Cardiovascular Emergencies
Review by Doug Franzen, MD, MEd

You may already have several ECG, pharmacology, and critical care books with cardiac chapters, and you may think you do not need any more. You should think again. To my knowledge, Cardiovascular Emergencies is the first book written by emergency physicians for emergency physicians that covers the broad spectrum of information needed to comprehensively manage acute cardiovascular emergencies. Much like the emergency department itself, in this text hypertensive emergencies, cardiogenic shock, bedside cardiac ultrasonography, and cardiac transplant patients are all in one place! This book even includes chapters on observation units and reducing the risk of malpractice, topics rarely, if ever, covered in related critical care textbooks. Cardiovascular Emergencies is well organized. Despite the potential for overlap of subject matter between topics, redundancy is limited. A list of subtopics covered in the chapter is also provided under the title of each chapter. This, combined with the liberal placement of key points (bullleted summaries of the preceding paragraph or two), allows the reader to quickly skim the text for specific information. A focus on clinical utility pervades the book. “Rapid Ultrasound in Shock” references 18 different resuscitation ultrasonographic protocols and then integrates much of the information presented elsewhere in the chapter to help the reader understand the key concepts that underlie all of these protocols. “Modern Management of Cardiac Arrest” presents useful interpretations of the data supporting (or refuting) current practices in cardiac arrest and even gives an alert about possible future trends such as crowd-sourced cardiopulmonary resuscitation and applications that map the location of the nearest automated external defibrillator.

Although the book delves into some advanced and cutting-edge topics, the focus of the content skew toward a novice audience. For example, the first chapter is a review of the differential diagnosis of chest pain. The chapter on ECG interpretation includes a discussion with several examples of regional patterns of ischemia (eg, inferior, anterior, lateral) before moving on to more advanced topics such as the significance of ST elevation in aVR or ST depression in aVL. The chapter on ultrasonography devotes many pages and figures to how the different cardiac windows are obtained; less space is given to more advanced topics such as signs of cardiac tamponade or assessment of cardiac contractility. Most chapters are extensively referenced, and several include suggestions for additional reading. The result of this structure is a resource that can be returned to, providing more advanced information when basic topics are mastered.

Excellent ECG examples can be found throughout the book, images in the ultrasonography chapter clearly demonstrate key findings, and tables are given generous space for easy readability. There is, however, room for improvement. Some of the figures seem to be repurposed from slide presentations. A handful of drawings are constructed from lines and simple geometric shapes and a few overly enlarged figures are somewhat pixilated and difficult to read. Although future editions would benefit from a more critical eye toward the artwork and diagrams, this is a minor flaw in an otherwise excellent book.

Overall, the authors of Cardiovascular Emergencies have provided the same high-utility content they are known for delivering when they speak at national meetings. I appreciated reading the perspective of emergency physicians instead of internists on clinical topics I deal with daily. I cannot provide a better summary description than the editors did in the preface: “...an easily understood, highly visual resource that is readable from cover to cover.”

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