



Most Read in 2016 in ICU Management & Practice



As 2016 comes to a close, we wish you all the best for 2017, and take a look back at our most-read stories, journal articles and Tweets in 2016.

Thank you to our Editor-in-Chief, Prof. Jean-Louis Vincent and our Editorial Board for their wise counsel and contributions, and to our authors and readers - the expert, thoughtful, innovative and inspiring *ICU Management & Practice* community. We look forward to 2017 when our cover stories will address Personalised Medicine, Cardiac Arrest, Recovery after ICU, Education, and our Matrix, Management and Country Focus sections will present more of the best in current management and practice.

Most Read in Highlights

[Hydrocortisone in Severe Sepsis: HYPRESS Trial Results](#)

Results of the HYPRESS trial showed no significant differences between the hydrocortisone group and the placebo group in preventing progression to shock in patients with severe sepsis presenting without shock.

[Study: Vasopressin vs. Norepinephrine in Septic Shock - VANISH trial](#)

Results of the VANISH trial were published in August. While the results would not change routine first-line pressors for septic shock, clinicians may consider starting vasopressin early in patients whose kidney function is deteriorating, chief investigator Prof. Anthony Gordon told *ICU Management & Practice*.

[ELAIN Trial for AKI: Significant Mortality Reduction in Early RRT Group](#)

Two important trials on AKI reported in 2016 - AKIKI and ELAIN. Both added important evidence about initiation of renal replacement therapy for AKI that will inform future clinical trials.

[Echocardiography is Essential Tool for Fluid Responsiveness](#)

Echocardiography is increasingly considered the first-line monitoring tool of choice in haemodynamically compromised patients, and Ashley Miller and Justin Mandeville provided a practical guide.

[Study: Microbiome Disruption May Have Key Role in ARDS, Sepsis](#)

"In the long run, we need to start thinking of the microbiome as an organ that can fail in critically ill patients," said Robert P. Dickson. "We're studying how it gets disordered, how it impacts other organs, and how we can fix it."

[Burnout Syndrome in Critical Care: What Needs to Happen Now?](#)

Following the release of the U.S. Critical Care Societies Collaborative Call to Action on Burnout Syndrome, Ruth Kleinpell and Vicki Good spoke to *ICU Management & Practice* about what comes next.

Highly-Read Journal Articles

[Don't Forget to Ask! The Patient and Relative Perspective](#)

Catherine White set out the case for meaningful intensive care patient and relative involvement and how this can be achieved.

[Dietitians in Critical Care - A Fundamental and Evolving Role](#)

Ella Segaran outlined the growing evidence to suggest that the critical care dietitian is an essential member of the ICU team

[Women in Leadership in Intensive Care Medicine](#)

Lucy J. Modra, Sarah A. Yong and Danielle E. Austin examined the significant gender imbalance in positions of leadership in intensive care medicine and analysed why it's so, why it matters and possible solutions.

[The Burden Caused by Administrators and Managers: a Euro-American Jumble](#)

A cri de coeur from both sides of the Atlantic - Armand R.J. Girbes, Jan G. Zijstra and Paul E. Marik argued that a jumble of rules, protocols, checklists has emerged, which jeopardises not only the pivotal relationship between doctor and patient, but also the quality and costs of care, and the quality of future healthcare workers.

[Protective Ventilation: When and Why to Individualize](#)

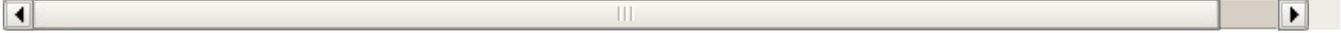
Salvatore Maggiore explained that individualized ventilation in ARDS can potentially improve outcome, reduce treatment side effects and use resources better

[Difficult Intubation in the ICU: Why and How to Prevent and Manage Difficult Intubation?](#)

Audrey De Jong, Gerald Chanques, and Samir Jaber describe the MACOCHA Score which can better identify patients at high risk for difficult intubation and explained new strategies for improving preoxygenation before intubation and decreasing difficult intubation incidence, using specific algorithms.

[Implementation Challenges of Crew Resource Management](#)

Marck Haerkens, Christ J. Lorraine, Tames C. Oud, Peter Pickkers and Johannes G. van der Hoeven explained how Crew Resource Management (CRM) human factors awareness training is a useable tool in medicine and may fill a void in medical education curricula and identified Factors impacting CRM implementation into the clinical environment.



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