Respiratory Notes: Respiratory Therapist's Pocket Guide. Gary C White MED RRT RPFT. Philadelphia: FA Davis. 2008. Soft cover, illustrated, 244 pages, $21.95

Teaching respiratory care students in the clinical setting brings up some familiar dilemmas for any instructor. How many times have I heard the question, "What is the shunt equation?" or "What is the dose of racemic epinephrine?" My usual response is, "Don't you have a resource for that?" Usually, the student who is quickest with their pocket guide gets the answer. Here is another familiar situation: I find myself wishing for a handy graphic to explain intrinsic positive end-expiratory pressure rather than my own cryptic illustrations. No wonder you see so many lab coat pockets bursting with various pocket guides. They are valuable tools that can really save you in a pinch, and this one is no exception.

The utility of a pocket guide is largely governed by the quality and accessibility of its information. **Respiratory Notes: Respiratory Therapist's Pocket Guide** makes a strong showing on both points. A thoughtful design combined with troves of useful information make this book a valuable tool for the respiratory care student or bedside clinician.

This pocket guide is another in a popular series published by FA Davis, called "Davis' Notes," with volumes in many specialty areas. The striking thing about this book is its design. The publishers put the guide together in a convenient, usable package. The compact book fits into a scrub pocket with room for your lunch money to spare. The pages are spiral bound on the top of the book, which gives it a notebook-like feel as you flip through the pages. The pages are printed on a durable material that is waterproof. The pages of the text may also be written on with a ball point pen and wiped clean with an alcohol wipe. I did test this claim and found it to be true. This is a convenience that increases the usability of some of the guide's other features, such as blank forms and pages for notes. There are places to record frequently used telephone numbers, and even a place to mount a pad of sticky notes. At the bottom of the pages are a series of tabs, which are color-coded and indexed to allow quick access to the book's sections. The indexed tabs give the book a tactile feel that adds to the accessibility of the information. The book's index contains useful headings that also add to the accessibility of information.

The content is divided into 8 subject or section headings. The first section, titled "Basics," contains some interesting features. Most of the information is in table format; it covers aspects of isolation procedures, age-based and culturally competent care, as well as some very handy conversion tables for weight, temperature, length, and pressure. I found the conversion tables particularly useful during my daily rounds. The information presented in this section is timely and based on an emphasis on the environment of care in today's critical care settings.

"Assessment" is divided into 2 sections. One section covers the basics of bedside assessment, and the second section deals with advanced assessments. These 2 sections include an impressive amount of information, starting with the basics of interviewing, and flowing through the continuum of advanced critical care and pulmonary function. The formulas and values given within these sections are accurate and generally accepted. Of particular note, the information on blood gas interpretation and electrocardiogram interpretation was very useful when working with students in the hospital. It is here the reader finds a useful worksheet for patient assessment. Users can fill in the worksheet while doing chart reviews, to aid their information-gathering skills. I found the format very useful; however, I found myself cramped for room to write on this worksheet because of its compact size.

The section titled "Procedures" contains a host of procedures and algorithms commonly performed in respiratory care, in multiple care environments. Procedures in this section are based on the American Association for Respiratory Care clinical practice guidelines. The author introduces several algorithms in this section—a tool found throughout the rest of the book. Four of the major topics in this section include an algorithm: oxygen administration, humidity/aerosol therapy, hyperinflation therapy, and bronchial hygiene therapy. The algorithms are good examples of assess-and-treat protocols. They are based on sound information; however, they may not fit the needs or policies of various institutions. Overall, they are great example protocols that could be easily adjusted to fit into many different environments. For the respiratory care student, they are a great way to make an expert thought process explicit and visual, which is often the greatest challenge of teaching.

"Critical Care" is the largest section of the text. This section is packed with useful information and graphics. It begins with assessment of the critically ill patient, airway management, and monitoring techniques. A number of useful discussions happen under the heading of assessment, including a nice description of categorizing respiratory failure. The picture of a double-lumen endotracheal tube in this section saved my poor students from another one of my horrible illustrations during a clinical session. The bulk of this chapter covers mechanical ventilation, from initiation to liberation. Here the text goes through the basics of mode selection and ventilator attributes such as variables and alarms. The author devoted 23 pages to ventilator graphics, and he describes the basics of both scalar and loop waveforms, as well as several common disease states. The graphics are for the most part full-page, with brief text descriptions. In the months I toted this book around in my lab coat, I referred to the ventilator graphics most frequently while making bedside rounds with my students. The section concludes with a complete set of updated basic and advanced cardiac life support algorithms.

A section on neonatal and pediatric respiratory care is also filled with useful features. It begins with assessment of the newborn and includes a nice Apgar worksheet that can be filled in. There are also several assessments of maturity, including a Ballard gestational age assessment worksheet with graphic representations. A discussion of airway management precedes a number of algorithms that cover therapeutics, neonatal resuscitation, and pediatric life support. I found the algorithms on ventilator management and high-frequency oscillatory ventilation useful for my forays into the realm of our smallest patients.

No pocket guide would be complete without a section on pharmacology—a must have for respiratory care students. This text again did not disappoint my expectations; it includes complete tables that describe many common aerosolized medications and cardiac and advanced cardiac life support drugs. The tables are clearly organized and contain pertinent information. For each drug the table lists the generic name, trade name, formulation, strength, dosage, and adverse effects. There is also a short procedure listed in this section, which describes the place-

ment of an intravenous line. It was nice to have, although I would have looked for this in the procedures section. The final bit of pharmacology deals with dosage calculations. The text gives formulas and example problems, which is a nice touch.

The final section is titled "Tools"; it includes another place to list telephone numbers, this time by department, physician contact information, and other important contact information for a respiratory therapist. All are forms set up for the user to fill in the information in ballpoint pen. There is also a nice form titled "Physician Consultation," which is in a helpful format for providing pertinent information to physicians. I found this format useful when facilitating student communication with physicians in the clinical setting. Also of note is a short list of frequently used formulas. These formulas are all found elsewhere in the book but are also provided here for quick reference. Personally I would have liked to have a formula list tabbed separately to allow even quicker access, since finding formulas is one of the chief uses of a pocket guide. The remaining tools in this section are a list of common abbreviations and the index. One final handy feature I found was a small ruler on the book's back cover, which was really nice for reading chest films.

The author claims the text to be a quick and easy reference for respiratory care practitioners and students. I found the text to be just that. The features are useful, the design is thoughtful, and the information is pertinent and up to date—all attributes needed in a pocket guide. It is evident that as much thought went in to the design of this text as the content. The graphic illustrations are used appropriately and are of high quality. I found myself frequently referring to the graphics. The algorithms in the text are a great teaching tool as well as a potential resource for departments to adopt a useful assess-and-treat protocol. Based on the accessibility and quality of the information in the text, **Respiratory Notes: Respiratory Therapist's Pocket Guide** is a valuable resource for any respiratory therapist or respiratory care student.

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The ICU Book, 3rd edition. Paul L Marino MD PhD. Amsterdam: Wolters Kluwer/ Lippincott Williams & Wilkins. 2007. Soft cover, illustrated, 1,065 pages, $79.95.

In its 3rd edition, this medium-sized, conservative-looking book has 1,065 pages and a blue soft cover. The title indicates that this book is intended as a fundamental source book regarding general, critical, patient care, in which the author did not intend to cover highly specialized topics such as burns.

A single author wrote all 3 editions. Being from a single author, the book has the advantage of maintaining a uniform viewpoint in all chapters. However, several inherent shortcomings or biases might be expected from a single author writing regarding extensive fields of critical care. In this latest edition the author invited another author's opinions in the final 13 chapters of the book. I compared the contents of the 3rd edition to that of the previous edition, which was published 10 years ago.

The 3rd edition has 16 sections and 53 chapters. An appendix section has useful references such as the units of measurements used in medical sciences, selected reference ranges of clinical laboratory tests, and clinical scoring systems. The book consists of relevant basic physiology, pathophysiology, clinical manifestations, treatments and preventive measures, techniques, and the toxicology of critical care. Each chapter is organized into an introduction, chapter body with subtitles, and references. There are many tables, figures, and relevant pictures to clarify important content. The author rewrote most of the chapters in this edition. There are also 2 new chapters, on infection control in the intensive care unit (ICU) and disorders of temperature regulation.

The description of the contents in each chapter seems to talk with the readers by an appropriate choice of words. In this edition the author changed the description in many sentences, in order to clarify the meaning in the same context as that in the 2nd edition, such as the change of "flow in collapsible tubes" to "flow in compressible tubes." The author also changed the format of each chapter by including a final section that summarizes the important information. The references have been updated, with an emphasis on recent reviews (up to 2006) and current clinical practice guidelines. Although the author does not explicitly state the target reader, the book will be useful for resident physicians, respiratory therapists, ICU nurses, and even knowledgeable ICU clinicians.

Section 1, the basic science review, covers the circulatory flow as well as oxygen and carbon dioxide transport in 2 chapters. It seems reasonable to put these 2 subjects at the beginning of the book, as the essence of critical care is to maintain optimal circulation and gas exchange. In this first section the author strengthened the contents on these fields, including clinical monitoring of the relationship between preload and systolic performance and diastolic heart failure.

In Section 2, preventive practices in the ICU are described, and infection control in the ICU is added as a new chapter. In the chapter on alimentary prophylaxis the author added a comparison of the effects of stress ulcer prophylaxis measures on the incidence of clinically important bleeding and hospital-acquired pneumonia in patients with mechanical ventilation. In Section 3, on vascular access, the author describes many practical aspects of catheter insertion and maintenance, and related complications. In Section 4, on hemodynamic monitoring, the author explains the recent debate about the value of pulmonary artery catheters. The author rewrote "Correcting V_{O_2} Deficits" in Chapter 11 and added the recent guidelines for early management of patients with severe sepsis and septic shock using central venous oxygen saturation.

In Section 5, on disorders of circulatory flow, the characteristics of fluids used for volume resuscitation has been added as a table, which will be helpful for resident physicians attempting to select the type of fluid best designed to correct a specific problem by adjusting fluid balance. The author also appropriately changed the end point of the volume resuscitation information.

In Section 7, regarding acute respiratory failure, I thought the author's remark regarding the value of the P_{aO_2} and arterial oxygen saturation (S_{aO_2}) as markers of the need for inhaled oxygen was much too decisive. The author pointed out the poor relationship between P_{aO_2}/S_{aO_2} and the integrity of tissue oxygenation. The author states that possible replacements would be venous oxygen saturation (S_{vO_2}) and the ratio of S_{aO_2} to S_{vO_2}. However, there is debate regarding the clinical value of S_{vO_2} and the ratio of S_{aO_2} to S_{vO_2} as a global index of tissue oxygenation.

In Chapter 22, on acute respiratory distress syndrome (ARDS), the author summarizes the protocol for low-tidal ventila-