

This issue of *Critical Care and Resuscitation* opens with an editorial dedicated to TARGET,<sup>1</sup> the biggest study of enteral nutrition in critically ill patients ever conducted. Designed and executed entirely in Australia and New Zealand, logistically supported by the Australian and New Zealand Intensive Care Research Centre, funded by the National Health and Medical Research Council and the New Zealand Health Research Council, performed by the Australian and New Zealand Intensive Care Society Clinical Trials Group cohort of intensive care units (ICUs), delivered ahead of schedule and on budget, described in detail in terms of protocol and statistical analysis plan in the March 2018 issue of *CCR*,<sup>2,3</sup> presented in the plenary session of the European Society of Intensive Care medicine meeting in Paris in late October and simultaneously published in the *New England Journal of Medicine*,<sup>4</sup> TARGET is an extraordinary achievement by the local intensive care community and something every intensivist in Australia and New Zealand should be very proud of. It will inform nutritional practice in intensive care for years to come.

Another important aspect of trial medicine addressed in this issue of *CCR* is whether there is an opportunity to conduct a major trial of early versus delayed tracheostomy that can overcome the design limitations of previous work. Using a systematic review approach, Casamento and colleagues<sup>5</sup> assessed data from close to 120 000 mechanically ventilated patients to test whether there are factors that might enable the early identification of patients likely to receive a tracheostomy, so that such patients could be randomly allocated to early or delayed intervention. The findings are striking: no adequate predictive model or approach exist to identify such patients, making the design of appropriate trials impossible at this time. Two articles address the growing field and subspecialisation of organ donation in the ICU. One deals with the ethical and practical issues that might arise in relation to organ donation after the approval of assisted dying legislation in Victoria,<sup>6</sup> and the other identifies important variables in the organ donation process which

predict successful donation.<sup>7</sup> Such articles are key reading for intensivists actively involved in this rapidly expanding and evolving field of critical care medicine.

Fluid therapy remains a major component of intensive care practice and yet many aspects of such therapy remain poorly understood. In this issue, Wall and colleagues<sup>8</sup> explore the effect of fluid temperature on the haemodynamic impact of a fluid bolus, while Bihari et al<sup>9</sup> explore the impact of changing from saline to 5% dextrose as a diluent for infusion or drug boluses and its marked effect of sodium and chloride administration. Both articles have implications for daily clinical practice. The final three articles address separate topics. The first, by Darvall and colleagues,<sup>10</sup> deals with the dramatic Melbourne thunderstorm asthma event that caused the death of nine people in 2016 and 35 ICU admissions within a few hours, and provides important information to inform future responses to such events. The second article, by McGain et al,<sup>11</sup> demonstrates how the majority of the environmental impact of intensive care is secondary to the heating, ventilation and air conditioning system, offering important opportunities for energy savings and decreased CO<sub>2</sub> emission. In a world that is fast heating itself into oblivion, awareness of these issues and advocacy for environmental protection should be important to all intensive care practitioners. Finally, Aljeboori et al<sup>12</sup> tackle the issue of identifying risk factors for candidaemia using data from a tertiary ICU and case-control methodology. The number of colonisation sites and the use of total parenteral nutrition remain key risk factors, highlighting the importance of considering prophylaxis in such patients.

We hope you are stimulated by the clinical science reported in this issue and that this summary helps you focus your reading of what is of greatest relevance to your practice and research.

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## References

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