

Preface



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Guest Editors

Many concepts and practice requirements of critical care medicine and emergency medicine are indistinguishable. Thanks to collaborative giants and leaders in the fields of critical care and emergency medicine, these specialties are being championed as the keys to improving patient outcomes in the “golden hours of critical care.” The collegiality and cross training of intensivists, surgeons, and emergency medicine clinicians have yielded multi-specialty clinical breakthroughs that directly and positively impact patient survival. These survival benefits are most pronounced when critical care concepts are implemented early, with specific goals set for physiologic and laboratory measures. These pathways and interventions begin with emergency medicine clinicians identifying critically ill patients early, promptly initiating appropriate antibiotics when indicated, aggressively resuscitating patients using defined parameters, and involving consultants emergently for definitive care. As a specialty, emergency medicine is poised to become an equal partner in the management of critically ill patients. This issue of *Emergency Medicine Clinics of North America* is a testament to how far the specialty of emergency medicine has traveled in its young existence to claim an important seat at the critical care table. Our patients deserve our critical care expertise, and our training reflects a knowledge base that is growing closer to a critical care curriculum.

This issue of *Emergency Medicine Clinics of North America* focuses on a broad clinical spectrum of critical care medicine, from sepsis and trauma to acute coronary syndromes and neurologic events. Articles on the topics of

toxicology and venothromboembolism complete the clinical offerings, before an updated review of critical care monitoring, vasopressor therapy, critical care imaging, antibiotic therapy and mechanical ventilation is provided. It is impossible to include all topics germane to critical care, but we feel that these selected areas will offer emergency medicine clinicians an update in common areas that are vital to improving patient outcomes. We trust that you will enjoy these topics as much as we have enjoyed editing them.

We thank Patrick Manley and the Elsevier crew for their patience and persistence in making this publication a reality. We acknowledge our talented authors, who worked diligently to bring you quality works that advance our critical care efforts in emergency medicine. Lastly, we thank our families for their unending love, support, and understanding, which enabled us to bring this effort to press.

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