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Conundrums in Critical Care: Past, Present and Future

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Message from the Guest Editors

Dear Colleagues,

Critical care has evolved exponentially in the last 60 years. In 1850, during the Crimean War, nurses created an area near their station for critically injured soldiers. This may well have been the beginning of critical care.

During World War II, shock units were created to treat critically ill patients.

The greatest discovery in critical care may have been the iron lung during the polio epidemic, followed by the development of mechanical ventilators in the 1960s.

Monitoring techniques were developed, and nurses, respiratory therapists, and physicians were trained specifically in the management of multiorgan failures, leading to evolution of intensive care units.

The inception of intensive care units was the harbinger of coordinated and protocolized care models. These protocols have mostly been successful; however, some controversies have existed.

Fluid resuscitation, treatment with steroids, glycemic control, and early mobility have transcended over the years and have later been questioned by their restrictive aspects.

In this Special Issue, we will discuss this controversy and focus on what the future brings for critical care practices.



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Special Issue



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