

β -blockers, whether they are receiving allergen percutaneous testing or immunotherapy. The distinction between *accepted standards of practice* and *commonly-done practices* should also be emphasized. As an example, repeat skin testing is commonly accepted for patients receiving venom immunotherapy to assess a response to therapy; however, repeat skin testing for those getting aeroallergen immunotherapy is not widely supported as a means to monitor response to therapy.

In summary, this entry to the *Washington Manual's* subspecialty consult series provides a brief, quick reference for familiarizing the reader with common conditions and practices in allergy, asthma, and immunology. Readers should be able to easily locate information and obtain a solid foundation of knowledge, regardless of the extent of their medical training. It would not be surprising to see this book in many white-coat pockets on the hospital wards near you.

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Breath Sounds Made Incredibly Easy!

Janice Hausauer RN MSc FNP, Nancy Haynes RN, MN CCRN, contributors. Philadelphia: Lippincott Williams & Wilkins; 2005. Soft cover, illustrated, 208 pages (with CD-ROM), \$39.95.

Breath Sounds Made Incredibly Easy! covers core information on respiratory breath sounds beyond what the title implies. The intended audience is novice and experienced nurses in all settings, but advanced assessment skills related to technology used in critical care units is not discussed.

The book begins (Chapters 1 and 2) with an overview of basic respiratory anatomy and physiology concepts and key respiratory assessments to provide nurses the information needed to perform a basic clinical respiratory examination. Clear charts, illustrations, and photographs of the examination nicely supplement the text. Chapter

3 is an introduction to breath sounds. Air-flow patterns, sound characteristics, documentation, and nursing-care planning are discussed. Common nursing diagnoses for patients with respiratory problems are briefly explained, as well as nursing interventions and expected outcomes. Although the importance of an individualized, multidisciplinary care plan is stressed, a thorough explanation of specific nursing interventions, such as relaxation and positioning techniques, would be useful for novice nurses.

Normal breath sounds, bronchial breath sounds, and adventitious sounds are reviewed in Chapters 4 through 9. Within each chapter are specific conditions that cause the abnormal breath sounds, and diagrams specifying which area of the lung to auscultate for each respiratory condition.

Respiratory disorders (chronic obstructive pulmonary disease, pulmonary fibrosis, bronchiectasis, atelectasis, acute respiratory distress syndrome, heart failure, pleural effusion, pneumonia, pulmonary edema, tuberculosis, and pneumothorax) are reviewed in Chapter 10. This therapy section is superficial and incomplete for general practice. A more appropriate title for this chapter would be "Common Respiratory Disorders at a Glance," which is a subheading. The following are some recommendations to make this section more useful to readers:

- Page 73–75. Breath sounds in patients with pulmonary fibrosis are "fine crackles," not "bronchial breath sounds." The corresponding breath sounds on the CD-ROM (tracks 16 and 17) are also incorrect.^{1,2}
- A brief teaching section on each respiratory disorder is included in each respiratory disorder section; however, a teaching section is not included in the asthma section. Most of the teaching sections focus on the acute care setting.
- Provide appropriate nursing diagnoses for each respiratory disorder (these are not listed and explained, as they are in Chapter 3).
- Providing more algorithms, such as "Understanding Cor Pulmonale" (page 159),

would assist the reader to understand disease processes and interventions.

- Organize or categorize conditions by how life-threatening or dangerous they are.
- Include a picture of a thoracentesis in the section on pleural effusion.
- A detailed section reviewing respiratory diagnostic tests such as arterial blood gas values, ventilation/perfusion scanning, chest radiographs, pulse oximetry, and chest physiotherapy treatments would be beneficial, as these are mentioned throughout the respiratory disorders section.

The appendix on auscultation findings for common disorders provides a concise summary. There is a glossary of terms and conditions. The selected references are current. The book includes memory-joggers that reinforce important facts and provide an easy way to remember them. The accompanying CD-ROM contains a variety of breath sound examples, the sound quality and education value of which are good.

The text is clearly written, and I found no spelling or grammatical errors. The "what to do" section on page 150 should be bulleted. The language is easy to understand. Each chapter states specific objectives, and each chapter objective was met. Each chapter ends with a quiz to assess the reader's understanding.

The core content of this book is thorough. Including information on respiratory disorders went beyond the scope of the book.

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REFERENCES

1. Farzan S. A concise handbook of respiratory disease, 4th edition. Norwalk, Connecticut: Appleton & Lange;1997:177.
2. Wilkens R, Lopez B. Fundamentals of lung and heart sounds. St Louis: Mosby-Year Book;2004:88,91.