

**Respiratory Disease: A Case Study Approach to Patient Care**, 3rd edition. Robert L Wilkins PhD RRT FAARC, James R Dexter MD, and Philip M Gold MD. Philadelphia: FA Davis. 2007. Soft cover, illustrated, 521 pages, \$54.95.

Essentially, this is a fresh rewrite of an established textbook. The second edition was published in 1998, so it was arguably overdue for a repaint. As a respiratory therapist (RT) training program director, I have personally specified this text for my pulmonary diseases course since the previous edition was released. I have tenaciously resisted going to another text while waiting for this 3rd edition.

The authors outline the purpose and intended audience in the preface. Though it is mentioned that nurses, physician assistants, and medical students may find the text useful, the text design is primarily targeted toward the RT student. The authors cite the evolution of the profession to where physicians now depend on RTs to be their eyes and ears when they are not at the bedside. The stated goal of the text is "to help RTs become knowledgeable about the diseases they see in the hospital and other health care facilities and to better understand how these diseases affect lung function." A side benefit mentioned in the preface is that the text will help students prepare for the National Board for Respiratory Care Clinical Simulation Examination.

One of the most apparent changes in this 3rd edition is the reduction in chapters, from 27 to 20. This was accomplished by deleting the chapter on ethics and the 5 chapters on diseases of children and neonates. The ethics chapter was arguably not mainstream to the overall intent of the textbook. The authors' rationale was that the pediatric diseases are well covered in other texts, so they focused their attention on adult disorders. Nevertheless, the authors kept croup/epiglottitis in their list of obstructive diseases on page 3 and retained an infant chest radiograph on page 25. The exclusion of the pediatric diseases may come as a disappointment to those who were counting on this part of the text to be included in the 3rd edition. Also, the chapters on emphysema

and chronic bronchitis in the 2nd edition were consolidated under the heading Chronic Obstructive Pulmonary Disease (COPD) in the 3rd edition. The appendix from the 2nd edition was renamed "Appendix A: Normal Laboratory Values," and new in the 3rd edition are "Appendix B: GOLD [Global Initiative for Chronic Obstructive Lung Disease] Standards for Diagnosing and Treating Patients with COPD" and "Appendix C: Web Sites Useful for Learning Information About the Diagnosis and Treatment of Lung Diseases."

The general format was vastly improved in this edition. The 2nd edition began each chapter with a listing of key terms, which offered little value, in that the terms were highlighted in the text and also found in the glossary. The 3rd edition has replaced the key terms lists with a list of behavioral objectives. This should be a welcomed change for RT students, who are geared to embrace learning objectives. Other new features include call-out boxes to draw attention to the take-home points in the text. At the close of each chapter there is a bulleted "Cliff Notes" version of the key content, presented in the order it was found in the chapter. This feature makes it easy to quickly review the material and locate the associated detail in the chapter.

A further formatting upgrade is in the layout of the case studies, which provide an opportunity to apply the content learned in each chapter. In the previous edition the questions were listed separately from the answers, which made the textbook unwieldy for the student user. Now the case study questions are in the left column and the answers immediately to the right. This edition includes a card for covering the answers as you critically ponder the questions.

Other formatting changes include the use of a sans serif font and shaded boxes that set off the case study content. These are much more pleasant to the eye than the previous rendering. Also in the new edition the arterial blood gas values in the case studies are listed in tables rather than in paragraph form. Best of all is the expanded use of subheadings that better organize the text and lend to rapid referencing.

Other minor but needed updates are seen in the use of the term "RT" in place of

"RCP" when referring to the respiratory therapist (consistent with the current international identity and branding) and replacement of out-of-date medications with the newest drugs.

Chapter 1, "Introduction to Patient Assessment," lays a foundation for the rest of the textbook in that it presents an overview of the cardiopulmonary assessment. All of the basics are covered and illustrated in a case study that illustrates the integration of the various findings. The reader must be aware that Wilkins prefers to define crackles as the descriptive term for (1) late inspiratory adventitious sounds associated with airway opening and (2) "movement of excessive airway secretions with breathing." Though much confusion exists with regard to breath-sound nomenclature, there remains a very large contingent that refers to non-musical secretion-related sounds as "rhonchi." The literature provides support for both camps, and it is certainly not a settled issue among educators in the medical and respiratory care professions.

Chapter 2, "Introduction to Respiratory Failure," has changed very little from the previous edition. I would have hoped for a mention of the rapid shallow breathing index and spontaneous breathing trials in addition to the standard descriptions of intermittent mandatory ventilation, pressure support, T-piece weaning, and traditional weaning-readiness indicators.

In Chapter 3, "Asthma," the discussion of pharmacology has been updated nicely, with the addition of anti-immunoglobulin E therapy and heliox. A call-out box "plants a seed" for the RT student to consider seeking the asthma educator certification (AEC). Also new is a short prognosis section.

Chapter 4, "Chronic Obstructive Pulmonary Disease," replaces the former 2 chapters on chronic bronchitis and emphysema, and is longer than those 2 chapters combined. The same 2 case studies from the 2nd edition are wrapped in an all-new overview of COPD. There is even mention of lung-volume-reduction surgery and pulmonary rehabilitation.

Chapter 5, "Cystic Fibrosis," was updated throughout, with data and therapies that are consistent with current knowledge. The case

study has come forward essentially unchanged.

Chapter 6, "Hemodynamic Monitoring and Shock," has gone from 15 pages to 25 pages. It offers a balanced presentation of hypovolemic, septic, and cardiogenic shock. Of special note is an all new case study that features an 18-year-old cystic fibrosis patient who develops septic shock. The second case study enables a comparison of septic shock to hypovolemic shock.

Chapters 7, "Pulmonary Thromboembolic Disease," and 8, "Heart Failure," have received minor updates and remain largely as they were in the previous edition.

Chapter 9, "Smoke Inhalation Injury and Burns," underwent an extensive rewrite with current statistics and up-to-date ventilation management strategies such as tracheal gas insufflation and volumetric diffusive ventilation. There is also a new case study.

Chapter 10, "Near Drowning," now has expanded introduction and definitions sections, and a new section entitled "Prevention and Prognosis." There is also a new box that provides short definitions for the near-drowning lexicon. One of the 2 case studies comes with a revised scenario.

Chapter 11, "Acute Respiratory Distress Syndrome," is updated from the previous edition's chapter "Adult RDS" that was consistent with the former accepted definition. This chapter received a well warranted rewrite pursuant to the past decade's progression of knowledge on the management of ARDS. The same case study is used, but some new questions were added.

Chapter 12, "Chest Trauma," is also refreshed with new statistics in its introduction. The section on ventilation is expanded and an all-new case study illustrates the management.

Chapter 13, "Postoperative Atelectasis," got a general touch up.

Chapter 14, "Interstitial Lung Disease," unfortunately still has the same hazy chest radiographs used in the 2nd edition, which makes it difficult to appreciate the difference between a reticular-nodular pattern and the honeycombing in late-stage disease.

Chapter 15, "Neuromuscular Diseases," and Chapter 16, "Bacterial Pneumonia," received general updating.

Chapter 17, "Pneumonia in the Immunocompromised Patient," is much enhanced by the addition of a section on neutropenia secondary to chemotherapy, and another on immunosuppressive drugs. The organization in charge of microbe names recently changed

*Pneumocystis carinii* to *Pneumocystis jirovecii*, and this edition reflects that change, except that *Pneumocystis carinii* slipped through unchanged in the glossary.

Chapter 18, "Sleep Disordered Breathing," (previously titled "Sleep Apnea") has an expanded and updated introduction and more depth and breadth, commensurate with the growth in the related literature. There is also a new case study that discusses titration of continuous positive airway pressure.

Chapter 19, "Tuberculosis," is largely unchanged, though there are some new data in the chapter's introduction.

Chapter 20, "Lung Cancer," received new sections on metastatic disease and paraneoplastic syndromes that were not found in the 2nd edition. Also new are sections on newer imaging and diagnostic techniques. The first case study has new images added, and replacement of the radiograph, which was, apparently, reversed on page 387 of the 2nd edition. The new second case study features a tracheobronchial stenting procedure.

I was pleased to have the opportunity to review this new 3rd edition of one of my favorite textbooks. In all respects it is updated and improved. It will be useful to RTs, medical students, physician assistants, and critical care nurses, and it deserves a place on the reference shelf in any respiratory therapy department. In the past my bachelor-level students have found the 2nd edition user-friendly and enjoyed using it throughout my pulmonary diseases course. I am looking forward to this year's presentation with a new group of students using the 3rd edition.

**John M Hughes RRT MEd AE-C**  
Program in Respiratory Therapy  
Millersville University  
Millersville, Pennsylvania

The author of this review reports no conflict of interest.

**Respiratory Care.** Caia Francis MSc. *Essential Clinical Skills for Nurses* series. Malden, Massachusetts: Blackwell Publishing, 2006. Soft cover, illustrated, 235 pages, \$29.95.

This book is part of the *Essential Clinical Skills for Nurses* series. As the title suggests, the intended readership is beginning and new nurses practicing in the field of respiratory illness. The author is a well-

known and esteemed lecturer from the University of West England.

The book has 8 chapters, each of which ends with a handy multi-point chapter summary. The stated intended readership is beginning and current practitioners who care for pulmonary patients. The book's goal is to provide evidence-based guidelines for care of patients with various pulmonary diseases.

The first chapter is a 20-page overview of the gross anatomy and physiology principles of the respiratory system. The author states that a detailed review is outside the scope of this book. This chapter covers the mechanics of ventilation, pulmonary circulation, transport of gases, and acid-base balance. The author blends basic and more advanced concepts, such as the diagram of gross anatomical features opposite the table on Fick's law of diffusion. Though the presentation of anatomy and physiology is concise, it is not initially apparent how the practitioner can use the information in practice. The author makes 2 brief references (while explaining the composition of inspired air) to altitude and air travel, pointing out how grateful we are for pressurized cabins! This section was improved by the addition of a bit of humor to a potentially dry topic.

Chapter 2 covers asthma. It begins with a brief definition and nice physiological explanation of the disease. As primarily patient practitioners, we found interesting much of the discussion of United Kingdom prevalence and mortality. The chapter presents diagnosis, maintenance therapy, acute crisis, and, most importantly, management after the acute crisis. Another section highlights the importance of assessing and managing the psychological aspects of asthma. Tables 2.4 and 2.5 present guidelines for giving asthma information to the patient, which we think will be helpful for all practitioners, be they community, hospital, or home based. The overview of the British Thoracic Society's 2003 asthma guidelines gives the book a global health perspective.

Chapter 3 discusses in depth the epidemiology and economic impact of COPD in the United Kingdom, the nuances of diagnosing COPD, and both out-patient and in-patient COPD treatments. The case studies blend all these aspects and emphasize the impact on patient and community. As with the chapter on asthma, the space devoted to the psychological care of COPD patients and their families is very well spent and a nice addition to the text.