

PCCM 2025 Report to WFPICCS Council

Robert C Tasker, MD

Clarivate – Web of Science – Journal Evaluation

The Editor-in-Chief

- Evidence of **editorial rigor** and adherence to community standards
- Responsibility and accountability for the quality of all published content

Peer Review with EIC commitment and oversight

- Primary research articles must be subject to external peer review
- Content must reflect effective peer review and/or editorial oversight

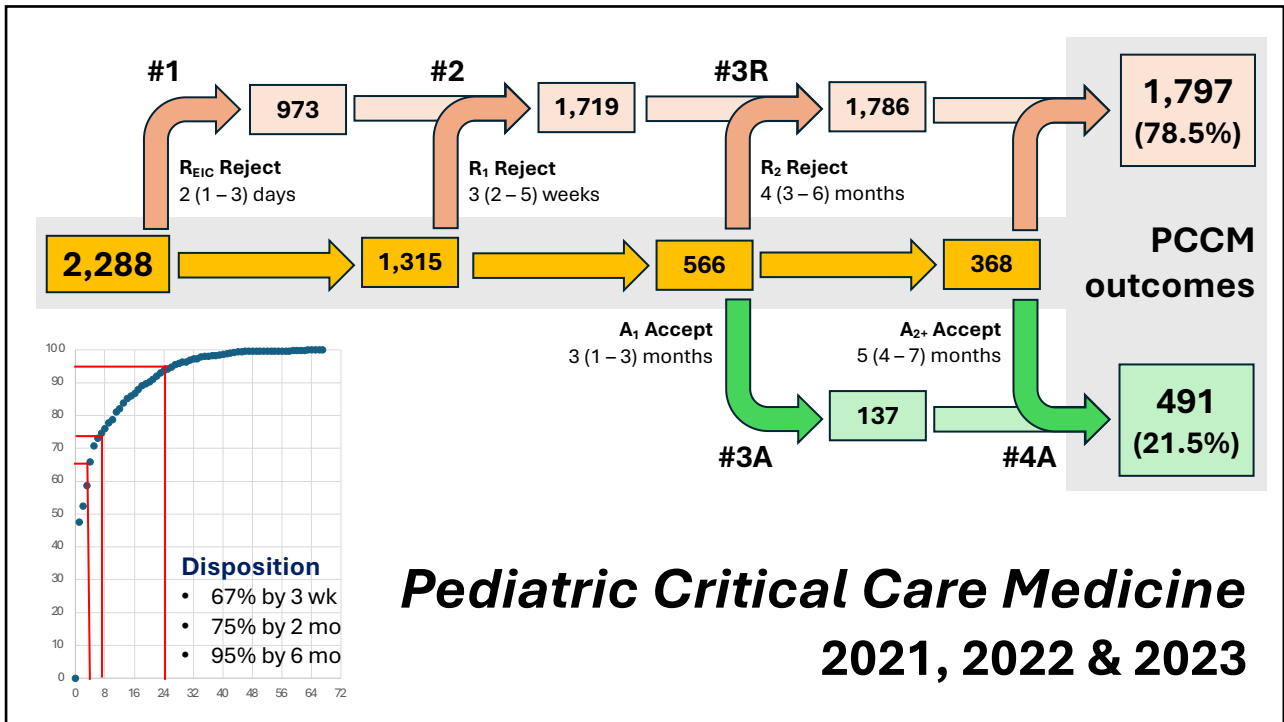
Deficient Publication

- Articles that demonstrate lack of **scholarly rigor** or scientific validity
- Irrelevant citations or lack of appropriate citations to literature

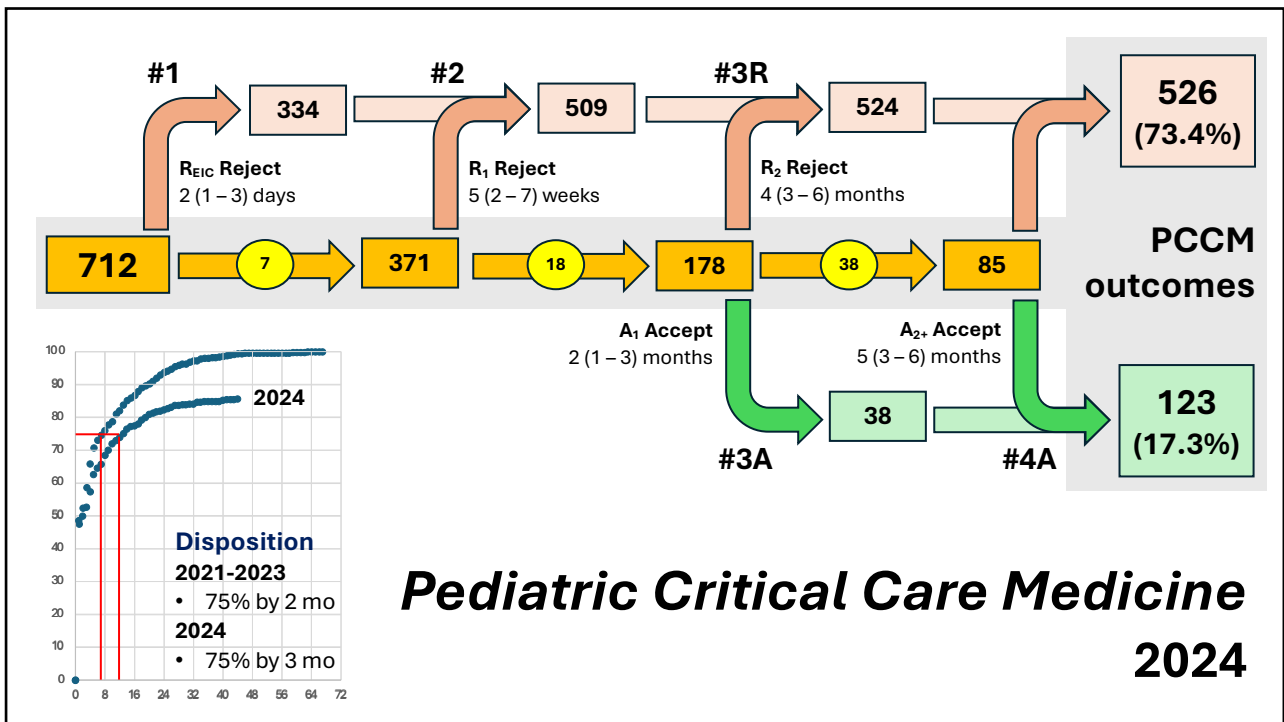
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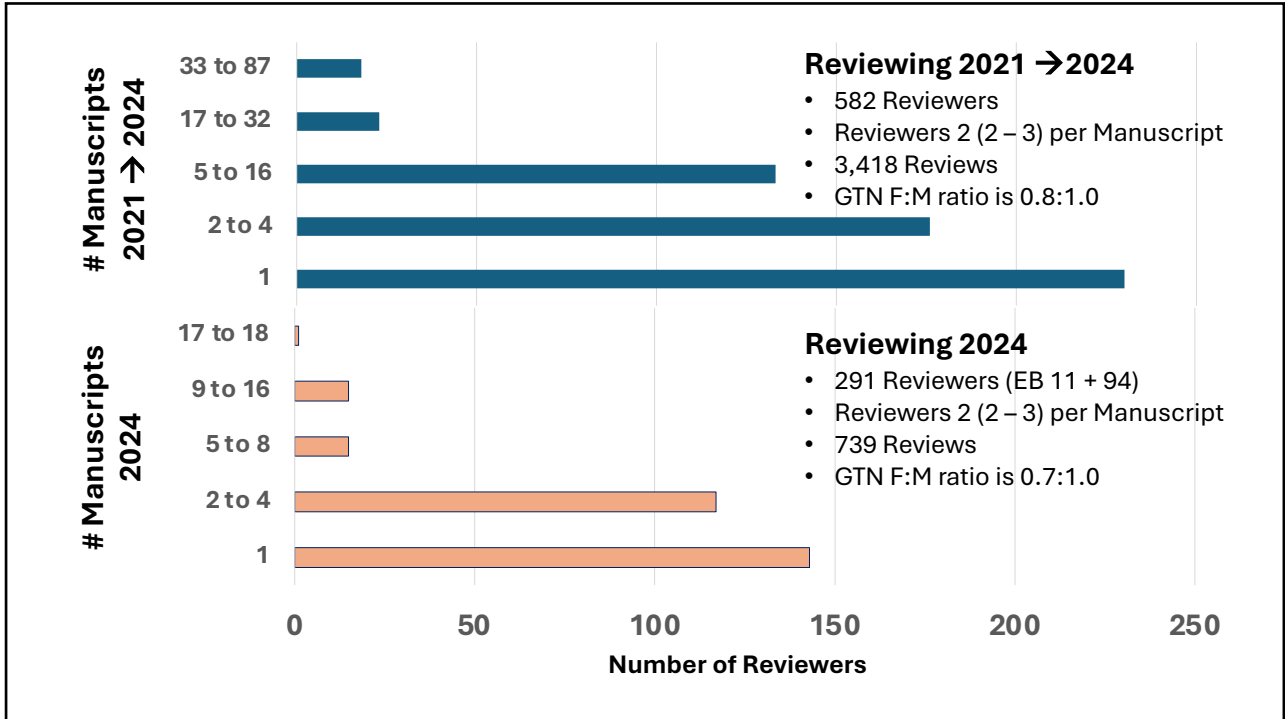
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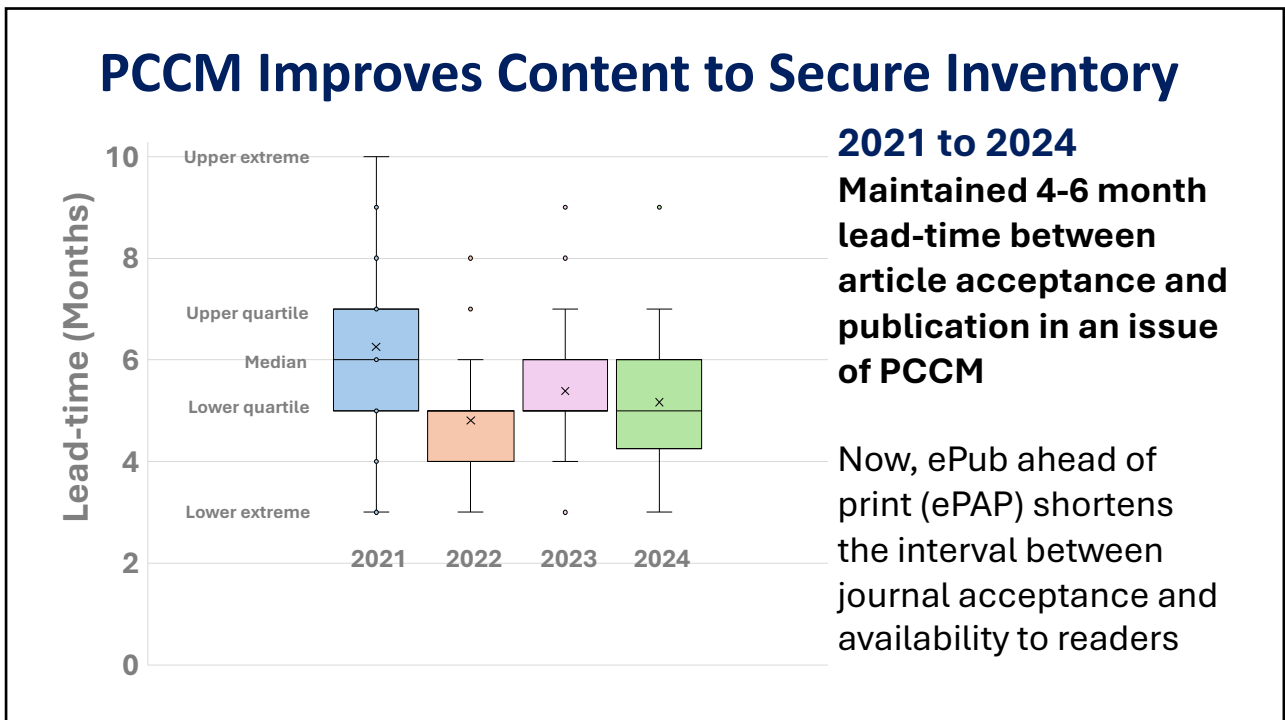
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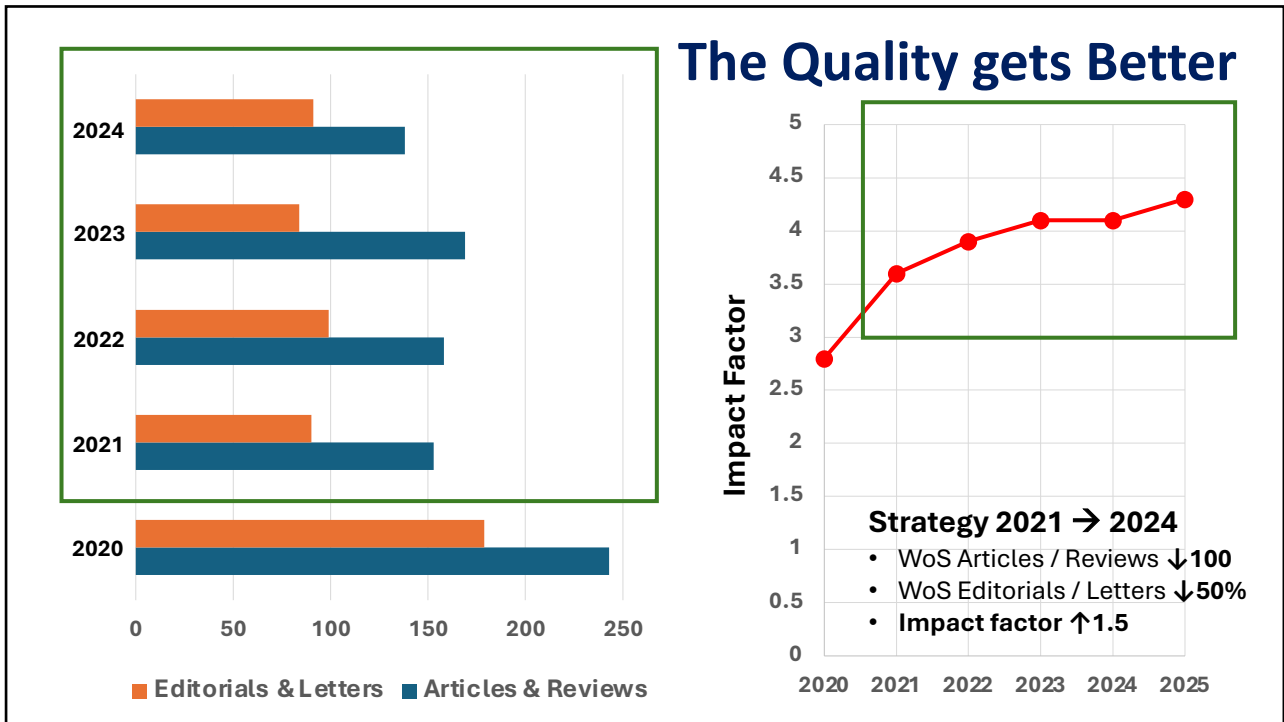
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Top 2022/2023 PCCM authors cited 2024 (2025 IF)

Rank	Author	Topic Area	Cites 2024
#1*	Smith et al 2022	SCCM PANDEM Pediatric Guidelines	87
#2*	Emeriaud et al 2023	Executive Summary PALICC-2 Guidelines	60
#3=	Yehya et al 2023	PARDS definition PALICC-2 Guidelines	18
#3=	Ista et al 2023	Delirium systematic review and meta-analysis	18
#4	Randolph et al 2023	PALISI: evolution of investigator research network	17
#5=	Heneghan et al 2022	Pediatric critical care admissions PHIS (2014-2019)	16
#5=	De Luca et al 2022	Epidemiology of neonatal ARDS	16
#5=	Pinto et al 2022	Core outcome measurement set for Pediatric Critical Care	16

*Two articles in Clarivate's "Highly Cited Paper" category, i.e., top 1% of cited papers in our field. Twelve such items 2014-2024

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ONLINE SPECIAL ARTICLE

2022 Society of Critical Care Medicine Clinical Practice Guidelines on Prevention and Management of Pain, Agitation, Neuromuscular Blockade, and Delirium in Critically Ill Pediatric Patients With Consideration of the ICU Environment and Early Mobility

A

ASSESSMENT

PAIN

STATION

DELIRIUM

RISK FACTORS

COMPLICATIONS

PLANNING/IMPLEMENTATION

B

ASSESSMENT

PHARMACOLOGIC BLOCKADE

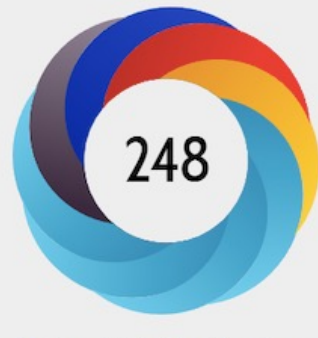
MITIGATING WITHDRAWAL SYNDROME

ICU ENVIRONMENT AND EARLY MOBILITY

RISK FACTORS

COMPLICATIONS

PLANNING/IMPLEMENTATION



248

About this Attention Score

In the top 5% of all research outputs scored by Altmetric

Mentioned by

- 7 news outlets
- 3 blogs
- 292 X users
- 1 Facebook page
- 2 Wikipedia pages

MORE...

Data

Altmetric Score 248

Full Text View 6048

Downloads 376

Mentions

X-mentions 447

BlueSky mentions 0

February 2022

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Top 2024 PCCM authors cited in 2024

Rank	Author	Topic Area	Cites 2024
#1*	Alexander et al	Executive Summary PEACE (ECMO) Pediatric Guidelines	11
#2*	Rogerson et al	Critical asthma admissions PHIS (2013-2021)	10
#3	McCrary et al	Child opportunity index and outcomes - retrospective	8
#4=	Gertz et al	Immunocompromised-PARDS: 2016/17 PARDIE	7
#4=	Deep et al	Prostacyclin anticoagulant CRRT in liver disease	7
#4=	Federman et al	ICU-RESUS IHCA survival post hoc analysis of (2016-2021)	7
#5=	Willemms et al	Perioperative management PEACE (ECMO)	6
#5=	Heneghan et al	PEDAL subgroup of PALISI	6
#5=	Schlapbach et al	HAT for septic shock: pilot RCT	6

*Four articles in Clarivate's "Highly Cited Paper" category


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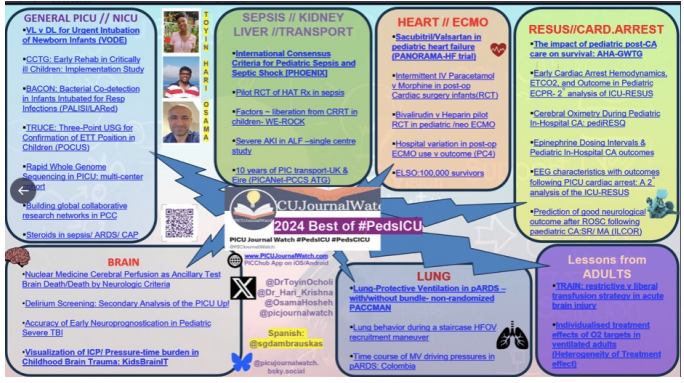
PICU Journal Watch #PedsICU #PedsCICU
10K posts



PICU Journal Watch #PedsICU #PedsCICU
@PICJournalWatch

Key Paediatric Intensive Care articles all-in-one-place @Dr_Hari_Krishna @OsamaHosheh @DrToyinOcholi picujournalwatch.com #PedsICU **PICHub app**

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 **PICU Journal Watch #PedsICU #Peds...** @PICJournalW... · Jan 8, 2024 ...
 We present to you the **#PedsICU #Bestof2023** collection. 25 articles included of 100+ worthy articles featured in monthly **#PICUJournalWatch** collections
#NeuroPICU #ECMO #PedsCICU #Resus #CPR #pARDS
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pubmed.ncbi.nlm.nih.gov/collections/63...



“Best of the Year, 2024 – 32 papers”

- **11 papers (11):** PCCM
- **3 papers each (6):** CCM, JAMA
- **2 papers (2):** Resuscitation
- **1 paper each (13):** ADC, ASAIO J, Cardiol Young, Circulation, Crit Care, ICM, ICMx, ICMpn, Ind J Pediatr, J Neurotrauma, Lancet Child Adolesc Health, NEJM, PEDIATR NEUROL

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PCCM in the new era of writing 2021 → 2023

Statistical Note: Confounding and Causality in Observational Studies

Christopher Horvat, MD, MHA

Statistical Note: Using Scoping and Systematic Reviews

Theresa S.W. Toh, MRCPCH, MMed (Paeds)¹
Jan Hau Lee, MRCPCH, MCI^{2,3}

Quality Improvement Studies in Pediatric Critical Care Medicine

Thomas Bartman, MD, PhD¹
Richard J. Brill, MD, FAAP, MCCM²

Learning From an Association Analysis Using Propensity Scores

Noémi Kreft, PhD¹

PCCM NOTES, METHODS, AND STATISTICS

Writing for PCCM: The 3,000-Word Structured Clinical Research Report

PCCM Narratives, Letters, and Correspondence

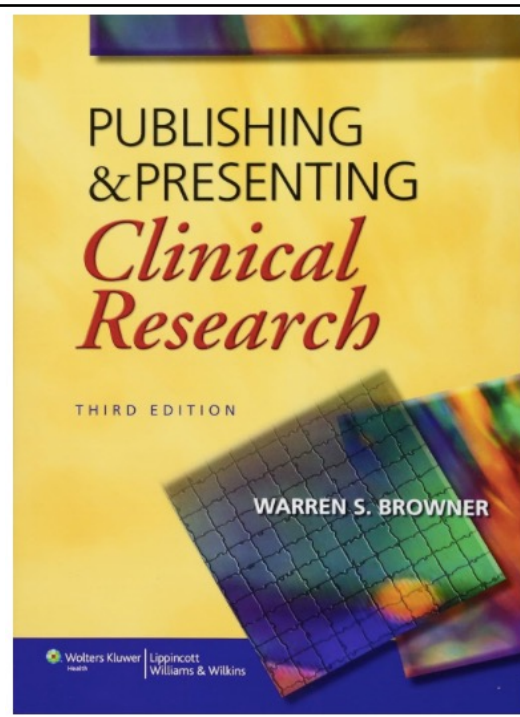
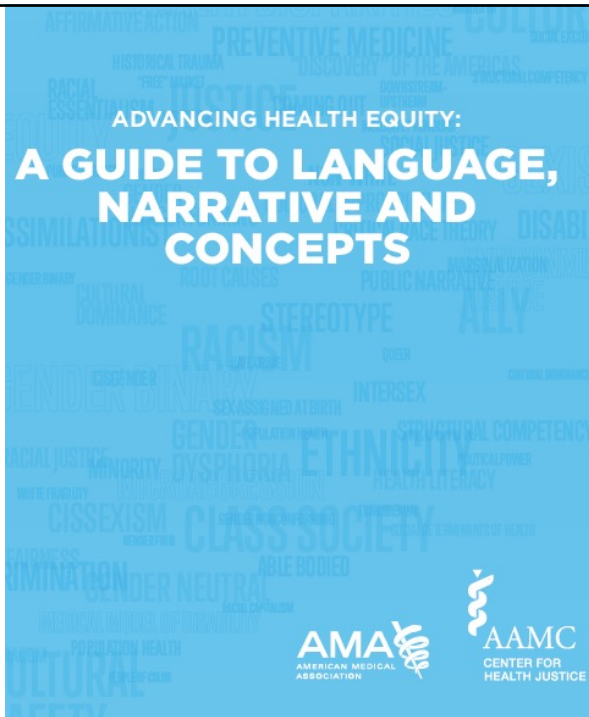
Writing for PCCM: Instructions for Authors

Writing for *Pediatric Critical Care Medicine*: Engaging With Citations to References in the Chatbot Generative Pre-Trained Transformer Era

KEY WORDS: Chatbot; citations; critical care; reading; writing

Robert C. Tasker, MBBS, MD, FRCP^{1,2,3}

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<p>FOREWORD</p>	
<p>Fair Use of Augmented Intelligence and Artificial Intelligence in the Preparation and Review of Submissions to the Society of Critical Care Medicine Journals: <i>Critical Care Medicine</i>, <i>Pediatric Critical Care Medicine</i>, and <i>Critical Care Explorations</i></p>	<p style="text-align: right;">2024</p> <p>PCCM EDITORIAL NOTES, METHODS, AND STATISTICS</p>
<p>PREAMBLE The first official journal of the Society of Critical Care Medicine (SCCM), <i>Critical Care Medicine</i>, launched in 1973. At that time, all submissions were</p>	<p>Writing for <i>Pediatric Critical Care Medicine</i>: A Checklist When Using Administrative and Clinical Databases for Research</p> <p><i>Pediatric Critical Care Medicine (PCCM)</i> contains a great deal of research that uses large, multicenter, curated datasets. Three resources stand out</p>
<p>EDITORIAL NOTES, METHODS, AND STATISTICS</p>	<p>EDITORIAL NOTES, METHODS, AND STATISTICS</p>
<p>Reflecting Upon Our Stories: The Compendium of Narratives in <i>Pediatric Critical Care Medicine</i></p> <p>KEYWORDS: communication; end-of-life care; narrative medicine; pediatric critical care; professional boundaries</p>	<p>Writing for <i>Pediatric Critical Care Medicine</i>: Editorials and Commentaries</p> <p><i>Pediatric Critical Care Medicine (PCCM)</i> publishes many Editorials; the median number (interquartile range) per month for 2021 to 2023, was</p>
<p>ONLINE EDITORIAL NOTES, METHODS, AND STATISTICS</p>	<p>FOREWORD</p>
<p>Measurement Error</p> <p>KEYWORDS: experimental design; measurement error; statistics</p>	<p>25 Years of <i>Pediatric Critical Care Medicine</i>: An Evolving Journal</p> <p>It has been a quarter of a century since the first issue of <i>Pediatric Critical Care Medicine (PCCM)</i>; what a challenge, and what a triumph (1, 2). From July 2000 to July 2024, there is no doubt that clinical research in our field has tremendously advanced: our specialty has broadened and matured: research-</p>



FOREWORD

Pediatric Critical Care Medicine 2025, Volume 26: A New Era As We Become Fully Digital

The 26th volume of the Journal is the start of a new episode for *Pediatric Critical Care Medicine (PCCM)*. From this year onward, all journal content will be available solely online, either via the Journal website or via your own Society of Critical Care Medicine (SCCM) members “MySCCM” weblink.

Robert C. Tasker^{1,2}, MBBS, MD, FRCP^{1,2}

What should you notice in the journal from now?

Besides Original Research, PCCM Continues to Support:

1. Investigator tools for “Publishing & Presenting Clinical Research”
2. Emphasis on COPE/ICMJE-compliant Protocols & Pilot Multicenter Research
3. New Profession-based Information for Critical Care Practitioners

PCCM TRIAL		January 2025	Date	Clinical Trials Topic	Publication Type
<p>Protocol for the Catheter-Related Early Thromboprophylaxis With Enoxaparin (CRETE) Studies</p> <p>OBJECTIVES: In post hoc analyses of our previous phase 2b Bayesian randomized clinical trial (RCT), prophylaxis with enoxaparin reduced central venous catheter (CVC)-associated deep venous thrombosis (CADVT) in critically ill older children but not in infants. The goal of the Catheter-Related Early Thromboprophylaxis with Enoxaparin (CRETE) Studies is to investigate this newly identified age-dependent heterogeneity in the efficacy of prophylaxis with enoxaparin against CADVT in critically ill children.</p> <p>DESIGN: Two parallel, multicenter Bayesian superiority explanatory RCTs, that is, phase 3 for older children and phase 2b for infants, and an exploratory mechanistic nested case-control study (Trial Registration ClinicalTrials.gov NCT04924322, June 7, 2021).</p> <p>SETTING: At least 15 PICUs across the United States.</p> <p>PATIENTS: Older children 1–17 years old (n = 90) and infants older than 36 weeks corrected gestational age younger than 1 year old (n = 168) admitted to the PICU with an untunneled CVC inserted in the prior 24 hours. Subjects with or at high risk of clinically relevant bleeding will be excluded.</p> <p>INTERVENTIONS: Prophylactic dose of enoxaparin starting at 0.5mg/kg then adjusted to anti-Xa range of 0.2–0.5 international units (IU)/mL for older children and therapeutic dose of enoxaparin starting at 1.5mg/kg then adjusted to anti-Xa range of greater than 0.5–1.0 IU/mL or 0.2–0.5 IU/mL for infants while CVC is in situ.</p> <p>MEASUREMENTS AND MAIN RESULTS: Randomization is 2:1 to enoxaparin or usual care (no enoxaparin) for older children and 1:1:1 to either of 2 anti-Xa ranges of enoxaparin or usual care for infants. Ultrasonography will be performed after removal of CVC to assess for CADVT. Subjects will be monitored for bleeding. Platelet poor plasma will be analyzed for markers of thrombin generation. Samples from subjects with CADVT will be counter-matched 1:1 to subjects without CADVT from the opposite trial arm. Institutional Review Board approved the “CRETE Studies” on July 1, 2021. Enrollment is ongoing with planned completion in July 2025 for older children and July 2026 for infants.</p> <p>KEYWORDS: anticoagulants; biomarker; pediatrics; treatment effect heterogeneity; venous thromboembolism</p> <p>E. Vincent S. Faustino¹, MD, MHS¹ Sarah B. Kandil, MD¹ Matthew K. Leroux, MD² Anthony A. Sochet, MD, MSc³ Michele Kong, MD⁴ Jill M. Cholette, MD⁵ Marianne E. Nellis, MD, MS⁶ Matthew G. Pinto, MD⁷ Madhuradhar Chegondi, MD⁸ Michelle Ramirez, MD⁹ Hilary Schreiber, MD¹⁰ Elizabeth W. J. Kerris, MD¹¹ Christie L. Glau, MD¹² Amanda Kolmar, MD¹³ Teddy M. Muisyo, MD, MPH¹⁴ Anjali Sharathkumar, MD¹⁵ Lee Polikoff, MD¹⁶ Cicero T. Silva, MD¹⁴ Lauren Ehrlich, MD¹⁴ Oscar M. Navarro, MD¹⁷ Philip C. Spinella, MD¹⁸ Leslie Raffini, MD¹⁹ Sarah N. Taylor, MD¹ Tara McPartland, MSW, MPH, CCRP²⁰ Veronika Shabanova, PhD¹² for the Catheter-Related Early Thromboprophylaxis with Enoxaparin (CRETE) Studies Investigators and the Pediatric Critical Care Blood Research</p>			09/2022	Oxy-PICU	Protocol
			12/2022	First-ABC (JAMA)	Pro-Con
			04/2023	Assent & Research	Methods
			07/2023	I-KID CVVH infants	RCT
			08/2023	Bundle Consent	Methods
			11/2023	NITRIC / STRESS CHD (JAMA & NEJM)	Pro-Con
			11/2023	Vasopressin CHD	Pilot RCT
			12/2023	GRACE-2 / TRIPS (Adaptive)	Protocol
			02/2024	RESPOND-PICU	Pilot RCT
			02/2024	RESPOND-ED	Pilot RCT
			02/2024	Stress Ulcer prophylaxis CHD	Pilot RCT
			06/2024	PICS-p rehabilitation implementation	Pilot
			07/2024	PRESSURE	Protocol
			07/2024	Oxy-PICU (Lancet)	Pro-Con
			08/2024	HFNC v bubble-CPAP Bronchiolitis	RCT
			09/2024	Research enrollment	Methods
			09/2024	PROspect	Protocol
			11/2024	RESTORE Resilience (R2)	Pilot RCT
			01/2025	CRETE	Protocol
			01/2025	ECMO coagulation (Bivalirudin)	Pilot RCT
02/2025	ICECAP (Adaptive)	Protocol			

PCCM CONFERENCE REPORT & EXPERT PANEL

OPEN

The Australian and New Zealand Intensive Care Society Paediatric Study Group (ANZICPSG): 20 Years of Collaborative Research

January 2025

KEYWORDS: community participation; critical care; intensive care units, pediatric; randomized controlled trials; research networks

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Marino Festa, MD (Res), FCICM⁶
Ben Gelbart, MBBS, PhD, FRACP, FCICM^{3,4}
Debbie Long, PhD^{7,8}
Kate Masterson, RN, MSc^{3,4}
Johnny Millar, MBChB, PhD, MRCP, FRACP, FJFICM^{3,4}
Sainath Raman, MRCPCH, PhD, FCICM^{1,8}
Luregn J. Schlapbach, MD, PhD, FCICM^{1,2}
Warwick Butt, MBBS, FRACP, FCICM, FELSO^{3,4}

on behalf of the Australian and New Zealand Intensive Care Society Paediatric Study Group (ANZICPSG)

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Date	Professional Group Clinical Practice Topic	Society / Sponsor
09/2021	Blood culture practice – Consensus	BRIGHT STAR
01/2022	Standardized CICU training – Consensus	PCICS
02/2022	PANDEM Guideline	SCCM
03/2022	Candidacy ELS in Hematopoietic Cell Transplant – Consensus	PALISI
06/2022	TAXI-CAB (transfusion-anemia-bleeding) Guidelines	BloodNet / PALISI
12/2022	CPCCRN overview	CPCCRN
12/2022	PALISI overview	PALISI
12/2022	UK PCCS-SG 20-years overview	UK-PCCS
02/2023	PALICC-2 (PARDS) Guidelines	PALISI
06/2023	Operationalizing Sepsis Definition – Worldwide – Consensus	Surviving Sepsis Campaign / SCCM
10/2023	Continuity in Long-Stay patients – Consensus	Lucile Packard Foundation
11/2023	Implementation Science Research subgroup overview	PALISI
11/2023	Point of Care Ultrasound in PCCM – Consensus	PALISI
04/2024	SCEPTER IV Workshop on sedation research – Consensus	SCEPTER / SCCM
04/2024	Pediatric Data Science and Analytics subgroup overview	PALISI
06/2024	CICU Education – Entrustable Professional Activities – Consensus	PCICS
07/2024	PEACE (bleeding & thrombosis on ECMO) Guidelines	PediECMO / BloodNet / PALISI
01/2025	Australia & New Zealand ICS-PSG 20-years overview	ANZICPSG

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EDITORIAL NOTES, METHODS, AND STATISTICS

Reflecting Upon Our Stories: The Compendium of Narratives in *Pediatric Critical Care Medicine*

KEYWORDS: communication; end-of-life care; narrative medicine; pediatric critical care; professional boundaries

Danielle D. DeCoursey, MD, MPH¹
Wynne E. Morrison, MD, MBE,
FCCM, FAAP²

July 2024

“In April 2021, *Pediatric Critical Care Medicine* (PCCM) launched a section called *PCCM Narratives*

...to publish first-hand accounts of experiences at the bedside, with a goal of highlighting the shared stories

...it is an honor and true pleasure to read authors’ stories and share these powerful experiences

...we truly believe narrative essays help sustain empathy, allow for reflective practice, and nurture our resilience in this demanding and soul-stirring work we share”

PCCM NARRATIVE

December 2024

It’s Not Invisible

KEYWORDS: intensive care; nurse; nursing; pediatric critical care

Martha A. Q. Curley¹, RN, PhD,
FAAN^{1,2,3}

To my nursing colleagues:

Today, I saw you...

Make room for more than 20 family members at the bedside all at once, so that everyone could be together with Billy one last time.

Ask Billy’s grandfather to plug the extension cord in, you knew he needed to do something—anything.

Give options to Billy’s parents about “being there” during resuscitation attempts and help them choose the words to say their goodbyes, considering he was only 8 years old.

Speak very softly to Stephen while removing the tape from his eyelids only to find his pupils blown ... you didn’t even change your facial expression—you didn’t want to upset mom ... not any more... not just then.

Ask Stephen’s mom what she was thinking as she stood near his bed looking out the window just before support was withdrawn ... “He was always very quiet, but I knew something was wrong. I should have taken him to the hospital, but he didn’t want to go.”

Wipe your tears as you listened and convincingly said that she did the best that she could.

Take a deep breath before you spoke up during rounds ... “We ought to be more vigilant about the conversations we have at the bedside—we don’t know what Stephen’s level of consciousness is under his sedation and chemical paralysis.”

Whisper in Stephen’s ear that the new ventilator might be scary because of the noise it made, then dry his tears.

Take the time to sit with Rachel’s mom while others resuscitated her daughter, your patient, because you knew she was alone.

Resuscitate Rachel because you knew that her mom needed your colleague right then.

Care enough to take the time to “orchestrate” death, to make the worst-thing-in-the-world-anyone-could-ever-experience a little more bearable.

It may be hard for others to hear about what we do. It can just be so sad. We may stop talking about it. We may think that our caring is invisible. But it is not invisible—not to Billy, not to Stephen, not to Rachel, not to their parents, and not to one another.

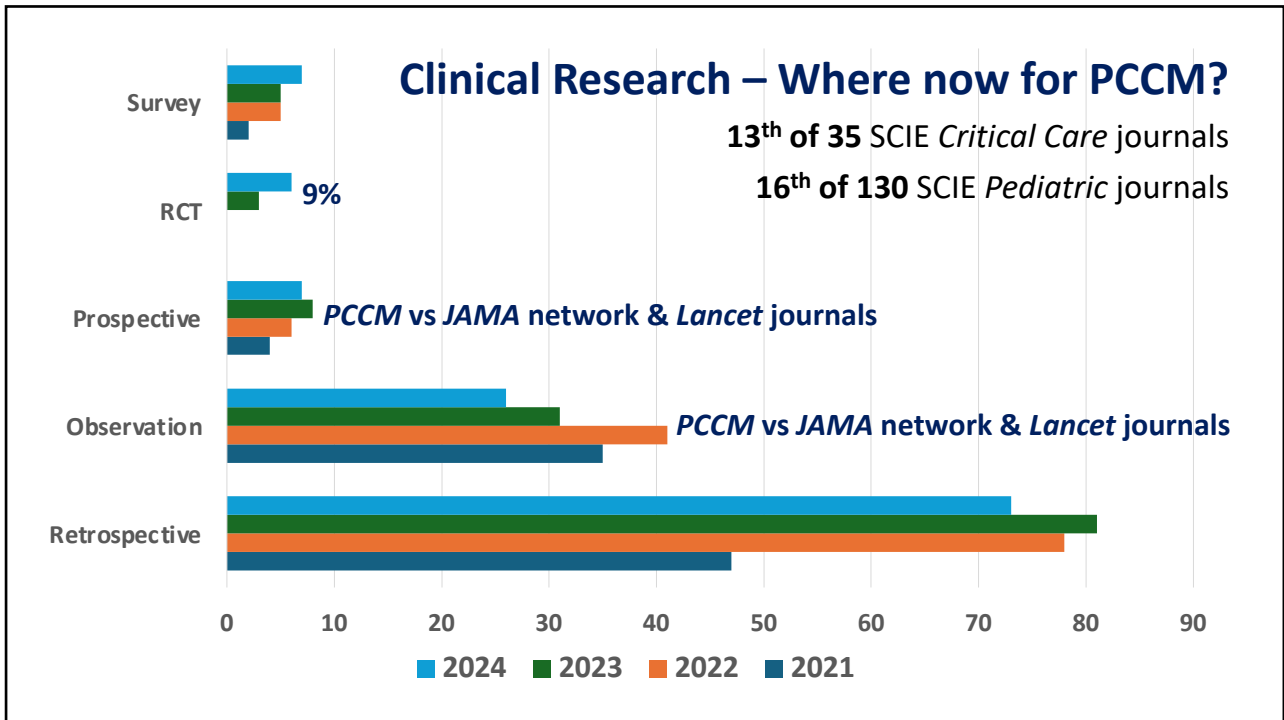
2024 PEDIATRIC SEPSIS
DATA CHALLENGE
PREDICTING IN-HOSPITAL MORTALITY IN CHILDREN

43 COUNTRIES

102 TEAMS

PCCM 11/2024
“Technical Note”

COLAB, INSTITUTE OF GLOBAL HEALTH, Children's Hospital, BE WOMEN'S HEALTH CENTRE, Duke UNIVERSITY, WFPICCS



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THANKYOU WFPICCS & SCCM: Councils; SCCM Pediatric Section; PCCM Pat Kochanek (**Emeritus Editor**); G Annich, S Kudchadkar, B Morrow, M Parker, R Thiagarajan (**Associate Editors**); R Bronicki, P Checchia, R Parker, A Randolph, S Tabbutt (**Senior Editors**). **Editorial Board** 94 members: Afonso, Akhondi-Asl, Albert, Alcamo, Alexander, Argent, Bansal, Barbaro, Beckman, Behrens, Bell, Bem, Bennett E, Bennett T, Berkenbosch, Bhalla, Branco, Brill, Bunchman, Butt, Campos-Mino, Clark, Colville, Dalton, DeCoursey, Deep, DelSignore, Dewan, Duffett, Dziorny, Fackler, Fortenberry, Fundora, Gaies, Garofano, Gazit, Graham, Grunwell, Hartman, Harwayne-Gidansky, Guerguerian, Heneghan, Hoehn, Horvat, Ista, Jayashree, Jouvett, Khemani, Kneyber, Kolovos, LaRovere, Lasa, Latour, Lee, Leteurtre, Levin, Maddux, MacLaren, Madden, Madrigal, Morrison, Moynihan, Nadkarni, Neumayr, Paquette, Peters, Pinto, Piva, Procaccini, Ranjit, Reed, Remy, Ricci, Rotta, Sanchez-Pinto, Schleien, Seppelt, Shime, Sochet, Spaeder, Srinivasan, Su, Sun, Thomas, Tibby, Torres, Traube, Tume, Watson, Weiss, Wetzel, Woodruff, Yehya. Social Media: Ong J; Gonzalez-Dambraskas, Griksaitis, Inany, Kanaris, Kanthimathinathan, Werho. **Wolters Kluwer**.

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