Organ support therapy in the intensive care unit and return to work: a nationwide, register-based cohort study
44: 418. https://doi.org/10.1007/s00134-018-5157-1
Among 5762 ICU survivors, 68% returned to work within 2 years after hospital discharge. Disability and sickness benefits constituted 89% of social benefits among patients not returning to work and 59% among patients withdrawing from work following an initial return to work.

The majority of a nationwide cohort of ICU survivors returned to work. Sick leave and receipt of disability pension were common following ICU admission. Mechanical ventilation and longer ICU LOS were associated with reduced chances of return to work.

This is multicentre prospective study to observe the oxygen management in ventilated patients. Hyperoxemia was common as PaO2 was 2100 mmHg during 47.2% of the study period.

Hyperoxemia was not corrected as FiO2 was less likely decreased when FiO2 < 0.5

Why all randomised controlled trials produce biased results.
This study shows that these world-leading RCTs that have influenced policy produce biased results by illustrating that participants' background traits that affect outcomes are often poorly distributed between trial groups, that the trials often neglect alternative factors contributing to their main reported outcome and, among many other issues, that the trials are often only partially blinded or unblinded. The study here also identifies a number of novel and important assumptions, biases and limitations not yet thoroughly discussed in existing studies that arise when designing, implementing and analysing trials.

Corticosteroids for septic shock: what to do now.
Mark. JECM. 2018;300:09.08
Although hydrocortisone positively impacts the course of septic shock this drug appears to reduce mortality only in the sickest subgroup of patients. However, we propose that when combined with intravenous vitamin C and thiamine, hydrocortisone improves outcome in all septic patients. We therefore believe that the era of corticosteroid monotherapy to treat sepsis has ended. Furthermore, we suggest that hydrocortisone be administered by bolus dosing rather than as a continuous infusion.

Promising novel therapy with hydrogen gas for emergency and critical care medicine
Sano et al. https://doi.org/10.1002/acem.327
It has been reported that hydrogen gas exerts a therapeutic effect in a wide range of disease conditions, from acute illness such as ischemia-reperfusion injury, shock, and damage healing to chronic illness such as metabolic syndrome, rheumatoid arthritis, and neurodegenerative diseases.

Efficacy of early passive tilting in minimizing ICU-acquired weakness: A randomized controlled trial
Safar et al. https://doi.org/10.1002/1528-0534.jiccm.00001
Tilting intensive care unit patients has been advocated to minimize acute weakness
Passive tilting plus early physiotherapy was compared to physiotherapy alone
Tilting added to early physiotherapy affords a faster recovery of muscle weakness

Incidence and Outcomes for Patients With Cirrhosis Admitted to the United Kingdom Critical Care Units
McPhail et al. Critical Care Medicine. 46(5):707-712, MAY 2018
More patients with cirrhosis are being admitted to critical care units but with increasing survival rates. Patients with alcohol-related liver disease have reduced survival rates partly explained by higher levels of organ failure at admission. Patients with cirrhosis and organ failure warrant a trial of organ support and universal prognostic pessimism is not justified.

Efficacy and Safety of Procalcitonin Guidance in Patients With Suspected or Confirmed Sepsis: A Systematic Review and Meta-Analysis
Tomas et al. Critical Care Medicine. 46(5):949-958, MAY 2018
We included 16 observational studies with a total of 40,573 adult patients. Six studies included patients only with out-of-hospital CA (OHCA), 2 studies included patients only with in-hospital CA (IHCA), and 8 studies included patients with both OHCA and IHCA. Two studies assessed intra-arrest hyperoxia while 14 studies examined post-arrest hyperoxia. Of the 10 studies included for quantitative analysis, intra-arrest hyperoxia was associated with a significantly lower mortality rate [OR: 0.25, 95% confidence interval (CI) 0.12–0.53, p < 0.001] while post-arrest hyperoxia was associated with higher mortality [OR 1.35, 95%CI 1.08–1.67, p = 0.008]. In adults with CA, intra-arrest hyperoxia is associated with lower mortality while post-arrest hyperoxia is associated with higher mortality.

Early Goal-Directed Therapy in Severe Sepsis and Septic Shock: A Meta-Analysis and Trial Sequential Analysis of Randomized Controlled Trials
Liu et al. JAMA. 315(20):2018
Mortality and morbidity in acutely ill adults treated with liberal versus conservative oxygen therapy (IOTA): a systematic review and meta-analysis
In acutely ill adults, high-quality evidence shows that liberal oxygen therapy increases mortality without improving other patient-important outcomes. Supplemental oxygen might become unfavourable above an SpO2 range of 94–96%. These results support the conservative administration of oxygen therapy.