

inhalational injury, carbon-monoxide poisoning is mentioned and supplemental oxygen is recommended, but there is no cross-reference to the page on carbon-monoxide poisoning, in which 100% inspired oxygen is recommended and the controversy of hyperbaric oxygen is addressed. In the same manner, the VAP page does not comment on the benefits of raising the head of the bed with ventilated patients, but a recommendation to raise the head of the bed is made in the page on enteral feeding, without referencing its importance in the prevention of VAP.¹

Each page sports a single citation of interest, most of which are reviews from top-tier journals, but a few landmark, high-quality randomized controlled studies are cited, such as the Acute Respiratory Distress Syndrome Network low-tidal-volume ventilation study.² The majority of the citations are prior to 2003. The editors promise an expansion of evidence-based recommendations as the critical-care-research field expands.

This book could benefit from illustrations. Many topics, including the chapter regarding monitoring in the ICU, are more easily understood pictorially than in text. On the page on brain death there is sufficient space in which to review the oculocephalic reflex, for providers who rarely perform brain-death examinations. In addition, many critical-care pocket guides place frequently used formulas and drugs on a summary page for quick access. Without this amenity, the provider needs a second book or card to have everything at their fingertips. Though this book makes an excellent reference when the diagnosis is known and can be looked up in the index, it would not be the quintessential pocket guide for a critical care provider with questions at the bedside.

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Manual of Intensive Care Medicine, 4th edition. Richard S Irwin, James M Rippe, editors. Philadelphia: Lippincott Williams & Wilkins. 2006. Spiral-bound soft cover, illustrated, 920 pages, \$49.95.

Established as one of the most important bedside information sources in adult intensive care medicine, the 4th edition of the portable-size **Manual of Intensive Care Medicine** comes as a polished and improved version of the 3rd edition of the same format. This handbook is designed to complement and synthesize the hard-cover reference text *Irwin and Rippe's Intensive Care Medicine*, which is in its 5th edition.

The **Manual of Intensive Care Medicine** is intended to be a reference at the ICU front desk, on an accessible shelf or counter, or in the not-so-loaded coat pocket of a medical student, resident, fellow, respiratory therapist, or practicing specialist in various ICUs. Does it reach its goal? Splendidly, considering that it is only about 580 g, of pocket size, and with a single-spaced 8-point font. It is well chaptered, covers many facets of the ICU specialties, is user-friendly, and has a brief, annotated, and nicely formatted outline for quick and direct bedside referencing of the required information, plus an extensive (40-page) index.

The handbook is divided into 16 sections, including an extensive "Procedures and Techniques" part, several organ-system-format sections, covering cardiovascular, pulmonary, renal, gastrointestinal, biliary and pancreatic, endocrine, hematology-oncology, neurology, and surgical problems in the ICU; as well as infectious disease, shock and trauma, solid-organ and stem-cell transplantation, rheumatology, psychiatric, and ethical issues. Of note, the section on pharmacology, overdoses, and poisoning is substantially shorter in this edition, in part because of a more extensive review of the topic in another book by the same authors (and Christopher Linden), *Manual of Overdoses and Poisoning*, which was released in conjunction with the **Manual of Intensive Care Medicine** handbook, as a more specialized, in-depth publication on the topic.

Though in this new edition 6 sections have new editors, the general structure and format are similar to the previous edition. The editors' (well accomplished) task was to ask the authors to synthesize more and to present the problems in a very succinct, bulleted format, with bolded titles and subtitles, and with a shortened body of text and fewer references. Two brand new sections are welcome in this new edition: (1) "Echocardiography in the ICU," which I think calls for sections on general abdominal, thoracic, and vascular ultrasonography in the next edition, especially given the success of the American College of Chest Physicians latest introductory courses, and (2) a well-recognized problem, "Weakness in the ICU."

Each chapter in the section "Procedures and Techniques" includes general principles, elements of relevant anatomy, indications, descriptions of the procedure, post-procedure considerations (including complications and special situations), and selected readings. The anatomy and the procedure are succinctly described in the text, while good illustrative images, diagrams, and tables provide a valuable visual approach to the techniques and procedures. The authors also included special notes on recent advances in the instruments used for these procedures, such as catheters that have self-contained guidewires for arterial cannulation.

The section "Cardiovascular Problems and Coronary Care" starts with a short and relevant chapter on cardiopulmonary resuscitation, which emphasizes the algorithmic approach in various clinical scenarios, reviews the available drugs, and references several relevant articles. The reader should add to the reference list the latest landmark document, "2005 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations,"¹ which was published around the same time as this book.

"Pharmacologic Management of the Hypotensive Patient," another novel chapter in the new edition, deals with general principles (background and adrenergic receptor physiology), followed by a short overview of the main vasopressors and inotropic agents used in practice.

Several other chapters are also inspired additions to the 3rd edition, such as "Syncope," "Cardiac and Thoracic Trauma," "Complicated Myocardial Infarction," "Per-

manent Pacemakers and Antiarrhythmia Devices,” and last but not least, “Evaluation of the Low-to-Intermediate-Risk Patient With Chest Pain: Chest Pain Centers.”

Not unbiased (by formation), I will also briefly discuss the virtues of the section “Pulmonary Problems in the ICU.” This section is well written, comprehensive, and spans the problem in a logical manner, from the physiology of gas exchange to the pathophysiology of respiratory failure of various causes. It covers institution and discontinuation of mechanical ventilation, and relevant issues pertaining to various conditions (eg, pneumonia, pulmonary embolism, and acute inhalation injury). Were the size of the book not of paramount importance (although I suspect it is), I would say that useful additions to this book would include more general and practical sections dealing with problems arising in the ICU, acute arterial desaturation, acute hypercarbia, airway management and related problems, ventilator waveforms, patient-ventilator synchrony, falling hematocrit scenarios, hypothermia, and hyperthermia (the latter two could be moved easily from their current section). A section on sleep medicine (including sleep in the ICU, obesity-hypventilation syndrome, and obstructive and central sleep apnea) is also needed because of increased awareness of and better therapeutic options for sleep disorders. Also warranted might be a more specific chapter on adrenal insufficiency of the critical ill patient; a chapter on the adrenal crisis; and in the endocrinology section, one on stress management of the patient on chronic steroid therapy, in light of the recent and very controversial literature that emphasizes the modes of evaluation of the hypothalamus-pituitary-adrenal axis, the possible roles of steroid-binding globulin, free and total random cortisol level assays, algorithmic approaches, and therapeutic options.

Making suggestions for possible additions to this book is really not doing justice to a well-designed, well-written, and well-executed smallish book on intensive care medicine, which is the fruit of conception of a large group of specialists who took their time, expertise, and energy to put together something that needs to touch major topics of the adjunctive textbook and to be practical, easy to use, and (how many times don't we need to sacrifice this?) short.

In summary, this is an easy-to-use, friendly, and useful portable-size manual of ICU medicine that introduces readers as di-

verse as medical students, house staff, attending physicians of various specialty, nurses, and respiratory therapists into this complicated world, enticing for more reading and delivering the essential information in a timely fashion.

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Teaching Atlas of Chest Imaging. Mark S Parker MD, Melissa L Rosado de Christenson MD, Gerald F Abbott MD. New York: Thieme Medical Publishers. 2006. Hard cover, illustrated, 789 pages, \$149.95.

Thoracic-imaging educators face multiple and unique challenges. From lung-cancer screening, diagnosis, and staging, to critical-care imaging and occupational lung diseases, chest imaging remains one of the most complex subspecialties in diagnostic imaging. Our knowledge of teaching and the process of learning is constantly evolving, and it is clear that many of the traditional tools, including standard textbooks and didactic lectures, may not be the ideal educational instruments. In the exciting field of diagnostic imaging, there is increasing evidence that radiologists at all levels of experience, including residents-in-training, learn better from practice-case-based material, also known as problem-based learning. In fact, the current requirements for maintenance of certification emphasize a life-long learning process and the need for self-assessment.

The **Teaching Atlas of Chest Imaging** fulfills many of the currently accepted idioms for learning in the specialty of radiology. It is an eminently readable text that provides content related to the important categories of chest disease through a series of well-illustrated, case-based material.

The atlas begins with a review of normal chest radiography, computed tomography, and magnetic resonance imaging anatomy,

then presents cases that show a wide range of congenital, traumatic, and acquired thoracic conditions. Each disease entity and section opens with a representative case. Each case is typically illustrated with 4 images, complete with image captions, diagnosis, and differential diagnoses. Further, every case is supported by a discussion of the etiology of the disease, its underlying pathology, typical and unusual findings, treatment, and prognosis, in a concise, bullet format that provides a comprehensive overview of each disorder. Especially helpful features include “pearls” and “pitfalls” pertinent to each disease. There are additional figures included with each case that demonstrate additional imaging manifestations of the disease being discussed, and, in some cases, illustrations of related diseases. Each case discussion concludes with an excellent up-to-date list of suggested reading.

The quality of the imaging figures is excellent. A computer graphic artist produced pertinent illustrations for many sections of this book. Indeed, more than 1,000 high-quality images show normal and pathologic findings and their variations.

Overall, this book is a complete, hands-on guide to evaluating chest disease. It is ideal for reading cover-to-cover or as an illustrated reference of radiologic manifestations of common thoracic disorders. Radiology residents, thoracic imaging fellows, and practicing general radiologists (especially those involved in the process of maintaining certification) will find this easy-to-use book a valuable learning tool and reference. Though the text is directed toward radiologists and radiologists-in-training, it should also be considered a key resource for pulmonary and critical care medicine physicians, thoracic surgeons, and all interested in chest disease. Other practitioners may find the text too broad and detailed, but the introductory sections on imaging anatomy should be applicable to nursing and respiratory therapy professionals. With the **Teaching Atlas of Chest Imaging**, readers should be able to expand their chest-imaging-interpretation skills, learn to recognize abnormal findings, generate appropriate differential diagnoses, and better understand the underlying disease process. A total of 192 cases are included in this comprehensive atlas, covering the entire spectrum of chest disease.

Many of the authors and contributors of this atlas are thoracic imagers who have spent countless hours at the Armed Forces

Intensive care medicine is characterized by extreme complexity generating large quantities of highly dynamic data. Daily rounds have become an integral part of critical care medicine, aimed at comprehensive analysis of the data and providing excellent care. To fulfill its role, the structure and process of an ICU round have to be clearly defined. Key components of an ICU round include ...^Â Pediatric intensive care units have developed as treatment areas with a concentration of specialized equipment and personnel. Critically ill children often need to be moved to and from these critical care areas for diagnostic or therapeutic procedures. Such transport may pose additional risk to the critically ill patient. Intensive Care Medicine. Un-edited accepted proof*. Recommendation Formulation We used the principles outlined in the evidence to decision framework (EtD) to formulate recommendations, but because of the tight timelines we did not complete the online EtD tables [11].^Â Intensive Care Medicine. Un-edited accepted proof*. Recommendations: 3. For healthcare workers providing usual care for non-ventilated COVID-19 patients, we suggest using. "Intensive Care Medicine" is the publication platform for the communication and exchange of current work and ideas in intensive care medicine. It is intended for all those who are involved in intensive medical care, physicians, anaesthetists, surgeons, pediatricians, as well as those concerned with pre-clinical subjects and medical sciences basic to these disciplines. The journal publishes: review articles reflecting the present state of knowledge in special areas or summarizing limited themes in which discussion has led to clearly defined conclusions; original papers reporting progr