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## Key Topics in Management of the Critically Ill



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Marcela P. Vizcaychipi • Carlos M. Corredor  
Editors

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 Springer

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## Foreword

Intensive care medicine is a rapidly evolving specialty. In the last decade, there have been advances in technology, diagnostics, treatment and in our understanding of the pathogenesis of diseases that affect critically ill patients. Management of conditions such as burns, stroke, acute liver failure, thromboembolism and delirium have changed dramatically over the last few years with new diagnostic and therapeutic modalities. These topics are eloquently covered in the relevant chapters in *Key Topics in Management of the Critically Ill*.

Physical and neuropsychological rehabilitation after intensive care has been another area of specific interest to the intensive care community over the last few years and covered in the chapter on *Neuropsychological Rehabilitation for Critically Ill Patients*. Published literature report approximately 30 % of patients suffer from anxiety, 20 % of patients suffer from depression and up to 60 % of patients suffer from post-traumatic stress disorder after intensive care admission with the associated long-term socio-economic consequences. Whereas historically intensive care physicians were satisfied to leave follow-up care of these patients to the community, there is now increasing recognition that early intervention during and immediately after intensive care admission can positively impact on recovery, length of hospital stay and healthcare costs. In some countries, such as the United Kingdom, national guidance and policies have been developed to help address long-term physical and neuropsychological sequelae of critical illness.

The use of ultrasound and echocardiography are no longer limited to the remit of radiologists and cardiologists. The increased portability, usability, and advanced technology of modern ultrasound and echocardiography machines mean that ultrasound and echocardiography are now routinely used by the bedside to help direct clinical care in modern day intensive care units. Two chapters in this book are dedicated to the use of these important diagnostic modalities.

Finally, intensive care medicine is a multidisciplinary specialty that relies on effective teamwork, leadership, and communication to achieve best outcomes for patients. The chapter on *Simulation in Intensive Care* highlights how simulation can be used effectively to enhance technical and non-technical skills (human factors) such as team dynamics, decision-making and situation awareness to improve patient safety, patient outcome and staff satisfaction through interdisciplinary training.

*Key Topics in Management of the Critically Ill* offers a succinct guide to important topics in intensive care written by international experts in the field. The chapters are designed to provide a comprehensive summary of the pertinent clinical, diagnostic and management principles for the practising intensive care clinician.

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