

ICU Management & Practice most read in 2017



We've crunched the numbers and scanned the stats to bring you the highlights of 2017 - our most read and shared journal articles and news. Our sincere thanks go to to our contributors, our Editorial Board and Editor-in-Chief, Prof. Jean-Louis Vincent.

You might also like: Most read in 2016 in ICU Management & Practice

From the Journal

Albumin administration in sepsis: the case for and against

The current evidence base demonstrates that the administration of albumin as resuscitation fluid to critically ill patients is safe, and may be beneficial in patients with severe sepsis, say Neil Glassford and Rinaldo Bellomo.

The ICU-Hear project: introducing live music for critically ill patients

Helen Ashley-Taylor writes about the ICU-Hear project, delivered by the charity Music in Hospitals™, which provides specialised live music sessions for critically ill patients.

Optimising nutrition for recovery after ICU

We need to consider basic metabolism and historic understanding of starvation and recovery to employ targeted nutritional care to our critically ill patients as they recover following ICU discharge, writes Paul Wischmeyer.

How to run successful rounds in the intensive care unit

The ins and outs of ICU rounds, from Katherine Nugent and Craig Coopersmith — "First and foremost, the focus on rounds must be on the patient. Rounds should be enjoyable—and even fun—if at all possible."

Physical rehabilitation in the ICU: understanding the evidence

Carrie Goodson, Claire Tipping, Earl Mantheiy, Sina Nikayin, Jason Seltzer Caroline Outten, Biren Kamdar and Dale Needham review the latest evidence evaluating physical rehabilitation in the intensive care unit setting and future directions for the field.

Towards safer ventilation in critically ill patients without ARDS

Fabienne Simonis, Marcus Schultz and Antonio Artigas discuss the evidence for benefit of protective ventilation strategies in patients without ARDS, including the use of low tidal volumes, higher levels of PEEP and lower driving pressure levels.

Ultrasound-guided mechanical ventilation

Ultrasound provides useful information to assess and monitor lung aeration, to set mechanical ventilation and to early identify respiratory complications, explain Francesco Mojoli and Silvia Mongodi.

From independent attorney to critically ill patient: how acute respiratory distress syndrome changed my life in a split second

Life changed forever when Eileen Rubin was hospitalised with ARDS. After a slow recovery it was time to give something back, and Eileen went on to co-found the ARDS Foundation.

Precision medicine in sepsis

While precision medicine has been successfully implemented in other fields, testing it in sepsis poses challenges, say Andrew Prout and Sachin Yende.

Antibiotic resistance in the ICU: time to take things seriously!

Antimicrobial resistance has become a major concern in critical care medicine, and impacts the daily management of severe infections in many ICUs, according to Jan de Waele.

Most read news

Surviving sepsis guidelines 2016 update

Unlike most clinical guidelines that contain a "what to do" list, the updated SSC guidelines also include many recommendations that are negative or "what not to do", and should be welcomed by non-experts.

ECMO for adult respiratory failure: 2017 update

ECMO use is growing rapidly but should be limited to experienced centres with more research needed before it is used more widely, say experts.

Vitamin C in severe sepsis treatment

First reports on use of Vitamin C in severe sepsis were controversial.

LIVES 2017: Lung recruitment and PEEP trial reports results

Surprising results from this Brazilian Alveolar Recruitment for Acute Respiratory Distress Trial (ART) randomised trial were revealed at the European Society of Intensive Care Medicine LIVES congress in Vienna.

Fluid challenge: its impact on fluid responsiveness

A systematic review found that the duration of the fluid infusion in a fluid challenge has a significant influence on fluid responsiveness.

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