

**Procedures, Techniques, and Minimally Invasive Monitoring in Intensive Care Medicine**, 4th edition. Richard S Irwin MD, James M Rippe MD, Alan Lisbon MD, and Stephen O Herd MD. Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins. 2008. Soft cover, illustrated, 375 pages, \$64.95.

This soft-cover book contains content almost identical to that in the comprehensive textbook, *Irwin and Rippe's Intensive Care Medicine*, 6th edition, but it has only 33 chapters (375 pages) of the parent text's 211 chapters (2,487 pages), and it focuses only on the procedures, techniques, and monitoring important to the practice of intensive care, so its thickness and weight are much less than the parent text. Hence, the editors, in their preface, claim that it is a more portable resource.

The book has 2 sections: one that includes the previously published "Procedures and Techniques" section, and a new section, produced since the last edition, on "Minimally Invasive Monitoring." All essential procedures and monitoring techniques required for adult intensive care unit (ICU) practitioners are included. This edition includes topics from immediate resuscitation (eg, endotracheal intubation, central venous access, pulmonary artery catheter and arterial line placement, cardioversion and defibrillation, pericardiocentesis, temporary cardiac pacing, chest tube insertion) to anesthesia, analgesia, and therapeutic paralysis; to diagnostic procedures (eg, paracentesis, thoracentesis, cerebrospinal fluid analysis, joint aspiration); to endoscopic procedures (eg, gastrointestinal endoscopy, bronchoscopy); to monitoring (eg, hemodynamic, respiratory, neurologic, gastrointestinal and nutritional). In addition there are chapters on basic echocardiography, tracheostomy, dialysis therapy, interventional radiology, and therapeutic apheresis.

The chapters are informative, clearly written, and well organized into easily readable partitions with primary and secondary headings. Section 1, "Procedures and Techniques," includes chapters on common primary headings such as anatomy, indications, required equipment, techniques, and potential complications. Detailed step-by-step in-

structions are provided. The reader can find and quickly review the details for immediate application. In Section 2, "Minimally Invasive Monitoring," common headings direct one's attention to discussions about underlying physiology, technical considerations, clinical usefulness, practice recommendations, and future research directions. The content thoroughly addresses the monitoring of most routine physiologic variables; however, the chapter on intra-abdominal pressure monitoring was not copied from the parent text. Tables and algorithms are used frequently throughout the book to reinforce and simplify information. The authors frequently acknowledge and reference important practice guidelines pertinent to a procedure or the use of a clinical monitor. The content details within each chapter are extensively referenced.

Helpful illustrations are used throughout both sections to complement the text. However, many of the illustrations, especially the photographs, are not consistently clear because of the black-and-white format. The consistent use of a single artist to simplify and standardize the graphics would greatly improve the visual appearance of the book and facilitate its use; the majority of the illustrations were borrowed from other publications. Furthermore, comprehending the textual procedure descriptions would be greatly facilitated by more illustrative graphic and color images. Ideally, instructional videos, such as those now produced by the *New England Journal of Medicine*, may better intellectualize the anatomical landmarks and distinct steps for the novice reader. Perhaps a procedural video library should be embraced in future editions of the book. If a picture is worth a thousand words, then a video might be worth a thousand pictures!

There is substantial variability in the chapter content. Some of the chapters (eg, the one on dialysis) are challenging to read, even for a trained intensivist, whereas others (eg, the sections on airway management and endotracheal intubation) contain very basic, but important, content for the junior resident. With regard to the chapter on endotracheal intubation, the more experienced practitioner would benefit from more practical content on how to manage the difficult

airway and the best approaches in specific situations (eg, intubation in the patient with cardiovascular collapse or oral/gastric bleeding). The chapter on central venous catheterization contains good content for all practitioners. It is an easy read, with excellent diagrams and quality suggestions and pearls (eg, the access site should be chosen based on patient characteristics and clinical scenario, not on operator comfort with a particular approach; not every patient admitted to an ICU requires central venous access; the risks and benefits should be weighed prior to committing to the procedure). However, some important content was absent, such as the surgical isolation of a vein for difficult vascular access, and ultrasound techniques and images for vascular localization. Ultrasound-guided catheterization, especially of the internal jugular vein and when anatomic landmarks are unclear, has become routine in most ICUs and should have been discussed in much greater detail. Indeed, the importance of ultrasound-guided central venous catheterization is well supported by current literature. This chapter and others (eg, the one on temporary cardiac pacing) would have benefited from more detailed trouble-shooting advice to help deal with those trying moments on call.

Residents, fellows, and physician practitioners in critical care medicine are the anticipated readership for this book. However, other clinicians (eg, respiratory therapists and critical care nurses) working in various critical care environments may find selected chapters of interest, depending on their clinical care responsibilities. We would not recommend this text to medical students or junior residents, as it is too detailed and not adequately illustrated to serve as a quick practical reference for procedures. On the other hand, we would encourage the critical care specialist (and those training for such) to invest in only the complete parent text.

Overall, the text is easy to read and understand. It is concise and to the point, yet adequately thorough to be informative. However, it is really just an extraction from a larger publication. Other than more portability there is no clear value added. To be a more valuable resource for the medical student or junior resident, in training at the bedside or in the simulation setting, the con-

tent would need to be substantially reduced in amount and “repackaged” with a more illustrative instructive format. A pictorial guide to help learn basic knowledge of how to safely perform the steps of a procedure in a controlled setting (ie, “knows how”) would better assist the trainee in achieving the technical skills in the ICU under direct observation (ie, “does”). In addition, such a guide would clearly list the steps of the “safe” procedure to facilitate evaluation of competency.

**David J Leasa MD FRCPC**

**Ian Ball MD FRCPC,**  
Critical Care Resident

Program in Critical Care  
University of Western Ontario  
London, Ontario, Canada

The authors of this review report no conflict of interest.

**Respiratory Problems.** Jeanette Lynch and Chantal Simon. *Oxford General Practice Library* series, Chantal Simon, series editor. New York: Oxford University Press. 2007. Soft cover, illustrated, 277 pages, \$24.95.

**Respiratory Problems** by Lynch and Simon starts off without a preface that familiarizes the reader with common symbols and abbreviations used throughout the book. This book was written to give general practitioners a quick reference to a vast but well summarized set of information on respiratory problems, and to describe how they can maximize their salaries. To accomplish this Lynch and Simon use a simple bullet format, flow charts, a plethora of figures and tables, and a list of resources that guide the general practitioner through each chapter. The book’s comprehensive approach to the United Kingdom’s General Medical Services contract allows the United Kingdom general practitioner to understand the point system and reimbursement issues. Although this book is no attempt to replace a traditional textbook, most of the clinical material presented is current and well referenced. The contents are divided into 7 chapters plus an appendix.

Chapter 1, “Respiratory Assessment,” is divided into 11 sections that cover history and general examination, evaluation of the head and neck, chest deformity, breathing patterns, chest signs, chest pain, cough, and dyspnea. This chapter emphasizes the im-

portance of “establishing a constructive relationship between patient and doctor to communicate effectively” as the foundation for determining a diagnosis and choosing the therapy. Questions to ask, things to examine, and tests to consider are presented in a bulleted format to guide the assessment of the respiratory system. The section on general examination provides differential diagnoses each time a pertinent finding is checked. If, for example, a lymphadenopathy is found in the neck examination, a list of different diagnoses is provided to distinguish between infectious and tumoral sources. The last section on this chapter is called “Investigations,” which refers to the indications for urgent chest radiograph and the use and interpretation of spirometry values.

In Chapter 2, Lynch and Dixon cover the management of respiratory emergencies. Eight of the 12 sections in this chapter are on the basic life support and advanced cardiac life support algorithms. Common causes, essential features, key examination findings, management algorithms, and follow-up are presented to cover subsequent sections on anaphylaxis, acute breathlessness, and acute asthma.

Chapter 3, “Diagnosis and Management of Childhood Respiratory Problems,” includes various aspects of management of wheezing in patients under 2 years of age, asthma, upper and lower respiratory tract infection, pneumonia, cystic fibrosis (CF), and some other respiratory conditions. Especially attractive is a section called “Advice for Patients: Frequently Asked Questions.” Clearly the authors’ intention is to facilitate the general practitioner’s role of answering questions often raised by patients and patients’ relatives about asthma and CF.

On asthma, the authors provide relatively short and clear answers, in lay terms, on what asthma is, why the patient got it, what they should do to treat it, how to recognize different inhalers, what would happen if not treated, what can make asthma worse, and what will happen in the future. This section also lists United Kingdom telephone numbers and important links for asthma information. The section on the stepwise management of asthma in children is based on the British guideline from 2004. In the United States, the National Asthma Education and Prevention Program’s coordinating committee recently revised their guidelines, adding one more step to the management algorithm.<sup>1</sup> The section on CF contains an

excellent screening algorithm—a very comprehensive figure that depicts all the clinical features of CF.

Chapter 4, “Diagnosis and Management of Adult Respiratory Problems,” has 32 sections. The last 8 sections are on extremely important topics about the end of life, such as palliative care, breathlessness in terminal care, emergencies in terminal care, and the last 48 hours of life. However, the sections are slim and provide only a framework for the clinician to start dealing with terminal illness. Pain control is well detailed and is summarized with the World Health Organization analgesics “ladder.” The introduction of the section on the last 48 hours of life warns the general practitioner against the inappropriate conduct of predicting when death will occur. Instead, the authors provide guidance to the general practitioner by listing clinical indicators that death is approaching and discussing how to determine the goals of treatment in the last 48 hours, advance directives and the patient’s last wishes, approaches to different cultures, and assessment of the patient’s needs. It explains the importance of symptom control.

In this part of the book the advice for patients is actually turned around to the clinician, by quoting patients’ experiences when death is approaching, to prepare the clinician to hear what a patient might say about not wanting to be a burden, choosing a place to die, worrying about death and dying, or accepting death. This is probably a section that we all could benefit from, regardless of our area of expertise. The clinical sections in this chapter follow a similar approach to the one in the previous chapter. In the section on asthma in adults and older children the authors repeat the advice for patients almost word by word, instead of referring to the previous chapter.

Chapter 5, “Benefits and Legal Aspects of Care in the Community,” provides details on agencies that deliver benefits to patients with low income, pension plans, and eligibility criteria for transportation, and use of special equipment in the United Kingdom. The practitioner is directed to consult the Department of Work and Pensions several times in this chapter.

The very short Chapter 6, “The General Medical Services Contract and Respiratory Problems,” explains payments under this contract, and the value of the point system for each of the components of care. It provides the description, point value, and payment stage details on chronic obstructive