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# *Critical Care*

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# *Critical Care*

## **NOT FOR RESALE**

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The authors and publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accord with current recommendations and practice at the time of publication. However, in view of ongoing research, changes in government regulations, and the constant flow of information relating to drug therapy and drug reactions, the reader is urged to check the package insert for each drug for any change in indications and dosage and for added warnings and precautions. This is particularly important when the recommended agent is a new or infrequently employed drug.

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I have been asked to write the foreword for this comprehensive new textbook entitled *Critical Care*, edited by Drs. Cvetkovic Taylor and Kirby. My perspective during this endeavor stems from the early attempts in the 1980s to segregate the sickest patients from appropriate nursing units at the North Carolina Memorial Hospital. In 1979 when I was offered the Chair in Surgery at the University of Miami School of Medicine, the then young surgical intensive care unit was not administered by the Department of Surgery. I asked for the SICU to be placed administratively within the Department of Surgery as a condition for accepting this position. The reason for such a request was to provide a classroom for the teaching of applied pharmacology and abnormal physiology to house officers. To this end it became imperative to recruit a surgeon who had the strongest interest in this area. The Department of Surgery and I were fortunate that Dr. Cvetkovic was available, and the rest, as terms of development of this unit, is history.

It has been a most satisfying experience to have watched young people of all three basic disciplines come through the training program in our SICU under the directorship of Dr. Cvetkovic. I am especially grateful that our surgical residents, at the end of their 5 years, demonstrate competence in the care of the multi-injured patient, the septic diabetic, and the patient with myocardial compromise. Insofar as such medical conditions affect diagnoses of surgical patients, then surgeons must have the ability to cope successfully with these problems. The converse is equally true today: other specialists such as internists and anesthesiologists must understand the problems of surgical patients. It has been my strong belief that only by direct participation in a critical care unit would such skills be acquired.

It is especially heartwarming for me to provide this foreword for the most comprehensive book on critical care I have ever imagined. It should serve readers in all disciplines, thus conceptually and practically advancing the cause of multidisciplinary critical care.

My fond regards and congratulations to the editors for their editorial skills.

Robert Zajac, M.D.

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# Foreword

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I am honored to have been asked to write the foreword for this comprehensive new textbook entitled *Critical Care*, edited by Drs. Civetta, Taylor, and Kirby. My perspective during this endeavor stems from the early attempts in the 1950s to segregate the sickest patients into appropriate nursing units at the North Carolina Memorial Hospital. In 1971 when I was offered the Chair in Surgery at the University of Miami School of Medicine, the then-young surgical intensive care unit was not administered by the Department of Surgery. I asked for the SICU to be placed administratively within the Department of Surgery as a condition for accepting this position. The reason for such a request was to provide a classroom for the teaching of applied pharmacology and abnormal physiology to house officers. To this end it became imperative to recruit a surgeon who had the strongest interest in this area. The Department of Surgery and I were fortunate that Dr. Civetta was available, and the rest, in terms of development of this unit, is history.

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Robert Zeppa, M.D.



# Preface

All editors hope that their textbooks will be read and useful. How one achieves these goals, however, is not always clear. We have tried to organize both structure and content from the standpoint of a reader's first experience in the intensive care unit (ICU) perhaps at the beginning of a clinical rotation or fellowship. The problem facing such an individual is the immediate requirement to make decisions and guide actions. Indeed, one would like to have mastered *some* body of knowledge before beginning the experience designed to teach it. Arthur Block, in the anthology *Murphy's Law and Other Reasons Why Things Go Wrong*, lists Finagle's First Rule: "To study a subject best, understand it thoroughly before you start." Although this solution is not realistic, it does crystallize the problem. In our attempt at a solution, we have taken both a long- and short-range view of the inability to understand everything thoroughly before one starts.

To satisfy long-term objectives, the book opens with a series of chapters concerned with the ICU environment: the patients, physicians and nurses on the ICU team, relations with other physicians, family, and perspectives for care. We believe that an understanding of the many factors influencing medical care today is the first requisite of ICU practice. The central portion of the book contains diagnostic measures, procedures, and the medical information necessary to care for patients. The final section, the "finishing touches," examines some societal aspects in greater detail for the reader, who, having mastered bedside practice, must now address the relationship of the ICU to total medical care and society in general.

Even though critical care is well recognized now as a *subspecialty* of various disciplines, basic specialty training is still "unidisciplinary." Surgical, anesthesia, and internal medicine training all provide limited exposure to other specialties, yet the ICU practitioner with this initial training often has to manage cases from other disciplines at the inception of his or her ICU rotation or training. Recognizing that this additional problem related to Finagle's First Rule, we specifically asked the authors to provide information structured for physicians not trained in their specialty yet suddenly responsible (to some degree) for the authors' own patients. A good example is the chapter by urologists that contains specific postoperative problems associated with chemotherapy in patients with testicular tumors.