

both as F_{IO_2} and F_{iO_2} . Likewise, the use of subscripts is not uniform; in some sentences the 2 in O_2 was subscripted in one instance and not in another. And some abbreviations are not defined (eg, STEER, and CT, which in this manual stands for cardiothoracic). This may seem like nitpicking, but with a price of \$130 (\$90 for AARC members), I think attention to these details is warranted.

This manual is an excellent resource for respiratory care department directors and medical directors looking to develop or improve their own protocols. It is easy to read and the algorithms are easy to follow. It does not contain all the information needed to develop patient-driven protocols, but it does provide many useful examples of successful protocols that could easily be modified to suit the needs of other facilities.

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Paediatric Respiratory Medicine. Jeremy Hull, Julian Forton, Anne H Thompson. *Oxford Specialist Handbooks in Paediatrics* series. New York: Oxford University Press. 2008. Soft cover, 880 pages, \$69.50.

Clinicians who need quick but comprehensive highlights about pediatric pulmonary diseases will be delighted with this new book, which, though small, contains extensive information germane to the clinical practice of both generalists and pulmonary specialists in pediatrics, as well as health-care professionals in training. Similar to some online reviews that quickly highlight important facts, diagnostic options, and current therapies, this text provides pertinent bulleted specifics about common respiratory symptoms and signs, respiratory conditions,

supportive care, and common pulmonary-specific procedures. Where there is data, the authors present it; where there is none, they clearly state that they provide their own approaches based on clinical experience. There may not be consensus on these suggestions, but the reader is at least presented with 1 or 2 options used by these experienced clinicians.

As the spelling of the book's title implies, this is a British text, but the information provided is pertinent to patients in all countries. A few of the medication names will need to be translated by United States readers (eg, salbutamol is albuterol), and there are mentions of therapies used in the United Kingdom but not the United States (eg, urokinase for fibrinolysis in children with empyema, and pithidine for sedation), but this is not a serious drawback. The text is more specific than others in print regarding devices (eg, aerosol devices and oximeters). Performance differences between devices from different manufacturers are also presented. This information is time-sensitive, because new products come to market, but it provides practical information for the immediate future.

The text provides very broad overviews on presenting features, such as cough, chest pain, and stridor, but even in these sections there are clinical pearls that specialists will enjoy reading and exploring further. (For instance, psychogenic chest pain is the second most common etiology in children, accounting for up to 30% of cases.) The section on specific conditions is very current, including such new findings about surfactant protein mutations that cause interstitial lung diseases, and the genetics of Saethre-Chotzen syndrome. These will clearly be of use mostly to pulmonary specialists. In both sections, lists of possible investigations and diagnostic tests, including their sensitivity and specificity, are provided, but the relative yield for each procedure is not ad-

ressed. Not all topic sections include references, and readers are expected to pursue the literature if they wish to learn about any topic in more depth.

The section on supportive-care measures is particularly helpful. Other pediatric respiratory medicine texts tend to describe therapies within a discussion of each disease. This text approaches these topics in a more general but practical way, contrasting hospital and home oxygen delivery methods, criteria for weaning long-term oxygen therapy at home, and noninvasive positive pressure therapy for children. Each topic section provides clinical pearls and practical insights, without exhaustive details.

The section on common pulmonary procedures will be of most use to trainees. It provides practical points, such as chest-tube insertion location, bronchoalveolar lavage volumes, and differences in exercise-challenge methods. In some cases (eg, exhaled nitric oxide measurement) details are provided about the specific products used to make the measurements. Common pitfalls of procedures are also addressed, and the details of changing a tracheostomy tube are addressed in this text better than elsewhere.

Those who use this text as an introduction to pediatric pulmonary topics will find it a rich source of highlights and options. This text is not designed to supplant previous texts in this subspecialty, but instead to be used as a quick and practical reference by the busy clinician who needs a useful overview on a variety of clinical pulmonary issues relevant to children. For those who want to learn more in this discipline, this book has enough clinical pearls to make for enjoyable reading.

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