

## Foreword



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*Consulting Editor*

Critical care medicine has always been a significant part of the specialty of emergency medicine (EM). The diagnosis and resuscitation of critically ill patients is at the heart of EM's core curriculum. The physicians that make the initial management decisions of the most critically ill patients are emergency physicians. Intubation and initiation of mechanical ventilation often begins in the emergency department (ED). Placement of chest tubes and central lines for fluid resuscitation and initiation of vasopressors occurs in the ED, and the "golden hour" of trauma care (the period of time during which many of these patients' fate is determined) usually occurs in the ED.

Despite this longstanding presence of critical care medicine in EM, emergency health care providers are under more pressure than ever before to increase their knowledge of critical care medicine and to practice critical care medicine in the ED. The simultaneous occurrence of hospital overcrowding, an aging population, and increasing nursing home referrals to EDs has resulted in a substantial increase in critically ill patients in the ED. Emergency physicians are routinely required to manage patients for prolonged periods on ventilators, to initiate and sustain sepsis protocols, and to perform advanced techniques in hemodynamic monitoring.

Educators in EM are working to meet these new demands of the specialty in several ways. Residency directors have added increased ICU rotations to emergency medicine training. Continuing medical education conference organizers have added numerous critical care-related topics to their conferences. Directors of medical simulation have increased training in resuscitation.

Finally, textbook and journal editors have promoted increased publications focused on the care of the critically ill patient in the ED.

In this issue of *Emergency Medicine Clinics of North America*, critical care experts Dr. Peter DeBlieux and Dr. Tiffany Osborn have provided yet another invaluable resource for emergency physicians to improve their skills in caring for the critically ill patient. The enclosed articles cover general topics (such as the use of vasopressors, antibiotic choices, mechanical ventilation, and imaging) and specific conditions (such as acute coronary syndrome, trauma, sepsis, and stroke). The authors, all of whom are experienced and accomplished educators in emergency medicine, intentionally focus their attention on the issues that are most relevant to critically ill patients, and they address challenges, myths, and pitfalls in common ED practice.

This issue of *Emergency Medicine Clinics of North America* represents a valuable addition to EM education. This issue should be considered a must-read, not only for practicing emergency physicians, but also for EM trainees and any other health care providers responsible for caring for critically ill patients. Knowledge and practice of the concepts that are discussed in the following pages will certainly save lives. The guest editors and authors are commended for providing this outstanding resource for our specialty.

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