
ICU Volume 8 - Issue 3 - Autumn 2008 - Editorial

Editorial

In critical care, there is no single answer, no magic solution - pharmaceutical or diagnostic that can cure all patients or improve their conditions simultaneously. In ICU Management we are always, however, in search of new diagnostic tools and medications, which we can add to our arsenal of weapons in fighting the deadliest of conditions that our patients face. While an ideal biomarker has not been identified, in recent years, several biomarkers have been highlighted in studies and research as possible tools in the early detection and treatment of certain infections.

In this issue of ICU Management, Dr. Povoia argues that biomarkers can provide additional information to the clinical evaluation in the diagnosis of infection, risk stratification, as well as in assessment of the response to antibiotic therapy. He looks at two such noted biomarkers: C-reactive protein (CRP) and procalcitonin (PCT), in addition to the newly proposed soluble triggering receptor expressed on myeloid cells-1 (sTREM-1) and evaluates their possible roles in the diagnosis of infection. Drs. Coelho and Pereira from Portugal focus solely on the use of serum biomarkers in the evaluation of infection response to antibiotics, while Dominique Vandijck from Ghent University Hospital examines the cost effectiveness of utilising biomarkers in the diagnosis of septic patients.

As the general population ages, so too does the number of elderly patients who come into our direct care in the ICU. Management of these patients - with their unique needs and treatment issues is a matter that requires renewed attention and increased vigilance of the part of ICU teams as a whole. Our special focus on care of the elderly begins with a thought-provoking article by Dr. Barraco from Pennsylvania, USA on how to reduce perioperative risk in your ICU; and will culminate in an issue of ICU Management next year on this timely and important issue for ICU managers and professionals.

ICU Management Editorial Board Member, Dr. Flaatten lends his time and expertise to outline the state of education and training in intensive care in Europe, a topic of much current study and discussion in the field.

In our continuing Hypothermia Series Dr. Polderman discusses fever control in critically ill patients, and in the Management segment of this issue, Rebecca Anas, Dr. Brunet and colleagues from Toronto, Canada return to ICU Management to introduce a framework to implement efficient, evidence based organisation of care in our units.

This time our Country Focus lands in Israel for a brief yet interesting visit: Dr. Gurman discusses the similarities and differences in the closely intertwined fields of anaesthesiology and intensive care in Israel, and in general. Freda DeKeyser Ganz outlines ongoing changes in intensive care nursing education in Israel, and Rabia Khalaila and team from Hadassah-Ein Kerem Medical Center in Jerusalem highlight the importance of physical assessments done by nurses in the ICU.

As we strive to provide the most efficient, accurate and favorable treatment for our patients-as critical care professionals, we look continuously toward science to provide more techniques to us in early diagnosis and treatments. A definitive, specific biomarker for sepsis is yet to be found, but as the authors in this issue concur, there are many beneficial uses for those markers that are readily accessible.

An added note - in this issue, we have elected to include references listed by contributing authors. We hope that this and our continuing evolution of format and style changes will continue to increase the interest and value ICU Management. Your comments and requests are always welcome. Please forward any correspondence to Managing Editor Sherry Scharff at editorial@icu-management.org

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