John J Marini

List of Publications by Year
in descending order

158 papers	25,203 citations	50244 46 h-index	8156 148 g-index
161 all docs	161 docs citations	161 times ranked	17499 citing authors

#	Article	IF	Citations
1	Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock: 2008. Critical Care Medicine, 2008, 36, 296-327.	0.4	7,331
2	Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016. Intensive Care Medicine, 2017, 43, 304-377.	3.9	4,590
3	Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2016. Critical Care Medicine, 2017, 45, 486-552.	0.4	2,336
4	Surviving Sepsis Campaign: International guidelines for management of severe sepsis and septic shock: 2008. Intensive Care Medicine, 2008, 34, 17-60.	3.9	2,078
5	Management of COVID-19 Respiratory Distress. JAMA - Journal of the American Medical Association, 2020, 323, 2329.	3.8	842
6	Lung Stress and Strain during Mechanical Ventilation for Acute Respiratory Distress Syndrome. American Journal of Respiratory and Critical Care Medicine, 2008, 178, 346-355.	2.5	633
7	Prone positioning attenuates and redistributes ventilator-induced lung injury in dogs. Critical Care Medicine, 2000, 28, 295-303.	0.4	608
8	Prone Position in Acute Respiratory Distress Syndrome. Rationale, Indications, and Limits. American Journal of Respiratory and Critical Care Medicine, 2013, 188, 1286-1293.	2.5	349
9	The Inspiratory Workload of Patient-Initiated Mechanical Ventilation^{1â€“}⁴. The American Review of Respiratory Disease, 1986, 134, 902-909.	2.9	311
10	The Inspiratory Work of Breathing during Assisted Mechanical Ventilation. Chest, 1985, 87, 612-618.	0.4	273
11	Prone position in ARDS patients: why, when, how and for whom. Intensive Care Medicine, 2020, 46, 2385-2396.	3.9	243
12	In VitroversusIn VivoComparison of Endotracheal Tube Airflow Resistance. The American Review of Respiratory Disease, 1989, 140, 10-16.	2.9	234
13	External Work Output and Force Generation during Synchronized Intermittent Mechanical Ventilation: Effect of Machine Assistance on Breathing Effort. The American Review of Respiratory Disease, 1988, 138, 1169-1179.	2.9	233
14	Diaphragm ultrasound as indicator of respiratory effort in critically ill patients undergoing assisted mechanical ventilation: a pilot clinical study. Critical Care, 2015, 19, 161.	2.5	219
15	Influence of prone position on the extent and distribution of lung injury in a high tidal volume oleic acid model of acute respiratory distress syndrome. Critical Care Medicine, 1997, 25, 16-27.	0.4	219
16	The "baby lung" became an adult. Intensive Care Medicine, 2016, 42, 663-673.	3.9	206
17	Should PEEP Be Used in Airflow Obstruction?. The American Review of Respiratory Disease, 1989, 140, 1-3.	2.9	191
18	Ventilatory management of acute respiratory distress syndrome: A consensus of two. Critical Care Medicine, 2004, 32, 250-255.	0.4	179

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19	The future of mechanical ventilation: lessons from the present and the past. Critical Care, 2017, 21, 183.	2.5	176
20	Physiological and quantitative CT-scan characterization of COVID-19 and typical ARDS: a matched cohort study. Intensive Care Medicine, 2020, 46, 2187-2196.	3.9	169
21	Transient hemodynamic effects of recruitment maneuvers in three experimental models of acute lung injury*. Critical Care Medicine, 2004, 32, 2378-2384.	0.4	159
22	Mechanical ventilation in sepsis-induced acute lung injury/acute respiratory distress syndrome: An evidence-based review. Critical Care Medicine, 2004, 32, S548-S553.	0.4	141
23	Static and Dynamic Contributors to Ventilator-induced Lung Injury in Clinical Practice. Pressure, Energy, and Power. American Journal of Respiratory and Critical Care Medicine, 2020, 201, 767-774.	2.5	135
24	The pulmonary artery catheter: In medio virtus. Critical Care Medicine, 2008, 36, 3093-3096.	0.4	133
25	The Pragmatics of Prone Positioning. American Journal of Respiratory and Critical Care Medicine, 2002, 165, 1359-1363.	2.5	122
26	Dynamic Hyperinflation and Autoâ€“Positive End-Expiratory Pressure. American Journal of Respiratory and Critical Care Medicine, 2011, 184, 756-762.	2.5	113
27	Intercomparison of recruitment maneuver efficacy in three models of acute lung injury*. Critical Care Medicine, 2004, 32, 2371-2377.	0.4	103
28	Effect of core body temperature on ventilator-induced lung injury. Critical Care Medicine, 2004, 32, 144-149.	0.4	98
29	Personalized mechanical ventilation in acute respiratory distress syndrome. Critical Care, 2021, 25, 250.	2.5	97
30	Understanding Lactatemia in Human Sepsis. Potential Impact for Early Management. American Journal of Respiratory and Critical Care Medicine, 2019, 200, 582-589.	2.5	90
31	A General Mathematical Model for Respiratory Dynamics Relevant to the Clinical Setting. The American Review of Respiratory Disease, 1993, 147, 14-24.	2.9	86
32	Respiratory support in patients with acute respiratory distress syndrome: an expert opinion. Critical Care, 2017, 21, 240.	2.5	84
33	COVID-19 pneumonia: pathophysiology and management. European Respiratory Review, 2021, 30, 210138.	3.0	84
34	Bench-to-bedside review: microvascular and airspace linkage in ventilator-induced lung injury. Critical Care, 2003, 7, 435.	2.5	82
35	Positive End-expiratory Pressure and Mechanical Power. Anesthesiology, 2019, 130, 119-130.	1.3	80
36	Bedside Estimation of the Inspiratory Work of Breathing during Mechanical Ventilation. Chest, 1986, 89, 56-63.	0.4	78

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37	Dynamic predictors of VILI risk: beyond the driving pressure. Intensive Care Medicine, 2016, 42, 1597-1600.	3.9	70
38	Effects of mean airway pressure and tidal excursion on lung injury induced by mechanical ventilation in an isolated perfused rabbit lung model. Critical Care Medicine, 1999, 27, 1533-1541.	0.4	68
39	Relative roles of vascular and airspace pressures in ventilator-induced lung injury. Critical Care Medicine, 2001, 29, 1593-1598.	0.4	63
40	Biological Impact of Transpulmonary Driving Pressure in Experimental Acute Respiratory Distress Syndrome. Anesthesiology, 2015, 123, 423-433.	1.3	60
41	Implications of a biphasic two-compartment model of constant flow ventilation for the clinical setting. Journal of Critical Care, 1994, 9, 114-123.	1.0	55
42	Propagation prevention: A complementary mechanism for â€œlung protectiveâ€•ventilation in acute respiratory distress syndrome*. Critical Care Medicine, 2008, 36, 3252-3258.	0.4	55
43	Time Course of Evolving Ventilator-Induced Lung Injury: The â€œShrinking Baby Lungâ€• Critical Care Medicine, 2020, 48, 1203-1209.	0.4	53
44	Spontaneously regulated vs. controlled ventilation of acute lung injury/acute respiratory distress syndrome. Current Opinion in Critical Care, 2011, 17, 24-29.	1.6	52
45	Role of total lung stress on the progression of early COVID-19 pneumonia. Intensive Care Medicine, 2021, 47, 1130-1139.	3.9	51
46	Prevalence and outcome of silent hypoxemia in COVID-19. Minerva Anestesiologica, 2021, 87, 325-333.	0.6	49
47	Breath-stacking Increases the Depth and Duration of Chest Expansion by Incentive Spirometry. The American Review of Respiratory Disease, 1990, 141, 343-346.	2.9	48
48	Value and Limitations of Transpulmonary Pressure Calculations During Intra-Abdominal Hypertension. Critical Care Medicine, 2013, 41, 1870-1877.	0.4	46
49	The intensive care medicine research agenda for airways, invasive and noninvasive mechanical ventilation. Intensive Care Medicine, 2017, 43, 1352-1365.	3.9	41
50	Impact of pressure profile and duration of recruitment maneuvers on morphofunctional and biochemical variables in experimental lung injury*. Critical Care Medicine, 2011, 39, 1074-1081.	0.4	40
51	Mechanical ventilation: past lessons and the near future. Critical Care, 2013, 17, S1.	2.5	40
52	Volutrauma and atelectrauma: which is worse?. Critical Care, 2018, 22, 264.	2.5	39
53	The baby lung and the COVID-19 era. Intensive Care Medicine, 2020, 46, 1438-1440.	3.9	39
54	Does Iso-mechanical Power Lead to Iso-lung Damage?. Anesthesiology, 2020, 132, 1126-1137.	1.3	39

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55	Mechanisms of oxygenation responses to proning and recruitment in COVID-19 pneumonia. Intensive Care Medicine, 2022, 48, 56-66.	3.9	38
56	Spontaneous breathing, transpulmonary pressure and mathematical trickery. Annals of Intensive Care, 2020, 10, 88.	2.2	36
57	Relative importance of stretch and shear in ventilator-induced lung injury *. Critical Care Medicine, 2004, 32, 302-304.	0.4	35
58	Impact of Chest Wall Modifications and Lung Injury on the Correspondence Between Airway and Transpulmonary Driving Pressures. Critical Care Medicine, 2015, 43, e287-e295.	0.4	35
59	Oscillations and Noise. American Journal of Respiratory and Critical Care Medicine, 2002, 165, 47-53.	2.5	34
60	Recruitment by sustained inflation: time for a change. Intensive Care Medicine, 2011, 37, 1572-1574.	3.9	32
61	Pulmonary microvascular fracture in a patient with acute respiratory distress syndrome*. Critical Care Medicine, 2002, 30, 2368-2370.	0.4	30
62	Critical Care Evidenceâ€"New Directions. JAMA - Journal of the American Medical Association, 2015, 313, 893.	3.8	29
63	Evolving concepts for safer ventilation. Critical Care, 2019, 23, 114.	2.5	28
64	Safer ventilation of the injured lung: one step closer. Critical Care, 2010, 14, 192.	2.5	26
65	Point: Is Pressure Assist-Control Preferred Over Volume Assist-Control Mode for Lung Protective Ventilation in Patients With ARDS? Yes. Chest, 2011, 140, 286-290.	0.4	26
66	Energetics and the Root Mechanical Cause for Ventilator-induced Lung Injury. Anesthesiology, 2018, 128, 1062-1064.	1.3	24
67	Dissipation of energy during the respiratory cycle: conditional importance of ergotrauma to structural lung damage. Current Opinion in Critical Care, 2018, 24, 16-22.	1.6	24
68	PEEP titration: the effect of prone position and abdominal pressure in an ARDS model. Intensive Care Medicine Experimental, 2018, 6, 3.	0.9	22
69	Gradually Increasing Tidal Volume May Mitigate Experimental Lung Injury in Rats. Anesthesiology, 2019, 130, 767-777.	1.3	22
70	Acute Lobar Atelectasis. Chest, 2019, 155, 1049-1058.	0.4	22
71	Which component of mechanical power is most important in causing VILI?. Critical Care, 2020, 24, 39.	2.5	22
72	Pathophysiology of COVID-19-associated acute respiratory distress syndrome. Lancet Respiratory Medicine,the, 2021, 9, e1.	5.2	22

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73	Improving lung compliance by external compression of the chest wall. Critical Care, 2021, 25, 264.	2.5	22
74	Transpulmonary pressure as a surrogate of plateau pressure for lung protective strategy: not perfect but more physiologic. Intensive Care Medicine, 2012, 38, 339-341.	3.9	21
75	Physiology-guided management of hemodynamics in acute respiratory distress syndrome. Annals of Translational Medicine, 2018, 6, 353-353.	0.7	21
76	Paradoxically Improved Respiratory Compliance With Abdominal Compression in COVID-19 ARDS. Chest, 2021, 160, 1739-1742.	0.4	21
77	COVID-19 phenotypes: leading or misleading?. European Respiratory Journal, 2020, 56, 2002195.	3.1	20
78	COVID-19 and ARDS: the baby lung size matters. Intensive Care Medicine, 2021, 47, 133-134.	3.9	20
79	â€œLess is Moreâ€•in mechanical ventilation. Intensive Care Medicine, 2020, 46, 780-782.	3.9	19
80	Early phase of lung-protective ventilation: A place for paralytics?*. Critical Care Medicine, 2006, 34, 2851-2853.	0.4	17
81	Dealing With the CARDS of COVID-19*. Critical Care Medicine, 2020, 48, 1239-1241.	0.4	17
82	Unproven clinical evidence in mechanical ventilation. Current Opinion in Critical Care, 2012, 18, 1-7.	1.6	16
83	Time to Rethink the Approach to Treating Acute Respiratory Distress Syndrome. JAMA - Journal of the American Medical Association, 2018, 319, 664.	3.8	16
84	Intra-cycle power: is the flow profile a neglected component of lung protection?. Intensive Care Medicine, 2021, 47, 609-611.	3.9	16
85	Do trials that report a neutral or negative treatment effect improve the care of critically ill patients? No. Intensive Care Medicine, 2018, 44, 1989-1991.	3.9	15
86	Elastic power but not driving power is the key promoter of ventilator-induced lung injury in experimental acute respiratory distress syndrome. Critical Care, 2020, 24, 284.	2.5	15
87	Mechanical power thresholds during mechanical ventilation: An experimental study. Physiological Reports, 2022, 10, e15225.	0.7	15
88	The physiological underpinnings of life-saving respiratory support. Intensive Care Medicine, 2022, 48, 1274-1286.	3.9	15
89	Limitations of clinical trials in acute lung injury and acute respiratory distress syndrome. Current Opinion in Critical Care, 2006, 12, 25-31.	1.6	13
90	What have we learned from animal models of ventilator-induced lung injury?. Intensive Care Medicine, 2020, 46, 2377-2380.	3.9	13

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91	In search of the Holy Grail: identifying the best PEEP in ventilated patients. Intensive Care Medicine, 2022, 48, 728-731.	3.9	13
92	Semiâ€quantitative tracking of intraâ€airway fluids by computed tomography. Clinical Physiology and Functional Imaging, 2009, 29, 406-413.	0.5	12
93	Experimental intra-abdominal hypertension attenuates the benefit of positive end-expiratory pressure in ventilating effusion-compressed lungs*. Critical Care Medicine, 2012, 40, 2176-2181.	0.4	12
94	Intracycle power and ventilation mode as potential contributors to ventilator-induced lung injury. Intensive Care Medicine Experimental, 2021, 9, 55.	0.9	12
95	Prone Position and COVID-19: Mechanisms and Effects*. Critical Care Medicine, 2022, 50, 873-875.	0.4	12
96	Lower tidal volumes for everyone: principle or prescription?. Intensive Care Medicine, 2013, 39, 3-5.	3.9	11
97	Should Early Prone Positioning Be a Standard of Care in ARDS With Refractory Hypoxemia?. Respiratory Care, 2016, 61, 818-829.	0.8	11
98	Elastic Power of Mechanical Ventilation in Morbid Obesity and Severe Hypoxemia. Respiratory Care, 2021, 66, 626-634.	0.8	11
99	The impact of fluid status and decremental PEEP strategy on cardiac function and lung and kidney damage in mild-moderate experimental acute respiratory distress syndrome. Respiratory Research, 2021, 22, 214.	1.4	11
100	COVID-19: scientific reasoning, pragmatism and emotional bias. Annals of Intensive Care, 2020, 10, 134.	2.2	11
101	End-Tidal to Arterial PCO2 Ratio as Guide to Weaning from Veno-Venous Extra-Corporeal Membrane Oxygenation. American Journal of Respiratory and Critical Care Medicine, 0, , .	2.5	11
102	How best to recruit the injured lung?. Critical Care, 2008, 12, 159.	2.5	10
103	Too Much for Too Longâ€"Wrong Targets, Wrong Timing?*. Critical Care Medicine, 2013, 41, 664-665.	0.4	10
104	How I optimize power to avoid VILI. Critical Care, 2019, 23, 326.	2.5	10
105	Estimating the Damaging Power of High-Stress Ventilation. Respiratory Care, 2020, 65, 1046-1052.	0.8	10
106	Monitoring the Mechanically Ventilated Patient. Critical Care Clinics, 2007, 23, 575-611.	1.0	9
107	Drainage of pleural effusion in mechanically ventilated patients: Time to measure chest wall compliance?. Journal of Critical Care, 2014, 29, 808-813.	1.0	9
108	Management of Critical Burn Injuries: Recent Developments. Korean Journal of Critical Care Medicine, 2017, 32, 9-21.	0.1	9

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109	Dorsal Push and Abdominal Binding Improve Respiratory Compliance and Driving Pressure in Proned Coronavirus Disease 2019 Acute Respiratory Distress Syndrome. , 2021, 3, e0593.		9
110	Advances in the understanding of acute respiratory distress syndrome: summarizing a decade of progress. Current Opinion in Critical Care, 2004, 10, 265-271.	1.6	8
111	Ventilator-Associated Problems Related to Obstructive Lung DiseaseDiscussion. Respiratory Care, 2013, 58, 938-949.	0.8	8
112	Driving Pressure: Defining the Range. Respiratory Care, 2019, 64, 883-889.	0.8	8
113	A NONLINEAR MATHEMATICAL MODEL OF PRESSURE PRESET VENTILATION: DESCRIPTION AND LIMITING VALUES FOR KEY OUTCOME VARIABLES. Mathematical Models and Methods in Applied Sciences, 1993, 03, 839-859.	1.7	7
114	Prone positioning for ARDS: defining the target. Intensive Care Medicine, 2010, 36, 559-561.	3.9	7
115	Should we titrate positive end-expiratory pressure based on an end-expiratory transpulmonary pressure?. Annals of Translational Medicine, 2018, 6, 391-391.	0.7	7
116	Static and Dynamic Measurements of Compliance and Driving Pressure: A Pilot Study. Frontiers in Physiology, 2022, 13, 773010.	1.3	7
117	Paradoxical response to chest wall loading predicts a favorable mechanical response to reduction in tidal volume or PEEP. Critical Care, 2022, 26, .	2.5	7
118	Our favorite unproven ideas for future critical care. Critical Care, 2013, 17, S9.	2.5	6
119	Does high-pressure, high-frequency oscillation shake the foundations of lung protection?. Intensive Care Medicine, 2015, 41, 2210-2212.	3.9	6
120	Strain Rate and Cycling Frequencyâ€”The â€œDynamic Duoâ€•of Injurious Tidal Stress*. Critical Care Medicine, 2016, 44, 1800-1801.	0.4	6
121	Seven unconfirmed ideas to improve future ICU practice. Critical Care, 2017, 21, 315.	2.5	6
122	Integrating the evidence: confronting the COVID-19 elephant. Intensive Care Medicine, 2020, 46, 1904-1907.	3.9	6
123	Advances in the support of respiratory failure: putting all the evidence together. Critical Care, 2015, 19, S4.	2.5	5
124	Time-sensitive therapeutics. Critical Care, 2017, 21, 317.	2.5	5
125	Hysteresis As an Indicator of Recruitment and Ventilator-Induced Lung Injury Risk*. Critical Care Medicine, 2020, 48, 1542-1543.	0.4	5
126	Auto-positive end-expiratory pressure and flow limitation in adult respiratory distress syndromeâ€“Intrinsically different? *. Critical Care Medicine, 2002, 30, 2140-2141.	0.4	5

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127	The â€œopen lungâ€•compromise. Intensive Care Medicine, 2007, 33, 1114-1116.	3.9	4
128	Acoustic monitoring â€“ super sonics?. Critical Care, 2009, 13, 162.	2.5	4
129	Can we prevent the spread of focal lung inflammation?. Critical Care Medicine, 2010, 38, S574-S581.	0.4	4
130	Position, Positive End-Expiratory Pressure, and Obstructive Obesity*. Critical Care Medicine, 2013, 41, 2657-2659.	0.4	4
131	The Effect of Compartmental Asymmetry on the Monitoring of Pulmonary Mechanics and Lung Volumes. Respiratory Care, 2016, 61, 1536-1542.	0.8	4
132	Reply to Tobin et al.: Respiratory Drive Measurements Do Not Signify Conjectural Patient Self-inflicted Lung Injury. American Journal of Respiratory and Critical Care Medicine, 2021, 203, 143-144.	2.5	4
133	Reliable Estimates of Power Delivery During Mechanical Ventilation Utilizing Easily Obtained Bedside Parameters. Respiratory Care, 2022, 67, 177-183.	0.8	4
134	Intracycle power distribution in a heterogeneous multi-compartmental mathematical model: possible links to strain and VILI. Intensive Care Medicine Experimental, 2022, 10, .	0.9	4
135	Spontaneous Breathing, Extrapulmonary CO2 Removal, and Ventilator-Induced Lung Injury Risk. Critical Care Medicine, 2014, 42, 758-760.	0.4	3
136	Is Automated Weaning Superior to Manual Spontaneous Breathing Trials?. Respiratory Care, 2016, 61, 749-760.	0.8	3
137	Lung injuryâ€”Settle for a sketch or design a blueprint?*. Critical Care Medicine, 2008, 36, 2922-2925.	0.4	2
138	Mid-Frequency Ventilation: A Viable Option for Lung Protection?. Respiratory Care, 2014, 59, 1808-1809.	0.8	2
139	Positional effects on the distributions of ventilation and end-expiratory gas volume in the asymmetric chestâ€”a quantitative lung computed tomographic analysis. Intensive Care Medicine Experimental, 2018, 6, 9.	0.9	2
140	Thinking forward: promising but unproven ideas for future intensive care. Critical Care, 2019, 23, 197.	2.5	2
141	A more gradual positive end-expiratory pressure increase reduces lung damage and improves cardiac function in experimental acute respiratory distress syndrome. Journal of Applied Physiology, 2022, 132, 375-387.	1.2	2
142	Partitioning the work-sparing effects of partial ventilatory support in airflow obstruction. Critical Care, 2004, 8, 101.	2.5	1
143	Reluctant horses at the digital river. Critical Care, 2004, 8, 313-4.	2.5	1
144	Extremely High-Pressure Lung Recruitment Maneuver May Be Life Saving in the Most Severe Cases of Acute Lung Injury/Acute Respiratory Distress Syndrome: The author replies. Critical Care Medicine, 2004, 32, 1442.	0.4	1

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145	Mechanical ventilation in the acute respiratory distress syndromeâ€”2006. Journal of Organ Dysfunction, 2007, 3, 224-231.	0.3	1
146	Should Early Prone Positioning Be a Standard of Care in ARDS With Refractory Hypoxemia? Wrong Questionâ€”Reply. Respiratory Care, 2016, 61, 1564.2-1565.	0.8	1
147	Conditional Hemodynamic Tolerance to Decremental Recruitment of the â€œOpen Lungâ€•. Critical Care Medicine, 2018, 46, 1694-1695.	0.4	1
148	Firmer footing for ventilating and monitoring the injured lung. Journal of Thoracic Disease, 2018, 10, S4047-S4052.	0.6	1
149	The tidal volume fix?. Journal of Thoracic Disease, 2019, 11, S1279-S1279.	0.6	1
150	Finding Best PEEP: A Little at a Time. Respiratory Care, 2020, 65, 722-724.	0.8	1
151	Conceptual simplicity in pursuit of precision. Intensive Care Medicine, 2021, 47, 920-921.	3.9	1
152	Clinical Deployment of the Esophageal Balloon Catheterâ€”Making the Case*. Critical Care Medicine, 2017, 45, 1419-1421.	0.4	0
153	Conditional Value of Raising Positive End-Expiratory Pressure to Counter Vigorous Breathing Efforts in Injured Lungs. American Journal of Respiratory and Critical Care Medicine, 2018, 197, 1239-1240.	2.5	0
154	â€œEstablishedâ€•Respiratory Treatment in Acute Respiratory Distress Syndrome: Scientific Rigor or a Square Peg in a Round Hole?. American Journal of Respiratory and Critical Care Medicine, 2021, 203, 779-779.	2.5	0
155	Can We Always Trust the Wisdom of the Body?. Critical Care Medicine, 2021, Publish Ahead of Print, .	0.4	0
156	The authors respond. Respiratory Care, 2021, 66, 887.1-887.	0.8	0
157	Physiology of PEEP and Auto-PEEP. , 2021, , 177-188.		0
158	Prone positioning for ARDS: defining the target. , 2012, , 405-407.		0