

The March 2021 issue of *Critical Care and Resuscitation* has a strong focus on temperature with a study¹ that provides systematic evidence that non-invasive temperature measurements are spectacularly inaccurate, another assessing the possible differential effect of fluid bolus resuscitation in cardiac surgery patients with cold versus warm 20% albumin,² and a third reporting the efficacy of newer generation temperature control devices in controlling body temperature in febrile septic patients.³ Reviewed in an editorial,⁴ these studies make a compelling case for improving temperature management and monitoring in the intensive care unit (ICU).

Trials and large observational studies and their design, statistical analysis plan, and findings remain key components of *CCR* with reports from world-class studies. They include the much awaited Plasma-Lyte 148 versus Saline (PLUS) trial statistical analysis plan,⁵ the results of the Fibrinogen Early In Severe Trauma study (FEISTY),⁶ the statistical analysis plan of the NITric oxide during cardiopulmonary bypass to improve Recovery in Infants with Congenital heart disease defects (NITRIC) trial⁷ and the protocol of the international PeumoINSPIRE study of

ICU nosocomial pneumonia.⁸ No ICU journal in the world can publish such a strong ICU trials section in a single issue.

Finally, other articles in this issue address important aspects of the practice and epidemiology of critical illness in Australia and New Zealand: the prevalence and outcome of early metabolic acidosis,⁹ shared decision making in the ICU,¹⁰ sex differences among ICU admissions,¹¹ the inadequacy of fixed dose thrombosis chemoprophylaxis in heavier ICU patients,¹² the validation of the minimally clinically important difference for the World Health Organization Disability Score 2.0 (WHODAS 2.0),¹³ the demonstration of inadequate knowledge about sepsis among medical students,¹⁴ and the ongoing discussion about the optimal targeting of vitamin C therapy.¹⁵

As Australia and New Zealand slowly emerge from the coronavirus disease 2019 (COVID-19) pandemic, *CCR* continues to provide the best of local and international research to help improve knowledge and practice in critical care.

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