Each chapter begins with a quotation and foreword that touches on a key point in the chapter's exercises or details an author's personal experience. For example, Chapter 25, on pleural diseases, begins, "Imagine a piece of cake enclosed in Saran Wrap. Or, if you prefer collapsed lungs, a sandwich covered in that thin, tough clear stuff that we use to store food. Thinking about pleura always makes me think of plastic wrap." This conversational tone helps attract and retain reader attention. Often the text reads as if the instructor is present, leading you through the activities. The inclusion of anecdotes and explanations helps answer the question, Why do I need to know it?

One aspect of a successful workbook is variety, which helps to keep the learning process interesting. This workbook does a nice job of providing several ways to test your knowledge and understanding of the subject matter. Recurring sections include "Word Wizard," "What Does the NBRC Say?," "Case Studies," and "Information Age."

Respiratory care is filled with terminology. Terms describing breathing patterns, acronyms for our professional organizations, and acronyms for ventilator modes all find their way into our everyday work. For the new student, simply learning the differences between all of these terms is daunting. Add to this the importance of applying this terminology in a meaningful way to difficult concepts and we, as educators, are faced with a difficult task. The "Word Wizard" sections cover the important task of reinforcing our profession's language. Activities under this heading include matching exercises, crossword puzzles, and fill-in-the-blank questions. These exercises always occur at the beginning of the chapter, which reinforces the importance of understanding the vocabulary before moving on to more difficult concepts.

The "What Does the NBRC Say?" sections typically include sample NBRC-style multiple-choice questions and comments regarding what is typically found on the examination (eg, how many questions on this subject). Early exposure to the NBRC-style test format is important. Students learn to tackle this type of question through practice. Though these sections are no substitute for a book dedicated to NBRC examination preparation, the handful of questions provided is a nice aspect of this text.

Each chapter also has a case studies section, with open-ended questions that require the learner to operate on the application and analysis levels. There is space provided in the text for short answers. This type of learning, in which the student applies the textbook material to a new patient context, helps reinforce understanding and prepare the student for the NBRC clinical simulation examination and clinical practice (ie, How will I use it?).

Textbooks are at a decided disadvantage in today's health care world. As soon as they are printed, they begin to become outdated. The omnipresence of the Internet can help keep practitioners informed and up to date, but how does one sort through all that information? This workbook helps point the student in the right direction. At the end of each chapter the "Information Age" section provides one or two Web sites to explore. These are typically high-quality educational sites that have worthwhile, relevant information that complement the text.

In summary, this workbook is a well-rounded, engaging companion piece that accomplishes its stated goals. The authors speak in an engaging, conversational tone throughout, and employ a variety of learning activities that will strengthen students' knowledge and skills on the recall, analysis, and application levels. The text also points the learner to online resources, including the publisher's online learning center and other sites that are peer reviewed and routinely contain high-quality information. This workbook would be a quality addition to any program using **Egan's Fundamentals of Respiratory Care**.

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Emergencies in Critical Care. Martin Beed, Richard Sherman, Ravi Mahajan, editors. *Emergencies In* series. New York: Oxford University Press. 2007. Soft cover, 523 pages, $42.95.

Emergencies in Critical Care is a handbook in the Oxford University Press *Emergencies In* series. It is intended to fit in a lab coat pocket and to be used by critical care house staff, nurses, and consultant physicians in the emergency setting.

Given the book's aim, the authors faced several formidable challenges. One of the most important was organization. The book must be organized predictably and logically to be effective. This extends from how the information is grouped into chapters to how the information is presented on the page. In my view the authors succeed admirably in this endeavor. This is one of the main strengths of the text.

The book is divided into 2 broad sections. The first two thirds covers the standard airway/breathing/circulation/disability algorithm. One chapter is devoted to each of those. The last third of the book is organized by patient population (eg, surgical or obstetrical) and condition (eg, poisoning/overdose or infection).

The chapter heading appears on top of the right page, in large clear print, and the subject heading appears at the top of the left page. This makes it easy to quickly find information without having to rely on the index.

Most chapters begin with a few pages that give an approach to and overview of treating emergencies in whichever organ system or patient group the chapter covers. The information for each subject is presented in a consistent order. First the condition is summarized in a few sentences. Then the subject is broken down under the following headings: causes, presentation and assessment, investigations, differential diagnoses, immediate management, further management, pitfalls/difficult situations, and further reading.

The immediate management section is, in my view, the book's most important and useful feature. It is highlighted and easy to spot, and it contains concise and immediately applicable information, including information about drugs, doses, and essential points of early management. Directly following the immediate management sections there are often useful tables and charts on the subject. For example, the section on myocardial infarction features tables with thrombolysis indications and absolute and relative contraindications.

The immediate management section is followed by the further management section, which rounds out the topic once the patient is stabilized. The further management section is useful, but presents a challenge, because some of the information in these sections is controversial. The authors did a good job of offering what is viewed as common practice by the critical care community. For example, the use of steroids for sepsis is debatable, and the evidence for ste-

roids for sepsis is not absolutely clear. But the majority of clinicians use them in certain situations, so it is important to mention them.

Given the limited space in a pocket book, this text can't be fully comprehensive, but the authors chose an excellent balance of which conditions to include and which to leave out.

Another useful feature is the chapter on common emergency procedures, which gives the steps of various procedures, including needle cricothyroidotomy and intraabdominal pressure measurement. Admittedly, if this text were a reader's first exposure to certain techniques, it would be dangerous to attempt them based solely on this book's instructions. However, it may serve as a checklist for a junior trainee to quickly review the procedure before commencing.

The book uses symbols (which appear by the subject headings) that denote the degree of instability or danger associated with each condition. This may help inexperienced practitioners identify emergencies.

The book is bound in a soft plastic cover, which, in my experience with other Oxford handbooks, is durable and can survive the wear and tear associated with accompanying a resident around the wards. There are 2 ribbon bookmarks built into the binding, which I found useful.

For a future edition I would suggest that the book be made friendlier to North American users. Glucose should be reported in both mg/dL and mmol/L, and gas pressure should be reported in both mm Hg and kPa. In the section on infections, the antibiotic selections for severe pneumonia could also be augmented to include first-line options for North America, where drug-resistant organisms are more prevalent.

I had the opportunity to "road test" the book while acting as a junior consultant regarding a patient with diabetic ketoacidosis. I easily found the relevant section without using the index, by leafing through to the metabolic/endocrine chapter. The symbol key notified me that this patient was unstable, and, were I a resident, that senior help should be sought. The immediate management section was useful and relatively complete for the initial resuscitation. It correctly warned about common complications of resuscitation, such as hypokalemia. The investigations section provided the framework for investigating the etiology, which in this case was myocardial infarction. The section included a handy sliding scale for insulin adjustment and a table that detailed a potassium-replacement algorithm for resuscitation.

Overall I recommend this book for junior and senior house staff and critical care nurses. It is portable, well constructed, well organized, and has an excellent balance of completeness and concision.

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