

Book report

Oxford Handbook of Critical Care for PDAs, 2nd edition

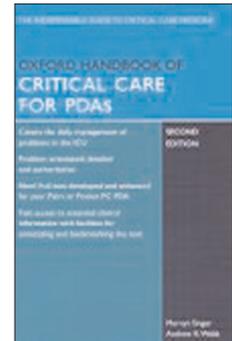
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The *Oxford Handbook of Critical Care for PDAs* provides rapid access to crucial and synthetic information on most aspects of management of critically ill patients.

What is gained from presentation in a personal digital assistant (PDA)? Information is easily accessed at the bedside, at any time of the day. However, users should not expect to have all the information that is usually provided in textbooks presented in this PDA version. Indeed, chapters are succinct and concise; even if these present all the essential information, details cannot be provided. The information is easily accessible either directly from the index and table of contents, or through easy links. These links are well organized and are of course the essential gain from the PDA format. Users can easily find their way through the different chapters. Another important advantage of the PDA is that the facility for making annotations is offered.

Most areas of intensive care medicine are covered, including the classical pathophysiological disorders (shock and organ failure), monitoring techniques, organ support technologies, and intoxication management.

Organization and management of the intensive care unit is also covered. This includes smoke and fire management. Although at a first glance it might not seem useful to have fire management dealt with on PDAs, one can imagine that this might be helpful for the physician confronted with such a stressful and difficult experience. Indeed, PDAs are always in physicians' pockets, and thus a rapid reminder of essential information is easily available when one does not have the time to search for information in an office. However, some other parts of this chapter might seem less useful, such as descriptions of audits or staffing. Scoring systems are also

briefly described; one might nevertheless regret that there is no integrated automatic calculator.

The most interesting aspect of this guide is probably the use of drug recommendations. For each pathology, therapeutic options are discussed and, when applicable, drug dosages are proposed.

Some chapters and assumptions are occasionally surprising. The maximal dose for dopamine is set at 50 µg/kg per min, whereas guidelines usually propose doses up to 25 to 30 µg/kg per min. In addition, the computed tomography scanner is not proposed as a diagnostic tool for perforated bowel, whereas the limitations of plain X-ray films and ultrasounds are discussed.

Although space is not available to offer full referenced texts as they are in textbooks, key papers are referenced in some chapters to help readers to find additional information if needed.

Who should be interested in obtaining this PDA guide? It is primarily dedicated to young doctors, nurses and paramedical staff, who need essential information rapidly at the bedside. However, this guide might also be interesting to more experienced physicians, especially those looking for specific information on less common diseases or uncommon intoxications. The guide offers first-line information; if additional information is required it should be looked for in classical textbooks.

Competing interests

The author declares that they have no competing interests.

PDA, personal digital assistant.