessions on Toxin-induced Seizures, Extracorporeal treatments in Toxicology, Heavy metals in Toxicology, Snake & scorpion envenomation, Drug and Poison information center overview at AKU, Metabolic disasters in toxicology, and alternative toxicology interventions in low-resource settings.

The speakers belonged to different hospitals in the US, UK, and Pakistan as shown in Figure 1.

Each session was followed by a question & answer break in which participants asked their queries to the speakers moderated by Dr. Baig. A post-test was sent to all the registered participants via email and amazing feedback was received. 95% of the participants rated the workshop as being excellent. Dr. Baig concluded the VT by quoting the alchemist Paracelsus that "Poison is in everything, and nothing is without poison. The dosage makes it either a poison or a remedy."

The world is moving towards learning through virtual reality as a tool for medical learning. However, in low-resource countries like Pakistan, the concept is novel but is growing faster and is very achievable, especially in the dynamic field of Emergency Medicine.



Figure 1. Shows the speakers in Virtual Toxicon 2023 from US, UK, & Pak.

By: **Dr. Nirdosh Ashok Kumar**  
**Dr. Muhammad Akbar Baig**  
 Agha Khan University & Hospital Karachi



# A GIANT ARM

## CASE REPORT



A 32-year-old man developed Right arm swelling within 24 hours following intravenous cannulation.

Patient had fever and vomiting for two days when he visited hospital. Laboratory evidence was suggested of thrombocytopenia. Malarial parasite smear came out to be positive and treatment was started accordingly after inpatient admission.

During hospital stay he developed Right arm swelling within 24 hours following intravenous cannulation. Local examination revealed thrombophlebitis in right arm. Point of care Ultrasonography revealed Right cephalic vein wall thickening and thrombosis with no color flow in it. Hepatitis B surface antigen was reactive while D-Dimers and HIV serology were negative.

One month back he remained admitted in critical care for Dengue Shock Syndrome for 14 days and was discharged to home safely. No other comorbidities were present, and patient was having modified Rankin score of zero.

48 hours later patient developed shortness of breath and hemoptysis. CXR was suggestive of multiple rounded nodules in bilateral lung fields, predominant in peripheries. HRCT revealed multiple scattered pulmonary nodules predominantly subpleural in distribution, bilateral mild pleural effusion and tiny centrilobular nodules in peri-broncho-vascular distribution with likely differential of septic emboli. Blood cultures were positive for Staphylococcus aureus methicillin resistant coagulase negative.

During his stay, thrombocytopenia was improved with decline in inflammatory markers. After 14 days of hospital admission, the recovery was complete; there were no relapses during follow up.

Septic thrombophlebitis leading to Septic Pulmonary Embolism, though mostly caused by indwelling catheters, can rarely results from simple procedures like venipuncture and intravenous cannulation. Septic Pulmonary Embolism has high mortality and is mostly due to severe sepsis and multi-organ failure. Few case reports of Septic Pulmonary Embolism caused by peripheral intravenous cannulation are available in literature only. As it is a very rare entity, so we decided to present our case. In our case early diagnosis and prompt treatment led to a successful outcome.

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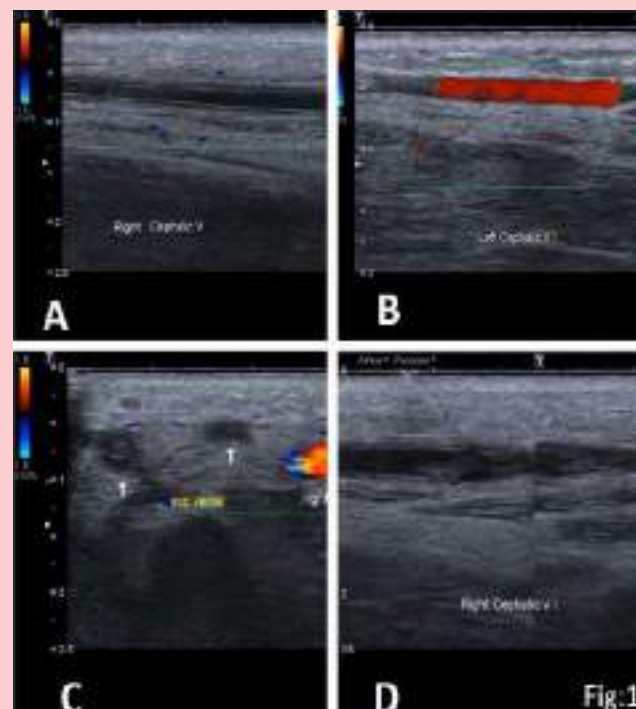


Fig:1-A-wall thickening in Right Cephalic vein and showing no color filling. B- comparison with left cephalic vein shows normal color filling in left. C-few more thrombosed superficial veins. D-visible thrombus in Right Cephalic vein

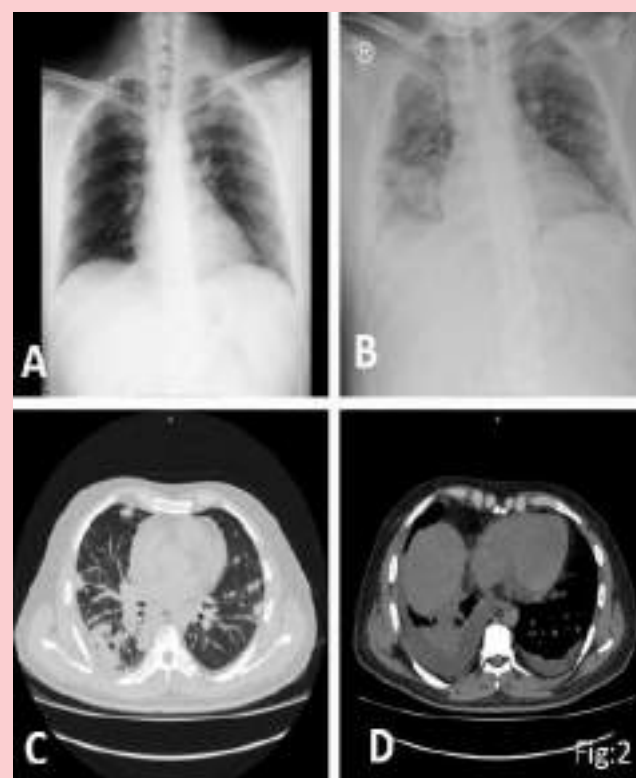


Fig: 2-A-normal CXR on day of admission. B-2 days later CXR taken when patient had shortness of breath, shows multiple rounded nodules in bilateral lung fields, predominant in peripheries. C- HRCT image showing multiple subpleural hyperdense nodules in bilateral lung fields, one of nodule is showing cavitation as well. D- bilateral pleural effusion.

By: . **Dr. Ayesha Saeed, Dr. Muhammad Yousaf**  
POF Hospital, Wah Cantt

# ACUTE VENOUS SINUS INFARCT IN THE SETTING OF ORAL CONTRACEPTIVE USE

## CLINICAL HISTORY:

A 24 year old female with a history of contraceptive use for 2 years was brought to the hospital by EMS secondary to new onset seizure. No history of trauma or hypertension. The patient reports nausea and vomiting since the past 2 days and has not eaten anything since yesterday. She states she feels generalized weakness and fatigue. Per EMS, her boyfriend called 911 because the patient woke up screaming and then became unresponsive. EMS reports a possible postictal period with confusion and lethargy. The patient also complains of being tired and reports she bit her tongue.

## CT FINDINGS:

Noncontrast CT scan of the head demonstrates asymmetrical hyperdense left transverse sinus representing dense clot sign. Additionally there is a low-attenuation area adjacent to the transverse sinus likely representing acute venous sinus infarct.

On postcontrast images triangular filling defect is seen representing thrombus with peripheral enhancement secondary to central thrombus from hemorrhage dural venous collateral circulation surrounding the thrombosed sinus. This is called the empty delta sign

## DISCUSSION:

Clinical sign and symptoms:

Headache. Vomiting.

Loss of consciousness. Seizures.

Intracranial hemorrhage. Stroke.

## ETIOLOGY:

Oral contraceptives. Pregnancy.

Infection. Malignancy.

Blood disorder such as thrombophilia. Vasculitis.

Liver disease. Sarcoidosis.

COVID-19 infection.

## DIAGNOSIS:

Imaging:

Noncontrast CT scan CT venogram (CTV) MR venogram (MRV)

**LABS:**Hypercoagulability panel

## FINDINGS ON IMAGING:

Asymmetrical hyperdense venous sinuses on noncontrast CT. May or may not be associated with cortical edema or infarct.

Common sites are bilateral parasagittal, bithalamic or lobar with most common site in the temporal lobe.

## TREATMENT:

Reversing the known underlying cause Antiepileptic medicines for seizure control Intracranial hypertension control Anticoagulation

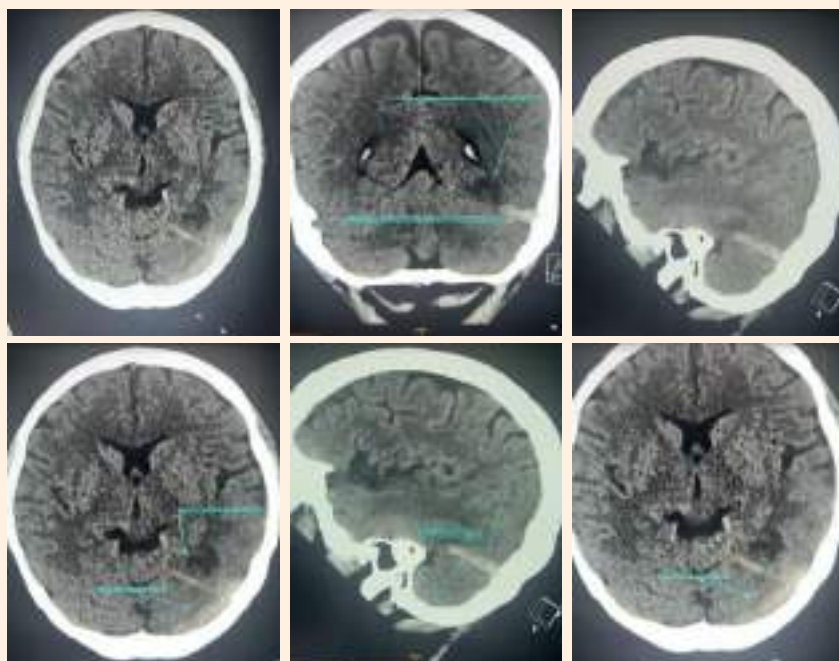
Heparin/Warfarin

Thrombectomy with surgery for severe cases Antibiotics if infection is the cause Acetazolamide to lower intracranial pressure

## COMPLICATIONS:

Intracranial hemorrhage Venous infarcts

Chronic dural venous sinus Fistula formation between dural



arteries, (branches of the external carotid artery), and venous sinuses secondary to increased venous pressure and reversal of flow

## CITATIONS:

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**By: Mina Alvi, B.S. , Zain Alvi, B.S.  
Dr. Nausheen Naveed - Atlanta, USA**



# IMPORTANCE OF HEALTHY DIET IN RAMZAN

A healthy diet during Ramadan is essential to ensure that the body is getting the necessary nutrients to sustain the fast. The body's energy and nutrient needs change during fasting, and it is important to make sure that the body is getting enough of the right foods to stay healthy. Here are some of the reasons why a healthy diet is important during Ramadan:

1- Maintains energy levels: During fasting, the body's energy stores are depleted, and it is important to eat foods that provide sustained energy throughout the day. Eating complex carbohydrates such as whole grains, fruits, and vegetables can help maintain energy levels and prevent fatigue.

2- Helps with digestion: Eating healthy, nutrient-rich foods can help keep the digestive system working smoothly, which is important during fasting. Foods that are high in fiber, such as whole grains, fruits, and vegetables, can help prevent constipation and other digestive issues.

3- Prevents dehydration: During fasting, it is important to stay hydrated to prevent dehydration. Drinking plenty of water, as well as consuming foods with high water content, such as fruits and vegetables, can help prevent dehydration and keep the body hydrated throughout the day.

4- Promotes overall health: A healthy diet can help prevent chronic diseases such as diabetes, heart disease, and obesity. By eating a balanced diet that includes plenty of fruits, vegetables, whole grains, and lean proteins, individuals can improve their overall health and reduce their risk of developing these chronic conditions.

5- Helps with weight management: Many people tend to overeat during Ramadan, which can lead to weight gain. Eating a healthy, balanced diet can help prevent overeating and promote weight management.

In conclusion, a healthy diet is crucial during Ramadan to ensure that the body is getting the necessary nutrients to sustain the fast. By consuming a balanced diet that includes whole grains, fruits, vegetables, and lean proteins, individuals can maintain energy levels, prevent dehydration, promote overall health, and manage their weight. It is important to consult a healthcare provider or registered dietitian to create an individualized nutrition plan that meets one's specific needs during Ramadan.

**By: Ali Hassan**

**Shifa International Hospital, Islamabad**



## Quran About Ramzan



"O you who have believed, decreed upon you is fasting as it was decreed upon those before you that you may become righteous." - Surah Al-Baqarah (2:183)



"The month of Ramadan [is that] in which was revealed the Quran, a guidance for the people and clear proofs of guidance and criterion." - Surah Al-Baqarah (2:185)



"And when My servants ask you, [O Muhammad], concerning Me - indeed I am near. I respond to the invocation of the supplicant when he calls upon Me. So let them respond to Me [by obedience] and believe in Me that they may be [rightly] guided." - Surah Al-Baqarah (2:186)



"So whoever sights [the new moon of] the month, let him fast it; and whoever is ill or on a journey - then an equal number of other days. Allah intends for you ease and does not intend for you hardship and [wants] for you to complete the period and to glorify Allah for that [to] which He has guided you; and perhaps you will be grateful." - Surah Al-Baqarah (2:185)

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