Foreword
Resuscitation

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During the early years in the creation of emergency medicine as its own specialty, questions continually arose about why emergency medicine should be a separate specialty. What is unique about emergency medicine that warrants its own standing as a specialty? After all, every other specialty involves emergencies, so why should there be a specialty focused just on emergencies? If a patient has a heart attack, the cardiologist can manage the emergency; if a patient has profuse hematemesis, the gastroenterologist can manage the emergency; if a patient is the victim of a gunshot wound to the abdomen, a surgeon can manage the emergency, and so on.

With time, however, physicians in other specialties realized that they were not well prepared to manage the *undifferentiated* emergency. For example, which specialist should be called if a patient presents in shock with a decreased level of consciousness and no obvious precipitating cause? In addition, they realized that none of the individual specialties were trained to manage patients with multisystem crises. For example, when a patient presents with sepsis leading to diabetic ketoacidosis, respiratory failure, and disseminated intravascular coagulopathy, does that patient need the infectious disease specialist, the endocrinologist, the anesthesiologist, or the hematologist? The answer eventually became clear: the patient needs a "multisystem undifferentiated resuscitationist." In other words, the patient needs the specialist that we now know of today as an "emergency physician."

Emergency medicine as a specialty developed from this need of physicians that were comprehensively trained in resuscitation. The primary goal of our specialty is to resuscitate and stabilize; diagnosis and definitive treatment are secondary goals, and in fact, are often not even accomplished during the emergency department stay. Resuscitation, however, is the sine qua non of our work. Consequently, we emergency physicians must be 100% committed to maintaining the most up-to-date knowledge of resuscitation at all times.

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With this commitment in mind, I suggest to you that this issue of *Emergency Medicine Clinics of North America* should be considered must-reading for anyone who considers himself or herself an emergency physician. Trainees, advanced practice providers, and emergency medical services personnel should take note as well. Guest editors, Dr Susan Wilcox and Dr Michael Winters, both accomplished authors and educators in emergency resuscitation, have assembled an outstanding group of authors to teach us about the latest advances in resuscitation. The first article is a particularly interesting one that allows us to get inside the minds of expert resuscitationists. Subsequent articles focus on the bread-and-butter of resuscitation—cardiac arrest and postarrest care. Articles address the management of various causes of shock, including sepsis, trauma, overdose, and gastrointestinal bleeding. The authors have also addressed special populations, including resuscitation of pediatric patients, elder patients, obese patients, and pregnant patients. The final 2 articles address the critically ill patient with a pulmonary embolus and the use of extracorporeal membrane oxygenation in the emergency department.

Resuscitation is the foundation of our specialty. Drs Wilcox, Winters, and their excellent group of authors have significantly contributed to this foundation. Knowledge and practice of the concepts that are discussed in this issue are certain to save lives. Kudos to the guest editors and authors for providing us with this valuable addition to our specialty.

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