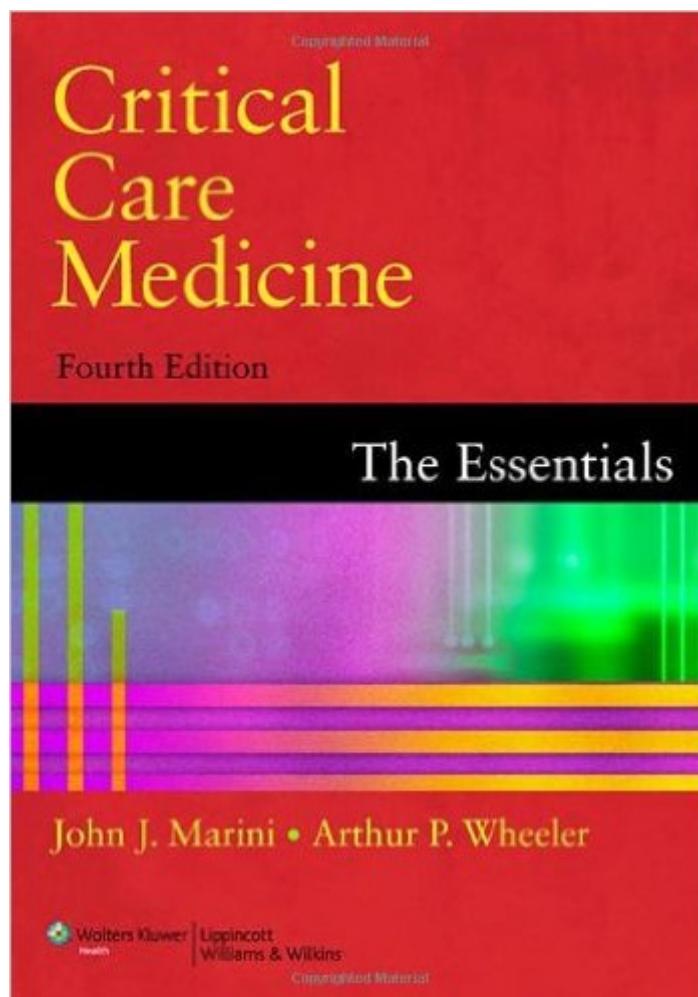


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# Critical Care Medicine: The Essentials



## Synopsis

Ideally suited for students in critical care rotations and residents, this concise, practical handbook presents the essentials of medical and surgical critical care in an easy-to-read format. The authors succinctly explain the pathophysiology underlying clinical disorders and the key principles of diagnosis and patient management, emphasizing cost-effective approaches. The Fourth Edition includes Controversies in Critical Care boxes in many chapters, which briefly summarize opposing arguments on controversial points. Other highlights include enhanced discussion of CT for abdominal disorders, new ACLS guidelines, and new material on removable IVC filters, interventional radiologic techniques for GI bleeding, and use of vascular ultrasound.

## Book Information

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## Customer Reviews

An excellent discussion of ICU/Critical Care Medicine pathophysiology and management approaches for principally the housestaff/junior fellow level. Chapters are pertinent and understandable. Does a good job of avoiding the tendency toward "cookbook" medicine found in several other CCM texts written at this level. End of chapter summaries are excellent. Focus is on developing understanding of key physiologic/pathophysiologic concepts and how they relate to monitoring, management, etc. rather than focusing on procedures and techniques. Should be the text of choice for medicine critical care rotations early in training as it really develops the appropriate foundation.

Perspective: I am a key faculty in an Internal Medicine training program, and we are developing a small resource library for the typical 4-week training rotations. We look for a good source of information that provides correlated pathophysiology with updated evidence-based management. To be reasonable with the goal of being readable in a 4 week period it should have up to 500-700 pages and be portable. We compared the Critical Care Medicine: The Essentials (JJ Marini, AP Wheeler) with the Manual of Intensive Care Medicine (RS Irwin, JM Rippe), and The Washington Manual of Critical Care (Marin H Kollef et al). The CCM staff was concerned that there should be adequate discussions particularly on sepsis and ventilation management. The Critical Care Medicine: The Essentials was chosen for the library as it fulfills our education requirements very satisfactorily. The discussions of airway and ventilation are excellent. The acid base and electrolytes chapters are well discussed and include common management errors to avoid. The chapters on nutrition and pharmacology are a welcome addition, sometimes overlooked in other references. The book does not include an illustrated section on invasive procedures, but this was not considered a limitation as most procedures are learned hands-on. Although there is no illustration on inserting a pulmonary artery catheter there are 47 pages on hemodynamic monitoring we considered more pertinent and expertly explained.

I bought this book because of the good ratings it has got, and also because it is recommended in my curriculum. I am planning to go into critical care after my residency, hence I was planning to read this book top to bottom. But the writing style is so obscure that it is very difficult to comprehend. From the first page itself, you would have to scratch your head over and over again on each paragraph. I am a very voluminous reader, but I couldn't really handle the obscurity with which this book is written. Everything seems very complicated in this book. Everything is written like a novel, without breaking it into points and trying to make it more digestible. I think this might be a good review book for those already in critical care practice, but maybe not so much for the residents who are just starting out. I finally decided to switch to Marino. I think either Marino, or Washington Manual or ACP manual on critical care should be more digestible than this.

Not bad, but the writing style is somewhat dense, making it difficult to read quickly. After a couple chapters I decided to switch to the ICU book by Marino and was happy I did. If you're a busy resident with limited time to read, go with Marino.

I recently bought this book and it really goes deep into subject - just the way I like it.

I attempted to read this book in preparation for a critical care rotation at medical school. It went completely over my head. For example, I did not understand a fraction of the chapter on respiratory monitoring! There are so many symbols and subscripts used that I constantly had to skim back over the previous paragraphs/pages to remember what they all mean. To be honest, I found the book unreadable. I gave it 3 stars though as it seems that the authors have put a lot of effort into it, there are plenty of diagrams, and it appears extremely comprehensive and in depth - so I am sure people with more of a background in these areas will appreciate it. Hence, it may well be a very good book - I don't know (as I can't read it). But unless every med student at every other medical school has a much stronger grounding in respiratory physiology in particular, I really do not think this book is suited for medical students (as it claims to). Even areas which I feel I have quite a good grasp on (like acid-base, electrolytes) were difficult to read - basically, I had to pause after every sentence and check that I had understood it and how it followed on from the previous sentence as the authors seemed to skip about three steps of thought within the imaginary gap between sentences. Now I know that studying should be hard work, but for a book that claims to have "concise, easy to read chapters" (see back cover), I did not expect something like this. I may come back to it when I have read a couple of other books that will enable me to actually understand a bit about the subject and see what I think of it then. But - and I must have said this about five times by now - I do not believe it is a useful introductory text for someone who has absolutely no previous knowledge of the subject. I am curious to hear if someone else has a similar experience.

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