
Book and Other Media Reviews

□ **EMERGENCY DEPARTMENT RESUSCITATION OF THE CRITICALLY ILL.** M. E. Winters, P. DeBlieux, E. G. Marcolini, M. C. Bond, D. P. Woolridge. Washington, DC, American College of Emergency Physicians, 250 pages, 2011, Soft cover, \$139.

The stated purpose of *Emergency Department Resuscitation of the Critically Ill* is to “fill a great void” that exists between providing routine and critical care Emergency Medicine management. Dr. Scott Weingart and others have referred to this as the need to “bring upstairs care downstairs.” Its intended audience is primarily the acute care provider in an Emergency Department (ED), though it can be of benefit to those who practice in a high-acuity urgent care or intensive care unit. Its method is to provide a framework for immediate action steps that can be taken to manage decompensating patients, often as a result of prolonged ED stays.

The material is organized into 24 separately authored chapters covering topics ranging from “The Patient with Undifferentiated Shock” to “Pediatric Trauma Update.” Each chapter contains three to seven primary areas of focus. Included are quickly referenced flow diagrams, tables, key points, and pearls of wisdom to reinforce key concepts. Authors range from nationally known Emergency Medicine physicians like Scott Weingart to residents who clearly have a passion for this specific niche.

Emergency Department Resuscitation of the Critically Ill has a number of strengths. The table of contents is clearly laid out to allow for the rapid location of a topic. Its structure is easily suited as well for directed bedside teaching. There are key points and pearls providing especially high value information within the well-structured chapters. The accompanying images are very helpful. For example, there is a drawing of a water pump illustrating the etiology of shock as related to the circulatory system. It is a useful model, as it is simultaneously basic yet comprehensive. One deficiency noted, however, includes

not performing a more comprehensive review of the two-handed, two-person bag-valve-mask technique that should be the “go-to technique” in current Emergency Medicine practice. Also, the chapter on fluid management would have benefited from a more in-depth discussion of chloride-restrictive fluid resuscitation. Over all, however, this book clearly fills a unique niche to provide rapidly accessible information for the critically ill and decompensating patient. It is extremely relevant to Emergency Medicine.

The authors have achieved their stated purpose. They provide vital information in a user-friendly format to help in the management of critically ill patients. As they suggest, these are better defined by conditions in which the patient is starting to spiral downward or “crash” rather than by a general medical condition. A very good example of this is the chapter on managing the crashing ventilator patient. Regardless of the condition that resulted in a patient being placed on a ventilator, recognizing and addressing problematic scenarios unique to the ventilator is an invaluable tool that all should have in their “Bat” belt.

Emergency Department Resuscitation of the Critically Ill is a valuable addition to those who practice Emergency Medicine. It is especially applicable to those that manage critically ill patients spending any degree of time waiting for admission or transfer (clearly an increasing scenario in today’s practice environment). Medical students to attending physicians practicing Emergency or Critical Care Medicine will find it a valuable addition to their shop that they will use on a regular basis.

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