

A case for stopping the early withdrawal of life sustaining devastating brain injuries

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Citation Report

#	ARTICLE	IF	CITATIONS
1	Expanding the Donor Pool Through Intensive Care to Facilitate Organ Donation. <i>Transplantation</i> , 2017, 101, e265-e272.	0.5	52
2	The authors reply. <i>Critical Care Medicine</i> , 2017, 45, e111-e113.	0.4	0
3	Withdrawal of life-sustaining therapy: the case for delay. <i>Emergency Medicine Journal</i> , 2017, 34, 203-204.	0.4	2
4	Outcomes of the first full year of implementing a devastating brain injury pathway. <i>Journal of the Intensive Care Society</i> , 2017, 18, 83-83.	1.1	3
5	Withdrawal of treatment after devastating brain injury: post-cardiac arrest pathways lead in best practice. <i>Anaesthesia</i> , 2017, 72, 1179-1184.	1.8	5
6	Admission to Intensive Care for Palliative Care or Potential Organ Donation: Demographics, Circumstances, Outcomes, and Resource Use. <i>Critical Care Medicine</i> , 2017, 45, e1050-e1059.	0.4	22
7	Treatment-limiting decisions in patients with severe traumatic brain injury in a Norwegian regional trauma center. <i>Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine</i> , 2017, 25, 44.	1.1	25
8	Management of perceived devastating brain injury after hospital admission: a consensus statement from stakeholder professional organizations. <i>British Journal of Anaesthesia</i> , 2018, 120, 138-145.	1.5	63
9	End-of-life care in the intensive care unit. <i>Surgery</i> , 2018, 36, 728-731.	0.1	0
10	Neurocritical care physicians' doubt about whether to withdraw life-sustaining treatment the first days after devastating brain injury: an interview study. <i>Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine</i> , 2019, 27, 81.	1.1	13
11	Intensive care for organ preservation: A four-stage pathway. <i>Journal of the Intensive Care Society</i> , 2019, 20, 335-340.	1.1	4
13	Organ donation after circulatory death: current status and future potential. <i>Intensive Care Medicine</i> , 2019, 45, 310-321.	3.9	105
14	Management of donation after brain death (DBD) in the ICU: the potential donor is identified, what's next?. <i>Intensive Care Medicine</i> , 2019, 45, 322-330.	3.9	34
15	The Implementation of a Multidisciplinary Approach for Potential Organ Donors in the Emergency Department. <i>Transplantation</i> , 2019, 103, 2359-2365.	0.5	13
16	A Fate Worse Than Death: Prognostication of Devastating Brain Injury. <i>Critical Care Medicine</i> , 2019, 47, 591-598.	0.4	28
17	Impact of a Devastating Brain Injury Pathway on Outcomes, Resources, and Organ Donation: 3 Years' Experience in a Regional Neurosciences ICU. <i>Neurocritical Care</i> , 2020, 33, 165-172.	1.2	6
18	Brain Stem Death and Organ Donation. , 2020, , 186-196.		0
19	Determining the impact of timing and of clinical factors during end-of-life decision-making in potential controlled donation after circulatory death donors. <i>American Journal of Transplantation</i> , 2020, 20, 3574-3581.	2.6	4

#	ARTICLE	IF	CITATIONS
20	CAEP, CCCS, and CNSF Position Statement "Management of devastating brain injuries in the emergency department: Enhancing neuroprognostication and maintaining the opportunity for organ and tissue donation. Canadian Journal of Emergency Medicine, 2020, 22, 658-660.	0.5	8
21	Expanding controlled donation after the circulatory determination of death: statement from an international collaborative. Intensive Care Medicine, 2021, 47, 265-281.	3.9	80
22	End-of-life-care in the intensive care unit. Surgery, 2021, , .	0.1	0
23	Brain herniation on computed tomography is a poor predictor of whether patients with a devastating brain injury can be confirmed dead using neurological criteria. Journal of the Intensive Care Society, 2022, 23, 453-458.	1.1	2
25	Organ donation and transplantation. , 2019, , 277-292.		0
26	Prediction Model for Timing of Death in Potential Donors After Circulatory Death (DCD III): Protocol for a Multicenter Prospective Observational Cohort Study. JMIR Research Protocols, 2020, 9, e16733.	0.5	3
27	EISOR Delivery: Regional experience with sharing equipe, equipment & expertise to increase cDCD donor pool in time of pandemic. Perfusion (United Kingdom), 0, , 026765912211035.	0.5	4
28	Increasing Solid Organ Donation: A Role for Emergency Physicians. Journal of Emergency Medicine, 2022, , .	0.3	1
29	Ethical Issues Related to Donation and Transplantation of Donation After Circulatory Determination of Death Donors. Seminars in Nephrology, 2022, , 151269.	0.6	0
30	Impact of early percutaneous dilatative tracheostomy in patients with subarachnoid hemorrhage on main cerebral, hemodynamic, and respiratory variables: A prospective observational study. Frontiers in Neurology, 0, 14, .	1.1	0