

Clinical Intensive Care and Acute Medicine, 2nd edition. Ken Hillman and Gillian Bishop. Oxford, United Kingdom: Cambridge University Press. 2004. Soft cover, illustrated, 685 pages, \$95.

Clinical Intensive Care and Acute Medicine provides a practical and useful review of essential information for intensive care unit (ICU) clinicians. This book is particularly well-suited for trainees in intensive care, because the descriptions and explanations are fundamental and based on sound pathophysiology principles. The book is organized in a descriptive outline format that facilitates rapid review across the entire scope of critical care medicine. The didactic style, as well as the clear and concise explanations in every chapter, makes this book an ideal introduction for critical care nurses, medical students, therapists, and in-training physicians who are called on to recognize and care for critically ill patients.

The authors emphasize important and evolving concepts, such as the need for a hospital-wide approach to critical care, the early recognition of seriously ill patients, ICU quality assurance, and the systematic assessment of the ICU patient. The first 3 chapters, "A Systematic Approach to Caring for the Seriously Ill," "Organization of an ICU," and "Routine Care of the Seriously Ill," underscore these themes. These chapters are highly clinically relevant and are the portions of the book that are of greatest value to experienced ICU physicians and fellows training in critical care. As explained by the authors in the preface, the title of the 2nd edition of the book was changed to **Clinical Intensive Care and Acute Medicine** because "... the walls of the intensive care units are becoming more virtual as their staff are being asked to consult on seriously ill patients both before and after ICU admission," and "Increasingly the principals of acute medicine are part of the knowledge base of intensive care medicine."

The text is well written, its contents are easy to read, and desired information can be easily located. Key principles of pathophysiology and management (eg, respiratory failure and principles of oxygenation, in Chapter 16) are accurate and logically sound. The book was written by 2 authors and is organized into 31 chapters. The chapters are divided into sections that deal with either basic pathophysiology principles (eg, fluid therapy and electrolytes, nutrition and metabolism, cardiovascular and respiratory fail-

ure) or specific problems, such as diseases and syndromes commonly encountered in the ICU. The latter generally contain brief topic definitions, diagnostic and management strategies, and relevant information on clinical features and specific disease outcomes. Many chapters also have a problem-oriented approach, such as "Interpretation of the Portable Chest Film" (Chapter 17).

The book contains more than 30 well-structured, informative figures and 100 similarly useful tables. There are 8 appendixes, which contain normal laboratory values, cardiorespiratory abbreviations and formulas, as well as a table of therapeutic and toxic drug levels. The index is useful, thorough, and well organized.

Twenty-five of the 31 chapters begin with a summary box that is structured as an objective outline that emphasizes key concepts for that chapter. Nine chapters conclude with a "troubleshooting tips" box that contains a short problem-oriented outline for a particular clinical condition. These are first-rate teaching aids. Instead of a complete bibliography, each chapter ends with a selected reference list that includes Web sites for additional reading. The pros and cons of this approach are well known, but the suggested readings included with each chapter are relevant.

The text is written in straightforward language, and we found no typographical, spelling, or grammatical errors. We do have a few criticisms of the book, such as the omission of ventilator-associated pneumonia as a free-standing topic, and the need for a more thorough discussion of specific treatment strategies related to some topics. Example topics would include disease-specific diagnosis and management "bundles" (such as the "surviving sepsis campaign guidelines for the management of severe sepsis and septic shock"), "tight" glucose control, prophylaxis for deep venous thrombosis, and stress ulcer prophylaxis. However, this is not a major shortcoming, because the content is "unbundled" and embedded within other chapters throughout the book.

In summary, **Clinical Intensive Care and Acute Medicine** is a comprehensive, well-organized, critical care companion book and a useful practical guide that concentrates on the relevant areas common to all critically ill patients. We especially recommend this book for ICU trainees, at all levels, as well as those who work elsewhere

in the hospital but are called on to provide quality critical care to their patients.

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Q&A Color Review of General Critical Care. H Mathilda Horst MD and Riyad C Karmy-Jones MD. (Q&A Color Review Series) New York: Thieme. 2003. Soft cover, illustrated, 192 pages, \$39.95.

Q&A Color Review of General Critical Care is a 192-page handbook that provides a collection of 272 questions and answers covering a broad range of topics related to the breadth of illness seen in both medical and surgical intensive care units. The authors' surgical and critical care expertise is complemented by 49 contributors, who supplied their own questions and expertise to this book.

As the title conveys, the questions and answers are illustrated with color images, including detailed images of endoscopy, angiography, radiographs, ultrasounds, and physical findings, to name a few. The images are of high quality and provide useful illustration of the medical and surgical problems.

The book's layout is such that each question is on the front of the page, and the corresponding answer is on the back of the page. I found this format an easy read, as one has quick access to the answers. Both the questions and answers are succinct, making it a fast read of the most relevant facts. There are several question styles, which probably reflects the diversity of the authorship. Some questions are open-ended, such as, "Describe the appropriate workup and differential diagnosis of effusions," and "Discuss thrombolytic therapy in the management of acute myocardial ischemia." Other questions are more directed, with matching or multiple-choice answers, such as, "Match the drug with its side effect," or "Match the photograph to the clinical condition." The most common format is a brief clinical vignette with corresponding images or data that require interpretation to determine diagnosis and management.

In general, I found the answers practical and informative. The types of information

provided in the answers vary; there are discussions of drug mechanism, disease management, diagnostic testing, data interpretation, and use of formulas, such as calculation of oxygen delivery, creatine clearance, and fluid replacement in a burn patient. Some answers are also punctuated by helpful graphs, charts, or other images. Overall, this book does an excellent job of addressing numerous critical care issues; however, there are occasional omissions, such as the lack of detailed information regarding low-tidal-volume ventilation for acute respiratory distress syndrome (question 140) or identification and treatment of intrinsic positive end-expiratory pressure as part of the discussion on management of bronchospasm in a ventilated patient (question 26). In addition, the authors did not provide citations, which would have been a useful addition.

The authors state in their preface that this book is designed as both a review book and reference manual. I found it a good review of a broad range of critical care potpourri, especially for students and house staff. It will also provide a good review for critical care nurses and respiratory therapists. Its format and color images make for a quick and enjoyable read. As a reference manual it is more difficult to navigate, although there is a detailed index in the back for those interested in a specific diagnosis or disease topic.

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Surviving Intensive Care. Derek C Angus MD MPH and Jean Carlet MD, editors (*Update in Intensive Care Medicine* series, Jean-Louis Vincent MD PhD, series editor). Heidelberg, Germany: Springer-Verlag. 2004. Soft cover, illustrated, 344 pages, \$49.95.

This sleek and modern-appearing paperback is a recent publication by Springer-Verlag, in the series *Update in Intensive Care Medicine*. As a clinical researcher interested in the long-term outcomes of survivors of critical illness, **Surviving Intensive Care** caught my attention. I eagerly scanned the cover and thumbed through the pages, curious about the goals of the text and its intended readership. The only insight was offered in a few sentences on the book's back cover, which concluded, "**Sur-**

iving Intensive Care, written by the world's experts in this area, is dedicated to better understanding the consequences of surviving intensive care and is intended to provide a synopsis of the current knowledge and a stimulus for future research and improved care of the critically ill."

The content of **Surviving Intensive Care** is evenly divided between 4 sections in a total of 25 chapters. The first section, "Natural History of Critical Illness," reviews the results of studies of long-term outcomes of ICU survivors. There are chapters on survival, morbidity, health-related quality of life, and neuropsychological consequences after intensive care. The effects of caregiving on families of survivors, and the economic consequences of intensive care unit (ICU) survivors are described. This section concludes with discussion of the unique issues of geriatric and pediatric survivors of critical illness. The first section is clearly written, comprehensive, and easy to read.

The next section is entitled "Predictors and Modifiers of Long-term Outcomes." The chapters include reviews of pre-ICU factors, patient-specific factors, ICU environmental factors, and of the impact of routine ICU supportive care on long-term outcomes. While the first 2 sections are brief and provide little insight, the chapters on sleep and supportive care are both fascinating and relevant.

The third section, "Improving Methods to Capture Long-term Outcomes in Clinical Studies," turns from a focus on the results to the methodology of outcome studies. There are chapters on the use of various outcome measures as end points in clinical trials, including disease-free survival, physiologic surrogate end points, neuropsychological tests, and other measures of health status. The last chapter in this section addresses the methodology used to study the quality of communication with families by ICU providers as a primary outcome. Many of these methodology chapters are very detailed and probably of interest only to a subset of those who perform critical care research.

The final section, "Approaches to Improve Long-term Outcomes," is divided between recommendations of specific clinical practices to improve long-term outcomes, recommendations of specific methodologies to study patient-centered and economic outcomes, and philosophy of system-based ap-

proaches to changing the current paradigm of ICU care delivery. Often more opinion and philosophy than science, this section is interesting but uneven.

The list of authors, including the special editors Derek Angus and Jean Carlet, reads like a list of who's who in critical care outcomes research. From the first chapter on long-term survival after ICU discharge by Keenan and Dodek (from Vancouver, British Columbia) to the last chapter on defining success in the ICU by Pronovost (of Johns Hopkins University), the editors did a superb job of collecting authors who are thought-leaders, who have demonstrated expertise in their subjects, and whose research has substantially contributed to the current understanding of the long-term consequences of ICU survival.

The idea of dedicating a book to the subject of surviving critical illness is novel and reflects a new movement in critical care research. Historically, research in the ICU has focused on much shorter-term outcomes, such as physiological improvement, liberation from mechanical ventilation, ICU discharge, and 28-day survival. The chapters reviewing previous and ongoing outcomes studies of ICU survivors are truly cutting-edge. In her chapter on functional outcomes after surviving acute respiratory distress syndrome.

Herridge provides insight from her own ongoing large follow-up study of acute respiratory distress syndrome survivors, and proposes "a new construct for considering the complexity of morbidity in patients who survive an episode of critical illness." Rubenfeld provides a thought-provoking, articulate, and well-referenced chapter on surrogate measures of patient-centered outcomes, in which he challenges clinicians to think twice (or more) before "adopting a therapy based on improvements in surrogate outcomes," stating that "studies of surrogate outcomes have repeatedly provided misleading information about patient-centered treatment effects in many areas of clinical investigation." In McMullin and Cook's chapter, "Changing ICU Behavior to Focus on Long-term Outcomes," the authors suggest that "to change ICU behavior to focus on long-term outcomes, we need to increase global awareness of disability after ICU discharge, and expand the involvement of the ICU team in key management decisions outside the ICU." These and other authors use their comprehensive understanding of the

2. Medical emergencies. 3. Critical care medicine. I. Steiner, Thorsten, 1961- . II. Thus the cost of acute care represents only the beginning of an even larger burden for society when stroke occurs. Estimates of the hospital costs for stroke vary significantly over the range of \$ 10000 (TIA) to \$ 40000 (SAH) depending on the exact diagnostic grouping and medical care system. Claus K. Spiss Department of Anesthesiology and General Intensive Care University of Vienna General Hospital 18-20 Wahringer Gürtel Vienna 1090, Austria. Thorsten Steiner Universität Heidelberg Neurologische Klinik 1m Neuenheimer Feld 400 69120 Heidelberg, Germany. H. Takahashi c/o Raymond C. Koehler John Hopkins Hospital Blalock 1404 Baltimore, MD 21287, USA. Acute kidney injury (AKI) is a common complication in the critically ill. Current standard of care mainly relies on identification of patients at risk, haemodynamic optimization, avoidance of nephrotoxicity and the use of renal replacement therapy (RRT) in established AKI. The detection of early bio

3 Division of Intensive Care and Emergency Medicine, Department of Internal Medicine, Medical University Innsbruck, Anichstrasse 35, 6020, Innsbruck, Austria. 4 Department of Anesthesiology, Critical Care and Pain Medicine, University Hospital Münster, Albert-Schweitzer Campus 1, Building A1, 48149, Münster, Germany. 5 Department of Intensive Care Medicine, Ghent University Hospital, De Pintelaan 185, 9000, Ghent, Belgium. intensive care unit international units potassium long chain triglyceride Magnesium medium chain triglyceride mini-nutrition assessment MNA-short form malnutrition universal screening tool nutritional risk screening nutritional risk in critically ill Phosphorus Patient patient on an individual basis [5]. For now, a gap exists between nutritional practices and the previous guidelines [6] and many available studies address only one or at most some of the specific aspects of nutritional therapy. In the current guidelines, the timing, route, dose and composition of nutrition will be discussed and recommendations will be made recognizing that acute metabolic changes as well as calorie and protein deficits play a major role in patient outcome. of acute medicine are part of the knowledge base of intensive care medicine. The text is well written, its contents are easy to read, and desired information can be easily located. Key principles of pathophysiology and management (eg, respiratory failure and principles of oxygenation, in Chapter 16) are accurate and logically sound. clinical investigation. In McMullin and Cook's chapter, "Changing ICU Behavior to Focus on Long-term Outcomes," the authors suggest that to change ICU behavior to focus on long-term outcomes, we need to increase global awareness of disability after ICU discharge, and expand the involvement of the ICU team in key management decisions outside the ICU.