Anjana Balachandran

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A recent bachelors graduate who specialises in respiratory therapy. Is skilled in Critical care and cardio-pulmonary medicine. Highly proficient in multitasking and prioritising intervention for patient with cardiovascular, medical/surgical, multi-trauma, chronic pulmonary and acute respiratory conditions. And has hands-on experience working in a challenging environment. Is adaptable and friendly.

Education

BSc. Respiratory therapy

*Amrita Institute of Medical Science (2018-2022)*

Higher Secondary (CBSE)

*Naipunnya Public School (2016-2018)*

High School (ICSE)

*St Joseph Public School (2014-2016)*

**E**xperience

Respiratory therapist

*Amrita Institute of Medical Science (2021-2022)*

Provided emergency care, such as artificial respiration, external cardiac massage, or assistance with cardiopulmonary resuscitation.

* Monitored patients’ physiological responses to therapy, such as vital signs, arterial blood gases.
* Monitor and promote assisted respiration for patients with BIPAP and CPAP machines, mechanical ventilators, HFV, tracheostomies, and endotracheal tubes (ETT) /intubation.
* Read prescription, measure arterial blood gases, and review patient information to assess patient condition.
* Set up and operated devices such as mechanical ventilators, therapeutic gas administration apparatus.

Skills

* Mechanical Ventilation
* Critical care
* Basic life support
* Advanced cardiac life support
* Life support equipment monitoring
* Rehabilitation
* Pulmonary function testing
* Following plan-of-care
* Invasive and Non-Invasive ventilation (NIV)
* High-Frequency ventilation (HFV)
* Lab/Imaging interpretation
* Bilevel positive airway pressure (BiPAP)
* Intubation

Project

* Retrospective Analysis of Non-Invasive use Among Patients Admitted with COVID-19 related hypoxemia to ICU in a tertiary care hospital

This is a retrospective observational study to be conducted in patients with confirmed diagnosis of COVID-19 infection in ICU who are deemed to be in requirement of Non-invasive ventilation for more than 6 hours and NIV was provided using Philips V60 or Philips Respironics A40 through a face mask. Patient will be randomized to receive ventilatory support either through normal BiPAP or V60. Initiation of either of the above interventions is based on the haemodynamic and blood gas values. ICU data was collected until one of the following end points: 1) Need for intubation; 2) NIV weaned; 3) DNI/DNR.