

Resident 360

Designed specifically for residents, **NEJM Resident 360** gives you the information, resources, and support you need to approach your rotations — and life as a resident — with confidence.

NEJM Resident 360 Goals

- Help residents build confidence & solidify foundational knowledge
- Provide guidance for life after residency
- Utilize social media to create dialogue and further discussions
- Save time by centralizing high yield information = **more time to learn**

NEJM Resident 360

- Tool designed for residents
 - Rotation Prep
 - Build foundational knowledge
 - Learning Lab
 - Teaching tools and learning resources for use throughout your residency
 - Residents Lounge
 - find information and inspiration through blogs, podcasts, and discussions
 - Student Corner (new)
 - Resources and guidance to get the most out of medical school
 - Discussions
 - Career
 - Provides guidance on career topics

Choose Your Rotation

> Internal Medicine

> Pediatrics

Internal Medicine


- Allergy/Immunology
- Ambulatory Care
- Cardiology
- Critical Care
- Dermatology
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Geriatrics
- Hematology
- Infectious Diseases
- Mental Health
- Nephrology
- Neurology
- Oncology
- Patient Communication
- Pulmonology
- Rheumatology
- Women's Health

Pediatrics

- Adolescent Care
- Neonatal Care
- Pediatric Allergy/Immunology
- Pediatric Critical Care
- Pediatric Emergency Medicine
- Pediatric Endocrinology
- Pediatric Genetic/Metabolic Disorders
- Pediatric Hematology
- Pediatric Infectious Diseases
- Pediatric Mental Health
- Pediatric Oncology
- Pediatric Pulmonology
- Preventive/Well Child Care
- **More on the Way**

Rotation Prep

[Student Lounge](#)[Career](#)[Student Corner](#)[Discussions](#)[Members](#)

 **Critical Care** [Change Rotation](#) [Test Your Knowledge](#)

[Introduction](#)[Shock & Sepsis](#)[Ventilation](#)[ARDS](#)[Fluids & Transfusion](#)[Acid-Base Status & Electrolytes](#)[Sedation and Delirium](#)

Introduction

In the intensive care unit (ICU), you learn how to care for the sickest patients in the hospital. In critical care, every second counts. The goal of this rotation guide is to help you understand the studies that support clinical decisions for critically ill patients and introduce the important concepts that you will encounter daily in the ICU.


The topics in this rotation guide are organized as follows:

- Shock and Sepsis
- Respiratory Failure and Ventilation
- Acute Respiratory Distress Syndrome (ARDS)
- Resuscitation Fluids and Transfusion
- Acid-Base and Electrolyte Disturbances
- Sedation and Delirium

Other topics related to critical care are covered in the following rotation guides:

- Hyperglycemic Emergencies (Endocrinology)
- Acute GI Bleeding (Gastroenterology)
- Hepatitis/Liver Failure (Gastroenterology)
- Advanced Care Planning and Palliative Care (Geriatrics)
- Disseminated Intravascular Coagulation (Hematology)
- Acute Kidney Injury (Nephrology)
- Neurologic Outcomes after Cardiac Arrest (Neurology)
- Cardiac Arrest (Emergency Medicine)

Procedures are an integral part of any critical care rotation. Therefore, we include procedure videos and images below the resources for each topic in this rotation guide.



Jeffrey Drazen, MD

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Build Knowledge

The screenshot displays the NEJM Critical Care website. At the top, there are navigation tabs: Career, Student Corner, Discussions, and Members. Below these is a blue header bar with the 'Critical Care' logo, a 'Change Rotation' button, and a 'Test Your Knowledge' button. A secondary navigation bar lists various topics: Introduction, Shock & Sepsis (selected), Ventilation, ARDS, Fluids & Transfusion, Acid-Base Status & Electrolytes, and Sedation and Delirium. The main content area features five horizontal cards with icons and text: 'Fast Facts' (clock icon), 'Research' (bar chart icon), 'Reviews' (stack of papers icon), 'Guidelines' (open book icon), and 'Additional Resources' (three dots icon). Below this is a 'Critical Care Videos' section with the subtitle 'Procedures explained and demonstrated'. It contains three video thumbnails: 'Ultrasound-Guided Cannulation of the Subclavian Vein', 'Ultrasound Guidance for Pleural Catheter Placement', and 'Prone Positioning in Severe Acute Respiratory Distress Syndrome'. At the bottom, there is a 'Critical Care Images' section with the subtitle 'Brief case presentations with pictures', showing three image thumbnails labeled A, B, and C.

Solidify Knowledge

Critical Care [Change Rotation](#) [Test Your Knowledge](#)

[Introduction](#) [Sepsis & Shock](#) [Ventilation](#) [ARDS](#) [Fluids & Transfusion](#) [Acid-Base Status & Electrolytes](#) [Sedation and Delirium](#)

NEJM Knowledge+ Critical Care

Case Presentation

A 72-year-old woman is admitted for management of a fracture of the right femoral neck that occurred during a fall. She had no loss of consciousness or head injury during the fall.

Her medical history is significant for coronary artery disease, type 2 diabetes, and mild cognitive impairment. Her current medications include simvastatin, aspirin, metformin, metoprolol, lisinopril, and donepezil. She currently lives with a daughter, can bathe and clean herself, and prepares some of her own meals. She does not use a hearing aid but does wear glasses.

At the time of admission early in the day, she is oriented to person and year, and she knows the name of the hospital and the reason for her hospitalization. Her physical examination is unremarkable except for considerable pain in her right hip. Her laboratory studies are within normal limits. She is given low-dose subcutaneous morphine every few hours, with apparently good pain control during the day. However, on the night after admission, she begins to pull at her urinary catheter, intravenous lines, and blankets. She is confused and disoriented. Her current level of pain is difficult to assess.

Question

In addition to providing a sitter and frequently reorienting the patient, which one of the following approaches is now most appropriate in this patient's care?

- ☐ Stop morphine and begin haloperidol
- ☐ Increase morphine in the event that her symptoms reflect uncontrolled pain
- ☐ Continue the same dose of morphine and add haloperidol
- ☐ Continue the same dose of morphine and add lorazepam
- ☐ Reduce morphine while carefully monitoring her pain

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Ongoing and Upcoming Discussions

- Exploring Global Health: Opportunities in Residency and Beyond**
- Challenges for Women in Medicine**
- Applying for Residency as an International Medical Graduate (IMG)**

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Learning Lab Further your medical education with interactive teaching and learning tools

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Interactive tools hone diagnostic skills

Test Your Skills See More
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Putting research into context

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Clinical Pearls & Morning Reports See More
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Question of the Week

Discussions Active 2 Upcoming 7 Past 93 Archived 154

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Active Discussions

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Upcoming Discussions Back to Top

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SAT, MCAT, USMLE, CK, CS, ABIM -- the road to becoming a physician is littered with an alphabet soup of hurdles. Although multiple choice questions are not part of real-life patient care, performing poorly on any of these

Resident Lounge Discover resources and insights to help you get the most out of your training years

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Student Corner Uncover resources and receive guidance to help you make the most of medical school

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Key Benefits

- **Save Time**— Central Resource of key information
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