

Book report

Paediatric intensive care: the why and how for trainees

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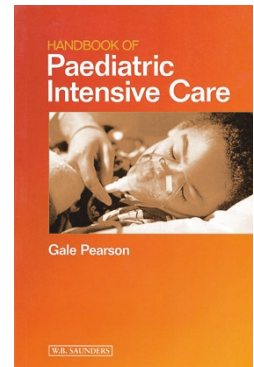
Published online: 25 April 2002

Critical Care 2002, **6**:275

© 2002 BioMed Central Ltd (Print ISSN 1364-8535; Online ISSN 1466-609X)

Keywords child, critical care, intensive care, therapeutics

Pearson GA: *Handbook of Paediatric Intensive Care*. London: W.B. Saunders, Harcourt Publishers Limited, 2002. 336 pp. ISBN 0-70-202346-9 (pbk).



Ask any trainee, there is a very steep learning curve during the first 6 months of a new job in critical care. If they are good (and their unit is any good), the trainees will have acquired a number of protocols and clinical recipes within a matter of weeks. But that is not the point – certainly not from my perspective as their educational supervisor. What I wish to see is evidence of thought, a drawing together of the basic principles and understanding of pathophysiology, and a creative application to real clinical problems.

Surprisingly, I found Gale Pearson's *Handbook of Paediatric Intensive Care* an enjoyable read. I had expected to find yet another small book of unreadable lists and protocols. Instead, what I discovered was a text that provoked reflection about why we do what we do in paediatric critical care. This is consequently not a pocketbook that can be easily used at the bedside. Rather, this handbook is something that should be consumed during that coffee break, after the action. But that said, I highly recommend it as a starting point for all trainees working on paediatric intensive care units.

This book has 20 chapters, numerous illustrative figures, and user-friendly tables and fact-boxes. There is a good 7-page introduction for the new trainee, instructing them on who comes to work on a paediatric unit, and providing tips before starting work. The chapter on audit and scoring systems is also palatable. The rest of the chapters cover each organ system, with subsections devoted to common clinical problems and derangements encountered within that system, their underlying pathophysiology, and the rationale for treatment or support intervention. Certainly, there are some omissions. But it is a small book, and most supervisors will pick these omissions up. For example, there is no mention of withdrawal syndrome and the now frequent use of clonidine in paediatric practice in the section on sedatives and analgesics. Also, there is no cautionary statement about the

use of propofol. These, however, are minor points. What I really like about this book is its organisation and potential as an educational aid. In fact, it could very easily be used as a curriculum guide.

In the United Kingdom, trainees working in paediatric anaesthesia, acute paediatrics, and paediatric critical care can spend 3 or 6 months, or 1 or 2 years assigned to a regional training unit. It is to Gale Pearson's credit that this book could also form the basis or structure for a learner's portfolio. The supervisor could easily select from the chapters an educational plan for the 3-month and 6-month residents; their goals, how to achieve them, and the evidence that will be needed to support a claim of completion. That is certainly what I shall be doing now that I have a copy, albeit acquired by serendipity.

Competing interests

None declared.