

key points from each section, providing a useful tool for the reader with limited time. Many tables and figures are included to illustrate pertinent anatomy, algorithms, devices, and physiologic relationships. Case studies are found primarily throughout the chapters in Part II, to illustrate commonly-encountered disease states and to highlight clinical relevancy. At the end of each chapter 3–10 review questions quiz the reader on the stated learning objectives. The questions are followed by the answers, with brief explanations. A brief list of suggested reading material is found at the end of each chapter.

Part I extensively covers critical care procedures. It begins with chapters on airway management, oxygenation, and blood gas sampling. I found the detailed “checklist before intubation” and the review of special situations of airway management particularly useful and thorough. A review of supplemental oxygen devices was also valuable. The chapter on hemodynamic monitoring reviews indications, contraindications, and techniques for arterial and venous cannulation, with photographs and diagrams that provide a useful reference for beginners. Much of the chapter is devoted to pulmonary artery catheterization and interpretation of measurements in various clinical situations. I found the organization somewhat confusing: the section titled “Management of Myocardial Infarction and Cardiogenic Shock” seems out of place in a procedural chapter. The chapter on cardiac pacing devices thoroughly describes pacemakers and defibrillators. Chapters on drainage tubes, feeding tubes, common procedures (thoracentesis, paracentesis, lumbar puncture, and pericardiocentesis), and endoscopy provide a straightforward and basic review. The last chapter in Part I provides an overview of radiologic imaging of ICU patients.

Part II begins with an overview of neurologic illness, followed by chapters on other specific organ dysfunction and topics such as sepsis, circulatory shock, thermoregulation, infections, toxicology, and trauma. In general these chapters briefly review a wide range of disorders, generally including a discussion of pathophysiology, diagnostic strategies, relevant imaging modalities, and treatment. The chapter on respiratory failure discusses the differences between hypercapnic and hypoxemic respiratory failure quite well; surprisingly, it fails to mention acute respiratory distress syndrome, a commonly

encountered disease in ICU patients. The chapter on sepsis provides a concise review but fails to mention activated protein C (drotrecogin alfa), the newest therapeutic option for severe sepsis. Relevant formulas and normal values are reviewed in the chapter on oxygen content, delivery, and uptake. A table summarizing toxins and their antidotes provides a useful reference in the chapter on toxicology. Compartment syndrome, myocardial contusion, burn patient care, pulmonary thromboembolism, and massive transfusion complications are reviewed in the chapter on trauma.

Part III opens with chapters on mechanical ventilation, noninvasive ventilation, and weaning. Topics include principles and modes of mechanical ventilation, ventilator strategies, adjunctive therapies, monitoring, and complications. The chapter on dialysis describes all modalities of renal replacement, with helpful figures. Throughout the section the material is substantiated by references to the pertinent literature, which are included in the suggested reading lists at the ends of the chapters. The chapter on advanced cardiopulmonary resuscitation fails to mention the newer treatment options of amiodarone and vasopressin for ventricular fibrillation/pulseless ventricular tachycardia. The important issues of deep venous thrombosis prophylaxis, ulcer prophylaxis, and nosocomial infection prophylaxis are covered in Chapter 45.

As would be expected in such a lengthy text, there are a few minor typographical errors, including a textual reference to the wrong figure and obvious word substitutions (eg, on page 53, Table 4–3, “content” for “delivery”). I also found a seemingly inadvertent omission of information in Table 26–1 (page 421). More concerning were 2 important inaccuracies: one on page 12, in reference to the effect of head position on endotracheal tube position, and another on page 141, in which the discussion of rapid shallow breathing index is not consistent with the commonly used rapid shallow breathing index described by Yang and Tobin.¹ Several errors are evident in the review question-and-answer sections that would be particularly confusing to the reader trying to review and test her knowledge. On page 43, question 3 is, “In which of the following clinical situations will the A-a gradient be increased?” According to the answer given, the question should read, “In which of the following clinical situations will the A-a gradient be normal?” In another case (page 517,

answer 4), the answer, “Patients are likely to be hypercoagulable. . .” should read, “Patients are likely to be coagulopathic. . .” In one case the incorrect letter answer is given (page 706, answer 9), but the explanation is correct. On page 706 the answers to questions 4 and 5 are transposed.

Overall, I found the **Critical Care Study Guide** a useful reference tool for the physician studying critical care medicine. It may be particularly useful to the student, resident, or hospitalist less experienced in the critical care arena. Its strength is the breadth of information covered in a concise, well-written, and readable manner. Critical care procedures are particularly well described, and the use of photographs, diagrams, and algorithms in these chapters is excellent. Although it is sometimes difficult to predict where specific information will be discussed (eg, a brief discussion of acute respiratory distress syndrome is found in the chapters on mechanical ventilation rather than the chapter on respiratory failure), a brief review of most critical care topics can be found. For the intensivist or critical care fellow this text provides an overview or review of a topic before that physician proceeds to a more detailed text or a literature search to answer a specific question. The editors have succeeded in creating a reference and an educational tool.

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REFERENCE

1. Yang KL, Tobin MJ. A prospective study of indexes predicting the outcome of trials of weaning from mechanical ventilation. *N Engl J Med* 1991;324(21):1445–1450.

Principles of Airway Management, 3rd edition. Brendan T Finucane MBBCh and Albert H Santora MD. New York: Springer-Verlag. 2003. Soft cover, illustrated, 503 pages, \$59.95.

When offered the opportunity to review this book, I leapt at the chance. As an internist I had stood by enviously as my anesthesiologist colleague would unholster his laryngoscope and deftly intubate the trachea of my critically ill patient. I came to realize that I never wanted to be in the situation of having a patient suffer because I lacked ex-

cellent skills in airway management, and management of the airway still carries the excitement of performing a life-saving procedure.

The authors of this volume share my passion that no patient should suffer harm because of the lack of an airway to conduct oxygen to the alveoli. Although Brendan Finucane and Albert Santora are anesthesiologists, their aim in writing the book was "to disseminate the most up-to-date information to our colleagues on the front lines, not just in anesthesia, but in all disciplines that deal with the airway." They note that the first edition of their book was intended for medical students but that the subsequent editions were written for a target audience that is quite broad, including trainees in anesthesiology, respiratory therapy, nurse anesthesia, emergency medicine technicians, and even seasoned practitioners. This eclectic target audience results at times in a diversity of material that makes the volume less than ideally suited for any of the groups. No anesthesiologist after his first few days of training would need a careful description of a Macintosh versus a Miller laryngoscope blade (Chapter 3), whereas parts of the book seem clearly directed at that specialty (eg, in Chapter 8: "Every anesthesiologist must be prepared to establish a surgical airway if conventional means fail."). Similarly, I was unsure at what group the authors were directing the basic principles of anesthetic and sedative drugs (Chapter 4). The good news is that parts of the book are indeed suitable for each of the groups in their target audience.

The book is eminently readable. I read the entire book in one sitting (a transcontinental airline flight), and much of the critical material could be digested in an evening by a new trainee. The material was generally up to date, and recent references were included throughout. I applaud the authors for revising and updating chapters in addition to adding new ones. A few areas seemed as though they had not been updated, however. Discussions of supplemental oxygen administration omitted any discussion of high-flow devices for administering high oxygen concentrations via face mask. The discussion of the choice of nasotracheal versus orotracheal intubation surprisingly did not include a discussion of the controversy surrounding sinusitis.

In general the book has the nice flow that comes from not being a multi-author compilation of chapters. I did, however, find

some of the decisions about chapters a bit curious. Why not have the chapter on evaluation of the airway immediately follow the airway anatomy chapter? And why insert a chapter on mechanical ventilation before discussing the laryngeal mask airway, which has now become such a routine tool? For that matter, it wasn't ever clear why a chapter on mechanical ventilation is included in this book, when all of the other chapters pertain to the airway.

This book has a nice feel to it: it is not too large; it is clear and has numerous illustrations with useful captions; and it is printed with an easily read font. It is a book to be read rather than a reference tome to sit on the shelf. One disappointment was that there were a number of examples of sloppy editing. References are not consistent in style and contain some major errors. One of the most famous references in the airway literature, written by FW Cheney, is listed as being written by "SW Chaney." The notation that the Macintosh laryngoscope is used "especially in colonial countries" seemed dated and Anglocentric (since I doubt they were referring to former French colonies!).

In the preface the authors cite a need for this book because "no other concise, comprehensive textbook [is] available on airway management." I would encourage the authors to consider publishing a *concise* text and to forget about the *comprehensive* goal. A large comprehensive textbook on airway management is available; they should concentrate on being concise. The chapter on airway management in cardiopulmonary resuscitation is more or less straight out of the American Heart Association textbook on advanced cardiac life support, and much of the chapter on the laryngeal mask airway is a reprint of the pamphlet supplied with every laryngeal mask airway. As noted early, certain subjects are addressed in more detail than one would expect for a medical student, respiratory therapist, or trainee in specialties not routinely involved in airway management. Why not consider a much more concise volume directed towards the trainee who requires the basics of airway management? Such a volume could become a staple and be the successor to the classic *Anyone Can Intubate*.¹

Parts of this book will appeal to all of the different groups cited in the preface, but I believe that all readers will also find mate-

rial that could have been left out to make for a pithier "how to" book.

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1. Whitten CE. *Anyone Can Intubate*, 4th ed. San Diego: KW Publications; 1997.

Fungal Infection in the Intensive Care Unit. Rosemary A Barnes and David W Warnock, editors. (Perspectives on Critical Care Infectious Diseases, Jordi Rello, Series Editor) Boston: Kluwer Academic Publishers. 2002. Hard cover, 198 pages, \$140.

Fungal infections are a serious problem with intensive care unit (ICU) patients, so a volume dedicated to exploring these important infections and the resultant substantial mortality will be quite important to ICU health care providers. **Fungal Infection in the Intensive Care Unit**, edited by Drs Barnes and Warnock, provides a comprehensive review of the problem in North America and Europe. The book is divided into 5 sections, which highlight epidemiology, risk factors, diagnosis, management, and non-candida infections. Separate attention is given to unique aspects in North American and European population centers. Though the book will be of primary interest to physician intensivists, infectious disease specialists, and medical microbiologists, it should receive attention from all health care providers involved in caring for the sickest ICU patients.

The organization of the text into 5 sections and 10 chapters is quite logical and easy to follow. The first 2 chapters discuss the epidemiology of candida infections in the ICU, highlight the 1980s' growth of the trend to isolate these organisms, and the stabilization of that trend in the 1990s. The authors believe that that stabilization may be due to more widespread use of azole antifungal agents. In the chapter focusing on the North American perspective, it would have been quite helpful to view data in tabular form so that the reader could get a specific understanding of the trends, including