

Essentials of Airway Management. Sylva Dolenska MD, Priti Dalal MD, Andrew Taylor BSc MB BS. London: Greenwich Medical Media Ltd/Cambridge University Press. 2004. Soft cover, illustrated, 145 pages, \$29.99.

This pocket-sized (13×18.5×0.8 cm) paperback is thoughtfully designed to fit in the pocket of a hospital scrub suit or a lab coat, or to be conveniently toted in some other carry-all. The book's emphasis (as the title suggests) is on basic airway issues, including assessment, instrumentation, and considerations in both routine and not-so-routine settings.

The book's target audience is those new to airway management, though I also envision an audience of clinical teachers searching for a simple and readily accessible compilation of airway management information. Clinicians experienced in airway instrumentation will find the book unsatisfying, as will those seeking information on more advanced airway management issues.

The book has the classic United Kingdom perspective. While I enjoy that perspective and find it inviting, some readers may be disarmed by its use of distinctively United Kingdom terminology, such as "lignocaine" (for "lidocaine", page 24), and phrases, such as "trauma mask" (page 53) and "the tracheal tube can then be stuck in place" (page 97). There is also reference to "senior house officers," "consultant anesthetists," and "specialist anesthetic registrars," which may prove a bit daunting to the American reader used to terms such as medical student, intern, resident, and attending physician. But those are minor nuances and certainly do not detract from the quality of the fundamental information presented.

The book is conveniently and logically divided into 12 chapters by the 3 United Kingdom architects of the book, Drs Dolenska, Dalal, and Taylor, with Dolenska also assuming the role of editor. A reasoned, experienced, and practical writing emerges.

Chapters 1, 2, and 3, as expected, deal with the fundamentals of assessing the airway, review the relevant anatomy and physiology, and walk the reader through the "routine" considerations and technique of placing an endotracheal tube *in situ*. The information presented is hardly exhaustive, yet suf-

ficient to capture the meaningful and relevant knowledge for the reader at this level. The referencing is refreshingly sparse, given that much of what is presented is widely accepted knowledge. The information presented is clearly directed toward the anesthesia provider. Readers outside that domain (eg, respiratory therapists, emergency medical technicians, nonanesthesiologist physicians, intensive-care nurses) would benefit from the book, but the focus on a specific care group should be kept in mind.

Chapters 4, 5, and 6 provide domain-specific considerations (abdominal surgery, trauma/burns, pediatrics), and while I was generally impressed by what was presented, I found some of the discussion a bit problematic. For example, the authors note in Chapter 4 that managing the patient who presents for surgery for gastrointestinal bleeding, "usually requires the efforts of 2 anesthetists and many assistants." American anesthesia departments may rarely be able to assemble the cast of personnel suggested, and I am concerned that they may be calling for a standard that is not only difficult to achieve but unnecessary. On the other hand, I was impressed by the brief notation of the associated risks with achalasia, a dangerous condition often overlooked in more comprehensive texts.

The authors write in a consistently elegant yet simple manner that conveys their messages with an economy of words. Their discussion (page 54) of how a simple pneumothorax might be easily converted into a tension pneumothorax by the application of positive-pressure ventilation is an excellent example. Useful illustrations abound in the book.

Chapter 7, on airway management without intubation, seems quite out of place to me. This valuable chapter reviews some of the alternative airway manipulations, describing, for example, use of the face mask, applications of the laryngeal mask airway, insertion of the Combitube, and various other devices and approaches. The information in this chapter is essential, but I am not sure why it is sandwiched among chapters that detail the airway management of patients having surgery and other procedures. It would seem better located just after Chapter 3.

Chapters 8, 9, and 10 discuss considerations in obstetrics, prone positioning, and surgery of the head, neck, and nervous system. There are numerous clinical pearls for those new to the domain of airway management. For example, in the case of the patient with a pony-tail or bulk hair tied back behind the head, the author advises (page 88) the reader to "loosen the hair band so that it does not preclude head positioning" when preparing to intubate. I have personally observed novices attempting to intubate a patient without doing that and having great difficulty as the head volleys left and right over the fulcrum of a pony-tail!

Likewise, the discussion about the patient who is intubated supine and then turned prone for a procedure is replete with the admonition of making sure that the head and neck remain in alignment with the rest of the body as the patient is turned. That little caveat is too often neglected in larger, more comprehensive texts. My one criticism here is that the related figure (Fig. 9.4, page 99) does not show anyone attending the head as the patient is about to be turned!

This is the first text in which I have seen the term "coroner's clot," which is essentially a blood clot that can collect behind the soft palate during oral or pharyngeal surgery and can then be sucked into the airway, causing complete airway obstruction. Having seen this potentially lethal complication once myself, I was buoyed to observe the authors' timely admonition.

Chapter 11 offers a brief overview of the "difficult" airway, spending the bulk of the discussion on what might create such a situation and how it can be overcome. Appropriate attention is directed toward the American Society of Anesthesiologists' difficult airway algorithm.

Chapter 12 is a superbly written look at a subject too often neglected, even in comprehensive texts: extubation and postoperative airway management. The information in this chapter should be mandatory reading for even seasoned practitioners, serving as a reminder of the many safety and clinical issues in determining if and when a patient can be extubated and how to manage the patient in the immediate aftermath.

Each chapter has a short list of summary points that reviews the chapter's essential

themes. Not only does this reinforce important material, it provides the teacher with an excellent opportunity to prompt discussion or further reading.

I would like to have seen included a discussion of the various anatomical axes of the head and neck (oral, pharyngeal, tracheal) and the importance of aligning these when positioning the patient for intubation. There also should have been a discussion of epiglottitis (a common pediatric airway emergency) and Ludwig's angina (an adult affliction), neither of which are mentioned. But such criticism is minor, for overall the book manages to distill the essence of airway management across a wide spectrum of circumstances, which is a formidable task in a very small book.

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Clinical Respiratory Medicine, 2nd edition. Richard K Albert MD, Stephen G Spiro BSc MD, James R Jett MD. Philadelphia: Mosby/Elsevier. 2004. Hard cover, illustrated, 889 pages (with CD ROM), \$149.

When choosing a textbook, I look first of all for clarity and efficiency. How quickly can I understand what the author is saying? Better yet, how quickly and how well can I integrate the material into what I already know about the subject? Second, how good is this material and how does it stand up to other sources? Third, do I enjoy the process? Yes, some texts are actually enjoyable to read if they provide new insights or elegant presentation. I think the 2nd edition of **Clinical Respiratory Medicine** scores high on all these measures. It works well as a text to be read page by page. It also works well as a reference for help in diagnosis or treatment.

The authors announce 3 guiding principles in the preface. I paraphrase: (1) to draw on the world community of experts, (2) to use excellent computer graphics to emphasize the visual aspects of learning, and (3) to combine details of lung structure and physiology with the clinical material. In keeping with the first principle, the list of 115 contributors reads like the speaker's panel assembled each year at the annual meeting of the American Lung Association or American Thoracic Society, with representatives from at least 8 European countries, plus Australia, Canada, and the United

States. Pulmonary medicine has seen huge research contributions in the last 2 decades, from all over the world, and it's very refreshing to get these perspectives. The advantage here: accents don't show up on paper.

This is a complete A-to-Z textbook of respiratory disease medicine. Its 74 chapters cover anatomy, physiology, diagnostic and treatment procedures, respiratory care, and the full range of pulmonary diseases and their treatments. Anatomy is taught through a complete review of chest imaging methods. Normal and pathologic structures are viewed by standard chest radiograph, teaching clinical anatomy while reviewing technical aspects and limitations of plain radiographs. Clear axial and coronal computed tomograms and magnetic resonance images elegantly display mediastinal anatomy, the frequent location and appearance of tumors, and the shape and location of focal areas of atelectasis. Simple diagrams accompany some of the radiographs and computed tomograms to clarify the content. The images chosen and the reproduction quality are excellent. When combined with the written content and diagrams, this is a stunning chapter.

In the physiology chapter the diagrams are excellent. A combination of classic and newer figures is used to illustrate lung mechanics, pulmonary circulation, and gas exchange. Together they clearly demonstrate this book's intention to teach visually. The figures are often in blue-gray tones, which are kind to the eye and easy to read. Clear titles, axis labels, and notes bring the reader quickly up to speed. Important clinical topics are discussed as well, including the physiology of Swan-Ganz catheters, pulmonary edema formation, and the effects of positive-pressure ventilation.

The chapter on invasive mechanical ventilation is a centerpiece for therapists and physicians. One of its valiant efforts is to define and explain the many ventilator modes currently on the market. Unavoidably, this produces a soup of acronyms, some standard (SIMV for synchronized intermittent mandatory ventilation) and some new or unique to a particular ventilator brand (PRVC for pressure-regulated volume-control).

The basics are well presented, with graphs of time versus pressure, volume, and flow that look like the computer screens we see everyday on our ventilators. Practical guidelines are also given in table form to assist

the practitioner in choosing the appropriate mode, tidal volume, fraction of inspired oxygen, and positive end-expiratory pressure (PEEP), depending on the clinical situation. I particularly liked the "Protocol for a Systematic PEEP Trial," which summarizes a practical approach synthesized from data in the literature and years of hands-on experience shared among experts.

I do wish the chapter included more specifics on ventilator strategies for severe asthma. The text notes the importance of avoiding dynamic hyperinflation, but doesn't provide the specific frequency and minute ventilation recommendations found elsewhere. With status asthmaticus (and chronic obstructive pulmonary disease) ventilators can kill as well as save patients. Specific ventilator-setting recommendations in the literature since the early 1990s (tidal volume < 8 mL/kg, respiratory rate < 15 breaths/min, minute volume < 115 mL/kg) help practitioners avoid disastrous outcomes and should be written in boldface type.

The chapter on invasive mechanical ventilation, like many in the book, concludes with a section on "Pitfalls and Controversies." These sections discuss issues for which there is insufficient evidence to guide decision making. The author-expert summarizes rationale, pros and cons, and then gives a seasoned opinion, providing the reader with some guidance in care strategy. In this case the subjects are oxygen toxicity, sedation/paralysis, and muscle rest versus exercise. The issues are briefly but thoughtfully explored, and then specific recommendations are given. All in all I find this chapter approachable and clinically quite useful. The following chapters on noninvasive mechanical ventilation and airway management are similarly straightforward and practical.

Subsequent chapters on evaluation and treatment of specific respiratory symptoms, pulmonary infections, and airways disease are succinct but fairly complete. They all use clear illustrations, tables, and graphs to good purpose, and these invite the reader to the page by breaking up the text. I'll admit, though, that evaluation or treatment flowcharts just don't speak to me; other readers may find them helpful.

The section on diffuse lung diseases also takes particular advantage of diagrams, charts, and computed tomograms. It provides a clear overview and practical advice on diagnosis with high-resolution computed tomography, and when and when not to biopsy. Though even these best efforts don't

make it *easy* for me to sort out the syndromes of UIP (usual interstitial pneumonia), NSIP (nonspecific interstitial pneumonitis), LIP (lymphocytic interstitial pneumonitis), DAD (diffuse alveolar damage), DIP (desquamative interstitial pneumonitis), and organizing pneumonia, they do help.

I found the discussion of sarcoidosis particularly easy to follow. Its recommendations for treatment regimens of various sarcoid syndromes are detailed and useful. Connective-tissue-associated lung disease is also well presented. Reading that chapter gave me a better sense of these processes overall and a better sense for how they compare with idiopathic diffuse disease. It also gives me a place to go for a quick review when my next patient confounds me.

Here and there the international perspective gives some surprises. The French authors of the chapter on bacterial pneumonia recommend amoxicillin for outpatients whose presentation doesn't specifically suggest chlamydia, mycoplasma, or Legionella. This fits the British Thoracic Society guidelines but differs from those of the American and Canadian Societies, which recommend macrolides for most outpatients. Experts on this side of the Atlantic think it's pretty hard to predict which patients have these atypical organisms, and there are some data that outpatients treated with macrolides fare better than those treated with aminopenicillins or cephalosporins.

The highly regarded Italian authors of the chapter on acute respiratory distress syndrome present a ventilator-support strategy that differs from the usual American approach. They routinely employ chest computed tomography to evaluate the effects of varying PEEP, and they perform helium lung-volume measurement to guide their understanding of the patient's physiology. Their gas-exchange target is a P_{aO_2} of 80 mm Hg (rather than the more common 55–70 mm Hg), and they are concerned that tidal volume of 6 mL/kg (per the low-tidal-volume strategy of the Acute Respiratory Distress Syndrome Network study) may be too low. They advocate "high PEEP," while keeping tidal volume low enough to keep plateau pressure < 35 cm H₂O. Although it may seem confusing that recommendations in this chapter differ from those in the chapter on mechanical ventilation, I think it serves to illustrate the diversity of approaches among international experts. At the same time, similarities in other aspects of venti-

lator strategy (eg, avoiding high plateau pressure, permissive hypercapnia, trial of prone position) show that there are areas where data are sufficient to inform the choice of techniques.

Textbooks are often better now than they used to be, partly because e-mail now allows faster (and thus more) communication between authors, editors, and contributors. Different views and different subjects can be integrated into a more cohesive whole. The writing and publishing process can be accelerated to bring the student a more timely and authoritative resource. At the same time, computer publishing provides capacity for lots of great graphics—better looking pages that are easier to access. Textbook production has been revolutionized. When the process works well, you get a great resource that is timely, authoritative, clear, and approachable. I think the process did work well with **Clinical Respiratory Medicine**. At \$149, physicians and therapists will find this text a real value.

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ICU Recall, 2nd edition. Nelson L Thiemert MD and Curtis G Tribble MD. Philadelphia: Lippincott, Williams & Wilkins. 2005. Soft cover, illustrated, 637 pages, \$32.95.

ICU Recall, 2nd edition, as with all the books in the popular Recall Series, is aimed to "provide young trainees with concise information and understanding." In doing so, this book serves as a great introductory resource to the intensive care unit (ICU), not only for medical students and junior residents, but also for other health care professionals, such as nurses and respiratory therapists, who require a solid working knowledge of the pathophysiology, diagnostic modalities, and therapeutic options their patients confront. One of the reasons for the popularity of this series is its no-frills, nuts-and-bolts approach to complex topics. This approach, which presents complex information in palatable, easily digestible portions that build, one upon the next, until the entire topic is explained, helps the reader understand what may be unfamiliar and difficult concepts. **ICU Recall**, 2nd edition, often lives up to the precedent set by its predecessors by providing clear, logical explanations to many issues that are often confus-

ing for those new to the ICU style of care. Unfortunately, this book is also cluttered with some extraneous, outdated, and even incorrect information that often bogs down the flow of the text and distracts from the better organized, more clinically relevant parts of the book.

The book is well organized, with 4 sections, 33 chapters, and a comprehensive index. There are few pictures, diagrams, and charts, but those that are included are well explained, relevant, and contribute to the overall understanding of the topic. Most of the chapters are written by residents, while the remainder by medical students and staff physicians.

The book is written in the familiar Recall Series format, in which a question is posed on the left side of the page and the answer is given on the right side of the page. This format is ideal for medical students studying for examinations, as the right side of the page can be covered while the questions are answered from memory. Questions such as, "What is the normal pulmonary artery pressure?" and "What is the formula for Poiseuille's law?" work well in this format, because they deal with simple, linear topics about which there is little debate, and it is in presenting this kind of information that the book shines.

This format is less successful when complex, lengthy, or detailed answers are required. For instance, questions such as, "How can clotting factor deficiency be diagnosed and treated?" are too broad and not specific enough (entire volumes and careers have been devoted to that question). Likewise, questions such as, "What are the 6 ways that computed tomograms can be used with critically ill patients?" incorrectly suggest that there are only 6 reasons to perform a computed tomogram on an ICU patient. The question-and-answer format tends to dichotomize complex issues into a series of yes/no propositions that leave little gray area; however, as anyone with experience working in an ICU can attest, most clinical questions can be answered only in the context of the patient's actual situation. There are very few absolutes in clinical medicine; the dichotomous "yes/no" nature of this book's format does not effectively speak to that reality.

That being said, this book is very good at explaining the basics of ICU care, such as hemodynamic monitoring, bedside procedures, and basic mechanical-ventilation strategy—the topics most germane to med-

ical students and junior residents. Basic information is presented first, followed by layer upon layer of information, until finally the whole idea comes together. This strategy of building from the ground floor up works very well in these sections, in large part because of the nature of the material being covered. There is little debate regarding how to calculate the mean arterial pressure or the location of the left subclavian vein, and that type of information is efficiently presented and well laid out.

The major issues in this book—those most likely to be of interest to medical students and junior residents—are presented in a clear, lucid manner; unfortunately, much of the rest of the book is littered with sections that seem out of place and off-topic. For instance, the generally well-written section on procedures contains a completely unnecessary section that details the proper way to perform bronchoscopy, the fine procedural details of which are unlikely to be of interest to a medical student or junior resident. Likewise, questions such as, “In 1918, what was the leading cause of death?” do not appreciably contribute to the book, and in fact distract from the flow of the text and thus slow the reader’s effort to grasp the topic in its entirety. Too much clutter surrounds the good, meaty sections of the book that are most clinically relevant and most important to the reader.

Also, probably as a function of the format of the book, some controversial topics are presented as dogma. For instance, the section on ventilator management flatly states that synchronized intermittent mandatory ventilation is the most appropriate mode for post-surgical patients; the section on bronchoscopy suggests that the bronchoscope should be held with the left hand and that the bronchoscopist should stand at “the right side of the patient, facing the head of the bed”; and the hematology section states that “all patients with platelet counts less than 20,000/ μL ” should receive platelet-concentrate transfusions. Those statements are made without regard for the tremendous controversy surrounding ventilator management and weaning strategies, the fact that bronchoscopic technique differs widely from institution to institution, and the idea that, though there are guidelines that recommend transfusion of platelets to patients who have less than 20,000 platelets/ μL , there are certainly instances in which platelets should not be given in that situation. Widely held opinions, regional practice pref-

erences, and guidelines are presented as dogma and result in giving the incorrect impression that there is only one approach to these issues, without giving voice to the controversy that surrounds them.

If I were asked by a medical student, junior resident, ICU nurse, or respiratory therapist if **ICU Recall**, 2nd edition, would be a useful book for familiarizing oneself with relevant ICU issues, I would very quickly say *yes*. The book has great discussions of the ICU basics, and it would certainly help lay a good foundation on which more detailed understanding could be built. Everything the ICU novice needs to get started is contained in this book, and it is laid out in a readable, understandable fashion. Unfortunately, this book also contains some questions, passages, and sections that are not relevant or are answered in a manner that does not acknowledge other reasonable positions or standpoints. Perhaps if future editions contain less “chaff,” the remaining relevant “wheat” will be easier to find, use, and appreciate.

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Cystic Fibrosis: A Guide for Patient and Family, 3rd edition. David M Orenstein MD and 9 contributing authors. Philadelphia: Lippincott Williams & Wilkins. 2004. Soft cover, 465 pages, \$29.95.

Your assignment is to interview the family of a 1-month old infant, and the family nervously awaits you in the cystic fibrosis (CF) teaching center. The evidence is conclusive: the diagnosis is CF. The educational journey begins, and the family looks to you with worried, tired eyes: for this journey, you are the guide. You go to your files and begin to collect the dog-eared copies and pamphlets used in patient education, noting that some are copies-of-copies, in poor condition, outdated, and in some cases, illegible. You look to your clinic teammates and ask, “Now what do we do?”

David M Orenstein and 9 contributing authors have responded to this dilemma with the finely crafted text **Cystic Fibrosis: A Guide for Patient and Family**. This guide is a superb work that views patient education through the “tired eyes” of the concerned family member, and the narrative is aimed at creating dialogue between a mul-

tidisciplinary health care team and patients or family members who wish to learn about CF. Dialogue, in this case, suggests that well-informed patients and family members will ask better questions, resulting in the need for better-informed CF team members, medical staff, and educators on the issues that are daily confronted by people living with CF.

The book is affordably priced, and the 3rd edition is the benchmark against which all CF patient-education texts should be measured. It is one of those refreshing and rare assemblages of information that present CF for what it truly is: a chameleon-like disease with a constellation of potential issues that may or may not arise as the patient matures.

The authors do not use specific case-study methodology, but interestingly build vignettes around events most likely to emerge as the patient grows to maturity. The book is marketed and advertised as having been written for patients and families who wish to learn about CF, but it is also a must-read text for other audiences involved in all aspects of CF care.

I carefully read the book to discern the difference between it and other education resources touted as patient-focused. The primary difference is clear: Orenstein *listened*. And he dedicated the book “To all those patients and families who have so enriched my life, and have taught me so well.” In the acknowledgments, Orenstein praised his mentors Leroy Matthews, Carl Doershuk, Bob Stern, Tom Boat, and Bob Wood, who stand among the giants of pulmonary medicine. The lessons Orenstein learned from patients in his practice were also evident in his willingness to listen to clinical colleagues and family members. This book restates those lessons.

The book was printed on fine paperback stock, and I found no mistakes or spelling errors. The radiographic images ranged in quality. The image on page 58 relies heavily on arrows to give the reader an idea of what happened to the deflated lung in the case of a pneumothorax. The infant chest radiograph on page 62 is an excellent picture of atelectasis. Chest radiographs on pages 73 and 74 clearly show the difference between a normal, well-aerated chest, compared to the hyperexpanded lateral chest radiograph. The radiographs were a bit hazy (probably due to reproduction), but they did provide an important visual prompt that will (along with the explanation) create meaning for the lay-

person who is less familiar with chest radiographs.

The tables, figures, and black-and-white drawings nicely illustrate the book, especially the discourse on “The Basic Defect” (Chapter 1, Figures 1.1 through 1.4) and percussion and postural drainage techniques and positions (Appendix C). The book, as I received it, included a loose errata sheet that warned the reader of potential problems when using head-down positioning of infants during chest percussion and postural drainage; the author stressed the importance of recognizing the risk of aspiration from gastroesophageal reflux disease. I appreciated that point and hope it is included in future editions of this excellent book.

The author’s methods in writing this book focused on simplicity, clarity, and the use of vignettes. A reviewer may perceive a problem when a teaching manual does not include exhaustive citations of evidence-based texts and peer-reviewed journal articles. However, my review of this book centered on its readability and patient-friendliness, the flow of the chapters, clarity of explanation, minimal use of medical jargon, and the focus on clinical practice in CF centers, especially its explanation of how and why procedures are ordered.

I compared this guide to a contemporary medical text on CF diagnosis and treatment (a text intended for physicians and medical personnel engaged in CF care), also by Orenstein (with co-authors Rosenstein and Stern): *Cystic Fibrosis Medical Care*, Philadelphia: Lippincott Williams & Wilkins, 2000. I am pleased to report that the 3rd edition of **Cystic Fibrosis: A Guide for Patient and Family** reproduced and smoothly, seamlessly translated the peer-reviewed scientific data into lay language.

Family members will find the guide useful as a CF resource, and junior practitioners of allied health or medicine seeking clarity and consistency in CF-education programs will mark the pages for later reference and thumb through it when faced with a tough question or a sticky situation posed by a family member or patient.

To accentuate the importance of clear communication skills, the author listed clear and concise explanations (in Appendixes A and B) for many acronyms and “med-speak” terms that we inadvertently use (and frequently fail to define) during patient education. I must admit that, in review, some of the definitions and words escaped my recollection; the author thoughtfully cross-ref-

erenced many of the definitions and vocabulary words to the page numbers where they are used and explained in the book’s narrative.

The chapters are ordered chronologically in regard to patient age, starting heavily with parental and familial information (Chapters 1–12), and then reaching out to the blossoming adolescent and the young adult in Chapters 13–17, and finally defining and further clarifying things in the Appendixes. The author speaks to the critically important issues of teenage and young adult questions about sexuality and reproduction, dating, and exercise regimens, including diet, warm-weather training, and hydration.

The appendix on CF medications and the table on lung-transplantation medicines are thorough and contain several calculations regarding duration of oxygen cylinders and indices for use of oxygen devices. I found that all calculations were precise when cross-checked with more sophisticated tank-duration calculations and formulae. The author objectively evaluated almost every empirical and experimental CF therapy, including aerosol therapy, bland aerosol therapy, and mobilization of secretions.

This book is the perfect platform to begin training patients and to begin making team recommendations for therapy; however, it is not as technically detailed as I would have liked. I would like it to include specific narrative instructions for metered-dose inhalers and spacers, dry powder inhalers, nebulizers, and breathing exercises. I hoped (playing the role of family member) to find instructions on how to do active-cycle-of-breathing technique and autogenic drainage, but these techniques were referred to European “physiotherapists” (akin to North American respiratory therapists). A future edition would benefit greatly by including (as a contributing author) a respiratory therapist from the author’s clinic, to overview the techniques that are critical when teaching patients to optimize the efficacy of inhaled medication, and to enhance bronchial hygiene regimens with the many options available.

The title of Chapter 13, “The Teenage Years,” heralds a paragraph addressing what I think is the most critical component of patient education among adolescents with CF: “Your Medical Care: Who’s in Charge?” (pages 244–245). The author took a firm stand and suggested that a positive outlook, optimism, determination, and establishing autonomy through the adolescent

“grabbing control” (pages 246–247) of the treatment regimen was a healthy response to the diagnosis. Likewise, the author suggested that this might be the cure for overly protective parents or well-meaning but “nagging” guardians (page 246). The author emphasized that establishing trust is a critical component in the treatment regimen, both for the caregiver and patient.

The use of vignettes created “word pictures” and illustrated various discussion topics, such as sex and the CF patient (page 269), a discussion (in Chapter 13, “The Teenage Years”) on “Your Parents, Prenatal Testing for Cystic Fibrosis, and Abortion” (page 246), and the “good-night kiss” and coughing (page 251). Orenstein presents an understandable explanation of the basic genetic defects of the disease (Chapters 1 and 11) and responds to issues of interest to anyone working with CF, including insurance problems and quality-of-life issues (pages 299–301).

This book, as I expected, spent a great deal of time on the respiratory system (Chapter 3). Chapters 4 and 6 strongly emphasize growth, nutrition, enzymes, and supplements, and Appendix D, “Some High Calorie Recipes,” includes a list of inviting recipes generated by patients, family members, and collaborators.

The health professional charged with advising transplant candidates will learn from the thorough discussion of lung transplantation in Chapter 8. In Chapter 15 the author provides poignant and sensitive views on death and cystic fibrosis. Chapter 16, “Research and Future Treatments,” discusses, among other things, airway fluid and mucus composition (page 287). Chapter 17 discusses the present and future work of the Cystic Fibrosis Foundation.

Despite the seriousness of the subject matter, I was delighted to note Orenstein’s clever addition of humor, including the analogy of bran tasting like “rabbit food” (page 336), the “bad taste” of cod liver oil (page 337), the “sibling pain” that may be encountered by CF patients (page 246), and the undesirable effects of steroids on CF patients, including “disqualification from the Olympics” (page 332).

I was honored to review this book and recommend it for anyone engaged in CF patient care, research, or allied health education. It offers clear, concise, up-to-date CF knowledge for the family physician, the respiratory therapist serving as caregiver and patient educator, the physician extender, the

school nurse, the public health nurse screening children in the county health department, or the bedside pediatric intensive care nurse who treats and advises CF patients and their families.

This book will help you better understand your CF patients, and you will become a better communicator in your role as a health care provider and educator. It covers the basics, and has everything you need to teach and assist CF patients and their loved ones. The serious team member of a CF center will read this book at home, cite it in the classroom, and (even if you must sew a bigger pocket onto your lab coat!) carry it as a reference in the clinic. The 3rd edition of **Cystic Fibrosis: A Guide for Patient and Family** should be considered the foundation of a CF patient-education library.

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The Washington Manual: Allergy, Asthma, and Immunology Subspecialty Consult. Barbara Capes Jost MD, Khaled M Abdel-Hamid MD PhD, Elizabeth C Friedman MD, and Alpa L Jani MD, editors. (The Washington Manual Subspecialty Consult series, Tammy L Lin MD, series editor). Philadelphia: Lippincott Williams & Wilkins. 2003. Soft cover, illustrated, 166 pages, \$29.95.

The Washington Manual: Allergy, Asthma and Immunology Subspecialty Consult provides a comprehensive introduction to the field of allergy and immunology, as would be expected of an entry to the generally solid *Washington Manual* series. When the book arrived for my review, I was immediately delighted at its diminutive size, seemingly designed specifically for toting around in the ubiquitous white-coat pockets of medical students and residents. This soft-bound edition (without spiral binding) will add to its durability and ease of transport. It came as no surprise then, to read in the preface that the book is designed primarily for interns, residents, medical students, and primary care practitioners, but it would make an excellent quick reference for any medical provider. Do not be surprised, however, if the book itself is

not visible, because a version is also available in a form suitable for handheld computers.

The book's 21 chapters provide an extensive overview of allergy, asthma, and immunology. Most of the chapters are brief enough to be read in only a few minutes. The chapters are organized in an outline form. Each topic is presented with a brief introduction, typically followed by causes, presentation, and management. The chapters conclude with salient key points that highlight pearls contained within. Scattered throughout each chapter are tables and algorithms that effectively summarize and complement the text. Some of the chapters offer specific references of information, but all chapters include at least a suggested reading section. The selected references are well chosen and among the most germane to allergy and immunology, specifically the citations for the practice parameters of allergen immunotherapy, chronic urticaria, and anaphylaxis.

The subject content is both vast and detailed, with the intent to give a useful clinical overview rather than overwhelm the reader with immunologic mechanisms. Diseases of allergy are weighted most prominently. There is a single section on basic immunology underlying allergic reactions and one on in vivo and in vitro diagnostic allergy testing. Though detailed, both sections are well written and are clearly designed as a practical reference, since the materials and methods are described as if one were reading a training manual. In addition to the mainstays of allergic diseases, pulmonary diseases are also well described; there are chapters on asthma, occupational asthma, hypersensitivity pneumonitis, and pulmonary function testing. Inexplicably, the chapter on pulmonary function tests does not graphically depict any flow/volume curves or spirometry, but obstructive and restrictive physiology is otherwise explained concisely in narrative form. Ocular and dermatologic diseases are also discussed and, rest assured, the challenging subjects of eosinophilia and primary immunodeficiencies are well written.

In future editions, I would recommend separating allergic rhinitis and sinusitis into separate chapters, which would allow expansion of these sections to cover other relevant material, including seasonal pollen analysis and conservative treatment of sinusitis with discriminate use of antibiotics.

The obvious strength of the text lies in its descriptive tables and algorithms, which provide information in a condensed and educational form. A handy table contains the time required to withhold medications before bronchoprovocation studies. Other favorites include a table on cross-reactivity of β -lactam antibiotics and another on latex-containing household products. The algorithm for interpretation of pulmonary function testing and indications for additional testing is clear and simple to follow. The explanation of the diagnostic approach to patients with suspected primary immunodeficiencies is almost intuitively clear. A series of tables leads the practitioner through physical examination findings and infection history to narrow the focus to which subset of immunodeficiency should be considered. By following through the recommended tests and interpretation of results, the reader is directed to the potential diagnosis. Other extraordinarily useful items include a list of historical questions for the workup of drug allergy, and an additional set of questions, along with a diagnostic flowchart, for an occupational asthma evaluation. Finally, any medical student or house staff officer should appreciate the thorough lists of differential diagnoses for elevated immunoglobulin E, sinusitis, atopic dermatitis, anaphylaxis, and eosinophilia, to name a few.

The appendixes contain useful tables on (age-related) laboratory values and potencies of topical steroid formulations. However, the remainder of the medication charts and guidelines are unacceptable and incomplete because of the omission of dosing guidelines for pediatric patients. The subspecialty of allergy and immunology is composed rather equally of internists and pediatricians, and thus the readership of this book is likely to be similarly divided. The chapter on anaphylaxis also should have presented treatment guidelines regarding the nuances of epinephrine dosing for pediatric patients.

A final issue for discussion relates to a challenge for the field of allergy and immunology in general. Many experts disagree on management principles, which makes the consensus statements and practice parameters that have been developed all the more valuable. A multiple-author text is expected to have a few different viewpoints, but inconsistencies should be avoided whenever possible. To their credit, the editors have generally succeeded with that difficult task. For instance, the book suggests exercising caution with patients who are taking

β -blockers, whether they are receiving allergen percutaneous testing or immunotherapy. The distinction between *accepted standards of practice* and *commonly-done practices* should also be emphasized. As an example, repeat skin testing is commonly accepted for patients receiving venom immunotherapy to assess a response to therapy; however, repeat skin testing for those getting aeroallergen immunotherapy is not widely supported as a means to monitor response to therapy.

In summary, this entry to the *Washington Manual's* subspecialty consult series provides a brief, quick reference for familiarizing the reader with common conditions and practices in allergy, asthma, and immunology. Readers should be able to easily locate information and obtain a solid foundation of knowledge, regardless of the extent of their medical training. It would not be surprising to see this book in many white-coat pockets on the hospital wards near you.

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Breath Sounds Made Incredibly Easy!

Janice Hausauer RN MSc FNP, Nancy Haynes RN, MN CCRN, contributors. Philadelphia: Lippincott Williams & Wilkins; 2005. Soft cover, illustrated, 208 pages (with CD-ROM), \$39.95.

Breath Sounds Made Incredibly Easy! covers core information on respiratory breath sounds beyond what the title implies. The intended audience is novice and experienced nurses in all settings, but advanced assessment skills related to technology used in critical care units is not discussed.

The book begins (Chapters 1 and 2) with an overview of basic respiratory anatomy and physiology concepts and key respiratory assessments to provide nurses the information needed to perform a basic clinical respiratory examination. Clear charts, illustrations, and photographs of the examination nicely supplement the text. Chapter

3 is an introduction to breath sounds. Air-flow patterns, sound characteristics, documentation, and nursing-care planning are discussed. Common nursing diagnoses for patients with respiratory problems are briefly explained, as well as nursing interventions and expected outcomes. Although the importance of an individualized, multidisciplinary care plan is stressed, a thorough explanation of specific nursing interventions, such as relaxation and positioning techniques, would be useful for novice nurses.

Normal breath sounds, bronchial breath sounds, and adventitious sounds are reviewed in Chapters 4 through 9. Within each chapter are specific conditions that cause the abnormal breath sounds, and diagrams specifying which area of the lung to auscultate for each respiratory condition.

Respiratory disorders (chronic obstructive pulmonary disease, pulmonary fibrosis, bronchiectasis, atelectasis, acute respiratory distress syndrome, heart failure, pleural effusion, pneumonia, pulmonary edema, tuberculosis, and pneumothorax) are reviewed in Chapter 10. This therapy section is superficial and incomplete for general practice. A more appropriate title for this chapter would be "Common Respiratory Disorders at a Glance," which is a subheading. The following are some recommendations to make this section more useful to readers:

- Page 73–75. Breath sounds in patients with pulmonary fibrosis are "fine crackles," not "bronchial breath sounds." The corresponding breath sounds on the CD-ROM (tracks 16 and 17) are also incorrect.^{1,2}
- A brief teaching section on each respiratory disorder is included in each respiratory disorder section; however, a teaching section is not included in the asthma section. Most of the teaching sections focus on the acute care setting.
- Provide appropriate nursing diagnoses for each respiratory disorder (these are not listed and explained, as they are in Chapter 3).
- Providing more algorithms, such as "Understanding Cor Pulmonale" (page 159),

would assist the reader to understand disease processes and interventions.

- Organize or categorize conditions by how life-threatening or dangerous they are.
- Include a picture of a thoracentesis in the section on pleural effusion.
- A detailed section reviewing respiratory diagnostic tests such as arterial blood gas values, ventilation/perfusion scanning, chest radiographs, pulse oximetry, and chest physiotherapy treatments would be beneficial, as these are mentioned throughout the respiratory disorders section.

The appendix on auscultation findings for common disorders provides a concise summary. There is a glossary of terms and conditions. The selected references are current. The book includes memory-joggers that reinforce important facts and provide an easy way to remember them. The accompanying CD-ROM contains a variety of breath sound examples, the sound quality and education value of which are good.

The text is clearly written, and I found no spelling or grammatical errors. The "what to do" section on page 150 should be bulleted. The language is easy to understand. Each chapter states specific objectives, and each chapter objective was met. Each chapter ends with a quiz to assess the reader's understanding.

The core content of this book is thorough. Including information on respiratory disorders went beyond the scope of the book.

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