## Book report **Critical Care Study Guide**

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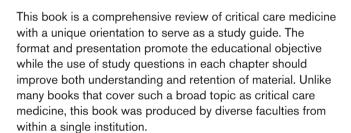
Published online: 26 June 2003

Critical Care 2003, 7:462 (DOI 10.1186/cc2344) This article is online at http://ccforum.com/content/7/6/462

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Keywords: book, critical care, review, study guide

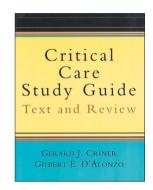
Criner GJ, D'Alonzo GE: Critical Care Study Guide: Text and Review. Springer-Verlag, New York. 2002. 852 pages. ISBN 0-387-95164-4. Paperback.



The book is broadly organized into three sections: critical care procedures, pathophysiologic disease states, and treatments organized by disease entities. This structure serves the casual reader well by quickly identifying the specific area of interest. For the more focused reader, perhaps planning to use this to prepare for board examinations, this arrangement divides areas of importance logically. Each section is annotated with 'pearls' imparted through highlighted text in the margins.

The procedural section covers nearly all topics relevant for the practicing intensivist, with varying levels of depth between chapters. The chapter on hemodynamic monitoring (chapter 4) covers everything from insertion techniques to management of cardiogenic shock using a pulmonary artery catheter. The chapter on radiologic imaging (chapter 11) uses abundant examples of common critical care findings from various radiographic techniques (radiography, tomography, and ultrasound). Chapter 8 provides enough description of common intensive care unit procedures (lumbar puncture, thoracentesis, paracentesis) to make the infrequent performer feel comfortable. The chapter on endoscopy (chapter 10) would not be expected to provide adequate training to perform such complex procedures, and the chapter on drainage devices (chapter 5) incompletely documents the common use of tube thoracostomy and the use of pleural collection devices.

The second section on pathophysiologic states includes 22 chapters that cover a broad range of subjects. Given the



comprehensive nature and well written coverage, I would have liked to have seen a chapter covering common chronic comorbidities, such as diabetes, obstructive lung disease, and chronic renal failure. An important omission relates to the recent developments in the field of sepsis - no mention is made of the role of the coagulation system in the pathophysiology of sepsis or the role of activated protein C for treating this condition. Another notable absence is a discussion of acute lung injury and acute respiratory distress syndrome, which is not only relatively common but also an area of clinical interest and advancing research. In such a comprehensive text, the dearth of surgical critical care is conspicuous, with a single chapter devoted to traumatically injured patients.

The final section provides a useful framework for intensive care based upon disease entities or therapeutic interventions. Excellent discussions range from arrhythmia management to the use of antimicrobial agents and blood products. Although fluid management is woven through many chapters, a chapter dedicated to this subject is appropriate given the frequency and complexity of the issue.

Overall, the design, presentation, and content of this text are very strong. The lack of authoritative experts for each given subject is balanced against the advantages of producing a text within a single institution. The use of review questions in each chapter is an excellent way to reinforce learning, although the questions are few and references for each subject are inadequate for in-depth examination of the topic. Ultimately, this text could serve as both a useful reference and as a study guide in learning critical care medicine. The ideal person to use this text remains unclear, given the overly comprehensive nature for general medical interest and inadequate detail, references, and review questions for critical care board review. For a physician with an interest in broad-based learning of nonsurgical critical care, this text is both didactic and practical.

## **Competing interests**

None declared.