EDITORIAL

A new point of care ultrasound journal

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The Critical Ultrasound Journal is the official journal of WINFOCUS (World Interactive Network Focused on Critical Ultrasound). This, the inaugural issue of Critical Ultrasound Journal is the culmination of years of hope and hard work by many WINFOCUS members. It is difficult for a society of claim any level of maturity without its own journal. Our own journal allows us to communicate with each other and the world through peer reviewed original research papers in point of care ultrasound, reviews, editorials, position statements, case series and other publication types. Critical Ultrasound Journal will strive to publish on a wide variety of pertinent, unbiased ultrasound topics. As WINFOCUS membership grows, it expands and diversifies its mission. Bringing ultrasound to the bedside in a wide variety of settings around the world is a colossal goal, but significant progress is being made. New ultrasound practitioners who are hungry for education, the latest news and research will be able to obtain it from Critical Ultrasound Journal in addition to the many other resources made available through WINFOCUS.

During its first meeting in 2005, WINFOCUS was more of a dream or concept than a concrete fact, but even then founding members realized that a clinical, point of care ultrasound journal was necessary. While *Critical Ultrasound Journal* is not the first ultrasound journal in the

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M. Blaivas Editor-in-Chief University of South Carolina Medical School, Columbia, SC, USA world, it is the first clinical and point of care ultrasound journal. Much as the membership of WINFOCUS, the journal targets all aspects of critical point of care ultrasound. The term critical in the journal's title should not be mistaken to mean "intensive care" only. While critical care ultrasound is an important part of the WINFOCUS and the Critical Ultrasound Journal missions, "critical" applies to much more; not a place or a label, but a time frame and a concept. Critical refers to the ability of a clinician to make an important diagnosis using ultrasound that makes a significant impact in the patient's care. This may be the discovery of significant injury in a blunt trauma victim in a giant modern metropolis, expediting abdominal pain evaluation by the bedside discovery of cholecystitis within minutes of a patient's arrival in any clinic or emergency department in the world or identification of a placenta previa weeks prior to delivery in a remote rural location where travel to surgical care has to be planned days in advance. In essence, critical refers to clinicians using ultrasound at the patient's bedside and making a difference, however, large or small to the individual patient.

Ultrasound today is being used in a variety of clinical situations. While reserved for traditional imaging providers just two decades ago, today it allows clinicians to save lives on a daily basis. Much more than looking for intra-abdominal fluid in a trauma patient, ultrasound is a tool that can help clinicians at every step. Visualization of the heart in real time allows a previously "blinded" clinician to assess cardiac function with incredible precision in a wide variety of acutely ill patients. Procedures that once carried risks for significant complications can now be performed with near total safety when guided dynamically under ultrasound. Resuscitation of critically ill patients is now driven by direct ultrasound observations and measurements instead of inferences from physical examination and



invasive measures. Lung ultrasound, a concept scoffed at just a few years ago by traditional imaging providers is now finding broad acceptance and holds promise for high accuracy and safety in a multitude of venues. It is clear that bedside ultrasound has tremendous capabilities and potential for improving patient care. It is also quite clear that point of care ultrasound should be at far more bedsides than it currently is. Whether it is in the developed world or developing nations many patients who could benefit from point of care ultrasound do not. The developing world, however, has the added challenge of unaffordable equipment that is difficult to obtain. While this last barrier is more than WINFOCUS can overcome alone we have striven to work governments, the UN, NGOs and corporate entities to increase access to what may be the only imaging modality possible and needed in many impoverished locations around the world. Like all ultrasound zealots, the founders of WINFOCUS and thus Critical Ultrasound Journal believe that all of these barriers can one day be overcome and ultrasound will be readily available at every patient's bedside to help clinicians save lives and improve care every day, hour and minute.

The simple fact that Critical Ultrasound Journal now exists is a tremendous milestone for advocates of clinical ultrasound around the world. It means decades of obstruction to clinician use of ultrasound by traditional imaging providers, politics, finances and ultrasound machine size have been overcome to the point that an entirely new field has developed within a multitude of clinical specialties. Critical Ultrasound Journal, like WINFOCUS, seeks to be a home for health-care providers within those specialties that use ultrasound. By sharing research and information those with well established clinical ultrasound practices can push the field of knowledge further and those just starting out in ultrasound can learn and apply new knowledge to patient care. Thus, we humbly ask for your support of Critical Ultrasound Journal with your research articles and invite you to join our celebration at the arrival of the first international, clinical point of care ultrasound journal.

