

Book reviews

Oxford Handbook of Critical Care for PDAs

M. Singer and A. R. Webb
Oxford University Press
ISBN 0199205868,
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619 pp. £25.49

The popular Oxford Handbook of Critical Care has now been converted into an electronic version which can be downloaded onto a PDA. The content is converted into an easily searchable source of information, which fits into the device already in your pocket. It is suitable for both Palm and Pocket PC and, as it only uses 2.8–3.8 MB, a memory stick is not necessary.

The PC system requirements are: Windows 95 or later, or Macintosh OS 7 or later. The PDA needs Palm OS 3.5 or later or Windows Mobile 5/Pocket PC 2002/2002 Windows Mobile 2003.

The handbook is suitable as an introduction to the intensive care unit for specialist registrars, senior house officers and nurses. It may, however, lack the detail required by higher-level trainees wishing to follow a career in critical care.

The content is exactly that which is found in the print version of the book, including all diagrams. All relevant topics are covered adequately with a reasonable amount of information.

There are two methods of searching for a subject. The first is a drop-down table of contents, from which one can choose a chapter and then tap on the relevant subheadings. For example: from 'Renal Disorders' choose 'renal replacement therapy' followed by 'haemofiltration', which reveals the text. The second method searches using the index; however, it will only give the most likely match and therefore can be a little frustrating.

Once one has found the relevant topic, the information is presented in a cascade of screens, starting with an overview and then the relevant subjects on subsequent screens. This allows one to find the information without having to scroll through large amounts of text. There are links to figures; however, as in the print version, these are fairly scarce. A fair number of the sections end with relevant key papers for further reading.

Drug dosages for commonly used sedative agents, inotropes and muscle relaxants are included and can be found rapidly by searching the index. This can prove invaluable when called to see a patient in another department in the hospital. A novel feature is the facility to add notes to the relevant sections, again making it desirable to have it in your pocket on ward rounds.

Finally, it stores a history, which allows easy return to topics which have been viewed recently.

In conclusion, this version has the advantage of being readily available when needed, especially with the demise of the traditional handbook carrier, the white coat. It is relatively user friendly and easy to search for information. It is not particularly readable and therefore remains a text to which one refers, rather than studies for exams. It has sufficient detail for junior doctors and nursing staff in intensive care, but may not be suitable for higher level trainees and consultants. I would recommend taking a look at the print version first; if you like it, then you will find this a very useful piece of software.

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Evidence-Based Anaesthesia and Intensive Care

A. Moller and T. Pedersen
Cambridge University Press
ISBN 0521690250,
ISBN 13 9780521690256
412 pp. £40.00

This is a welcome effort to synthesise the evidence base for anaesthesia and critical care into an accessible and readable tome. The authors are recognised experts in the field of evidence-based medicine and are currently the co-ordinating editors of the Cochrane Anaesthesia Review Group. They have succeeded in assembling an impressive list of international contributors distinguished in their fields.

The first half of this book focuses on understanding the principles that underpin evidence-based medicine, and the second half presents the current evidence base in a number of key clinical areas in a clear and concise format. I suspect that many readers will initially find the second half of the book more appealing, but understanding the process of a systematic review is crucial to appreciating the strengths and weaknesses of the technique.

Readers will improve their knowledge of critical appraisal, meta-analysis, result interpretation, data handling and particularly potential sources of bias by persisting with the first 12 chapters. Useful tips on integrating clinical practice and evidence are also given as well as tips for those inspired to attempt to change fellow clinician behaviour.

The following clinical areas are covered in the second half of the book: Pre-operative anaesthesia evaluation, Regional anaesthesia vs General anaesthesia, Fluid therapy, Anti-emetics, Anaesthesia for day case surgery, Obstetric anaesthesia, Anaesthesia for major abdominal and urological surgery, Anaesthesia for paediatric surgery,

Anaesthesia for eye, ENT, and dental surgery, Anaesthesia for neurosurgery, Cardiothoracic anaesthesia and critical care, Postoperative pain therapy, Critical care medicine and, finally, Emergency medicine, cardiac arrest, severe burns, near drowning and multiple trauma.

With each topic, readers should come away with a clear idea as to what we know, what we think we know and what we do not know. Ideas for future research on most topics are also shared. The layout is generally clear and concise and a good summary precedes most chapters. Highlighted practice points facilitate easy extraction of key information and liberal use of tables complements the text well.

The book is generally very well executed but, with multiple chapter authors, a degree of repetition and some compromise on a uniformity of style and prose is inevitable. A few chapters were a little disappointing although the lack of evidence to support current practice in these areas is probably as much to blame.

This would make an excellent addition to most departmental and personal libraries. Those preparing for exams will benefit from the easily accessible information that should help to put much of their knowledge into context and perspective. Most clinicians will be comforted that their personal practice is supported or at least not disproved by

the available evidence and all will learn something new.

The challenge to the authors will of course be to keep pace with the evolving evidence base and to keep editions of the book current. This will require much stamina on their part but will be of great benefit to busy practising clinicians.

I trust that work on the second edition is already underway and I look forward to reading it.

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Critical Care volume 11, Article number: 303 (2007) Cite this article. 5708 Accesses. Metrics details. The Oxford Handbook of Critical Care for PDAs provides rapid access to crucial and synthetic information on most aspects of management of critically ill patients. What is gained from presentation in a personal digital assistant (PDA)? Information is easily accessed at the bedside, at any time of the day. However, users should not expect to have all the information that is usually provided in textbooks presented in this PDA version. Indeed, chapters are succinct and concise; even if these pres The Oxford Handbook of Critical Care will serve consultant, junior doctor, nurse or other paramedical staff as a reference book, aide memoire and handy pocket book providing rationales and solutions to most of the problems encountered. Categories: Education.Â Editors: Singer, Mervyn; Webb, Andrew R. Title: Oxford Handbook of Critical Care, 2nd Edition. Copyright Â©1997,2005 Oxford University Press (Copyright 1997, 2005 by M. Singer and A. R. Webb) >. Front of Book > Abbreviations. Critical care medicine -- Handbooks, manuals, etc. Publisher. Oxford, Eng. ; New York : Oxford University Press. Collection. inlibrary; printdisabled; internetarchivebooks. Digitizing sponsor. Kahle/Austin Foundation. Contributor. Internet Archive. Singer M, Webb AR: Oxford Handbook of Critical Care for PDAs, 2nd edition. Oxford: Oxford University Press; 2006. ISBN 0-19-920586-8.Â This expanded and updated 2006 edition of Handbook of ICU Therapy builds on the success of the first edition and continues to provide concise information on a broad spectrum of issues relating to care of the critically ill patient. There are also several new, topical chapters. As with the first edition, it is equally applicable to anaesthetists, intensivists, operating department practitioners