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Simplified Severe Sepsis Protocol: A Randomized Controlled Trial of Modified Early Goal-Directed Therapy in Zambia*

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简化脓毒血症治疗方案：在赞比亚实施的修改后的早期目标导向治疗的随机对照试验

Conclusion: Factors other than tissue hypoperfusion probably account for much of the end-organ dysfunction in African patients with severe sepsis. Studies of fluid-based interventions should utilize inclusion criteria to accurately capture patients with hypovolemia and tissue hypoperfusion who are most likely to benefit from fluids. Exclusion of patients with severe respiratory distress should be considered when ventilatory support is not readily available.

结论：对于非洲脓毒血症患者，当其器官功能已处于终末期时，非组织灌注不足因素可能更为重要。以液体治疗为基础的干预措施的研究应利用对血容量减少和组织灌注不足的患者谁能在补液中受益的准确数据。特别是对于已排除严重呼吸窘迫的患者，当有创通气效果不佳时，补液更应慎重。

Short- and Long-Term Outcome in Elderly Patients After Out-of-Hospital Cardiac Arrest: A Cohort Study*

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发生心跳骤停的老年患者短期及长期的预后：
一项队列研究

Conclusions: Neurologic outcome in successfully resuscitated elderly patients depends on cardiac arrest characteristics rather than age.

结论：对于心跳骤停复苏成功的老年人来说，相对于年龄，神经功能的预后更为重要。

Error in Intensive Care: Psychological Repercussions and Defense Mechanisms Among Health Professionals

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重症监护发生错误：医务人员的心理影响和的
防御机制

Conclusions: It is important to take into account the psychological experience of error and the defense mechanisms developed following an error because they appear to determine the professional's capacity to acknowledge and disclose his/her error and to learn from it.

结论：需重视临床工作中由错误带来的心理历程及应对错误各人所采取的方式，因为这似乎决定了医务工作者能否认识到自身错误并从中吸取教训。

Bradycardia During Therapeutic Hypothermia Is Associated With Good Neurologic Outcome in Comatose Survivors of Out-of-Hospital Cardiac Arrest*

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对于心跳骤停院外救治成功但昏迷的患者，亚低温治疗期间的心动过缓与神经系统方面较好的预后相关

Conclusions: Bradycardia during therapeutic hypothermia was associated with good neurologic outcome at hospital discharge. Our data indicate that bradycardia should not be aggressively treated in this period if mean arterial pressure, lactate clearance, and diuresis are maintained at acceptable levels. Studies, both experimental and clinical, are warranted.

结论：对于这些出院病人，亚低温治疗时心率降低有益于神经功能的预后。数据表明，只要亚低温期间平均动脉压、乳酸、尿量维持在可接受的水平，心动过缓可不积极处理。

Delayed Antimicrobial Therapy Increases Mortality and Organ Dysfunction Duration in Pediatric Sepsis*

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小儿脓毒血症延迟抗菌素治疗会提升死亡率、
延长器官功能障碍时间

Conclusions: Delayed antimicrobial therapy was an independent risk factor for mortality and prolonged organ dysfunction in pediatric sepsis.

结论：对于发生了脓毒血症的患儿，延迟使用抗菌素对于其死亡率及器官功能障碍来说是一个独立的危险因素。

Randomized Controlled Trial of Inhaled Nitric Oxide for the Treatment of Microcirculatory Dysfunction in Patients With Sepsis²

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对于微循环衰竭的脓毒血症患者使用一氧化氮治疗的随机对照试验

Conclusions: Following macrocirculatory optimization, inhaled nitric oxide at 40 ppm did not augment microcirculatory perfusion in patients with sepsis.

结论：微循环优化后，吸入一氧化氮（40ppm）并没有增加微循环灌注。

Vancomycin-Associated Nephrotoxicity in the Critically Ill: A Retrospective Multivariate Regression Analysis*

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病危患者万古霉素相关性肾毒性：回顾多元回归分析

Conclusions: In a large dataset, higher serum vancomycin concentrations and greater duration of therapy are independently associated with increased odds of nephrotoxicity. Furthermore, continuous infusion is associated with a decreased likelihood of nephrotoxicity compared with intermittent infusion.

结论：大样本量的资料显示，万古霉素血药浓度的升高及使用时间延长是肾毒性几率增加的独立因素。此外，相较于间断输入，连续输入能降低肾毒性发生几率。

Targeted Temperature Management Processes and Outcomes After Out-of-Hospital Cardiac Arrest: An Observational Cohort Study*

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院外心跳骤停患者目标温度的进程及预后：观察性队列研究

Conclusions: A higher baseline temperature prior to initiation of targeted temperature management and a slower rate of cooling were associated with improved survival and neurological outcomes. This may reflect a complex relationship between the approach to targeted temperature management and the extent of underlying brain injury causing impaired thermoregulation in out-of-hospital cardiac arrest patients.

结论：实施目标温度管理前基础体温较高、降温速率较缓慢与改善生存率及神经系统预后相关。这可能也反映出对于院外发生心跳骤停的患者，温度控制和潜在大脑损伤所带来的体温调节功能受损之间的复杂关系。

Feeding the Critically Ill Patient

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重症病人的喂养

Conclusions: Current evidence suggests that enteral nutrition, started as soon as possible after acute resuscitative efforts, may serve therapeutic roles beyond providing calories and protein. Although many new studies have further advanced our knowledge in this area, the appropriate level of standardization has not yet been achieved for nutrition therapy, as it has in other areas of critical care. Protocolized nutrition therapy should be modified for each institution based on available expertise, local barriers, and existing culture in the ICU to optimize evidence-based nutrition care for each critically ill patient.

结论：当前的研究表明，尽早开始的肠内营养支持，可能不仅仅能为患者提供能量及蛋白质。虽然这一领域的新兴研究不断提升我们的学识，但这并不像重症监护治疗的其他领域一样有一个标准。每一个机构的营养支持的建立应该根据各自专长、当地情况、所在ICU的现状来调整，以照顾好每一个危重病人。

The Burden of Influenza-Associated Critical Illness Hospitalizations*

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Low-Dose Corticosteroid Treatment in Septic Shock: A Propensity-Matching Study*

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ICU Physician-Based Determinants of Life-Sustaining Therapy During Nights and Weekends: French Multicenter Study From the Outcomerea Research Group*

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Critical Care Telemedicine: Evolution and State of the Art*

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Higher Levels of Spontaneous Breathing Reduce Lung Injury in Experimental Moderate Acute Respiratory Distress Syndrome*

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Safety, Feasibility, and Outcomes of Induced Hypothermia Therapy Following In-Hospital Cardiac Arrest—Evaluation of a Large Prospective Registry*

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Critical Illness–Related Corticosteroid Insufficiency in Cirrhotic Patients With Acute Gastroesophageal Variceal Bleeding: Risk Factors and Association With Outcome*

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Extent, Risk Factors, and Outcome of Fluid Overload After Pediatric Heart Surgery*

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Transfusion Triggers for Guiding RBC Transfusion for Cardiovascular Surgery: A Systematic Review and Meta-Analysis*

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Effectiveness of Implementing a Wake Up and Breathe Program on Sedation and Delirium in the ICU

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