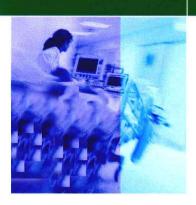


急危重症临床问答



CRITICAL CARE SECRETS 第4版

POLLY F PARSONS 主编 JEANINE P. WIENER-KRONISH 李春感 丰译





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李春盛 主译

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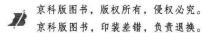
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李春盛 1984 年12 月毕业于第四军医大学心血管内科,获医学硕士学位。现任首都医科大学急诊医学系主任,附属北京朝阳医院急诊科主任,教授,博士生导师。中华医学会急诊医学分会主任委员,中国医师协会急诊医学分会副会长,北京医学会急诊医学专业委员会主任委员,北京医师协会急诊医学专业委员会主任委员,美国急诊医学会会员,中国中西医结合学会急诊医学专业委员会常委,全国复苏组组长,中国毒理学会中毒救治专业委员会副主任委员,卫生部继续医学教育委员会学组急诊组组长。《中华急诊医学杂志》、《中国危重病急救医学》等10余家杂志任副主编、常务编委及编委。

承担包括国家自然科学基金项目等重大项目在内的各项科研课题6项。以第一作者和通讯作者共发表科研论文280余篇,其中核心期刊190余篇,SCI10篇。于报刊发表科普文章80余篇。主编专著8部,副主编2部,参编10余部;主编科普读物3部,主译3部。共获科技进步奖10项,其中二等奖2项。1997年获国务院政府特殊津贴,2004年获北京市"十百千人才工程"中"十"层面奖励,2006年获第三届中国医师奖,2008年获首都"五一"劳动奖章。

急诊医学与重症联系紧密,客观地讲最早先有急诊医学,而重症则是急诊医学的一部分。因为得了重病才到急诊就诊,而通过急诊的"诊"才能进一步的治,且多数危重症生命体征不稳定,需要现代的医疗仪器进行监测并采用脏器功能支持,方能使之转危为安。在我国急诊医学包含三个重要的组成部分:院前急救、医院急诊科、重症监护,三环相加共同建造了危急重症救治的生存链,通过三者环环相扣的救治才能使病人转危为安,这也是很多医院急诊科含有重症监护的原因。

为了更好地促进我国急诊医学的发展,在2010年我们翻译出版了《急诊临床问答》一书,该书一经推出就受到了读者的欢迎和好评。为了进一步将急诊医学的另一部分"重症监护"做好,我们又组织翻译了《急危重症临床问答》,就重症监护的诸多问题介绍给读者,两者相互参阅相得益彰,这样也就构成了急诊医学的一体两面,也就将三环中在医院的二环作为重要技术体系而完成。

此系列丛书就临床常见的问题以问答形式呈现,不但易懂而且很贴近临床,犹如与老师相互讨论问题一样。便于随时有问题,随时翻阅,易学易懂,理论联系实际,受到很多刚刚走出校门进入临床实习的医学生、住院医师、研究生等中级医师的欢迎。为了满足广大读者的要求,我们急诊科这一团队在繁重临床工作之余将此书译成中文,以飨读者。我们深知由于中英文水平有限,译文词不达意或者不准确之处在所难免,恳请读者见谅。

能为我国急诊医学做点小小贡献是我们最大的心愿。如果读者能从此书中获得一些启迪,使患者转危为安这是我们感到最欣慰的。

首都医科大学附属北京朝阳医院急诊科 李春盛 2011年3月于北京

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原版前言

在《急危重症临床问答》第 4 版出版之际,重症医学变得越来越复杂。对医生掌握危重症病人急救的基础和临床技能的要求将持续超越亚专科所涉及的范围,所以本次出版我们又收录了更多章节,内容源自更多领域的专家,包括呼吸病专家、外科医生、麻醉师、精神病专家、药剂师和传染病专家。我们请这些专家提出急救的关键问题并作出阐述,以便医生能够为解决患者的医疗和伦理问题找到有效的解决方案。

对解剖、生理、免疫、炎症等基础知识的深刻理解是有效救助危重症病人的重要基础。例如,很难想象一个不懂气体液体流动、肺机械力学和电子电路机制的医生能够理解机械通气的原理。据此,作者也在本次出版中融入了这些关键的内容。总之,重症医学要求治疗方案和指南知识的不断发展并进一步指导实践。

在这次《急危重症临床问答》第 4 版出版的过程中,我们又一次荣幸地得到了重症医学学科带头人在各章节将他们专业知识汇集于本书。专家们扩充了问答的形式,包括热门问答和重点专题。读者可以利用这些知识来学习那些有经验的临床医生认为最重要的概念。

我们诚挚地感谢为了本书出版贡献出专业知识和时间的所有作者。 我们相信他们已经掌握了重症医学的精髓,以这种形式呈现出来,将对 医学生乃至有经验的临床医生都大有裨益。

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