In This Issue of JAMA

Research

CARING FOR THE CRITICALLY ILL PATIENT
Resuscitation Strategies for Patients With Septic Shock

Shock is characterized by increased serum lactate and tissue hypoperfusion. Hernández and colleagues randomized 424 patients with septic shock and found that a resuscitation strategy targeting normalization of capillary refill time, compared with a strategy targeting serum lactate levels, did not reduce all-cause 28-day mortality. In an Editorial, Angus suggests that these resuscitation strategies are straightforward, inexpensive, and complementary.

Editorial 647
Visual Abstract jama.com

CARING FOR THE CRITICALLY ILL PATIENT
A Psychological Intervention for Critically Ill Patients

Patients with memories of frightening intensive care unit experiences are at risk for longer-term psychological morbidity. Wade and colleagues for the POPPI Trial Investigators randomized 1458 critically ill patients and found that a nurse-led psychological intervention did not reduce the severity of posttraumatic stress. In an Editorial, Kross and colleagues suggest that lessons from this trial could be used to develop other interventions for survivors and their families.

Editorial 649
CME jamanetwork.com/learning Visual Abstract jama.com

Inappropriate Prescribing of Transmucosal Fentanyl

Transmucosal immediate-release fentanyl (TIRFs), indicated solely for breakthrough cancer pain in opioid-tolerant patients, are subject to a US Food and Drug Administration (FDA) Risk Evaluation and Mitigation Strategy to prevent them from being inappropriately prescribed. Rollman and colleagues reviewed 4877 pages of FDA documents and found that most surveyed pharmacists, prescribers, and patients understood that TIRFs are contraindicated in nonopioid-tolerant patients, yet analyses of claims data indicated substantial rates of inappropriate TIRF use. In an Editorial, Sarpatwari and Curfman propose 3 reforms that would improve the design of the REMS program, make FDA documents publicly available, and enhance FDA enforcement.

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CARING FOR THE CRITICALLY ILL PATIENT

Analgesics, Sedatives, and Postoperative Delirium

Risk factors for postoperative delirium include pain as well as the use of opioids and sedatives. Subramaniam and colleagues randomized 121 patients undergoing cardiac surgery and found that postoperative acetaminophen, combined with propofol or dexmedetomidine, reduced in-hospital delirium compared with placebo.

Summary Video jama.com CME.jamanetwork.com/learning

Clinical Review & Education

Investigating the Mechanism of an Effective Intervention

In this JAMA Guide to Statistics and Methods, Lee and colleagues discuss the use of mediation analysis to determine how an intervention may have achieved its intended outcome.

A Man With Blurry Vision and a Black Ink Tattoo

This JAMA Clinical Challenge by Piggott and Rao presents a 26-year-old man with recurrent inflammation of tattooed skin and inflammatory cells in the anterior chamber of one eye. What would you do next?

A 5-Year-Old Girl With Constipation and Poor Weight Gain

This JAMA Diagnostic Test Interpretation article by McCarthy and colleagues presents a 5-year-old girl with chronic constipation, poor weight gain, and indeterminate sweat chloride tests for cystic fibrosis. What would you do next?