

When you look back and think what can you really accomplish in one hour? One hour isn't very long. In one hour you can wash your car, drink coffee, make lunch, play with your kids.

But in medicine one hour is everything. It is called "The Golden hour".

One hour can determine if somebody lives or dies.

The aim of this special issue is to promote excellence in diagnosing and treating patient from the moment he enters the Intensive Care Unit.

How to assess fluid responsevness, which methods to use, and for which patient?

Is my patient in shock? Does he need fluids or inotropes and vasopressors? How POCUS can help me differentiate?

Is assessment of microcirculation the key ?

How do you monitor your patient? Invasive or noninvasive hemodynamic monitoring? Is Swan Ganz still there?

When and how to use mechanical ventilation? HFNC vs NIV ? Is early intubation really necessary?

Does my patient have heart failure? What is the etiology, how to treat, maybe he has diuretic resistance?

When to start Renal Replacement therapy?

What about sepsis 1 hour algorithm? Are we there yet?

These all are the questions that we often ask ourselves and try to get answers by research and exchanging ideas with professionals working in critical care.

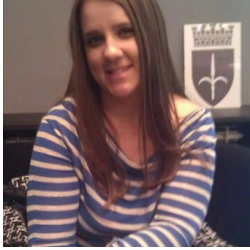
The another aim of this special issue is to promote personalized medicine, and try to implement an 1 hour algorithm in all aspects of Intensive Care and Emergency medicine.

Keywords: fluid responsevness, heart failure, shock, sepsis, echocardiography, critical care, pocus, personalized medicine, hemodynamic monitoring



Guest Editor

The “Golden Hour” in Intensive Care Unit



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