



EDITORIAL

Preface to the series: How can we do it



Reading an article is an interesting challenge. Most of us are looking for new results or new intriguing observations. Others are searching for a new therapeutic tool to apply in their clinical practice, those with the most curiosity are also attracted by the methodology used to design the study and therefore to depict strengths and limitations.

Whoever you are and whatever your "profile" in this context, there is often something missing after you have finished reading an article, which is how this will really fit into your daily practice.

So you are left with a sort of discrepancy between what you have read on your PC or in the journal and what you will do when you go back to your ward to take care of your patients. How many times did you feel like thinking "*well nice paper, but how can I apply it outside a research scenario. Too many barriers, too many exclusion criteria, too many complicated analyses and set up, better if I quit considering this in my practice*".

In this issue of the journal we start a new series entitled "How can we do it", that has the ambitious aim of reducing the gap between what we read in an article and our daily routine. The aim is to publish 2–3 articles every 12 months.

Some journals are already indirectly tackling this issue, but usually from the Authors side, with an approach like "how I am used to doing it", rather than using the words WE DO together.

Well, our goal is to start with a clinical case and bring in the readers on a journey, trying first to explain why we want to use this approach, second if we have enough scientific evidence to support us and last but not least how we set about, interpret or put into practice a specific treatment.

This holds particularly true when we need to focus our attention on some devices (i.e. ventilators), techniques (i.e. rehabilitation procedures, weaning strategies) or even on reading results of a specific assessment (i.e. Arterial Blood gases or Polysomnography).

In this issue of the journal we were targeting the use of High Flow Nasal Cannula (HFNC) to treat patients with Acute Respiratory Failure (1). The introduction is a real life case, followed by a physiological rationale and clinical evidence. So far, quite "usual" approach, while the new and in our view interesting part, is a suggestion of a flow chart on basic and advanced set up of the device. Last¹ are describing in an unbiased fashion, details and differences of the different HFNC devices available so far on the market.

Lastly, we are also keen to having "on board" in these series, not only well known Authors, but also young motivated experts, in order to get a really fresh approach to the topic. It is not by chance that we welcome in the first paper two young women, a nice pairing of Argentinian and Italian approach, a classical example on how doctors can make complicated things simple, because the authors "explain things, because they have seen them and have the experience in managing them".

Reference

1. Vega ML, Pisani L. High Flow Nasal Cannula: how can we do it (in press).

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