In the preface to the first edition of *Handbook of Neurocritical Care*, we commented that neurocritical care as a subspecialty has grown rapidly over the last two decades and has reached a level of maturity with the advent of newer monitoring, diagnostic, and therapeutic modalities in a variety of brain and spinal cord injury paradigms. This growth and maturation are clearly exhibited by the emerging fellowship training programs at various facilities, the recently instituted subspecialty certification examination by the United Council for Neurologic Subspecialties, and the increasing number of critical care units around the world. These major strides in the subspecialty that are commensurate with the goals of “decade of the brain,” coupled with the emerging data from clinical series and translational research, occasions another edition of this handbook.

The overarching goal of the handbook remains the same. The operative tenet continues to be that “time is brain,” and rapid diagnosis and therapeutic interventions in these challenging patients cannot be overemphasized. The care provided to this subset of critically ill neurologic and neurosurgical patients continues to be interdisciplinary and includes care rendered by colleagues in emergency medical services and emergency medicine, neurologists, neurosurgeons, anesthesiologists, critical care physicians, critical care nurses, nurse practitioners, and physician assistants. The onus lies heavily on first-line physicians and other healthcare providers for early recognition, timely therapeutic interventions, and proper referrals in patients experiencing acute neurologic deterioration. This handbook is not meant to substitute for a full-length text, rather it is intended to serve as a quick-reference guide for those involved in the care of critically ill neurologic and neurosurgical patients. In response to feedback from the readership and colleagues regarding the previous edition, the first section of this edition, which covers general principles, logically progresses into a section regarding specific problems encountered in neurocritical care. We have focused further on management algorithms for making and confirming the clinical diagnosis with appropriate ancillary radiologic and laboratory tests and algorithms for managing acute neurologic diseases. Tables and illustrations provide quick and easy bedside reference. At the end of each chapter, key points and references highlight essential elements and should serve as quick summaries of salient features. We hope that this second edition of the handbook
continues to provide a succinct and practical approach to the management of the critically ill patient population that we serve.

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