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Prevention

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The intensive care unit is one of the most expensive parts of the hospital to run. While no intensivist would like to ration intensive care, there are possibilities for prevention and early recognition of critical illness, which can either prevent patients ending up in intensive care or make their stay shorter. In this issue, our cover story is Prevention. Firstly, I write about early recognition of sepsis, for which mortality rates are still far too high. Next, Rajit Basu and colleagues discuss the potential benefits of an AKI care bundle to standardise supportive care measures. They argue that the AKI epidemic requires a more logical and consistent approach to the disease process. Then Candelaria de Haro and Antonio Artigas consider preventive strategies for ARDS, and argue that early identification of patients at risk and control of hospital exposures seem to have most potential.

New advances in fluid responsiveness is the topic for the Fluids series. Xavier Monnet and Jean-Louis Teboul argue that central venous pressure and other static markers of cardiac preload should not be used to predict fluid responsiveness. They outline various tests that can be used for a dynamic approach.

In the Matrix section, first Tim Cook and colleagues look at airway management in the ICU. They argue that the ICU community needs to acknowledge airway dangers, and work on improvements in tracheostomy, capnography, videolaryngoscopy and human factors. Next, David Osman and Isabelle Boytchev review upper gastrointestinal bleeding and its management both before endoscopic diagnosis and after endoscopic diagnosis of ulcer and variceal bleeding. They consider the challenges that remain, including persistent and recurrent bleeding, management of antithrombotic therapy and transfusion management.

Current metabolic and nutritional issues in the ICU are discussed by Olav Rooyackers and Jan Wernerman. Finally, Alain Broccard and Damien Tagan consider the use of diaphragmatic ultrasonography in the ICU, a tool they consider to be underused when it comes to assessing patients with respiratory failure and/or difficulty weaning.

In the Management section, Courtenay Bruce and Janice Zimmerman review the definitions, causes and impact of moral distress, and suggest interventions at the individual and system level, which may help healthcare professionals experiencing moral distress.

John Marini is our interview subject, and shares his frank and sometimes controversial views on evidence-based care, ventilator management and more.

We visit India for our Country Focus. Shirish Prayag outlines the rapid development of the critical care discipline over the last 20 years, and Pravin Amin looks at the state of neurocritical care.

As always, if you would like to get in touch, please email editorial@icu-management.org

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