

asthma, but other sources (eg, Clinical Medicine Consult 2008, <http://www.clinicalmedconsult.com>) recommend that azelastine be considered for moderate and severe asthma, in conjunction with nasal steroids. This book also recommends immunotherapy for severe asthma, but the world health initiative on allergic rhinitis group (Allergic Rhinitis and its Impact on Asthma [ARIA] guidelines (<http://www.wheai.org>) indicate that immunotherapy may be appropriate for moderate or even mild asthma. Doses and detailed information on the nasal medications discussed can be found in databases such as Epocrates (<http://www.epocrates.com>) or Pepid (<http://www.pepid.com>). The “Is It Allergy?” Web site (<http://www.isitallergy.com>) provides detailed instructions on in vitro allergy testing, laboratory locations, and test codes (<http://www.isitallergy.com/knowforsure/allergytesting/orderthetest.html>).

Allergic skin disease can frustrate patient and provider. An example of the clinical pearls you’ll find in this book is the suggestion that a topical calcineurin inhibitor is a first-line agent for the early signs and symptoms of atopic dermatitis. Another is dosing topical corticosteroids with “fingertip units.” Using the body map that displays the distribution of rash can help narrow the list of possible contact allergens. Readers will often refer to the recommended diagnostic tests and treatment plan for chronic idiopathic urticaria. The suggested articles on urticaria in the section on evidence-based medicine will help providers better counsel patients.

The chapters on food, insect, latex, and drug allergies continue to dispense pearls and useful clinical tools. There is a food cross-reactivity chart that counsels parents on the probability of clinical reaction to related foods. Providers are instructed to retest patients who raise high clinical suspicion of venom hypersensitivity if the first set of tests are negative. A sample modified latex “glove-use” test is described, because in vitro immunoglobulin latex tests are the only commercially available tests. Radiocontrast pretreatment and drug desensitization protocols are also provided.

Also included are discussions on less common allergy and asthma topics, such as hypersensitivity pneumonitis, effects of pollution, immunodeficiency, human immunodeficiency virus (HIV), and complementary medicine. The table on hypersensitivity pneumonitis antigen is helpful for review

for examinations. The table on immunodeficiency lists typical infections that occur with a given dysfunction and the appropriate laboratory tests. In our community, primary HIV care is not typically provided by allergists, so the chapter that overviews HIV is appreciated. The chapters on complementary medicine make the case for not sidelining this aspect of patient care. A table lists the mechanisms of, symptoms addressed by, and adverse effects of common medicinal herbs. There are even chapters on serum sickness, complement disorders, and geriatrics.

I am amazed how the authors and editor covered so much material in this relatively small book. Clear organization and writing partially explain this feat. Assessing the relative contributions of allergy, infection, structural abnormalities, and nonallergic conditions to a patient’s symptoms is a core diagnostic goal in allergy care, and is facilitated by the material and tools in this text. I am already looking forward to the second edition!

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#### **Airway Management in Emergencies.**

George Kovacs MD and J Adam Law MD. New York: McGraw Hill Medical. 2008. Soft cover, illustrated, 298 pages, \$69.95.

The management of airway emergencies has, unfortunately, become somewhat of a battlefield among specialties. In my hospital the disciplines of anesthesia, emergency medicine, and pulmonary critical care all vie for control of the emergency airway. But airway emergencies occur in various settings, so practitioners in several specialties encounter patients with airway difficulties. If a clinician is not equipped with the knowledge base and skills to rapidly assess and control airway problems, disaster can rapidly ensue. Many textbooks that deal with the emergency airway are geared toward a specific specialty or are too basic to be useful to a particular specialty. It is refreshing, then, to read **Airway Management in Emergencies**, which will be appreciated by a very broad audience.

This book evolved from the manual from a one-day airway course for Canadian emergency physicians. The book lends itself to reading in its entirety, unlike texts used primarily as occasional references. The content is general enough to appeal to nurses, medical students, respiratory therapists, and general practitioners, yet the details are deep enough to hold the interest of specialists such as anesthesiologists. I read it a month, before returning to the operating room to refresh my intubation skills, and felt as if I had recently completed a short but rigorous airway course.

The chapters progress in a relatively conventional fashion, beginning with basic techniques and airway physiology/anatomy, and progressing to direct laryngoscopy, alternative intubation techniques, difficult airways, rescue oxygenation, and special emergencies. The chapters all begin with a “Key Points” section, which, surprisingly (since these sections often lack substance), pack in useful details and practical points. Interspersed through the chapters are realistic clinical vignettes, which highlight particular airway concerns. These concerns are explored fully, with frequent reference back to the clinical scenarios. One of the more impressive features of the text is the numerous photographs and illustrations, which are detailed and extremely useful. The authors incorporate fluoroscopic images, photographs of real and simulated intubation, photographs of equipment, and step-by-step illustrations of technique.

The first 4 chapters lay a solid foundation for assessing the airway and making the decision to intubate, and stress the commonly overlooked importance of the bag-valve-mask. Chapter 2, “Definitive Airway Management: When is it Time?,” sets the tone for the rest of the text; it presents 5 complex but realistic cases in which we must decide whether to intubate. Bulleted text highlights the most pressing indications for intubation, but Kovacs and Law are careful to emphasize that the decision to intubate incorporates several clinical variables, including the potential for later clinical deterioration. This is a particularly important perspective, which, in my own practice I have found challenging to explain to medical students, residents, and nurses, who often want a concrete answer to the question “What are the indications for intubation?” Kovacs and Law go a long way toward explaining how nuanced airway problems can be, and in the case-review section at the end

of the chapter they succinctly examine clinical considerations brought up by the patient scenarios.

Chapter 3, "Airway Physiology and Anatomy," is the most useful introduction I have seen to anatomical considerations when assessing the airway, patient positioning, and directly visualizing structures during intubation. Kovacs and Law make liberal use of photographs from laryngoscopy and various illustrations that help visualize airway axes and classification schemes for glottic visualization, such as the Cormack-Lehane scale and percentage-of-glottic-opening (POGO) score.

The excellent use of illustrations is a consistent strength throughout the text. The fourth chapter, which stresses the importance of not fixating on endotracheal intubation as the primary airway technique, is a refreshing review of noninvasive airway management, including the simple face mask, nonrebreather mask, bag-valve-mask, and noninvasive ventilation. The authors offer several useful details and tips on the commonly overlooked subject of bagging.

Chapters 5 through 10 take us from a detailed section on tracheal intubation through to post-intubation management. Chapter 5, on tracheal intubation via direct laryngoscopy, should be required reading for everyone learning intubation, and is a useful reference for anyone who performs intubation. I imagine that this chapter would be less useful to the seasoned anesthesiologist who only intubates in the operating room, but could be a valuable review for those who occasionally respond to airway emergencies throughout the hospital and in the emergency department. There is a detailed explanation of equipment (eg, curved and straight blades) and techniques, and the authors take us through various clinical scenarios (eg, c-spine precautions, morbid obesity, pregnancy, the patient in extreme respiratory distress, and the pediatric patient) and how these influence positioning and equipment choice.

Chapters 6 through 8 explore alternative intubation techniques, rescue oxygenation, and awake intubation. I found these chapters fairly comprehensive and up to date on the available airway technology. The content ranges from the basic (eg, laryngeal mask airway, combitube) on through GlideScopes and fiberoptic techniques. These chapters are useful introductions to

advanced airway techniques, but are far from comprehensive. Clinicians who are already trained in advanced airway techniques would be better served by other texts with more in-depth discussions.

Chapter 9 backtracks a bit and covers rapid-sequence intubation. I liked that the authors put this chapter after a thorough discussion of intubation technique. Often, rapid-sequence intubation is mentioned near the beginning of airway texts, or is incorporated into the chapters on intubation. Kovacs and Law force the reader to step back and think again about preparation and anticipation, after having spent the past several chapters immersed in technique.

Chapter 10 briefly discusses confirmation of endotracheal tube placement and post-intubation care, including sedation, paralysis, and ventilator management, which, especially in the emergency department, often take a back seat to the intubation procedure, and nursing staff and RTs are commonly left to manage them.

Chapters 11 through 20 explore various details and concepts brought up earlier in the book. Chapter 11, "Approach to Tracheal Intubation," and Chapter 20, "Human Factors in Airway Management," stand out as "do not miss" sections. Both explore the human factors that affect the clinician and the whole team when managing an airway. These issues often are overlooked in the airway literature yet probably affect outcomes as much as technique does.

Chapter 13, "Airway Pharmacology," is a concise and useful reference that I find myself going back to again and again.

Chapters 14 through 19 examine specific clinical scenarios (central-nervous-system emergencies, cardiovascular emergencies, respiratory emergencies, the critically ill patient, the very young and very old patient, and prehospital considerations) and their implications for airway management.

I have very few criticisms of this book. Any text with such a broad audience will at times be too detailed for some and too general for others. In particular, experienced anesthesiologists will find the sections on advanced airway techniques lacking in depth. Critical care physicians will look elsewhere for discussions on noninvasive ventilation and ventilator management. Pediatricians probably would have appreciated a separate chapter on the pediatric airway, though the authors do manage to cover the topic quite well.

In summary, **Airway Management in Emergencies** is a comprehensive text that will have broad appeal among clinicians who deal with airway emergencies. From start to finish the book will prove most useful to emergency-medicine physicians and first-year anesthesia residents, but sections of the book will be useful to anesthesia attending physicians, critical care physicians, inter-nists, family practitioners, nurses, medical students, and respiratory therapists. To write a text for such a diverse audience while maintaining sufficient depth is a daunting task, but Kovacs and Law succeeded, and I enthusiastically recommend this book to anyone serious about learning more on the subject.

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**CT of the Airways.** Phillip M Boiselle MD and David A Lynch MB, editors. *Contemporary Medical Imaging* series, U Joseph Schoepf, series editor. Totowa, New Jersey: Humana Press. 2008. Hard cover, color illustrations, 425 pages, \$179.

This small-format, hard-cover book is the first in a series entitled *Contemporary Medical Imaging*. It has 16 well-referenced chapters, edited by 2 of the true world leaders on the topic, with 27 contributors from around the world, 408 pages, and a 4-page index. The pages are printed on a very nice glossy paper, and the book's numerous images include many color images, which reproduced beautifully.

This well-focused book is intended primarily for radiologists and pulmonologists involved in the care of patients with airway diseases, but would also be appropriate for thoracic surgeons, pulmonary pathologists, and other physicians with similar interests.

Imaging technology is now sufficiently advanced and used often enough to warrant the writing and purchase of such a focused book. Its stated goals are to provide an up-to-date review of airway anatomy, physiology, pathology, and computed tomography (CT) methods related to airways disease; a

The approach to airway management in the patient who has suffered from trauma is as follows: 1. Initial assessment: Recognize airway obstruction. 2. Perform airway maneuvers, clear the airway, and reposition the patient. The standard of care for securing an emergency airway in semiconscious or conscious patients is rapid-sequence intubation (RSI). The success rate of this procedure by properly trained individuals is greater than 97%, according to various studies.<sup>11</sup> RSI uses sedation and paralysis to facilitate intubation and minimize potential risks. In this particular airway emergency, the lesson learned was to always start with the basics of airway management. Links are provided below to previous blog articles with greater detail on each topic. I recommend reading to the end for the big picture and then returning to the links for more in depth discussions. Don't Be Afraid To Ask For Help In An Airway Emergency. Our intensivist called for assistance early. Rarely will you be in a situation where you are the only person trained in intubation. Emergency definitive airway management is a fundamental skill for physicians in the emergency department. The aim of this survey was to determine the perceived confidence in the assessment and control of the emergency airway, including rapid sequence intubation, among physicians in Scottish teaching hospital emergency departments. A postal survey of senior and middle-grade physicians in seven [Show full abstract] Scottish teaching hospital emergency departments. Airway management includes a set of maneuvers and medical procedures performed to prevent and relieve airway obstruction. This ensures an open pathway for gas exchange between a patient's lungs and the atmosphere. This is accomplished by either clearing a previously obstructed airway; or by preventing airway obstruction in cases such as anaphylaxis, the obtunded patient, or medical sedation. Airway obstruction can be caused by the tongue, foreign objects, the tissues of the airway itself, and bodily Basic airway maneuvers are essential. Many patients can be managed with simple maneuvers alone, preventing what seems like an otherwise necessary endotracheal tube. Despite our obsession with laryngoscopy, the most important skill in airway management is bag valve mask ventilation. If you can oxygenate and ventilate the patient, you can take all the time you need to ultimately pass the endotracheal tube. Make sure you have an appropriately sized mask.