*Mark A. Warner, M.D., Editor*

***ICU Recall, 3rd Edition.*** Edited by Curtis G. Tribble, M.D., Charles E. Hobson, M.D., M.H.A., and Nelson L. Thaemert, M.D. Philadelphia, Lippincott Williams & Wilkins, 2008. Pages: 604. Price: $39.95.

Critical care medicine is challenging; patients are ill, emotions are intense, hours are long, and the clinical questions are difficult. Much of the learning is done at the bedside, and rarely is there time to sit down and read.

As a medical student, I remember evaluating my first postcardiac surgical patient—trying to figure out where the various lines, tubes, and pumps were leading, interpreting novel hemodynamic variables, feeling uneasy about the potential for an imminent cardiac arrest, and all the while receiving multiple requests to replace potassium. A busy intensive care unit (ICU) is frequently chaotic for young physicians. Efficiency and organization are essential to productive learning.

The third edition of *ICU Recall* by Tribble *et al.* is a concise study guide which is well organized and easy to read. The book is written in a question-and-answer format, totals 600 pages, and fits in your coat pocket. An electronic version for a personal digital assistant is also available. It is organized into four sections.

The initial section is an overview of various topics, including airway management, pharmacology, procedures, monitoring, imaging, and "the code." This section helps demystify the aforementioned tubes and lines; where they are (hopefully) going, what the numbers coming from those lines mean, and what to do when a code occurs. Section II is divided into organ systems, with extensive discussion of the cardiovascular and respiratory systems. Section III covers systemic processes such as sepsis, fluids and electrolytes, and nutrition. The final section covers specific ICU populations such as burns, trauma, surgical subspecialties, and pediatrics. A bookmark is included that has a sample outline for an ICU progress note and can double as a cover for the answers as you read the questions.

The book is useful. It covers a wide range of topics, is well organized into largely self-contained chapters, uses basic illustrations effectively (including sample electrocardiograms and ventilator waveforms), and is portable. The questions are salient and written in a style reminiscent of questions posed on daily rounds. The answers are concise and in list or short paragraph form. The emphasis is on the cardiovascular and pulmonary systems, which are the cornerstones of critical care.

*ICU Recall, 3rd Edition* is not a textbook. Although reasonably complete, certain topics are not emphasized or do not lend themselves to the format. For instance, delirium, which may affect a large portion of ICU patients and may increase morbidity and mortality, is not extensively discussed. Noninvasive mechanical ventilation is another topic which is mentioned briefly. However, its use is increasing and an expanded section including modes, settings, troubleshooting, and evidence-based indications would be useful.

Some readers may not enjoy the question-and-answer style in which the text is written. Pick up the book and spend a few minutes reading a chapter—you will quickly understand its organization and whether the style fits your needs. Finally, there are few references. Certain chapters (*e.g.*, Nutrition) list and comment on evidence-based data, and I would have liked to have seen more in other chapters.

Overall, *ICU Recall, 3rd Edition* is a remarkably thorough review book that is easy to read, covers a diversity of critical care topics, and is portable. It provides an opportunity for efficient learning while providing clinical care. It does not replace standard ICU textbooks, but I would recommend it as an additional source of quick information and review to any medical student or resident physician rotating through the ICU.

**Francis T. Lytle, M.D.,** Mayo Clinic College of Medicine, Rochester, Minnesota. lytle.francis@mayo.edu

*(Accepted for publication April 6, 2009.)*

***Anesthesiology Keywords Review.*** Edited by Raj K. Modak, M.D. Philadelphia, Lippincott Williams & Wilkins, 2008. Pages: 576. Price: $99.00.

The work facing the authors of a board review book is challenging indeed. The vast breadth of knowledge comprising the field of anesthesiology must be covered in adequate depth, while simultaneously avoiding getting bogged down in unnecessary minutiae. Moreover, many such books have already been published—some admirably succeeding in their mission to concisely review the field, others doing so less successfully. The latter tomes generally fail either because of being too superficial in their coverage, or because of presenting material in levels of detail more suitable for a textbook.

The authors of the first edition of *Anesthesiology Keywords Review*, published by Lippincott Williams & Wilkins, thus faced a difficult task: To successfully tread the line between conciseness and detail, while also somehow differentiating their text from the reviews already in existence. To this end, they take a somewhat different approach: The work is in large part written by residents of the editor's home program, based on an internal project designed as a tool for resident education and examination review. Having recently graduated from a residency program that used similar resident-authored keyword reviews, the significant resident involvement in creating the material and the compilation of these efforts into a cohesive board review book is commendable.

From an organizational standpoint, each of the 316 keyword entries is based on the keyword feedback provided from the annual American Board of Anesthesiology-American Society of Anesthesiologists in-training examinations. An interesting and unique aspect of the book is the multiple indices the authors have developed. Three separate indices are arranged alphabetically by section (anatomy, anesthesia processes, cardiovascular, and so forth), by topic (airway, back pain, carbon monoxide, and so forth), and by rotation (cardiac, general, neuro, and so forth). These multiple groupings aid in classifying and organizing the wide array of material presented. However, the presence of multiple classifications of the same keyword, while understandable for the sake of completeness, makes the indices fairly lengthy and detracts somewhat from their usefulness. The physical layout of the book in a strictly alphabetical format, rather than according to one of these indices, also makes finding desired topics more difficult, as there is no corresponding alphabetical index.

The visual layout of the book is appealing and well designed. Each individual keyword is cross-referenced with the section index mentioned above. Another useful feature is the listing of key points at the beginning of each topic to help summarize the material. Most of the discussions strike a nice balance between conciseness and detail, although a few do contain superfluous information, such as the history of cocaine. Each keyword also contains suggested readings at the end if the reader desires further clarification on a particular topic, a nice supplement to the brief summaries presented. The majority of these references are to established anesthesia textbooks such as Miller,[1] Barash,[2] Stoelting,[3] and Morgan.[4] Graphs, tables, and drawings nicely complement the text when needed to further explain a point or topic.

In addition to the book itself, an interactive Web site has been developed for online use. The site contains the full contents of the book and is searchable. It is also indexed by section in the same manner as the hard copy. However, the organization of the index could be improved to increase its usability. For example, grouping all keywords for "Anesthesia Processes" under one heading rather than having them scattered throughout the index would both streamline the index and increase its usefulness.

A few other criticisms deserve mention. First, as stated in the book's preface, some keywords are ambiguous, and divining the question writers' intent can sometimes be difficult. As a result, some of the

discussions presented here are quite vague. While this is true, and to some extent unavoidable, a few of the topics could probably have been more focused. Second, several of the discussions are repetitive or overlapping. While this does mirror the keyword feedback on which the reviews are based, condensing or combining such topics would help streamline the book and improve its usability. Finally, numerous spelling and grammatical errors are present throughout the book, to an extent that they become distracting at times. These errors also in some instances affect the factual accuracy of the book; for example, a discussion of closing capacity and functional residual capacity states that closing capacity is normally much less than functional residual capacity, but that functional residual capacity increases with age. Correction of these flaws would also improve the text.

Overall, *Anesthesiology Keywords Review* is a decent effort with a number of positive attributes. It takes a different approach than many existing board review texts by focusing on the keyword feedback obtained from in-service examinations. The multiple indices allow desired subjects to be looked up in several ways, and the content is well balanced to be concise yet adequately detailed. The key points and suggested readings for each topic allow either a quick scan of information or further investigation of a particular subject. Unfortunately, the errors mentioned above diminish the book's usefulness. If these are addressed in future editions, it can become a more valuable resource for board review.

**John D. Nachtigal, M.D.,** University of Kansas Medical Center, Kansas City, Kansas. jnachtigal@kumc.edu

## References

1. Miller RD, Fleisher LA, Johns RA, Savarese JJ, Wiener-Kronish JP, Young WL: Anesthesia, 6th edition. Philadelphia, Elsevier Churchill Livingstone, 2005
2. Barash PG, Cullen BF, Stoelting RK: Clinical Anesthesia, 5th edition. Philadelphia, Lippincott Williams & Wilkins, 2006
3. Stoelting RK, Hillier SC: Pharmacology & Physiology in Anesthetic Practice, 4th edition. Philadelphia, Lippincott Williams & Wilkins, 2006
4. Morgan GE, Mikhail MS, Murray MJ: Clinical Anesthesiology, 4th edition. New York, Lange Medical Books, 2006

*(Accepted for publication April 6, 2009.)*

***The Little ICU Book of Facts and Formulas.*** By Paul L. Marino, M.D., Ph.D., F.C.C.M. Philadelphia, Lippincott Williams and Wilkins, 2008. Pages: 781. Price: $38.00.

Intensive care units (ICUs) are overwhelming on first encounter. Trainees and others often face severity of illnesses, care processes, and advanced technologies that offer intellectual, physical, and moral challenges. There is a need for a safety net, a quick reference that aspiring clinicians can have immediately at hand. This reference should be compact, portable, and easily accessible. Reading it should be simple, but it must include sufficient information that supports the provision of comprehensive clinical approaches to patients. This fine line between simplicity and a full range of information can be difficult to achieve, but when present in a reference text, it can be a powerful mechanism to relieve anxiety in trainees and facilitate excellent patient care.

Does *The Little ICU Book of Facts and Formulas* deliver simple answers to a broad range of critical care medicine questions? Perhaps for novice trainees, but not for those who have passed beyond their introductions to critical care medicine. For example, on the day I received this book, I evaluated a patient with suspected meningitis. I subsequently was unable to find a sentence or table describing cerebrospinal fluid analysis to differentiate the various causes of central nervous system infections.

The first few chapters of the text focus on basic issues of life in the ICU. They deal with behavioral issues relating to infection control and general prevention of ICU-related complications. All the relevant issues are addressed and supported by current data. The remaining initial chapters describe issues related to vascular access and hemodynamic monitoring. These chapters are comprehensive, including anatomy reviews, presentation of equipment, a stepwise technical approach, and general management and concerns. Basic biophysics is used appropriately to explain the reasons, methods, and limitation of each parameter.

The chapter on resuscitation in the ICU is well presented. It includes the biophysical rationale in fluid resuscitation, including recent practice guidelines for blood product transfusion and a discussion of the never-ending colloid *versus* crystalloid infusion controversy. Heart failure is included in this section, and the presentation contains an excellent physiologic explanation for both right and left ventricular dysfunction and a reasonable discussion of the differences between systolic and diastolic causes. However, it is when the book delves into management suggestions that both the power and limitations of a single author are manifest. For example, I believe that Marino's suggestion that the dose of furosemide recommended for heart failure (100 mg bolus then 40 mg/h that could be doubled in 12 h) would be considered to be highly unusual in the many practices.

I found that the Cardiology chapter contains an excellent overview of acute coronary syndromes and arrhythmias, and is based on recent data and recommendations. The Pulmonary chapter is adequate with its presentation of acute respiratory distress syndrome and chronic obstructive pulmonary disease, but its review of mechanical ventilation is cursory and lacks basic definitions and explanations of modes of ventilation, breath types, and commentary on cycling. The Acid-Base Disorders chapter definitely is one of the most concise yet helpful reviews in this text. It includes a rational clinical diagnostic path thorough enough to include the "delta gap" and other concepts. It would have been perfect if it mentioned Stewart's strong ion gap theory and the osmolal gap in ethylene glycol intoxication. Another excellent chapter describes renal and electrolyte disorders and renal replacement therapy. It is packed with theoretical information and a diagnostic pathway for renal failure. It would have been improved, however, if it contained more information on continuous veno-venous hemofiltration and dialysis. The chapter about inflammation is an excellent resume of current understanding of sepsis and septic shock. Similar kudos can be extended for the chapter on nutrition. The Neuro-Critical Care section of the book focuses on the management of specific pathologies such as delirium, cerebral ischemia, and seizures. Unfortunately, it lacks a description of the comprehensive approach to altered mental status or coma. Perhaps most disappointing in this section is the short shrift given to ICU sedation. The toxin chapter is very superficial and really only addresses acetaminophen overdose.

Overall, *The Little ICU Book of Facts and Formulas* is a reasonable critical care manual for novice trainees as they first encounter the ICU. The author's focus on physiologic disturbances and their causes as opposed to a cookbook compendium of facts and quick therapeutics supports the ability of this pocket-sized manual to describe why events happen. The author expressed a desire in the book's preface to make this a compact reference for the bedside. I believe that it is a good resource for medical students, interns, and residents to read before going into the ICU.

**Yasser Kouatli, M.D.,** University of Michigan, Ann Arbor, Michigan. yassere@med.umich.edu

*(Accepted for publication April 20, 2009.)*