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## ICU Volume 15 - Issue 3 - 2015 - Editorial

### The Brain



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Treatment of neurological illnesses and complications in the intensive care unit remains a challenge. And as intensivists we are aware of the risks of cognitive impairment for many ICU patients. For our cover story this issue we address practical brain matters.

Nino Stochetti explains how to choose fluids for brain injured patients to achieve the goals of preserving cerebral perfusion, controlling brain volume and assuring appropriate substrate delivery. Next, Geert Meyfroidt and Romain Sonnevile consider whether "less is more" in sedation in acute brain injury, looking at current sedation practices in the neuro-ICU, and what sedative to choose. Then Jens Schröder, Jörg Glahn and Rainer Dziewas discuss ICU-related dysphagia. They present the diversity of pathogenetic factors, evaluate existing diagnostic procedures and give pragmatic recommendations for the diagnostic approach as well as for the further nutritional management of ICU patients.

Continuing our series on Infections, Joseph David Cooper, Shravan Kethireddy and Anand Kumar provide a primer for infections in the immunosuppressed and immunocompromised patient. Patients with impaired immune function are a growing group, and their review focuses on the biological basis for immune dysfunction and clinical assessment.

In the Matrix section, Jan Wernerman and Olav Rooyackers provide an update on nutrition monitoring. They note that while monitoring nutrition is not complicated or difficult, it is more problematic to monitor nutritional risk and to define the purpose or target for nutrition. Next, Barbara Presello, Francesca Di Muzio, Glenn Eastwood, and Rinaldo Bellomo argue the case for liberal glycaemic management. They note that the evidence suggests that glycaemic management algorithms should be tailored differently for diabetic and non-diabetic patients and that "permissive moderate hyperglycaemia" may be justified in diabetic patients. Fernando Suarez Sipman and Gerardo Tusman describe heart-lung interactions from the lung's perspective. They contend that implementing a protective ventilatory strategy extended to the lung, the pulmonary circulation and the right ventricle should constitute an early target during mechanical ventilation in ARDS patients. Finally, Manu Malbrain, Yannick Peeters and Robert Wise discuss current evidence on the available resuscitation fluids as well as the endpoints that can be used to guide fluid resuscitation in burns.

Benchmarking in critical care has been around for 20 years. In our Management section Matti Reinikainen and Hans Flaaten outline the pitfalls of benchmarking and concentrate on the challenges of comparing severity of illness-adjusted mortality figures. Our interview is with Hannah Wunsch, who considers the whys and wherefores of intensive care systems research. Finally, we wrap up this issue with an interview with Claudio Martin, President of the Canadian Critical Care Society for our Country Focus on Canada. As always, if you would like to get in touch, please email [editorial@icu-management.org](mailto:editorial@icu-management.org)

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