

Pneumonia Essentials, 3rd edition. Burke A Cunha, editor. Physicians Press. 2010. Soft cover, illustrated, 413 pages, \$24.95.

Pneumonia is one of the most frequently encountered clinical conditions in the hospital and in the ambulatory setting. Given pneumonia's wide variability in etiology, it is not surprising that challenges exist in every aspect of pneumonia management, from considerations of diagnosis, epidemiology, and evaluation to prevention and treatment. In this third edition of **Pneumonia Essentials**, Cunha, who is chief of the division of infectious diseases at Winthrop University Hospital, Mineola, New York, presents a concise and practical guide to pneumonia overall, including the major categories of community-acquired pneumonia, nursing home-acquired pneumonia, nosocomial (hospital-acquired) pneumonia, tuberculosis, chronic pneumonias, and pneumonias in the immunocompromised host.

The text is organized in a fairly straightforward manner, beginning with a 20-page overview of pneumonia. There are 17 chapters, each of which includes an outline. The placement of the table of contents on the back cover is a nice touch for ease of use. The section on pneumonia clues is particularly well written and organized, with the differential diagnosis presented several ways, such as by symptoms, laboratory findings, infiltrate location, and patient subsets, to name a few. There is an entire chapter on the sputum Gram-stain, complemented by figures of 6 major pneumonia organisms on Gram-stain on the inside front cover. The bulk of the book contains detailed information about each category of pneumonia.

In keeping with the intended use of the book as a concise guide, there are several tables, throughout the body of the book, on the microbiology, epidemiologic considerations, and therapeutic considerations of each pneumonia category. Some chapters are better written than others. For example, the chapters on nursing home pneumonia and ventilator-associated pneumonia are somewhat simplistic. In contrast, another topic of considerable complexity, community-acquired pneumonia in immunocompromised hosts, is well presented and a wealth of information is nicely summarized.

The book contains an extensive chest radiograph atlas with well put together differential diagnosis tables for several radiographic presentations of pneumonia, including, among others, a focal infiltrate, solitary pulmonary nodule, and multiple infiltrates. The pearls and pitfalls section is organized by organism, with relevant clinical tips presented in short sections for ease of reference.

It is important to note that this book is not intended to provide an in-depth analysis of any particular aspect of pneumonia management. For example, there is very little discussion of pathophysiology, and the sections on prevention are quite scant. The evidence base behind the recommendations is not often discussed or emphasized. However, each chapter has references and suggested reading for users who wish to get more detailed information.

The last section is devoted to antimicrobial drug summaries, with drugs listed for ease of identification in alphabetical order by generic name. Each drug summary provides pharmacokinetic and pharmacodynamic data as well as toxicities and safety in pregnancy, in a very easy to find and read format. It was particularly gratifying that each antibiotic summary is extensively referenced—unusual to find in a concise text as this.

In summary, I recommend this book for the busy practicing generalist, infectious diseases specialist, or intensivist seeking a concise, easy to carry around reference for a quick guide to pneumonia. Whether on a busy in-patient service, or a full out-patient clinic, when confronted with suspected pneumonia, clinicians, especially house staff, will undoubtedly also appreciate the practical layout and to-the-point discussion.

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Sooner or Later: Restoring Sanity to Your End-of-Life Care. Damiano de Sano Iocovozzi MSN FNP CNS. Bloomington, Indiana: Transformation Media Books. 2010. Soft cover, 95 pages, \$12.95.

In recent years there has been increased attention on care at the end of life. Events such as the very public death of Terri Schiavo in 2005, and the misrepresentation of proposed provider payment for advance-directive counseling as "death panels" during the healthcare reform debate have contributed to this increased attention. As the baby-boomer generation continues to mature, and the incidence of people living with chronic and eventually fatal illnesses increases, improving end-of-life planning will be essential.

Advance care planning means different things to different people, and the lay public is largely unfamiliar with the concept. In general, advance care planning means taking steps to plan for the end of one's life, including writing an advance directive to physicians, establishing a durable power of attorney for healthcare, and in some situations completing state-specific paperwork regarding your resuscitation desires. Advancing medical technology, which can often physically sustain a human body for a prolonged period, has highlighted the need for thorough planning.

The intended audience of **Sooner or Later: Restoring Sanity to Your End-of-Life Care** is people facing a life-threatening illness and/or their families. The reader will probably need at least a high school education to understand the content, and have a least a basic understanding of how the United States healthcare system works. The author indicates that the purpose of the book is to guide the lay person and his or her family through the end-of-life planning process. Early in the book he briefly reviews the myriad treatment options that may be offered at the end of life, and these options are explored in greater detail later in the book. The early sections, like the entire book, are based on the author's experience and anecdotal knowledge; there are only 2 citations given in the book, both at the end.

The book describes a series of planning steps, which range from living with a terminal illness, to helping explore goals via a series of reflective questions, to education related to life support, and finally to what it means to receive hospice care. The most beneficial component of the book—keeping in mind that the intended audience is not healthcare providers—is chapter 4, which lists questions designed to help the reader make informed decisions about the benefits and burdens of treatment. Although the book is not written for healthcare providers, the content would serve to familiarize clinicians with basic and general concepts about end-of-life planning. However, there are a plethora of books about this topic that are written by palliative care experts specifically for healthcare providers that would serve as better educational references.

At a very basic level, the material in this book is well selected and meets the goal of educating the intended audience about end-of-life planning. The book flows nicely and progresses logically from one topic to the next. While the book does describe some generally accepted end-of-life planning principles, the content is based on the author's knowledge and experience, rather than the medical literature. The writing style is clear and concise, which, when combined with the book's large print, makes it easily readable.

Planning for the end of one's life can cause a variety of emotions, ranging from anger to sadness, in both patient and family. Some people may find the process overwhelming; others may engage in it with enthusiasm. Before recommending this book to anyone with a life-limiting illness, or their family, it is important to understand their ability to comprehend the content and to emotionally tolerate what can be a difficult task. It is also important to know local community resources (eg, hospice programs, palliative medicine clinics, legal aid clinics) in the event the person or the family needs additional assistance once they began reading the book.

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Handbook of Respiratory Care, 3rd edition. Robert L Chatburn RRT-NPS FAARC and Eduardo Mireles-Cabodevila MD. Sudbury, Massachusetts: Jones & Bartlett. 2011. Soft cover, 278 pages, \$29.95.

There have been several "handbooks" written about respiratory care, with varying content and goals in mind. Most provide a vast amount of general information that you can refer to in your day-to-day practice. One may need a reminder of a forgotten equation or theory to aid in diagnosing or treating a patient, and having a handbook to refer to for that information is useful. Ease of navigation in these books is invaluable. With the internet readily available at most institutions, one is able to "Google" a response from a computer terminal for immediate information, let alone the use of "smart" phones with Wi-Fi, one has this capability almost anywhere. But the validity of internet postings of unsupported data is questionable; if one's source can't be validated, can it really be trusted? **Handbook of Respiratory Care** is now in its third edition, with the last edition 10 years prior, and the original 13 years prior to that (antedating the internet age). With a book such as this, the reader can be much more confident of the accuracy and validity of the information. In this I feel a solid handbook is essential to any professional practice.

The authors' hope for the intended readers, practicing clinicians and students, is to have a repository of information not found in other handbooks. The book is also intended to be useful for the researcher as a reference book in both practicality and in the uniqueness of information gathered. In the latter I feel they hit the mark.

Handbook of Respiratory Care could easily slip into a lab coat pocket, making it easy to carry to the bedside. The book has a soft cover and a pleasing color scheme on the outside. The table of contents is arranged adequately, based upon subjects. There are 6 chapters, an appendix, and an index. One could thumb through this book in as little as an hour if in a hurry, as there are graphs, tables, equations, and images on almost every page for your referencing pleasure.

Chapter 1, "Scores and Definitions Used in Respiratory and Critical Care Research," is a collection of practically any term one may come across in the field of respiratory care. Most handbooks are focused on either adults or pediatrics, but usually not both. In the **Handbook of Respiratory Care** they

provide you terms from the newborn to adults. This broadens the readership to make this book a great addition, from large medical centers to children-specific facilities. This chapter has numerous terms, scales, and tables that not only give the values but also definitions and examples. The chapter layout follows a logical path; for example, look up an Apgar score and on accompanying pages related pediatric-specific material, such as the Silverman score, can be found. Details such as this make for an engaged reader and may provide relevant ancillary material.

Chapter 2, "Pulmonary Function," was edited by McCarthy. This is the shortest chapter, being only 14 pages, but it provides a large amount of information and a great guideline and overview of general spirometry. This chapter includes both adult and pediatric normal values and averages, which makes it a useful tool for researchers.

Chapter 3 is "Physiologic Monitoring." This can be a confusing topic, but the authors provide detailed equations and concise summaries of what is measured, in an easy to understand, basic language for even the newest therapist. An interesting finding for me, and perhaps useful for many, was a new dead-space equation that uses clinically available data. Again, pediatrics isn't forgotten in this section: normal values are provided when available. The summaries of blood gas analysis and hemodynamics are brief yet provide some very good information, especially on anion gap.

Chapter 4, "Gas Therapy," follows the basic premise of the other chapters, and provides simple yet well explained examples to understand the gas laws, and follows a logical path from one law to the next. If gas laws or tank factors are your euphoria, then this is the chapter for you—a great refresher and reference when one can't remember which gas law is which or how to calculate how long an E-size cylinder will last at 2 L/min (about 5.1 hours according to Table 4-8, if you were wondering).

Chapter 5, "Mechanical Ventilation," provides more terms and definitions than you probably forgot you knew at one point. The classification of mechanical ventilation modes has no standard terminology and varies widely depending on manufacturer and across the medical community. This chapter provides detailed definitions of the 10 most common terms used to classify ventilation modes, which allows the reader his or her own interpretation. A useful reference