

Special Issue

Precision Care in Pediatric and Neonatal Intensive Care

Message from the Guest Editors

Paediatric intensive care units (PICUs) and neonatal intensive care units (NICUs) provide life-saving treatments to the most vulnerable critically ill paediatric and neonatal patients. They require complex time-pressured clinical decision making with high-stakes outcomes. Since they are data-heavy clinical environments, both PICUs and NICUs would greatly benefit from real-world precision and personalised medicine approaches. Despite advances in research-based artificial intelligence (AI) and omics methodologies, real-world clinical use of these data-driven precision and personalised medicine approaches in PICUs and NICUs remain extremely rare.

This Special Issue welcomes original research articles and systematic and narrative reviews on research and potential future applications of data-driven precision and personalised care in paediatric and neonatal intensive care. We welcome contributions concerning paediatric and/or neonatal intensive care patients, covering the whole spectrum of patients admitted to PICUs and/or NICUs.

Guest Editors

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About the Journal

Message from the Editor-in-Chief

Journal of Personalized Medicine is one of the few journals that covers the diverse areas involved in the field, including research at basic, translational, and clinical levels. It focuses on “omics”-level studies that seek to define the basis of interindividual variation in susceptibility for a disease, its prognosis or definition of clinical subsets, and response to therapy (pharmacogenomics). We are also interested in systems biology as it relates to interindividual variation, and research on new methodologies, informatics, and biostatistics, in the aforementioned areas.

Editor-in-Chief

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manuscripts are peer-reviewed and a first decision is provided to authors approximately 21.5 days after submission; acceptance to publication is undertaken in 3.5 days (median values for papers published in this journal in the first half of 2025).