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Basic Clinical Anesthesia. Edited by Paul K. Sikka, M.D., Ph.D., Shawn T. Beaman, M.D., James A. Street, Ph.D., M.D. New York, Springer, 2015. Pages: 711. Price: \$69.64 (Amazon).

Basic Clinical Anesthesia is a paperback introductory text of anesthesiology. It is comprehensive in its coverage of topics with 57 chapters including all the usual clinical topics, the history of anesthesia, and residency requirements and guidelines. The editors state that it is meant as an “all-in-one resource for medical students, residents, and practitioners who seek comprehensive up-to-date coverage of fundamental and core topics in anesthesiology.” The coverage of each topic is fairly typical and covers what you would expect from an introductory textbook starting with the basics and covering information important when initiating training in clinical anesthesia practice. It seems to be a good choice for trainees but certainly would not be the go-to text for seasoned practitioners. It could be used as good reference when building teaching materials for students or residents. It does not give the detail of the major comprehensive texts of anesthesiology. With this in mind, it could be quite useful as a quick review resource. A key question in the minds of residents is how this book could be used in preparation for the American Board of Anesthesiology *Basic* and *Advanced* examinations. There are chapters that cover the subspecialty areas of anesthesiology, and so this book does not specifically target the American Board of Anesthesiology *Basic* examination. Nevertheless, it appears that the chapters cover material likely to be tested in the nationally benchmarked examinations, and it appears written to prepare the reader for clinical practice not just for examination preparation. Some of the tables and figures seem to be very helpful in laying out and highlighting the material commonly tested on the examinations.

The style is appealing. The chapters are referenced and include questions for review. Information is delivered as a combination of text, tables, algorithms, and figures. There are many color figures; most are artists’ depictions of procedures, mechanisms of physiology, or drug function. The appendix includes some very useful care algorithms such as treatment of anaphylaxis, local anesthetic toxicity, and management of malignant hyperthermia. The style of the chapters is likely to appeal to both the text lovers and the visual learners, and additionally, the review questions allow some application of knowledge.

As a program director, I asked resident volunteers in our program to review chapters of this book and tell me whether they would find it a valuable study resource. The vast majority said that they would use this as a study resource. They specifically stated that they enjoyed the style of the chapters and would consider purchasing the book. Although each chapter had its strengths and weaknesses and the residents were generally

able to define improvements that they thought would add to the value of the book, most thought of it as a valuable study resource. Most felt that a big strength of the book is its succinct delivery of the material. They also thought the schematics, tables, and the organization of the material into clearly labeled sections were a strength of the book. The questions were felt to be concise and easy to get through and reinforced some key details from the text. The reviewers said that this would be a great book geared toward residents/CA1s who are still trying to grasp a big-picture view of clinical anesthesia.

Examples of some potential improvement areas included the following. The reviewer of the chapter on diuretics really liked the schematic of the nephron yet was confused by the x 's in the figure and additionally recommended a summary table to display uses, side effects, and electrolyte disturbances for each class of diuretic (this information was given in the text but would be easier to look up as a table). The reviewer of the chapter on robotic surgery appreciated how the chapter introduced the anesthetic considerations, that is, emphasis on the importance of patient positioning, position of the robot relative to the patient, carbon dioxide insufflation, and delay of emergence until removal of the robot. However, more specific descriptions of patient positioning and robot positioning are lacking in the chapter. Examples include protecting the patient’s face from robotic equipment in steep Trendelenburg position. Also, the consideration and planning involved in converting to an open surgery was never discussed. Finally, it would be helpful to have a discussion about the common complications involved with robotic surgery and the likelihood of those complications. For example, how common is it that a major artery is ligated and is it important to have blood available?

In summary, despite the occasional deficits in various chapters, resident reviewers felt that the book is written at a level especially useful to new trainees, that it gives highlights of pertinent information, is easy to read without unnecessary jargon, is succinct, and is well organized.

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Delirium in Critical Care, Second Edition. Edited by Valerie J. Page, M.D., E. Wesley Ely, M.D., M.P.H. New York, Cambridge University Press, 2015. Pages: 256. Price: \$49.99.

Delirium in Critical Care is applicable to all practicing anesthesiologists, although it has been written with an emphasis on critical care. Perioperative patient care, including care

during the intraoperative period, has an impact on delirium. This book, therefore, contains valuable information for all providers caring for patients at risk of delirium.

The passion of the authors is palpable when reading this book, and theirs is a practical approach. Both had fathers who suffered from delirium during critical illness, thus lending the authors a unique perspective with experience as a family member and as a practicing critical care physician.

This book is comprehensive, covering prevention, recognition, differential diagnoses, and treatment paradigms for delirium. The key emphasis is on the prevention of delirium, including the recognition of those patients with risk factors for the development of delirium. The adage “an ounce of prevention is worth a pound of cure” is clearly applicable to delirium. The 213 pages of text offer many salient points to heighten the awareness of delirium as a form of acute organ failure by characterizing this malady as an “acute episode of brain failure.” This characterization helps to emphasize the seriousness of the disorder because delirium is an independent predictor of mortality, a predictor of long-term cognitive impairment, and it increases the length of stay in both the intensive care unit and the hospital.

This book also covers key points in the care for those at risk of developing delirium, including heightening the awareness of this clinical syndrome that requires a bedside clinical diagnosis, which is often easily missed. A brief history of delirium—with its different names—establishes the long-standing nature of the disorder. Part of the challenge in diagnosing delirium is that the delirious patient most frequently presents with lethargy and an inability to maintain attention (*i.e.*, hypoactive, rather than hyperactive); the hypoactive form is associated with a worse

outcome compared with the hyperactive form. The multifactorial nature of the risk factors of this syndrome is discussed, as are baseline patient risk and other precipitating factors and/or insults during hospitalization. Screening tools, especially those applicable to critically ill patients, are discussed in detail, including the importance of ensuring adequate analgesia and sedation to decrease the incidence of delirium. The possible causes of delirium and treatments are covered; all are applicable to anesthesiologists rendering care during the perioperative period. Nonpharmacologic strategies to prevent delirium, including patient orientation, communication, and early mobilization as well as a justified rationale for medication administration, are recommended. Also discussed are the realities of delirious patients lacking capacity and their potential need for physical or chemical restraints for safety.

This book is well written and is a comprehensive guide for the treatment of critically ill patients with delirium. The material is appropriate for anesthesia providers whose care impacts the perioperative period and whose patients have the potential to develop delirium. I highly recommend it for critical care and anesthesia providers so as to heighten their awareness of the seriousness of delirium and to better their understanding of the positive or negative impact that perioperative care can have on this syndrome.

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