

BOOK REVIEW**“MANAGEMENT ASPECTS OF ACUTE CARE”**

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The editors are to be congratulated for having put together this book. I know this is not an easy task, having done one myself previously. It is a textbook written mainly by Malaysian doctors, predominantly those from the University of Malaya (with a few overseas guest authors), from a wide variety of specialties covering the management aspects of multidisciplinary acute care. It is quite easily readable and understood. It would serve as a good textbook for those involved in acute care, particularly those involved in critical care medicine. The editors tried to cover broad concepts of acute care as well as a wide range of clinical topics.

However, its use at the bedside when an emergency is encountered would be limited. This is because the text is written in prose and paragraphs, making it difficult to pick up key points when reading in a hurry, unless one has already read through the text beforehand, has understood it well and preferably has highlighted the key points as well. Moreover, the dosages of drugs mentioned are “buried” in the text and are not easily seen when reading in a hurry. For some chapters, very broad principles are given such as the mention of intravenous (IV) antibiotics without mentioning what the recommended antibiotics and the dosages should be. This further limits the practical use for the management of the patient at bedside.

The organisation could be improved by more liberal use of tables for the causes of the various conditions described. Similarly, the management points could be summarised in each chapter by consistently having flow charts or tables. The colour pictures and radiographs were placed in the last few pages just before the index. However, it is relatively inconspicuous and the readers may not know that the pictures/radiographs are placed there as they are not mentioned anywhere else in the book. The clinical pictures and radiographs are too small to make out the details clearly.

It is also unclear how the contents page is organised. It is not in alphabetical order. Some topics are written under “symptoms” (e.g. acute chest pain, sudden onset headache, acute confusional states in the elderly) while others are written as “specific conditions” (e.g. the patient with deteriorating asthma). The “symptoms” chapter and the “specific conditions” chapters are interspersed. The medical topics are interspersed with the surgical topics although the editors did attempt to group related topics together.

I personally feel that quite a number of acute care topics have been left out. These include acute abdominal pain, acute breathlessness/respiratory failure, status epilepticus, cardiogenic and non-cardiogenic pulmonary oedema, hypertensive emergencies, toxicology and toxinology (such as snake bites), heat disorders (although hypothermia is covered), and procedural sedation and analgesia. It is my personal opinion that if constraint of space is the reason why these important topics are left out, some chapters could be left out as the coverage is too general to be of practical use. The “Cervical” and “Thoracolumbar spine injuries” could be presented as a single chapter under “Spinal injuries”. The chapter on “Early management of fractures and dislocations” is too general. To be really useful to the readers, specific fractures and dislocations will have to be discussed. If there is space constraint, perhaps this chapter could be left out altogether to make space for the more crucial topics that I have mentioned above.

Another aspect which is of paramount importance to a doctor dealing with acute care in an ambulatory setting such as the emergency department is that of suggested disposition of the patients. This aspect is not too clearly covered in this book.

In my reading of this book, there are a few facts that I felt are not too accurate. On page 106, it is mentioned that a negative D-dimer is useful in ruling out pulmonary embolism (PE). As far as the literature goes, D-dimer is useful in ruling out PE only in low-risk patients. On page 118, the latest edition of *Advanced Trauma Life Support* states that the Glasgow Coma Scale of 14–15 (not 13–15) is considered as “mild head injury (HI)” while “moderate HI” is from GCS 9–13. On page 126, I am not sure why the author mentioned that “jaw thrust” should not be used in one with cervical spine injury. In fact, as far as I am aware of, it is head tilt that is contraindicated in a trauma patient while jaw lift, jaw thrust or modified jaw thrust can be used. In the chapter on “the patient

with deteriorating asthma”, IV aminophylline is still mentioned as a possible alternative in acute severe asthma, although current evidence does not support this option as better alternatives are available.

Overall, I think this is a very good effort for a first edition book. This book will be useful to those who need a text to study at leisure during an acute care posting.

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