

# Pediatric Critical Care Medicine in the COVID-19 Pandemic

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We are facing one of the greatest challenges in the history of critical care medicine as a discipline. The response to the COVID-19 pandemic from all of our colleagues, including all of the caregivers and allied personnel, has been truly exceptional and makes us extremely proud. We are grateful for their skill during uncertain and trying times, when their lives and those of their families are at risk.

Our team at the journal has tried to help even in the most modest ways such as providing expedited review for all coronavirus 2019 (COVID-19)-related manuscripts, rapid posting of accepted manuscripts on our journal website, and prompt dissemination of the information through the efforts of our outstanding international Social Media ambassadors. Some of our COVID-related content has generated great interest including the recent timely report by Remy et al (1) titled "Caring for critically ill adults with coronavirus disease 2019 in a PICU: Recommendations by dual trained intensivists," and the informative accompanying editorial (2). The ability of some of our pediatric critical care medicine caregivers to adapt to provide care to adults has been truly remarkable and we view anything that the journal can do to help as a priority. These represent only two of the many useful reports on COVID-19 that we have published, and a number of additional reports are soon to appear.

The pandemic has produced a major surge in manuscript submissions that has led to several unique challenges for the journal. We must do whatever is necessary to get key information to our readership on COVID-19—its impact on critically ill infants and children, and on all facets of the field of pediatric

critical care medicine. However, the flurry of COVID-related submissions has been coupled to both a major overall increase in manuscript submissions, and the anticipated challenges in obtaining reviews during a pandemic. It has been necessary to raise the bar for acceptance in *Pediatric Critical Care Medicine*, but even with that, we have begun to develop a backlog; time from posting on *PubMed* to print or online publication is increasing. The large volume of submissions has also led to some anticipated delays in manuscript processing and the need for me to personally screen, handle, and/or provide disposition to a larger number of manuscripts than in the past; we apologize for any delays. Thanks for your patience. Striking the right balance here is essential but challenging. To this end, we have been more selective in manuscript acceptance, but we must try to ensure that important research in our field unrelated to COVID-19 is not dismissed. Beyond raising the bar for acceptance, we have taken several steps to accommodate the surge in manuscript submissions, including maximally expanding the number of online pages, reducing the number of editorials, moving more tables and figures to supplemental material, and mandating careful shortening of manuscripts. Thanks to our submitting authors for making the additional revisions necessary to maximize the information that we can provide to our readership in these difficult times.

We would like to thank all of the journal staff, our publisher, the senior associate editors, and all of the editorial board members, along with everyone who has stepped to the plate as an ad hoc reviewer to review the surge of manuscript submissions promptly. We cannot thank you enough.

We applaud your efforts during this unprecedented pandemic. Stay safe.

## REFERENCES

1. Remy KE, Verhoef PA, Malone JR, et al: Caring for critically ill adults with coronavirus disease 2019 in a PICU: Recommendations by dual trained intensivists. *Pediatr Crit Care Med* 2020 Apr 29. [online ahead of print]
2. Christian MD, Kissoon N: Caring for critically ill adults in PICUs is not "child's play". *Pediatr Crit Care Med* 2020 Apr 29. [online ahead of print]

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