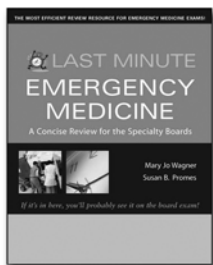


## Last minute emergency medicine

Reviewed by Matthew Anstey



**Last minute emergency medicine.** Mary Jo Wagner, Susan Promes. McGraw-Hill Medical, 2007 (416 pp, paperback, A\$70, NZ\$77). ISBN 13: 978 0 0714 5962 4; ISBN 10: 0 071 45962 6.

Having recently completed the Australasian Fellowship Examination in Emergency Medicine, I was interested to read this book. It aims “to fill a unique niche for physicians

interested in emergency medicine or studying [for the American Emergency Board Examination]”. The premise is that this book is a last-minute study guide, structuring much of the information in tables to compare the various presentations and disease processes.

Compared with many of the emergency medicine textbooks that I used to prepare for my exam, this one is more compact. While it includes a range of topics, it focuses more on the clinical presentation and diagnosis of diseases than

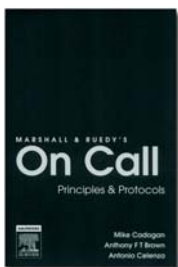
on treatment, with the latter discussed in little detail. Interestingly, for an emergency textbook, there is little focus on resuscitation, which is not covered until late in the book.

While the standard of knowledge seems directed more to a resident level, on repeated browsing, I realised it would be a successful *aide-mémoire*. The tables are easy to read and well supplemented by electrocardiograms and x-rays. For doctors starting emergency medicine training, this book provides a useful overview of the common presentations to the emergency department. However, while many of the tables present information in an easy-to-remember way, I believe the book is not sufficiently detailed to prepare candidates for the Australasian Fellowship Examination.

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## Marshall and Ruedy's on call: principles and protocols

Reviewed by Sam Orde



**Marshall and Ruedy's on call: principles and protocols.** Mike Cadogan, Anthony F Brown, Antonio Celenza. Sydney: Saunders Elsevier, 2007 (xvi + 576pp, A\$60.00). ISBN 13: 978 0 7295 3803 9.

Tackling the practicalities of hospital medicine and emergencies for the first time can be extremely daunting. Speed and efficiency are of the essence. This text is aimed at the junior doctor and senior medical student, to help “resuscitation, history, examination, investigation and definitive treatment ... to proceed concurrently”.

The book stems conceptually from *Marshall and Ruedy's on call principles and protocols* (4th edition, 2004), but its structure and design markedly improve clarity and content. It benefits from the addition of sections on *Emergency calls* and *Practical procedures*, clearer general layout, larger print, excellent comparison tables, an improved formulary of drugs and loss of some ineffective diagrams. Notable improvements to pre-existing sections include the enhanced and concise chapters on evaluation and management of fluid

status and acid–base disorders. It is easy to rapidly find the section you require and, more specifically, suitable answers. This book is a vast improvement on its predecessor.

*On call* does continue the original subsections: questions to bear in mind when answering a telephone call about the common complaints, differentials to think of as you walk (or run!) down the corridor, major threats to life, bedside evaluation and specific management. This becomes a well-organised way of considering the common calls that present to a junior doctor in everyday work.

The new *Practical procedures* section is particularly worth mentioning. It includes clear and concise instructions on how to safely perform procedures from venepuncture to electrical cardioversion. In just over 60 pages, this section discusses everything from the specific requirements on the trolley when undertaking each procedure, to the complications to consider.

This is not meant to be a textbook of evidence for treatment, nor would it pretend to include everything there is to know on treating medical problems from hypotension to leg pain. However, it provides the basis for sound, logical

thought processes for ruling out life-threatening disease when considering the common complaints a junior doctor is asked to review on the wards. It then aids in the investigation of possible causes of the complaint, and suggests simple, systematic initial treatment, with particular regard to being on call.

Many publications attempt to tackle the issues considered in this book. However, *On call* appears to have been

written not for the sake of compiling a complete textbook, but to provide satisfactory solutions, quickly. It will be of great help to any junior doctor dealing with the practical aspects of day-to-day work in a busy hospital.

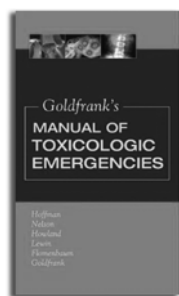
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## Goldfrank's manual of toxicologic emergencies

Reviewed by Jason M Armstrong



**Goldfrank's manual of toxicologic emergencies.** Robert S Hoffman, Lewis S Nelson, Mary Ann Howland, Neal A Lewin, Neal E Flomenbaum, Lewis R Goldfrank. 8th ed, condensed version. McGraw-Hill, 2007 (xxii + 1126pp, A\$70). ISBN 13: 978 0 07 144310 4.

This enormous, classic toxicological reference has now been published in a pocket-sized version, specifically designed for use "at the bedside". This is a brilliant idea, as a user-friendly guide providing simple, logical management plans for common toxicological presentations is long overdue. Unfortunately, this book is not it.

At 1000 pages in length, the manual includes information on every poisoning that a practitioner will encounter in a lifetime — probably in 1000 lifetimes. The detail is far beyond that required for a bedside assessment of common overdoses: included in a table of drugs causing serotonin syndrome are harmine and harmaline, which are psychoactive preparations encountered in the Amazon and Orinoco River basins. This information may be perfect for a leisurely review of a case the evening after a busy shift, but it highlights the deficiencies of the manual as a bedside tool.

Rather than merely condensing the text of the original Goldfrank's manual, a complete change in approach was required. The pocket version is filled with densely packed paragraphs that would be difficult to digest when faced with an acutely unwell patient. A standardised format for each agent or class of agents, with bullet points to highlight key issues, would focus the mind better when faced with immediate management issues.

An experienced toxicologist can help with management and disposition decisions for a patient by providing individualised risk assessment for the particular scenario — interpreting the dose ingested and the current status of the patient to predict the likely course of the intoxication. The

manual lacks this consistent, risk-assessment approach. An example is the brief entry for carbamazepine. At a dose of over 50 mg/kg, one can confidently predict the development of coma that may require intubation, but this detail is not mentioned. Simple estimations of this nature would allow forward planning to guarantee a good patient outcome. Similarly, the clinically significant anticholinergic features of delirium or urinary retention are not highlighted, nor is mention made of the possible use of dialysis to remove carbamazepine if blood levels continue to rise in a haemodynamically unstable patient.

Of more concern is advice that is potentially hazardous. Regarding tricyclic antidepressant overdose, the text states that "Orogastric lavage should be considered in symptomatic patients ...", and that "lavage several hours after ingestion may yield unabsorbed drug". Although there are caveats further in the chapter regarding the necessity of protecting the airway, the statements are confusing and do not provide simple, safe guidance for an inexperienced clinician. The risk of precipitous cardiovascular and neurological deterioration is such that enthusiastic attempts to perform lavage in a poisoned patient may be calamitous.

Goldfrank's texts, either large or pocket-sized, provide a wealth of information that allows a full understanding of the pathophysiology of toxicological issues. I like to know how to draw the pathway of norepinephrine synthesis and the effects of monoamine oxidase inhibitors; and to know that metformin is derived from *Galega officinalis*, the French lilac. However, for concise, foolproof advice at the bedside, this manual does not work. There are other toxicology handbooks that provide much better support when the chips are down.

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