



SLCEP

Sri Lanka College of
Emergency Physicians

CONGRESS PROCEEDINGS

ANNUAL ACADEMIC CONGRESS 2025
SRI LANKA COLLEGE OF EMERGENCY PHYSICIANS

9 – 10 AUGUST 2025
THE GALADARI HOTEL – COLOMBO, SRI LANKA



SLCEP AAC 2025
INSPIRE, STRENGTHEN & TRANSFORM EM

CONTENTS

EDITOR’S NOTE.....	3
MESSAGE FROM THE PRESIDENT	4
MESSAGE FROM THE SECRETARY	5
MESSAGE FROM THE SCIENTIFIC SECRETARY	6
MESSAGE FROM THE CHIEF GUEST	7
MESSAGE FROM THE GUEST OF HONOUR.....	8
MESSAGE FROM THE SPECIAL GUEST.....	9
SLCEP COUNCIL 2025.....	10
SLCEP COUNCIL 2025.....	11
ORGANIZING COMMITTEE - ACC 2025.....	11
ACADEMIC PROGRAM	12
ACADEMIC PROGRAMME DAY 01 TRACK 01	16
ACADEMIC PROGRAMME DAY 01 TRACK 02	17
ACADEMIC PROGRAMME DAY 02 TRACK 01	17
ACADEMIC PROGRAMME DAY 02 TRACK 02	17
CONGRESS-WORKSHOPS.....	17
ADVERTISEMENT OF SPONSORSHIP	17

EDITOR'S NOTE

Annual Academic Conference Proceedings, Sri Lanka College of Emergency Physicians

It is with great pride and purpose that we present this year's proceedings of the Annual Academic Conference of the Sri Lanka College of Emergency Physicians. This compilation reflects the vibrant intellectual spirit, clinical rigor, and collaborative ethos that define our emergency medicine community.

This year's conference theme, "Inspire, Strengthen, and Transform" resonates deeply with the challenges we face and the solutions we strive to create. The diversity of contributions—from seasoned consultants to emerging voices—underscores our commitment to fostering a culture of inquiry and continuous learning.

We extend our heartfelt gratitude to all authors, reviewers, and contributors whose dedication made this publication possible. Special thanks to the organizing committee for curating a program that not only informs but inspires.

May these proceedings serve as a catalyst for further research, dialogue, and advancement in emergency care across Sri Lanka and beyond.

Dr Dinesh Weerasinghe – Editor, SLCEP

Dr Kandaiah Manitheepan – Web Editor, SLCEP

Annual Academic Conference Proceedings

Sri Lanka College of Emergency Physicians

MESSAGE FROM THE PRESIDENT

MESSAGE FROM THE PRESIDENT

It is with pride and a clear sense of purpose that I welcome you to the Annual Academic Congress 2025 of the Sri Lanka College of Emergency Physicians.



Emergency medicine continues to evolve in Sri Lanka. What began as a small group of pioneers has grown into a dedicated community of professionals working across the country - often under pressure, often with limited resources, but always with a commitment to do what is right for the patient in front of us.

This Congress is a reflection of that journey. It brings together people who care deeply about emergency care — consultants, trainees, nurses, EMTs, and international colleagues — not just to share knowledge, but to reconnect, to challenge each other, and to push our field forward.

We have placed special emphasis this year on our postgraduate trainees and junior doctors. Their energy and curiosity are shaping the future of emergency medicine. By giving them opportunities to engage with global ideas and voices, we hope to build confidence, broaden their outlook, and strengthen the profession for years to come.

I am grateful to the speakers, delegates, organizing team, and our partners who helped make this Congress possible. I hope the next two days bring you insight, inspiration, and renewed motivation for the work we do — often behind the scenes, but never without impact.

Welcome to AAC 2025.

Dr Inuka Wijegunawardene

President

Sri Lanka College of Emergency Physicians

MESSAGE FROM THE SECRETORY

It is with great pride that SLCEP hosts Sri Lanka's first international Emergency Medicine conference in five years. This congress comes at a pivotal time, following the challenges of the COVID pandemic, economic recession, and the issue of migration of trained EM specialists. It marks a crucial step in building resilience within our healthcare system, strengthening the specialty of Emergency Medicine by standardizing care across the country and empowering our trainees to meet the growing demands.



As we continue to grow, we are building stronger connections with our regional and international networks, actively engaging in Special Interest Groups and collaborative initiatives. This conference provides a valuable platform to share our progress and exchange knowledge with our esteemed international colleagues, furthering our collective impact in Emergency Medicine.

We hope that this event will be insightful and memorable, and we look forward to seeing you all at next year's conference as we continue to shape the future of Emergency Medicine in Sri Lanka

Dr Nadarajah Prasanna
General Secretary
Sri Lanka College of Emergency Physicians

MESSAGE FROM THE SCIENTIFIC SECRETARY

As the Academic secretary/ academic Chairperson of AAC 2025, I am delighted to invite you to the Annual Academic sessions of the Sri Lanka College of Emergency Physicians.

The Annual Academic sessions are being held this year after a void of 3 years and from now on it will be a recurring event every August which we hope you will mark down on your calendar.



At the onset, I would like to thank my hard working and dedicated organizing team as well as everyone who contributed in a big or small way to help make this event a reality.

SLCEP AAC 2025 would not be possible without the participation of the expert panel of speakers, local and all over the globe, hailing from UK, USA, Australia, New Zealand, India, Japan, South Korea and Saudi Arabia to generously share their knowledge and mastery. With such a diverse group of speakers giving their insights covering a vast number of new and fascinating topics in emergency medicine, this congress promises to deliver an experience which no doubt will elevate your knowledge to new heights and leave you inspired,

This global cooperation will also help improve the standards of Emergency care in Sri Lanka and help trainees and policy makers understand the importance and essentiality of quality emergency care.

I sincerely hope that SLCEP AAC 2025 will be the foundation that will inspire, strengthen and transform emergency medicine in Sri Lanka.

Dr. Dushshantha Gunawardhana

Scientific Secretary

Sri Lanka College of Emergency Physicians

MESSAGE FROM THE CHIEF GUEST

Minister of Health, Sri Lanka

It is a pleasure to send this message to the Sri Lanka College of Emergency Physicians on the occasion of its Annual Academic Congress 2025.



Emergency medicine has become one of the most vital areas in our health system — often unseen, but essential in moments when lives hang in the balance. The professionals working in this field carry a unique responsibility, responding not only with medical skill but also with clarity and calm during the most critical hours.

This Congress is an important moment for reflection, learning, and dialogue — and I am pleased to see that it brings together not just Sri Lankan experts, but colleagues from across the region and the world. These shared spaces of learning help us stay current, adapt to new challenges, and grow stronger as a healthcare community.

I am especially encouraged by the attention given to postgraduate training and professional development. Empowering our young physicians and exposing them to international best practices in emergency care is essential to sustaining high standards. Opportunities such as this Congress help them stay up to date, broaden their perspectives, and strengthen their identity as future leaders in emergency medicine.

The Ministry recognises the efforts made by the College to expand training, strengthen clinical services, and improve systems of emergency care throughout the country. Your work has been instrumental in shaping how emergency medicine is practiced in Sri Lanka, especially during difficult times.

I wish all participants a productive and meaningful Congress. May your discussions lead to fresh thinking, renewed purpose, and better care for those who need it most.

Dr. Nalinda Jayathissa

Honorable Minister of Health & Mass Media

MESSAGE FROM THE GUEST OF HONOUR

Secretary Ministry of Health & Mass Media

It is my privilege to extend warm greetings to all esteemed delegates and contributors to the Annual Academic Conference, AAC 2025. This gathering marks a significant milestone in our collective mission to enhance the quality and reach of emergency healthcare across Sri Lanka.



At the core of our shared endeavor is the imperative to provide efficient, life-saving emergency treatment to every citizen. To that end, we are focused on training and empowering peripheral health centres, ensuring that our network of hospitals—from the smallest clinics to tertiary institutions—delivers a uniform standard of initial emergency care. This equitable baseline of response is vital to reducing delays in critical care, saving lives, and uplifting public trust in our health system. This conference serves as a dynamic venue for exchanging insights, strengthening professional collaborations, and advancing evidence-based practices. | wish AAC 2025 every success and expect that the rich contributions from participants will translate into impactful policy, training programmes, and stronger systems on the ground. Together, let us commit to a future where no patient is deprived of timely emergency care, and every part of Sri Lanka is equipped to respond with excellence.

Dr. Anil Jasinghe

Secretary Ministry of Health & Mass Media

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MESSAGE FROM THE SPECIAL GUEST



It is a privilege to address this esteemed gathering at the Annual Academic Congress of the Sri Lanka College of Emergency Physicians. My sincere congratulations to the College for its unwavering commitment to advancing emergency care in Sri Lanka.

The United Kingdom's journey from a traditional casualty system to a modern A&E model as transformative. Recognising Emergency Medicine as a distinct specialty enabled consultant-led care, structured training, and the creation of model centres that set national standards. This transition has saved countless lives, reduced hospital admissions, and improved system efficiency—demonstrating that early intervention truly matters.

Sri Lanka stands at a pivotal moment. The legacy of ward-based colonial models can be reimaged with focused reform. You already have a national A&E policy. What's needed now is political will, strategic coordination, and investment in training to bring it to life.

By establishing model centres and empowering your emergency care workforce, Sri Lanka can create a future where timely, high-quality emergency care is accessible to all. The time to act is now.

Dr. Taj Hassan

**Consultant in Emergency Medicine, Leeds Teaching Hospitals NHS Trust,
United Kingdom**

Director of CAILTEC

Former President, RCEM

SLCEP COUNCIL 2025



Seated (Left to Right)

Dr Dinesh Weerasinghe (Editor), Dr Senitha Liyanage, Dr Madurangi Ariyasinghe (President Elect), Dr Nandana K Jayathilake (Immediate past President), Dr Inuka Wijegunawardana (President), Dr Nadarajah Prasanna(Secretary), Dr Kaminda Wijenayake (Tresure), Dr Indike de Lanerolle (Past President), Dr Bandara

Standing (Left to Right)

Dr Kandiah Manithepan (Web Editor), Dr Viraj Rajapakshe, Dr Thanuja Dharshani, Dr Chulanga Wickramasinghe, Dr Jagath Wijayarathna , Dr Suranga Gamage, Dr Lakmi Hannadige, Dr Dushyantha Goonawardene (Scientific Secretary)

SLCEP COUNCIL 2025

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Dr Inuka Wijegunawardana

President Elect

Dr Madurangi Ariyasinghe

General Secretary

Dr Nadarajah Prasanna

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Scientific Secretary

Dr Dushyantha Goonawardene

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Dr Suranga Gamage

Dr Chulanga Wickramasinghe

Dr Viraj Rajapakse

List of Past Presidents

Dr Indika de Lanerolle

Dr Senitha Liyanage

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Dr Indika de Lanerolle – Senior Emergency Physician, Past President- SLCEP
Dr Ndarajah Prasanna – Emergency Physician, Secretary- SLCEP
Dr Dushyantha Gunawardene - Emergency Physician, Scientific Secretary- SLCEP
Dr Kaminda Wijenayake - Emergency Physician, Treasure – SLCEP
Dr Chamindri Samaraweera - Emergency Physician
Dr Bandara Ekanayake - Emergency Physician
Dr Kaushila Thilakasiri - Emergency Physician
Dr Isuru Gayan - Emergency Physician

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Dr Chulanga Wickramasinghe – Emergency Physician
Dr Kandiah Manideepan - Emergency Physician, Web Editor SLCEP
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Dr Thushini Gunawardene – Emergency Physician
Dr Roshitha Gamage – Emergency Physician
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Dr Nivethan Pathmanathan - Senior Registrar in Emergency Medicine
Dr Methmal Mallawaarachchi - Registrar in Emergency Medicine
Dr Mathisha de Silva - Registrar in Emergency Medicine
Dr Asanka Jagadeesh – Registrar in emergency Medicine
Dr Samoda Wilegoda – Advanced Trainee in Emergency Medicine
Dr Zamra Nashath – Coordinating Secretary, AAC

ACADEMIC PROGRAM

DAY 1 – 9TH AUGUST 2025

Track 1 - Main Congress

INAUGURATION	
0800 - 0810	Procession and garlanding
0810 - 0814	National anthem
0814 - 0819	Lighting of oil lamp
0819 - 0824	Address by the president of SLCEP – Dr Inuka Wijegunawardena
0824 - 0827	Video presentation
0827 - 0832	Pooja dance
0832 - 0837	Address by chief guest – Dr Nalinda Jayatissa, Hon. Health Minister
0837 - 0842	Launching ELS
0842 - 0847	Address by the Guest of honour - Dr Anil Jasinghe Health Secretary
0847 - 0857	Address by the Special guest – Dr Taj Hassan
0857 - 0900	Closing remarks – Dr Najarajah Prasanna, Secretary SLCEP
0900 – 0915	Morning Tea
SESSION 1 – ADMINISTRATION	
0915 - 0935	Designing For Impact: Elements Of A High-Performing Emergency Department - <i>Prof. Eillyne Seow (Singapore)</i>
0935 - 0955	Click. Connect. Care: Telemedicine In The Emergency Department - <i>Dr Sue Ieraci (Aus)</i>
0955 - 1015	Global Standards, Local Impact: W.H.O. Emergency Care Framework - <i>Dr Imron Subhan (India)</i>
1015 - 1035	From Behind-The-Scenes To The Frontline: Medical Administration's Critical Role In Emergency Care - <i>Dr Praha Sellappa (Aus)</i>
PLENARY 1	
1035 - 1055	Beyond the Resus Bay: Emergency Physicians as Architects of Systems Change <i>Dr Indika De Lanerolle (Sri Lanka)</i>

SESSION 2 – TRAUMA	
1055 - 1115	Headlines In Head Trauma: The Latest In Traumatic Brain Injury - <i>Prof. Richard Cracknell (Aus)</i>
1115 - 1135	M.T.P. In 2025: Protocols, Pitfalls, And Progress – <i>Dr Daniel Gaetani (Aus)</i>
1135 - 1155	Trauma Care System Establishment & Outcome Improvement In South Korea - <i>Prof. Kang Hyun Lee (S. Korea)</i>
PLENARY 2	
1155 - 1215	Training Tomorrow’s Emergency Physicians: The Power Of Collaborative Networks – <i>Dr Taj Hassan (Uk)</i>
1215 - 1315	Lunch
SESSION 3 – PSYCHIATRY	
1315 - 1335	Violence In The Ed: Building A Culture Of Safety And Preparedness - <i>Prof. David Caldicott (Aus)</i>
1335 - 1355	Blurred Lines: The Diagnostic Puzzle Of Delirium, Intoxication & Withdrawal - <i>Dr Alan Giles (Aus)</i>
1355 - 1425	Code Vs. Conscience: Can A.I. Replace Human Decisions In The Emergency Room? - <i>Dr David Banfield (Aus)</i>
PLENARY 3	
1425 - 1445	Critical Care On The Move: Retrieval In Low-Resource Settings - <i>Dr Jagath Wijayarathna (Sri Lanka)</i>
SESSION 4 – SEPSIS	
1445 - 1505	Sepsis In The Elderly: Time Is Tissue, Age Is Risk - <i>Dr Ravi Jayawardena (Aus)</i>
1505 - 1525	Take A Breath: The Evidence-Based Approach To Ventilation In A.R.D.S. - <i>Dr Dilshan Priyankara (Sri Lanka)</i>
1525 - 1545	Sepsis: Concepts And Realities - <i>Dr Rahul Goswami (Singapore)</i>
PLENARY 4	
1545 - 1605	End-Of-Life Care In The Emergency Department: A Sri Lankan Perspective – <i>Dr Senitha Liyanage (Sri Lanka)</i>
1605 - 1620	Evening Tea

1620	Closing Remarks
TRACK 2 - THE NURSING SPOTLIGHT	
0800 - 0900	Welcome & Opening
0900 - 0915	Morning Tea
SESSION 01	
0915 - 1015	First Aid & Pre-Hospital Care <i>-Dr Kaushila Thilakasiri & Dr Sanj Fernando</i>
SESSION 02	
1015- 1115	Hospital Triage & Initial Stabilisation <i>Dr Viraj Rajapaksha & Dr Isuru Gayan</i>
SESSION 03	
1115 - 1215	Nurses' Role in Managing Major Presentations <i>Dr Kaminda Wijenayake</i>
1215 - 1315	Lunch
SESSION 04	
1315 - 1345	Documentation & Legal Accountability <i>Prof S S P Warnakulasuriya</i>
1345 - 1415	Patient Advocacy & Health Education <i>Dr Sophie Paton</i>
1415 - 1515	Psychological Support & Crisis Management - The Nurse as Navigator <i>Mrs Deepika Samarasekara</i>
1515 - 1515	Infection Prevention and Safety Practices <i>Dr Bandara Ekanayake</i> Experience Sharing – Group Discussion (20 mins) <i>Mrs Dileeka Herath</i>
1615 - 1630	Evening Tea
1630	Closing Remarks

DAY 2 – 10TH AUGUST 2025

Track 1

INAUGURATION	
0800 - 0815	Opening Remarks And Welcome Address
0815 - 0840	Global Emergency Medicine & Challenges <i>Dr Pauline Convocar (Philippines)</i>
PLENARY 5	
0840 - 0900	Leading With Excellence: Quality & Leadership In Emergency Medicine <i>Dr Arif Mattoo (Saudi Arabia)</i>
0900 - 0915	Morning Tea
SESSION 5 – ENDOCRINE	
0915 - 0950	The Adrenaline Rush (Quiz) <i>Dr Kate Goulding & Dr Lahiruwan Somaratne(Aus)</i>
0950 - 1010	Hyponatremia In Clinical Practice: Diagnostic Dilemmas & Management Strategies <i>Dr Kate Goulding (Aus)</i>
1010 - 1030	Normal Glucose, Critical Acidosis: A Deep Dive Into Euglycaemic Ketoacidosis <i>Dr Chathuri Jayawardena (Sri Lanka)</i>
PLENARY 6	
1030 - 1050	New Generation Of EEG Monitoring In Emergency Care – <i>Mr Alejandro Ravago II(Singapore)</i>
SESSION 6 – CARDIOVASCULAR DISEASE	
1050 - 1115	When The Beat Drops: Pacemaker Crisis In The Emergency Department <i>Dr Sadun Iddagoda (Sri Lanka)</i>
1115 - 1135	Life Support Beyond Limits: The Concept Of E-Cpr <i>Dr Sanj Fernando (Aus)</i>
1135-1155	The Hidden Catastrophe: Recognising O.M.I. Early <i>Dr Chulanga Wickramasinghe (Sri Lanka)</i>
PLENARY 7	
1155 – 1215	Delivery Outside The Labour Room <i>Dr Harendra Hewapathirana (Sri Lanka)</i>
1215 - 1315	Lunch

SESSION 7 – PAEDIATRICS

1315 - 1335	Blue Baby: A Child With Heart Disease <i>Dr Varman Rajavarman (Sri Lanka)</i>
1335 - 1355	Every Child Matters: Tailoring Emergency Care For Children With Special Needs <i>Dr Thomas Georgeson (Aus)</i>
1355 - 1435	Critical Capsules: Injury, Ingestion & Intervention <i>Dr Mike Shepherd (NZ), Dr Damaya Rasanathan (NZ), Dr Jamie Liew (Aus) & Dr Thomas Georgeson (Aus)</i>

PLENARY 8

1435 - 1505	Decisions At The Speed Of Sound: Pocus In The Modern Ed - <i>Dr Carlo Arigo (UK)</i>
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SESSION 8 – DISASTER MEDICINE

1505 - 1525	Command And Control: Inside The Incident Command Centre - <i>Dr Farhat Mattoo (Saudi Arabia)</i>
1525 - 1545	Comprehensive Approach In Emergency Medicine: From Preparedness To Recovery – <i>Dr Amjad Obeid (Saudi Arabia)</i>
1545 - 1605	Minutes Matter: Local Perspectives On Mass Casualty Response <i>Dr Inuka Wijegunawardana & Dr Kaminda Wijenayake (Sri Lanka)</i>

PLENARY 9

1605 - 1625	Edis In Resource-Limited Settings: Innovation Or Imposition – <i>Dr Shivantha Hemachandra (Sri Lanka)</i>
1615 - 1630	Evening Tea
1640	Prize giving ceremony for Best Oral presentation and Best Poster presentation Closing Remarks

TRACK O2

	MRCEM Preparation Course
	ECG Quiz
	Research Symposium

SESSION 01 - ADMINISTRATION

Designing for impact: elements of a high-performing emergency department



**Prof. Eillyne Seow
(Singapore)**

MBBS, FRCS (A&E) Edinburgh, Diploma in Immediate Medical Care (Edin), Fellow of the Academy of Medicine(Singapore)

Regional Representative- Asia, IFEM

Emergency Medicine professional and Senior Consultant

Department of Acute & Emergency Care

Khoo Teck Puat Hospital Singapore

All emergency departments (EDs) provide care for unscheduled patients and have the same goal i.e to provide emergency care 24x7, 365 days a year.

We face common issues such as:

1. Moving our unscheduled patients from our front door through the discharge process efficiently 24x7.
2. How do we achieve the best mix of personnel for our ED and what is the best way to deploy their skills most efficiently?
3. How do we ensure that our teams have the resources e.g. tubes and needles they require when they need them 24x7 even during public holidays and at the same time exercise fiscal prudence

There are Emergency Departments that are different from others, that are high-performing. What distinguishes these EDs as high-performing departments?

In my personal opinion, they are EDs where:

Patients and their own staff trusted that patient care is optimal.

They attract and retain the best staff members.

They are able to respond to external pressures like a mass casualty event or infectious disease outbreak confidently.

What are the elements of a high performing Emergency Department?

Let me borrow the 5 elements, wood, fire, earth, metal and water.

Wood for people, fire for leaders, earth for design of the ED, metal for logistics and water for processes and flows.

To maintain a high performing emergency department requires the constant interaction of the relationships between people, leaders, design, logistics processes and flows.

SESSION 01 - ADMINISTRATION

Click. Connect. Care: telemedicine in the emergency department



Dr Sue Ieraci
(Australia)

MBBS, FACEM

Specialist Emergency Physician and Emergency & Telemedicine Practitioner

Emergency Telemedicine: a 21st century solution to an ages-old problem

Sri Lanka is a country with a large rural population and – like most nations – stretched health care resources. Just as every village child has access to education, innovative solutions are needed to extend health care access to every citizen.

Sri Lanka has a relatively high use of mobile phone technology, including in rural areas. The use of Wifi has allowed communication via internet and mobile phone to occur with minimal infrastructure.

Emergency Medicine as a specialty is developing rapidly, but still in its infancy. The relatively small number of EM specialists cannot possibly serve every town or village, and smaller hospitals may not have the workload to support on-site emergency physicians.

Telemedicine is an affordable solution that brings the skills of the emergency specialist directly to the patient, wherever they may be, and extends the specialist's skill to support other doctors and nurses in distant areas.

The restrictions of the COVID pandemic created the right circumstances for telemedicine to spread and develop rapidly. Although the peak of the pandemic has passed, we should not lose the tools that can provide ongoing solutions to health care access.

Consultations can occur via audio only, or via video. The clinician adjusts their assessment and risk calculation according to the setting. This talk will outline techniques for effective assessment in both audio and video, and how to use on-site staff to assist.

The patient can be reached in their own home, in small hospitals and clinics and in other locations such as boarding schools. Each setting will have its own benefits and challenges.

Emergency physicians can provide this service either as an extension of their hospital positions, or as part of a freestanding service.

With its developed telecommunications network and developing emergency medicine workforce, Sri Lanka is an ideal location for the development of emergency telemedicine. Sri Lanka is a country with a large rural population and – like most nations – stretched health care resources. Just as every village child has access to education, innovative solutions are needed to extend health care access to every citizen.

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ACADEMIC PROGRAMME DAY 01 TRACK 01

SESSION 01 - ADMINISTRATION

Global Standards, Local Impact: W.H.O. Emergency Care Framework



Dr. Imron Subhan (India)

*MBBS (Bangalore), FEM (CMC Vellore), MRCEM
Executive Chairman and the Past President of the Society
for Emergency Medicine India (SEMI)
Associate Professor (Macquarie University)
Regional Director for Emergency Care in Apollo Group
Senior consultant & Head of Emergency Medicine
Department at Apollo Hospitals, Hyderabad, India*

SESSION 01 - ADMINISTRATION

From behind-the-scenes to the frontline: medical administration's critical role in emergency care



***Dr. Sellappa Prahalath
(Australia)***

*Director of Medical Services
Camden & Campbelltown Hospitals
South Western Sydney LHD, Australia*

PLENARY 1

Beyond the Resus Bay: Emergency Physicians as Architects of Systems Change



Dr. Indika De Lanerolle
(Sri Lanka)

MBBS, MD, MRCEM Senior Consultant Emergency
Physician National Hospital Sri Lanka

Emergency Medicine (EM) in Sri Lanka, officially recognised in 2011, has progressed from its early beginnings with Preliminary Care Units to a fully established specialty with structured MD training, a growing consultant workforce, and expanding emergency medical services. This growth has occurred despite systemic absence of core structures, cultural resistance, inter-professional conflicts, policy non-implementation, and the need to adapt global guidelines to local realities—further challenged by political and economic instability, workforce attrition, and limited career pathways.

Over the past decade, EM has secured Ministry of Health and PGIM recognition, developed consistent training pipelines, strengthened academic activity, and improved infrastructure in both secondary and tertiary care. Positioned at the crossroads of pre-hospital, inpatient, outpatient, and social care, Emergency Departments have become key drivers of hospital and health system reform—improving patient flow, enhancing logistics, and promoting equity of access.

This presentation highlights the role of Emergency Physicians as catalysts for change, using evidence and patient narratives to advocate for sustainable reforms, foster innovation, and build capacity among healthcare providers and communities across Sri Lanka.

SESSION 02 - TRAUMA

Headlines in head trauma: the latest in traumatic brain injury



Prof. Richard Cracknell
(Australia)

B.Med, FACEM, Dip RACOG
Senior Emergency Physician
Director of the Emergency department, Camden & Campbelltown Hospitals, Australia
Co-chair of the Emergency Care Institutes Clinical Advisory Committee

SESSION 02 - TRAUMA

M.T.P. In 2025: Protocols, Pitfalls, And Progress



Dr Daniel Gaetani
(Australia)

MBBS, FACEM, BSc (Pharm), M. Tox (TAPNA), GD CLINUS, GD HCEdu (Sim.), CCPU.
Emergency Medicine Physician
Campbelltown Hospital, Australia

Traumatic haemorrhagic shock remains the leading cause of preventable death in trauma patients globally, with up to 50% of these deaths occurring within the first 24 hours of injury. As emergency medicine clinicians, our ability to rapidly recognise and intervene in haemorrhagic shock is crucial to improving survival.

Timely management—including the use of a Massive Transfusion Protocol (MTP)—can be lifesaving. These high-stakes situations demand a deep understanding of shock pathophysiology, a keen awareness of the causes and patterns of bleeding, and a practical approach to the protocols, pitfalls, and institutional policies that govern massive transfusion in trauma care.

This presentation will explore:

- The pathophysiology and clinical features of traumatic haemorrhagic shock
- The indications and implementation of massive transfusion
- The structure and rationale behind modern MTPs

Common challenges and considerations in real-world application

SESSION 02 - TRAUMA

Trauma care system establishment & outcome improvement in south korea



Prof. Kang hyun lee
(South Korea)

MD, Master's degree in Surgery, Ph.D in Emergency Medicine
Board-Certified in Emergency Medicine and Intensive Care
Medicine

Professor of Emergency Medicine, Yonsei University, Wonju
College of Medicine, South Korea

President, Korean Society of Disaster Medicine

Associate Editor, Clinical and Experimental Emergency
Medicine

Early surveys found preventable trauma death rates (PTDR) as high as 50% in 1997–1998, improving to about 10% by the 2020s. Prior to 2012, South Korea faced a high preventable trauma death rate (PTDR) of approximately 30%. Lacking designated trauma centers and a formal inter-hospital transfer system significantly hindered trauma response capabilities.

To evaluate the nationwide implementation of Regional Trauma Centers (RTCs) and prehospital transfer improvements initiated by governmental policy in 2012, and to assess subsequent impact on trauma mortality and system performance.

PTDR decreased significantly from 30.5% in 2015 to 19.9% in 2017 ($p < 0.001$). Severity adjusted odds ratio for preventable death in 2017 was 0.68 (95% CI: 0.53–0.87).

South Korea's experience demonstrates that governmental policy enabling the establishment of 17 Level I Regional Trauma Centers and prehospital transfer with Helicopter Emergency Medical Services reform can markedly improve trauma outcomes. This integrated national trauma system reduced preventable deaths to below 10% and improved survival even as case complexity increased.

Strategic adoption of a regional trauma center network with robust prehospital triage pathways may yield measurable reductions in trauma mortality.

Implementing continuous quality improvement programs can optimize time to resuscitation and surgical intervention. Routine data registry (like Korean Trauma Data Bank, KTDB) and severity-adjusted outcome modeling (ICISS/TRISS) support monitoring and benchmarking progress. Governmental support—financial, legislative, and training—is vital for sustainability and equitable access.

This experience demonstrates how integrated regional trauma center networks, supported by structured data systems and quality assurance, can drastically improve trauma outcomes—even within a relatively short timeframe.

PLENARY 2

Training Tomorrow's Emergency Physicians: The Power of Collaborative Networks



Dr. Taj Hassan

United kingdom

MBBS, FRCP, FRCM

Consultant in Emergency Medicine, Leeds Teaching Hospitals

NHS Trust, United Kingdom

Director of CAILTEC

Former President, RCEM

SESSION 03 - PSYCHIATRY

Violence in the Ed: Building a culture of safety and preparedness



***Prof. David Caldicott
(Australia)***

BSc (Hons), MBBS (London), FRC EM, Dip.Med.Tox
Clinical Associate Professor at the Australian National University
Adjunct Associate Professor of Health & Design at the University of Canberra
Emergency Medicine Consultant Physician
North Canberra Public Hospital, Australia

Despite the exhortation to 'zero tolerance', violence is an ever-increasing occurrence in emergency departments around the world. While they may have an expertise in many fields of medicine, doctors are not necessarily the best equipped to respond to directed acts of violence against them, in the workplace. Most of the medical literature on violence in the emergency department concerns epidemiology of violence. There is also a small amount on chemical and physical restraint. There is a literature on mitigating directed and kinetic violence, but not one readily available in the medical literature.

The speaker will speak to some of the tools that might be usefully deployed in the unusual situation of having to practically manage armed violence in the ED, and the issues and basic skillsets required to identify and respond to directed acts of kinetic violence.

SESSION 03 - PSYCHIATRY

Blurred Lines: The diagnostic puzzle of delirium, Intoxication & Withdrawal



***Dr Alan Giles
(Australia)***

MBBS, FACEM, CCPU
Emergency Medicine Physician
Sydney Adventist Hospital, SWSLHD, Australia

SESSION 03 - PSYCHIATRY

Code Vs. Conscience: Can A.I. Replace Human Decisions In The Emergency Room?



Dr David Banfield
(Australia)

BMed LLB(Hons), MPH MMedSc, DCH, FACEM, FACLM
Consultant Emergency Physician, North Canberra Hospital,
Australia

Honorary clinical senior lecturer with the Australian National
University medical school

PLENARY 3

CRITICAL CARE ON THE MOVE: RETRIEVAL IN LOW-RESOURCE SETTINGS



***Dr. Jagath Wijayarathna
(Sri Lanka)***

MBBS, MD, MRCEM
Consultant Emergency Physician
National Hospital Galle, Sri Lanka

Emergency medical retrieval, or prehospital care, is a critical link in the chain of survival, helping reduce morbidity, mortality, and long-term disability from serious illness and injury. However, in many low- and middle-income countries, including Sri Lanka, this component of care remains under-resourced and underdeveloped.

Common barriers include infrastructural limitations such as poor road conditions, limited ambulance availability, and fragmented referral systems. Economic constraints like low government funding and high out-of-pocket costs further restrict access. Geographic challenges such as mountainous terrain, island communities, monsoons, and post-conflict regions complicate transportation. Sociocultural factors, including low public awareness, mistrust in systems, and restrictive gender norms, can also delay or prevent timely care-seeking.

These factors often lead to delayed medical attention, long transport times, and preventable deaths. To address these challenges, innovative community-based solutions have emerged. Volunteer first responders and trained local health workers or laypersons have significantly improved response times and survival rates in rural settings. In regions with limited road access, alternate transport options such as motorbikes, three-wheelers, and even animal carts can serve as intermediary means to reach ambulance dispatch points.

Technology is also playing a role in bridging gaps, mobile phone-based dispatch systems, GPS tracking, and drones for delivering medical supplies are being piloted in various settings. National-level interventions, including EMS infrastructure development, public education campaigns, and supportive policies (like traffic laws prioritizing ambulances), are essential for long-term improvement.

Sri Lanka can draw on these models to strengthen its prehospital care system and align with WHO's Emergency Care Systems Framework.

SESSION 4: SEPSIS

SEPSIS IN THE ELDERLY: TIME IS TISSUE, AGE IS RISK



Dr. Ravi Jayawardena
(Australia)

MBBS, MD, FACEM
Staff Specialist Emergency Physician, Campbelltown Hospital,
NSW, Australia
Conjoint Lecturer in the School of Medicine - Western Sydney
University

SESSION 4: SEPSIS

TAKE A BREATH: THE EVIDENCE-BASED APPROACH TO VENTILATION IN A.R.D.S.



Dr. Dilshan Priyankara
(Sri Lanka)

MBBS, MD, FRCP, EDIC
Founder President of the Ceylon College of Critical Care
Specialists
Consultant Intensivist,
National Hospital of Sri Lanka

Acute Respiratory Distress Syndrome (ARDS) remains a significant cause of morbidity and mortality in critically ill patients worldwide. Mechanical ventilation is a cornerstone of ARDS management; however, inappropriate ventilatory strategies can exacerbate lung injury. An evidence-based approach is therefore essential to improve outcomes. Lung-protective ventilation, characterized by low tidal volumes (4–8 mL/kg predicted body weight) and limiting plateau pressures below 30 cm H₂O, is the most robustly supported intervention to reduce ventilator-induced lung injury (VILI) and mortality.

The application of appropriate Positive End-Expiratory Pressure (PEEP) to prevent alveolar collapse, guided by individual patient physiology, is a key adjunct. Prone positioning has emerged as a high-evidence intervention in moderate to severe ARDS, demonstrating improved oxygenation and survival when implemented early and for adequate duration.

Recent advances in understanding ARDS heterogeneity underscore the need for individualized strategies, including the role of esophageal manometry, driving pressure targeting, and considerations for extracorporeal membrane oxygenation (ECMO) in refractory hypoxemia. The evolving evidence highlights a shift towards precision ventilation, balancing adequate gas exchange while minimizing biotrauma. Despite technological advancements, adherence to these fundamental evidence-based strategies remains suboptimal globally, emphasizing the need for continuous education and protocol-driven care.

This presentation will review the current best evidence in ARDS ventilation, discuss practical application in resource-limited settings, and explore emerging research directions aimed at personalizing mechanical ventilation to further improve patient outcomes.

SESSION 4: SEPSIS

SEPSIS: CONCEPTS AND REALITIES



Prof. Rahul Goswami
(Singapore)

BMedSci, MBBCh BAO, FACEM, EMDM, FAMS,
PGCertAeroRT
Senior Consultant
Changi General Hospital, Singapore

Sepsis care is always advancing but some would argue that the complexity is masked by simple errors and omissions in a fast-paced ED environment. His talk will span the breadth of clinical and human factors in implementing a useful sepsis strategy in the ED.

PLENARY 4

END-OF-LIFE CARE IN THE EMERGENCY DEPARTMENT: A SRI LANKAN PERSPECTIVE



Dr. Senitha Liyanage
(Sri Lanka)

MBBS, MD, MRCEM, DCCM, DDM, CCA
Consultant Emergency Physician
Colombo South Teaching Hospital, Sri Lanka

Death is inevitable—but its trajectory is not always sudden. While 10% of individuals may experience a rapid, unexpected death, the remaining 90% face a prolonged decline, often marked by frailty, dependency, and complex medical decisions. In accident and emergency departments (A&Es), we frequently encounter elderly patients with advanced debility, brought in with aspiration pneumonia, pressure sores, confined to bed and diminished oral intake. These scenarios challenge us: Are we prolonging life, or prolonging dying?

This plenary explores the urgent need for integrating Advance Care Directives (ACDs), Goals of Care (GoC) discussions, and Enduring Power of Attorney (EPOA) documentation into A&E workflows. It emphasizes the ethical pillars of autonomy, beneficence, non-maleficence, and justice, urging clinicians to shift from default resuscitation to values-based care. We examine patient capacity assessment tools (e.g., MacCAT-T, S4A) and highlight the paradox of futile ICU admissions that consume resources while compromising dignity.

Through case-based reflection and international data, we advocate for proactive advance care planning—before the crisis. We propose the ABCD framework:

- A – Who decides?
- B – When to decide?
- C – Who should know?
- D – Can it change?

This talk calls for a cultural shift: from “doing everything” to “doing what matters.” By honoring patient wishes and embedding palliative principles into acute care, we can transform the A & E from a place of default intervention to one of compassionate closure.

NURSING SPOTLIGHT

SESSION 01

FIRST AID & PRE-HOSPITAL CARE



Dr. Kaushila Thilakasiri & Dr. Sanj Fernando
Dr. Kaushila Thilakasiri
(Sri Lanka)

MBBS,MD,FRCM
Consultant Emergency Physician
Colombo East Base Hospital, Sri Lanka
IFEM GSI SIG Committee member



Dr. Kaushila Thilakasiri & Dr. Sanj Fernando
Dr. Sanj Fernando
(Australia)

MBBS, FACEM
Emergency Physician, Liverpool Hospital , Sydney
New South Wales (Australia) state Retrieval Consultant
Works with the Suwa Seriya since its inception

SESSION 02

HOSPITAL TRIAGE & INITIAL STABILISATION



Dr. Viraj Rajapaksha & Dr. Isuru Gayan
(Sri Lanka)

Dr. Viraj Rajapaksha
MBBS .MD
Consultant Emergency physician
Base Hospital Panadura, Sri Lanka



Dr. Viraj Rajapaksha & Dr. Isuru Gayan
(Sri Lanka)

Dr. Isuru Gayan
MBBS .MD
Consultant Emergency physician
District General Hospital Horana, Srilanka

SESSION 03

NURSES' ROLE IN MANAGING MAJOR PRESENTATIONS



Dr. Kaminda Wijenayake

MBBS, MD (Emergency Medicine), MRCEM (UK)

Consultant Emergency Physician

Base Hospital Homagama

SESSION 04

DOCUMENTATION & LEGAL ACCOUNTABILITY



Prof. S. S. P. Warnakulasuriya
Professor in Nursing
Dean Faculty of Nursing,
University of Colombo

Accurate and comprehensive nursing documentation is a fundamental component of professional practice, ensuring continuity of care, effective communication, and legal protection for both patients and nurses. This lecture on “Documentation and Legal Accountability” emphasizes the critical role of proper record-keeping in safeguarding patient safety and meeting professional, ethical, and legal obligations. Nurses are legally accountable for the accuracy, timeliness, and completeness of their documentation, as it serves as an official record that may be used in audits, disciplinary hearings, or court proceedings.

The session explores key principles of quality documentation, including objectivity, clarity, factual accuracy, chronological order, and adherence to institutional policies and accepted standards. It addresses common documentation errors, such as omissions, subjective statements, and late entries, highlighting their potential legal consequences. Special attention is given to the integration of electronic health records, confidentiality requirements, and compliance with data protection regulations.

Furthermore, the lecture examines the concept of legal accountability in nursing, linking documentation practices to professional standards, codes of conduct, and statutory requirements. Case examples illustrate how incomplete or inaccurate documentation can compromise patient care and expose nurses to legal liability. Practical strategies to enhance documentation quality and ensure legal compliance will be shared, empowering nurses to uphold best practices in their daily work.

By the end of this session, participants will understand the importance of meticulous documentation, recognize its role in legal accountability, and apply evidence-based strategies to protect patient welfare and professional integrity.

SESSION 04

PATIENT ADVOCACY & HEALTH EDUCATION



Dr. Sophie Paton
(Australia)

Emergency specialist
Conjoint lecturer Western Sydney university
Australia

SESSION 05

PSYCHOLOGICAL SUPPORT & CRISIS MANAGEMENT



Mrs. Deepika Samarasekara

MPhil (Kelaniya), PGDDE (OUSL), BScN (OUSL), Post Basic
Diploma in Teaching and Supervision (Ministry of Health, Sri
Lanka), RN, RM
Senior Lecturer in Nursing
The Open University of Sri Lanka

SESSION 06

EXPERIENCE SHARING – GROUP DISCUSSION



Mrs Dileeka Herath

Nursing sister
Emergency Treatment unit
National Hospital Sri Lanka

SESSION 06

INFECTION PREVENTION AND SAFETY PRACTICES (EXPERIENCE SHARING – GROUP DISCUSSION)



Dr. Bandara Ekanayake
(Sri Lanka)

MBBS, MD (Emergency Medicine), MRCEM (UK), FRCEM (UK),
DDM (Col), POCUS-EM (ARDMS-USA), PCert AI in Medicine
(UK), CC-NIV

Consultant Emergency Physician

Lady Ridgeway Hospital for Children, Colombo, Sri Lanka

The emergency department (ED) functions as the front-line of acute care, where healthcare professionals are routinely exposed to a wide spectrum of infectious threats, occupational hazards, and high-pressure scenarios. This presentation offers a multidisciplinary perspective on strengthening infection prevention, mitigating workplace risks, and reinforcing safety practices tailored to the dynamic ED environment.

Unlike general nursing-focused sessions, this talk will emphasize system-level approaches to infection control—highlighting leadership in outbreak response, risk zoning in emergency settings, and the integration of rapid diagnostic tools for early pathogen detection. Workflow optimization for high-risk scenarios such as aerosol-generating procedures, sepsis activations, and polytrauma resuscitations will also be addressed.

In addition to infection control, the session will explore prevalent health hazards, including sharps injuries, chemical exposures, slips and falls, and workplace violence. Emphasis will be placed on hazard identification, preventive design, incident response, and lessons learned from real-world case audits.

The presentation will conclude with a set of practical, adaptable recommendations aimed at cultivating a culture of safety that prioritizes both provider well-being and patient outcomes. Through open discussion and shared experiences, this session promotes interprofessional collaboration among doctors, nurses, and hospital administrators to foster resilience and enhance safety in emergency care delivery.

SESSION 01

GLOBAL EMERGENCY MEDICINE & CHALLENGES



Dr. Pauline Convocar
(Philippines)

MD, MCHM, DPBEM, FPCEM, DPCOM

Chair for Emergency Department Services, Manila Doctors Hospital, Philippines

Current president of ASEM

President-Elect and Chair of the Specialty Implementation Committee of IFEM

Former president of PCEM

PLENARY 5

LEADING WITH EXCELLENCE: QUALITY & LEADERSHIP IN EMERGENCY MEDICINE



Dr. Arif Mattoo
(Saudi Arabia)

MBBS, MEM, FDF-EM, FACEE, EQuIP, HBS.

Chief specialist in emergency medicine and the Quality Link for Medical Administration,

Dr. Sulaiman Al Habib Hospital, Khobar, Saudi Arabia

SESSION 5 – ENDOCRINE

THE ADRENALINE RUSH QUIZ



Dr Kate Goulding
(Australia)
FACEM, MBBS, BSc
Emergency staff Specialist
Campbelltown hospital, Australia



Dr. Lahiruwan Somaratne
(Australia)
MBBS, RACGP, ACEM
Staff Specialist in GP Casualty, Balmain Hospital, Australia
Senior CMO in Emergency Department, Campbelltown Hospital, Australia

SESSION 5 – ENDOCRINE

HYPONATREMIA IN CLINICAL PRACTICE: DIAGNOSTIC DILEMMAS & MANAGEMENT STRATEGIES



Dr Kate Goulding
(Australia)
FACEM, MBBS, BSc
Emergency staff Specialist
Campbelltown hospital

SESSION 5 – ENDOCRINE

NORMAL GLUCOSE, CRITICAL ACIDOSIS: A DEEP DIVE INTO EUGLYCAEMIC KETOACIDOSIS



Dr. Chathuri Jayawardena

(Sri Lanka)

MBBS , MD

Consultant Endocrinologist, National Hospital of Sri Lanka

Euglycemic diabetic ketoacidosis (EDKA) is a clinical syndrome characterized by euglycemia (blood glucose less than 200 mg/dL) in the presence of severe metabolic acidosis and ketonemia. It may occur in patients with type1 and type2 diabetes. Euglycemic ketoacidosis is a life threatening emergency; however presence of euglycemia usually delay the diagnosis resulting adverse metabolic consequences.

With the wide introduction of newer oral antidiabetic medication SGLT 2 inhibitors to the therapeutic practice in type 2 diabetes mellitus; increases the occurrence of euglycemic diabetic ketoacidosis, and this rose the awareness of this condition. SGLT2 inhibitors block the SGLT2 receptor, the resulting glucosuria can minimize or prevent the development of hyperglycemia, despite very low insulin levels/activity leading to ketoacidosis. The other recognized risk factors are pregnancy, decreased caloric intake, heavy alcohol use, insulin use prior to hospital admission, cocaine abuse, pancreatitis, sepsis, chronic liver disease and liver cirrhosis.

Initial management include fluid resuscitation, correction of electrolyte imbalances, and use of insulin infusion to correct the ketoacidosis. In contrast to DKA management, since serum glucose in EDKA is less than 250 mg/dL, dextrose should be added to the fluids to avoid hypoglycemia and to clear the ketoacidosis. May need to consider 10% to 20% Dextrose to facilitate concomitant administration of higher doses of insulin.

Euglycemic ketoacidosis is a life threatening emergency ; need high level of suspicion to diagnose, and should be managed promptly to avoid complications.

Plenary 6

NEW GENERATION OF EEG MONITORING IN EMERGENCY CARE



Mr. Alejandro Ravago II
(Singapore)

Global Neurology Product Manager, NIHON KOHDEN CORPORATION

SESSION 6 – CARDIOVASCULAR DISEASE

WHEN THE BEAT DROPS: PACEMAKER CRISIS IN THE EMERGENCY DEPARTMENT



Dr. Sadun Iddagoda
(Sri Lanka)

MBBS, MD

Consultant Cardiac Electrophysiologist, Teaching Hospital Anuradhapura, Sri Lanka

SESSION 6 – CARDIOVASCULAR DISEASE

LIFE SUPPORT BEYOND LIMITS: THE CONCEPT OF E- CPR



Dr. Sanj Fernando
(Australia)

MBBS, FACEM

Emergency Physician, Liverpool Hospital , Sydney

New South Wales (Australia) state Retrieval Consultant

Works with the Suwa Seriya since its inception

The role of ECMO in resuscitation

Extra corporeal mechanical oxygenation is traditionally the realm of cardiothoracic surgery and long term ICU, however increasingly there is a role for ECMO in resuscitation and current trials are utilising pre-hospital ECMO.

SESSION 6 – CARDIOVASCULAR DISEASE

THE HIDDEN CATASTROPHE: RECOGNISING O.M.I. EARLY



Dr. Chulanga Wickramasinghe (Sri Lanka)
MBBS (Peradeniya), MD (Col),
Consultant Emergency Physician, Teaching Hospital Peradeniya,
Sri Lanka

This timely topic will explore the role of the Emergency Physician in identifying occlusive myocardial infarction while shifting from the traditional STEMI/NSTEMI nomenclature. It is more evident that almost one third of the NSTEMIs are true occlusive myocardial infarctions which carry higher mortality and morbidity. Furthermore a number of ECG patterns have been illustrated to help identify this category of patients. It is essential for the Emergency Department to identify these patients by doing a proper clinical assessment, careful interpretation and recognition of OMI ECG patterns, and using bedside Echocardiography to support the diagnosis. Finally I wish to discuss the challenges in managing such patients in a developing country like Sri Lanka where the majority of patients receive fibrinolysis over primary PCI due to limited resources.

PLENARY 7

DELIVERY OUTSIDE THE LABOUR ROOM



Dr. Harendra Hewapathirana
(Sri Lanka)

MBBS, MD in Emergency Medicine, MRCEM (UK)
Consultant emergency physician
District general hospital, Matale, Sri Lanka

Unscheduled deliveries outside designated labor wards are uncommon but critical events encountered in emergency departments (EDs), particularly in resource-limited and rural settings. Emergency physicians must be prepared to manage these high-stakes scenarios with limited time, personnel, and equipment.

This presentation explores the epidemiology, clinical presentations, and challenges associated with delivery outside labor rooms, from the lens of the emergency physician. In Sri Lanka, hospital-based audits suggest that 1–2% of deliveries may occur in EDs or en route due to transport delays or lack of antenatal care.

Common scenarios include precipitous labor, shoulder dystocia, postpartum hemorrhage, breech presentation, and neonatal asphyxia—each requiring prompt, skilled intervention. The absence of obstetric teams and delivery facilities in EDs increases maternal and neonatal risks. Challenges include staff unfamiliarity with obstetric emergencies, lack of delivery kits, poor documentation, and medicolegal implications.

Preparedness is critical. Recommendations include routine simulation training, maintenance of emergency delivery kits, cross-training of ED teams in neonatal resuscitation and obstetric maneuvers, and integration of national/international guidelines into ED protocols. Establishing clear referral and communication pathways with obstetric and pediatric teams further enhances safety.

Through a proactive approach, emergency physicians can significantly reduce complications and improve outcomes for both mothers and newborns when delivery occurs outside the labor room.

SESSION 7 - PAEDIATRICS

BLUE BABY: A CHILD WITH HEART DISEASE



Dr. Rajeswaran Rajavarman

(Sri Lanka)

MBBS, MD in Emergency Medicine, MRCEM (UK)

Honorary Emergency Physician, Teaching Hospital Batticaloa,
Sri Lanka

Lecturer in Anatomy, Faculty of Health-Care Sciences, Eastern
University, Sri Lanka

This oral presentation explores briefly the clinical approach to “Blue baby” syndrome - paediatric patients with cyanotic congenital heart disease. It begins with a case summary to frame the diagnostic and management challenges in emergency settings. Epidemiological data from Sri Lanka is used to highlight the local prevalence and patterns of ED admissions for these conditions.

The talk dives into the underlying pathophysiology of cyanotic congenital heart diseases, stressing the importance of distinguishing true cyanosis from similar-appearing conditions. Attendees are guided through the rapid diagnostic process, focusing on key clinical features, bedside assessments, and the formulation of differential diagnoses.

Management principles are discussed briefly, emphasising the urgency of life-saving interventions, early pharmacological and supportive treatments, and safe ED disposition pathways. The session also reviews the latest pharmacological and non-pharmacological advances, referencing current literature and clinical guidelines to support evidence-based care.

The presentation concludes with essential take-home messages designed to equip clinicians with practical knowledge for optimising emergency and ongoing care for children with cyanotic congenital heart disease. Clinicians will acquire actionable insights tailored to both the Sri Lankan context and wider paediatric cardiology practice.

SESSION 7 - PAEDIATRICS

EVERY CHILD MATTERS: TAILORING EMERGENCY CARE FOR CHILDREN WITH SPECIAL NEEDS



Dr. Thomas Georgeson
(Australia)

MBBS, BA, MPH, DCH, FACEM, PEM
Adult and Paediatric Emergency Physician
Canberra Health Services, Australia

SESSION 7 - PAEDIATRICS

CRITICAL CAPSULES: INJURY, INGESTION & INTERVENTION



Dr. Michael Shepherd
(New Zealand)

Paediatric Emergency Specialist Starship Children's Hospital, Auckland, New Zealand Group Director of Operations for Auckland and Starship Hospitals



Dr. Jamie Lew
(Australia)

Paediatric and adult emergency staff specialist, Canberra Health Services, Australia



Dr. Damaya Rasanathan
(New Zealand)

MB ChB(Otago), FRACP
Paediatric Emergency Medicine Specialist Starship Children's Hospital, Auckland



Dr. Thomas Georgeson
(Australia)

MBBS, BA, MPH, DCH, FACEM, PEM Adult and Paediatric
Emergency Physician Canberra Health Services, Australia

PLENARY 8

DECISIONS AT THE SPEED OF SOUND: POCUS IN THE MODERNED



Dr. Carlo Arrigo
(United Kingdom)

Postgraduate specialty certificate, Internal medicine training (emergency medicine), PgCert Medical Ultrasound Emergency and Acute Medicine Consultant Royal Surrey Hospital, NHS Trust, United Kingdom

SESSION 8 – DISASTER MEDICINE

COMMAND AND CONTROL: INSIDE THE INCIDENT COMMAND CENTRE



Dr. Farhat Mattoo
(Saudi Arabia)

MBBS, MEM, FDF-EM. FACEE Emergency physician
Dr Sulaiman Al Habib Hospital, Khobar

SESSION 8 – DISASTER MEDICINE

COMPREHENSIVE APPROACH IN EMERGENCY MEDICINE: FROM PREPAREDNESS TO RECOVERY



Dr. Amjad Obeid
(Saudi Arabia)

MBA, MBBS, MD, Masters in disaster medicine (EMDM)
Master of Business Administration(ESSEC University)
Executive emergency medicine leader(Harvard University)
Faculty Development Fellowship(George Washington University)
Senior Consultant Emergency Medicine and Disaster
Head of Emergency Medicine Department Dr. Sulaiman
Al Habib Hospital, Khobar

SESSION 8 – Disaster Medicine

MINUTES MATTER: LOCAL PERSPECTIVES ON MASS CASUALTY RESPONSE



Dr. Inuka Wijegunawardana

MBBS, MD, Cert EM, ACEM, MRCEM

President Sri Lanka college of Emergency physicians &
consultant Emergency physician, National Hospital Sri Lanka



Dr. Kaminda Wijenayake

MBBS, MD (Emergency Medicine), MRCEM (UK)

Consultant Emergency Physician Base Hospital Homagama

PLENARY 9

EDIS IN RESOURCE-LIMITED SETTINGS: INNOVATION OR IMPOSITION



Dr. Sivantha Hemachandra
(Sri Lanka)

MBBS, MD, MRCEM

Consultant Emergency Physician Sri Lanka

National Hospital Kandy (NHK), the largest multi-specialty hospital in Sri Lanka, faces critical challenges in its Emergency Treatment Unit (ETU) due to high patient volumes (150–200 daily), limited space, and staff shortages. Traditional tracking methods such as whiteboards proved ineffective, prompting the need for a digital solution to improve patient flow and continuity of care.

EDIS, commonly used in developed countries, enables efficient patient tracking, displays clinical information, and integrates with lab and radiology systems. However, creating a dedicated system in low-resource settings poses financial and compatibility challenges. NHK addressed this by building a customized EDIS based on the Ministry of Health's existing Swastha platform, which was already used for drug distribution and hospital admissions.

The adapted system begins with patient triage information being entered into Swastha, followed by clinical details logged at admission. The ED dashboard displays current patients' data, including name, age, triage category, presenting complaint, assigned team, and length of stay—color-coded for prioritization. Role-based access ensures data security, and features like digital notes and dashboard handovers improve team coordination and reduce unnecessary patient delays.

Implementation required collaboration across clinical, administrative, IT, and software development teams. Staff engagement through training and iterative improvements was key to success. While not flawless, this initiative marks a significant step toward modernizing emergency care in Sri Lanka and lays the foundation for broader digital transformation.

<p>MRCES Symposium</p> <p>0915 - 1115</p>	<p>Dr Srinath Kumar Dr Tejasvi Dr Sai Surendar Prof Meenakshi Sundaram Dr Sandeep Gore</p>
<p>ECG QUIZ 1115-1315</p>	<p>Prfo. Carlo Arrigo</p>
<p>Research Symposium</p>	<p><u>Research Subcommittee</u> Dr Bandara Ekanayake - Chair Dr Manitheepan Kandiah Dr Kaushila Thilakasiri Dr Dinesh Weerasinghe Dr Viraj Rajapakse Dr Shajanie Udumullage Dr Nilanka Mudithakumara Dr Asanka Jagadeesh</p>

CONGRESS-WORKSHOPS

CRISIS RESOURCE MANGEMENT

06 August 2025

Crisis Resource Management (CRM) focuses on developing the non-technical skills—such as communication, decisionmaking, and situational awareness—needed to perform effectively during high-pressure clinical events. This simulation-based workshop introduces these principles to support team performance, particularly benefiting emergency doctors, ICU doctors, and senior critical care nurses.

ORGANIZERS	Dr. Senitha liyanage Dr. Kaushila thilakasiri Dr. Senaka herath Dr. Olu nanayakkara Dr. B.P. Lalindika Dr. Tharindu imantha
CONDUCTED BY	Prof. Amila Punyadasa Dr. Shanaz Sajeed

ADVANCED ECG

06 AUGUST 2025

The Advanced ECG Workshop offers a focused, practical approach to mastering complex ECG interpretation for acute and emergency care settings.

ORGANIZERS	E.R.K.D.M.R.E.L Deheragoda Dr M D G K G Nawarathne Dr R S P Gamage
CONDUCTED BY	Theedchanamoorthy Prashanth Hasitha Gunasekara Ganaja Samarajiwa Sivasampavan Sivasubramaniam SKAD Sanjeewa Karthigan Sivarajah E M S Bandara Ekanayake Sharmila Prashanth

ADVANCED AIRWAY

07 August 2025

The Advanced Airway Workshop integrates theory, strategic planning, and hands-on practice to enhance competency in managing airway emergencies in high-pressure situations. Designed for participants with prior basic airway skills, the course aims to build confidence and ensure safe, effective practice in emergency settings.

ORGANIZERS	
CONDUCTED BY	Dr Ganaja Samarajeewa Ass. Prof David Caldicott Dr David Banfield Dr Usman Ghani Dr Irshath Raheem Dr Hasitha Gunasekara Dr Sanjeewa SKAD Dr T Prashanth Dr Viraj Rajapaksha Dr Muditha Priyankara Dr Damindi Wanniarachet Dr Hiruni Tharuka Dr Udanu Yashasvi Lekam Thushara Vidanapathirana Shermila Prashanth

EMERGENCY DEPARTMENT SAFETY THROUGH GENDER EQUITY & EQUALITY

07 August 2025

This workshop explores gender equality in medicine, addressing challenges, biases, and strategies for creating a more inclusive and equitable workplace. It also focuses on promoting workplace safety, fostering respectful environments, and empowering healthcare professionals to advocate for systemic change.

ORGANIZERS	Dr Kaushila Thilakasiri Dr Manavi Deshani Dr Nilanka Mudithakumara Dr Shivantha Hemachandra Dr Harendra Hewapathirana
CONDUCTED BY	Dr Imron Subhan Dr Sowjanya Patibandla Dr Sue Ieracci Dr Nilantha Lenora Prof. Anuruddhika Edirisinghe

ED ADMINISTRATION FOR EMERGENCY PHYSICIANS

08 August 2025

This one-day workshop is designed for Emergency Physicians aiming to enhance both their leadership skills and the overall performance of their emergency departments. Through interactive sessions, it covers key topics such as triage, leadership vs. management, communication, patient flow, safety, quality indicators, and includes a CV clinic for professional development.

ORGANIZERS	Dr. Inuka Wijegunawardana Dr Nilanka Mudithakumara Dr Shajanie Udumullage Dr Sanduni Jayathilake Dr Mohanraj Achchuthan
CONDUCTED BY	Prof. Eillyne Seow Prof Paul Ho Dr Huey Ying Seet Dr. Hsin Kai Goh Dr David Banfield Dr Manavi Deshani Dr Udani Yapa Dr Gayani Nirmala Dr Hansana Sewwandi Dr Nilanka Mudithakumara

TRAUMA

08 August 2025

This full-day trauma workshop features expert-led lectures on primary and secondary surveys, trauma management across body systems, and considerations for special populations. The program also includes hands-on practical skill stations, simulations, and a quiz, offering participants a comprehensive and interactive learning experience in trauma care.

ORGANIZERS	Dr Jagath Wijayarathne Dr Methmal Mallawarachchi Dr Mtheesha De Silva Dr D S E Weerasinghe Dr Poornima Kadugath
CONDUCTED BY	Richard Cracknell Sophie Daniel Gaetani Alan Giles Kate Goulding Sellappa Prahalath Lahiruwan Somaratne Ravi Jayawardena Chaminda Egodage Ravi Jayawardena

POCUS

11 August 2025

This workshop focuses on the practical application of Point-of-Care Ultrasound (POCUS) in the Emergency Department, enhancing rapid diagnosis and clinical decision-making. Participants will gain hands-on experience with key ultrasound techniques relevant to the ED setting.

CONDUCTED BY

Dr Christine Buddhini Perera
Dr Rizana Visvanathan
Dr Ganaja Samarajeewa
Dr Jamie Lew
Dr Samoda Wilegoda
Dr Carlo Arrigo
Dr Jagath Wijayarathne
Dr Chulanga Wickramasighe
Dr Dinesh Weerasinghe
Dr Chamindri Samaraweera
Dr Muditha Priyankara
Dr Chamil Karunanayake
Dr Iresha Rathnayake

ADVANCED LIFE SUPPORT

14 August 2025

This Advanced Life Support (ALS) workshop provides essential training in the recognition and management of cardiac arrest and other life-threatening emergencies. Through a combination of simulations and practical skills training, participants will build confidence in delivering highquality resuscitation care in emergency settings.

CONDUCTED BY

ALS Course Director

A G Thanuja Darshani

ALS Instructor-

A G Thanuja Darshani

Inuka Wijegunawardana

Kaminda Wijenayake

Dushyantha Goonewardene

Yasitha Tharindra Handapangoda

Dulanga Alapattu

Sakuni Amanda

Susampath B Illangasinghe

Ranjula WahalwatteDr Muditha

Priyankara

Dr Chamil Karunanayake

Dr Iresha Rathnayake

EMERGENCY LIFE SUPPORT

18-19 August 2025

The Emergency Life Support (ELS) workshop offers focused training on the initial assessment and management of critically ill or injured patients. It equips participants with core life-saving skills and a structured approach to stabilisation in emergency situations.

CONDUCTED BY

Course coordinator

Kaminda Wijenayake

Faculty

Dr Inuka Wijegunawardhana

Dr Isuru Gayan

Dr Dilruk Rathnayake

Dr Kaushila Thilakasiri

Dr Sanath Pushpakumara

Dr Bandara Ekanayake

Dr Nissanki D Vithanage

TOXICOLOGY

21-22 August 2025

Toxic Issues in the ED is a two-day intensive workshop led by expert faculty from Australia and Sri Lanka, focusing on the unique toxicology challenges faced in Sri Lankan emergency settings. Through lectures, workshops, simulations, and case discussions, the course reinforces core knowledge and clinical skills essential for the effective management of poisoning presentations in the ED.

CONDUCTED BY

Dr Michael Downes
Dr Dushan Jayaweera
Dr Satish Mitter
Dr Gopi Mann

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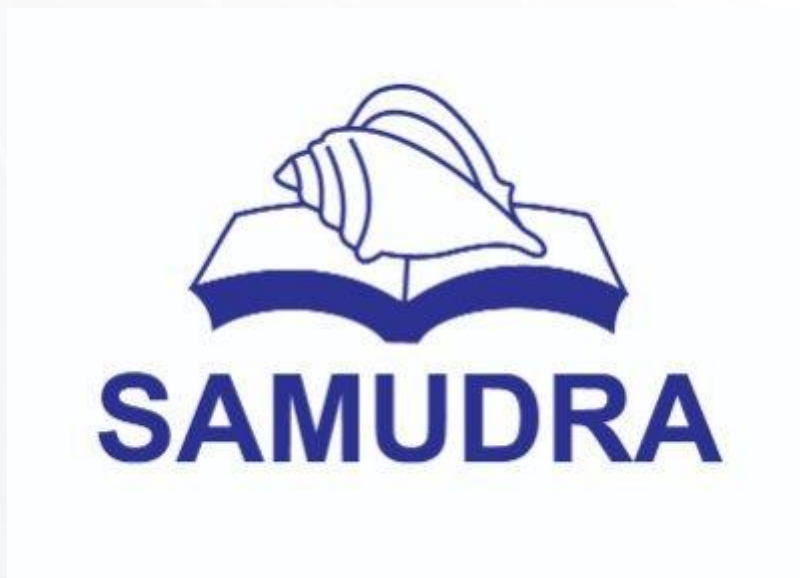
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