ical students and junior residents. Basic information is presented first, followed by layer upon layer of... explanation) create meaning for the lay-
BOOKS,FILMS,TAPES,&SOFTWARE
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who have less than 20,000 platelets/
ommend transfusion of platelets to patients
that, though there are guidelines that rec-
bronchoscopic technique differs widely
ment and weaning strategies, the fact that
controversy surrounding ventilator manage-
are made without regard for the tremendous
concentrate transfusions. Those statements
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vein, and that type of information is effi-
cying how to calculate the mean arterial pres-
are covered. There is little debate regard-
ually the whole idea comes together. This
strategy of building from the ground floor
nally the whole idea comes together. This

The major issues in this book—those most likely to be of interest to medical stu-
dents and junior residents—are presented in a clear, lucid manner; unfortunately, much
of the rest of the book is littered with sec-
tions that seem out of place and off-topic.
For instance, the generally well-written sec-
tion on procedures contains a completely
unnecessary section that details the proper
way to perform bronchoscopy, the fine pro-
cedural 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 for-
mat of the book, some controversial topics
are presented as dogma. For instance, the
section on ventilator management flatly
states that synchronized intermittent man-
datory ventilation is the most appropriate
mode for post-surgical patients; the section
on bronchoscopy suggests that the bronch-
scope 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 manage-
ment and weaning strategies, the fact that
bronchoscopic technique differs widely
from institution to institution, and the idea
that, though there are guidelines that rec-
ommend transfusion of platelets to patients
who have less than 20,000 platelets/μL,
there are certainly instances in which plate-
lets should not be given in that situation.
Widely held opinions, regional practice pref-
ferences, and guidelines are presented as
dogma and result in giving the incorrect im-
pression that there is only one approach to
these issues, without giving voice to the con-
troversy that surrounds them.
If I were asked by a medical student,
resident junior, 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 discus-
sions of the ICU basics, and it would cer-
tainly 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 fash-
on. Unfortunately, this book also contains
some questions, passages, and sections that
are not relevant or are answered in a man-
ner that does not acknowledge other reason-
able positions or standpoints. Perhaps if fu-
ture 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 con-
clusive: 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 con-
dition, outdated, and in some cases, illegi-
ble. 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 educa-
tion through the “tired eyes” of the con-
cerned family member, and the narrative is
aimed at creating dialogue between a multi-
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, med-
cal 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 mea-
sured. It is one of those refreshing and rare
assemblages of information that present CF
for what it truly is: a chameleon-like dis-
eease 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 hav-
ing 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 pri-
mary 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 med-
icine. 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
erors. 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 atel-
ectasis. 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 Appendices 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-referenced 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 Appendices. 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 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.

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 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...
Nutrition in Cystic Fibrosis: A Guide for Clinicians (Nutrition and Health). Elizabeth H. Yen. 5.0 out of 5 stars 1. We travel over four hours to attend a CF clinic with these authors/physicians at Children's Hospital of Pittsburgh. Dr. Jonathan Spahr is an incredible clinician, and I am sad that he took a position at Geisinger Medical Center in Danville PA. It's their gain but our loss. Dr. Spahr is listed as the second author. I was given this book as a 'free' gift from a drug company that makes cystic fibrosis medication. My son diagnosed was diagnosed at age 5 when he had his pre-k physical. Yes...it was very useful after my husband and myself could not find any detailed UPTODATE material on cystic fibrosis...thank goodness more helpful information and websites on cf are. For information write Wolters Kluwer Health/Lippincott Williams & Wilkins, 530 Walnut Street, Philadelphia, PA 19106. Materials appearing in this book prepared by individuals as part of their official duties as U.S. Government employees are not covered by the above-mentioned copyright. 987654321. Library of Congress Cataloging-in-Publication Data. The authors, editors, and publisher have exerted every effort to ensure that drug selection and dosage set forth in this text are in accordance with the current recommendations and practice at the time of publication. Of AIDS patients, their families, and partners. A Cystic Fibrosis: A Guide for Patient and Family (2012). David Orenstein. Offers practical information on day-to-day concerns, such as school, travel, exercise, nutrition, medications, physiological effects, long-term issues and prospects of a cure. Provides answers to frequently asked questions by patients and families. Fourth edition. Parenting Children With Health Issues (2007). Foster Cline, MD, and Lisa Greene. Principles of parenting a child with special health issues. Also covers growth and development, siblings, emotional health and mental health topics. Publisher: Lippincott Williams & Wilkins. Length: 416 Pages. Weight: 1.52 lbs. Out now for newly diagnosed patients and their parents...new parents stay away from grandma's old medical guide on cf you will only find very brief and very grim outdated material...ask your medical team for info or search the web for info on cf. Knowledge is power! Published by Thriftbooks.com User, 20 years ago. My daughter was just diagnosed with CF. The pulmonary specialist gave me a copy of this book and I couldn't put it down. This book is a must-read for all parents that have children who are diagnosed with Cystic Fibrosis. It answers many questions before you even know how to ask them! It explains what is going on in the body in terms that anyone can understand.