

Rapid Sequence Intubation & Rapid Sequence Airway, 2nd edition. *Airway 911* guides. Darren Braude MD EMT-P. Albuquerque, New Mexico: Starline Printing. 2009. Soft cover, illustrated, 192 pages, \$50.

According to its author, **Rapid Sequence Intubation & Rapid Sequence Airway**, 2nd edition, is not intended to stand as a definitive text on airway management. Rather, Braude has offered a relatively short (less than 175 pages of instructional text) book that is meant to be read easily and quickly. In the preface the author offers a short list of readings that he considers to be more comprehensive texts on the subject of intubation and airway management. The focus of this book is (as titled) rapid-sequence intubation: the drugs, the tools, the pitfalls, and the alternatives.

While the book casts a broad audience “net,” defined by the author as paramedics, nurses, respiratory therapists, flight teams, mid-level practitioners, and physicians, those who may be called upon to conduct rapid-sequence intubation but do not do so on a daily or even weekly basis are best served by this text. It covers many pertinent points in its 8 chapters, but none in great detail. Practitioners who frequently conduct rapid-sequence intubation will probably be reaching for other books to find out more about many of the points raised in this book.

This book succeeds in its goal of being an easy read that can be accomplished in a weekend or a few short sessions. I’m not so sure it succeeds in its other goals, largely because it’s unclear what its other goals are. The preface clearly defines what this book is *not*—another comprehensive text on intubation or airway management. Instead, it is described as “focused on rapid-sequence intubation and the new related technique of rapid-sequence airway.” Beyond that, it would be fair to say that the book is simply an overview of rapid-sequence intubation, the accompanying drugs, the tools, mnemonics, and some scenarios.

Braude clearly is an advocate of rapid-sequence intubation in the pre-hospital setting, and he offers some research evidence to support his viewpoint. He also advocates a “3 strikes and you’re out” rule regarding repeated intubation attempts. This well de-

finer guideline will probably benefit most practitioners. Braude also advises practitioners to avoid positive-pressure ventilation (bag-valve-mask) between intubation attempts, as long as the patient’s blood oxygen saturation stays above 90%. Though I can follow his logic, as a street paramedic, I am very reluctant to put as much faith in a machine (pulse oximeter) as Braude does. And this brings up a general disappointment I have with the book: it doesn’t provide sufficient recognition that emergency medical personnel are often faced with critically ill patients in less than desirable settings. There is but a single page dedicated to the recognition that some patients may not be well served by adopting the “no positive-pressure ventilation” technique.

I do like Braude’s voice. He readily acknowledges that he is not a chemist nor an anesthesiologist. He does, though, sound like an experienced provider who is attempting to distill the complexities of topics such as pharmacology down to a useable form. The reader will find some levity sprinkled throughout the text. I would have liked to hear more of his anecdotes. The book has too many “should always” and “should never,” without enough recognition that sometimes patients require a large dose of creativity. I would like to have read what tricks Braude has employed to get himself out of a jam.

Structurally the book has some shortcomings. For instance, less than three quarters of the horizontal area is dedicated to text, and, unfortunately, that three quarters is up against the spine, requiring the reader to fully open the book to easily view the text, which is not easily done with this stiffly bound paperback. This unnecessarily leaves a text-free 2-inch white space along the edges of each page. The white space is used for the placement of 3 types of icon: “Keys,” “Cautions,” and “EBM” (evidence-based medicine). Though these icons (made famous by the *For Dummies* series of books) are helpful, their half-inch size doesn’t need the space allotted them. And though the book mentions EBM, the citation system employed in this book is frustrating. Whether Braude is making a specific call to your attention with the EBM icon or simply makes a statement of fact, good luck figuring out

where to turn if you want to know more. The citations in the back of the book aren’t even citations, but, rather, “selected references,” separated by chapter and arranged alphabetically by author name. The reader is required to retrieve a referenced author’s entire article simply to find out if it relates to the topic at hand. I would think if Braude went to the effort to declare a statement “EBM,” he would also allow the reader to quickly investigate that claim.

Another gripe I have is with the book’s illustrations, many of which look “cut and pasted” from other books or PowerPoint presentations. A good example is on page 81, where the reader first encounters the “*Airway 911* Multiple Attempts Flowchart.” This algorithm appears to be imported from a presentation offered by *Airway 911*, an in-service training company from New Mexico. Not a big deal, except that this 136-word flowchart is reduced to a sixth of a page. The 10-square-inch chart is further reduced to 3 square inches on subsequent pages, which requires a magnifying glass to read the diminutive text. Why not dedicate an entire page to a chart important enough to reproduce in at least 7 other places in the book?

Overall the emphasis seems to have been on creating a flashy *USA Today* look rather than providing adequate space for illustrations that are germane to the text. Several of the illustrations, though nice looking, don’t support the related text. An example is on page 85, where an illustration depicts the “jaw thrust,” but in a manner that doesn’t allow laryngoscopy. Why illustrate a technique that has to be modified to work?

Other less obvious issues include references to techniques and concepts that have yet to be addressed in the text. For example, the LEMONS (look externally, evaluate 3-3-2, Mallampati score, obstruction, neck mobility, scene and situation) difficult airway acronym is first mentioned on page 29 but not explained until page 72, and LEMONS is omitted from the index entirely.

Braude advocates the use of the “straight to cuff” bend. If you are wondering what that is, then don’t reach for this text, as you will not find any explanation within. This point underscores my opinion that this book offers too little for those who are new to

rapid-sequence intubation and nothing new for experienced providers.

In the end, **Rapid Sequence Intubation & Rapid Sequence Airway**, 2nd edition, is pleasant to look at but imparts too little knowledge to those who need it most. It seems a hastily gathered collection of “need to know” aspects of rapid-sequence intubation compiled in a slim format to allow for easy distribution at *Airway 911* seminars. Experienced providers will be challenged to find any new insight into the practice of rapid-sequence intubation. Neophytes will enjoy the book and find it a quick read, but will be educated just enough to be dangerous. I would recommend against acquiring this new book, and instead recommend reaching for an inexpensive used copy of one of the texts that Braude mentions in the preface.

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Particle-Lung Interactions, 2nd edition. Peter Gehr, Christian Mühlfeld, Barbara Rothen-Rutishauser, Fabian Blank, editors. *Lung Biology in Health and Disease* series, volume 241. Claude Lenfant, executive editor. New York: Informa Healthcare. 2009. Hard cover, illustrated, 319 pages, \$229.95.

This edited monograph is the second edition published under this title, and represents a successful updating of the original, which was released over 10 years ago. It will appeal to those with an interest in the roles of airborne particulate matter in inducing respiratory and systemic reactions, in delivering aerosol drugs to the desired targets, and in contributing to chronic respiratory and cardiovascular disease. There is also extensive information on the physical and pathophysiologic mechanisms by which airborne particles affect the lungs and heart. The editors recruited an impressive group of 41 authors, who contributed 16 chapters intended to summarize the state of the art in the field. Each chapter can be read independently and each serves well as a stand-alone review of its topic. There is relatively little overlap among the chapters. The editors encouraged the authors to incorporate information on nanometer-scale particles (“engineered nanoparticles” or simply

“nanoparticles,” defined as particles with at least one dimension < 100 nanometers or 0.1 micrometer) into each chapter, and most did so, thus producing a monograph that is timely in its coverage.

The monograph is organized into 5 major sections on lung structure and function; characteristics of airborne particles; fate of inhaled particles within the lungs; health effects of inhaled particles; and cellular and molecular mechanisms underlying health effects from inhalation. The first section contains one chapter, which summarizes the anatomic and physiologic characteristics of the lungs that are pertinent to inhalation of particles. The second section comprises 3 chapters—on characteristics of particles present in the lower levels of the atmosphere, on the relevant characteristics of engineered nanoparticles, and on the current technology for use of particles as vehicles for drug delivery. In the third section there is a single chapter on particle deposition, clearance, and translocation within the respiratory system. The fourth section includes 5 chapters on health effects, covering epidemiologic principles, cardiovascular effects and their autonomic mediation, respiratory viral infections, and the role of inhaled particles in inducing remodeling of the lungs’ architecture. The final section contains 6 chapters that explore current knowledge of the mechanisms that underlie the effects summarized in previous chapters, ranging from influence of particles on mucociliary action and on pulmonary surfactant function, to the means by which nanometer-scale particles enter cells, to the actions of particles with antigenic properties on the lungs’ role in the immune response, and to consideration of the general mechanisms of toxic response to airborne particles.

The monograph will be of greatest appeal to professionals concerned with the consequences of continuing human exposure to air pollutants, in both the workplace and general environmental settings, including the home. The development and use of advanced, high-technology materials based on engineered nanoparticles poses important questions for the health of persons involved in their manufacture, use, and disposal, and this volume provides a very useful summary of the issues surrounding these materials that are relevant to respiratory and cardiovascular well-being. It is worth emphasizing that in the specific case of inhalation therapy, where engineered nanomaterials may be used, health-care profes-

sionals can be exposed. Several chapters in this work offer an understanding of the nature of this risk and the means to address it. Other readers concerned with the diagnosis, treatment, and prevention of respiratory and cardiovascular diseases associated with inhaled particles of all types will find this volume a useful update on current science—one that includes an honest accounting of the strengths and weaknesses of the available information.

This second edition reviews the established knowledge and explores new developments. The monograph is logically organized, and each chapter is clearly written and with a useful summary at the chapter end. The overarching theme throughout the volume is the implication of the growing use of nanoparticles, but the editors and authors by no means neglected the other important issues related to the consequences of exposures to other airborne particles. The first 2 sections provide an interesting and relevant overview of the properties of the respiratory system and of airborne particles. The chapters on ambient tropospheric particles and on particulate carriers for pulmonary drug delivery are especially well written and interesting. Though the chapter on particle fate in the lungs (“Deposition, Retention and Clearance, and Translocation”) is comprehensive, it rightly contains much speculation regarding the consequences of inhaling nanoparticles, and points out that human data on these questions are lacking. In the section on health effects of particle inhalation, the chapter “Cardiovascular Consequences of Particles” is an excellent review, written in a clear style that will be of value to all professionals in this field.

There are also 2 chapters in this section on the role of airborne particles in mediating viral infections and inducing structural remodeling. The latter addresses the fibrotic diseases, which have long histories as occupational risks, and it also contains fresh insights on the nature of the cause-effect relationships of particulate hazards, such as asbestos and crystalline silica. This chapter also contains some important cautions regarding the replacement of long-known hazards with new potential but little-understood ones. The final section is highlighted by chapters on how inhaled particles affect clearance and surfactant, and by chapters on toxicological mechanisms.

The contribution on mucociliary clearance is rather advanced in content and will appeal most to a reader who is already well