
This Handbook of Disaster Research is a very different text and approaches disaster research uniquely as a social science phenomenon. The content of this book goes far beyond the usual approach of books dedicated to disaster research. Since September 11, 2001 (9/11), the tsunami in the Indian Ocean, terrorist attacks in London and Spain, and hurricane Katrina, along with many other global disasters, the social context of both disasters and disaster research has changed. Thus, the Handbook of Disaster Research is a timely and much needed contribution to the field of disasters and research. In this context of change, the editors of this handbook have brought together a comprehensive and interdisciplinary volume with a diverse and international group of contributors. This handbook is based on the principle that disasters are social constructions and that disasters can best be studied from a social science perspective.

This book, as the editors indicate, is best viewed as “a model of a library rather than a lengthy novel.” This handbook is indeed like a library of a wide variety of topics and perspectives related to disasters and disaster research that are not found in other books on disasters and disaster research. The editors have provided readers with a very comprehensive view of potential areas for disaster research, shaped from a social science perspective. One major focus of the book is the study of human behavior, in which adaptation, resilience, and innovation are revealed during times of disaster, versus normal times. Additionally, the editors focused on the impact of disasters on families, communities, organizations, and institutions, both from a “victim’ s” perspective as well as a “problem-solving” perspective. As would be expected in a book on disaster research, there are chapters that address the usual topics related to community warnings, search and rescue, coordination, and institutional adaptation, including dealing with death, injury, and recovery.

Early in the text there is a heuristic approach to definitions/descriptions of disaster—new and old set the stage for very different perspectives on disaster research. Conceptual and methodological issues are also emphasized early in the text, and the authors discuss the possible need for the development of a taxonomy. Meaningful classification systems can help with the categorization of themes running across certain types of disasters that are not common in other types of disasters. For example, empirical studies show that mental health issues are less common in floods, hurricanes, and tornadoes than in terrorist attacks. Failing the development of a classification, these authors indicate that disaster researchers will “continue to amass a disconnected collection of descriptive research that cannot be linked via existing conceptual models.”

A historical perspective of disaster and crisis research (after World War II) indicates that this is still a developing area of science, but the contributing authors highlight that the social context and types of disasters have changed in recent years, thus changing research agendas and approaches. Historical methodological issues related to timing, access, generalizability, and the need for triangulation continue to be relevant methodological issues; however, new technologies are making the work of disaster-related researchers easier, more efficient, and more effective. Geographic information systems and spatial decision support systems allow for mapping of hazards, management of resources, and can assist researchers with measurement of effectiveness of planning and risk management. (For the reader’s information, a geographic information system is a system that captures, stores, analyzes and manages data and associated attributes spatially referenced to the earth. It is basically a computer system that allows user-created searches, analysis of spatial-related information, the editing of data, maps, and presentation of results. Also, a spatial decision support system is an interactive, computer-based system that models decisions and supports users in achieving the most effective decision path when researchers are attempting to solve a semi-structured spatial problem.)

The book relates how the changes in context, because of situations such as 9/11, not only contribute to methodological issues, but to conceptual issues and new themes as well. One author states, “It’s the same, only it’s different.” Other early chapters contain essays on the impact of disasters and research issues related to various types of inequalities/vulnerabilities, including but not limited to race, ethnicity, class, and gender.

Although there is no question about the local impact of disasters, the economic impact can be global. Three factors that are related to economic life and impact are globalization, the business cycle, and vulnerability. The book suggests that researchers explore economic localization vis à vis globalization and provides a chapter on each of the traditional disaster stages research, such as: preparedness, emergency management systems, warning and evacuation systems, search and rescue, coordination/communication, sustainable recovery, and sheltering and housing recovery following disasters. Unusual content in this handbook includes the vulnerability, impact, and recovery of businesses. Historically, businesses have not been a unit of analysis for disaster researchers; however, this handbook highlights issues related to businesses and adaptation of organizations/institutions to disaster situations.

In addition to adaptation, according to the authors, 2 other social science phenomena that can be studied in disasters are innovation and resilience. This handbook contains chapters on community innovation and resilience, and also development (forward-focused investment/actions to improve social and economic conditions). The relationship between disasters and development in Third World countries is characterized in the book by a disaster/development matrix, which emphasizes that development can increase (or decrease) vulnerability to disaster, and disasters can impede development and/or provide development opportunities. The authors make the case for an interchange of ideas between disaster and development researchers, with attention to themes related to fruitful conceptual/thematic frameworks such as: gender domains (most development workers and policymakers are male dominated and employ a gender lens), livelihood approaches (aimed at supporting economic development), and social capital (in rela-
Several other chapters focus on disasters and research issues in an international context. The presentation of commonalities and peculiarities of disaster and crisis management in transitional societies such as the Soviet Union, eastern Europe, the Baltic states, and even China highlight the impact of unstable and changing governmental structures. The relationship of differing political, institutional, sociocultural features, in addition to the impact of possible conflict between public and governmental values and norms create both challenges and opportunities for disaster-related research. Also on a global level, this handbook has an enlightening discussion of terrorism as disaster, with an interesting discussion on the 15 scenarios that are central to the Department of Homeland Security Council’s planning for disasters. Although terrorist disasters can closely resemble natural disasters, there are differences and they may take many forms. The chapter concludes with a detailed discussion of 12 future research efforts related to this topic and governmental planning/response, including Homeland Security. The book includes a detailed discussion of Homeland Security policies specifically related to 9/11 and hurricane Katrina.

In the last 9 chapters this handbook provides some very interesting and different perspectives on disasters and disaster research, including a healthy discussion about the role of mass media in emergencies, the evolution of a popular culture of disaster (including movies, television stories, makeshift memorials, and even jokes and humor). Several chapters detail application of the research process to practice, including the relevance of research to emergency management, research application in the classroom, and application of research in science and technology to warnings, risk, and disaster information. An extraordinary amount of federal and state funds have been allocated to the advancement of science and technology, with the intent to improve warnings and reduce risk; however, the authors point out that, again, gender, race, ethnicity, and class may still have higher levels of risk despite these investments. One of the last chapters is devoted to a discussion on the paradigm shift in crisis management from local to global since 9/11. Some of the paradigm shifts discussed include: the empowerment of the citizen on the front line with the 9/11 commission; the impact of fear and the development of a crisis culture; the need for new, creative initiatives for citizens, governments, and industries; and engaging partnerships, locally and globally. The book concludes with a thought-provoking chapter on the “growth of a market of fear” and an analysis of United States vulnerabilities, with some important research and policy questions related to reducing this vulnerability in the context of the changing nature of disasters in the 21st century.

The Handbook of Disaster Research brings together chapters written by a variety of interdisciplinary authors and provides valuable information and perspectives for social scientists, including public health specialists, nurse scientists, and some physician groups, and educators of a wide variety of provider groups, including technicians, economists, and political scientists. The authors are clear that the book is written with these disciplines in mind; however, the book would also be valuable to health service researchers who are interested in health disparities, care of a number of vulnerable populations, and the implication of policy on practice, and it provides an interdisciplinary and international approach to disasters with theoretical, methodological, and practical applications.

For individuals interested in disasters and emergency response, this book provides some new and different perspectives on disasters and disaster research that would be valuable to practitioners, including technicians, nurses, and physicians. Additionally, for educators of all types of providers who are interested in boosting curricular content and including more information related to disasters and emergency management, this book provides thoughtful new perspectives on the content that educators need to consider.

For researchers and scientists across disciplines, this handbook provides not only new and different perspectives on disasters, but many chapters include future research agendas. One of the most important contributions of this handbook is the belief that future research priorities and possibilities would “generate the beginnings of an agenda for a new generation of disaster researchers.” With the material and thought-provoking discussions in this handbook, the new generation of researchers would look far beyond the historical approaches to disaster research.

This book is well-written by a very diverse list of contributors who bring valuable and differing perspectives to the topic. Generally speaking, the writing style is clear, concise, and readable; the print however, is a bit small. Though this is a future-oriented book, it has a great deal of facts and references that provide sound background and evidence for the conclusions provided by the authors.

The reference section, and the literature review seemed very complete. The reference section itself would be very helpful to students, scholars, scientists, and policy-makers from many disciplines. The authors took care to identify 3 areas of literature used in the book to support and provide evidence on the background for each chapter. These areas of literature review are popular literature (such as media), official literature (from governmental, quasi-governmental, and nonprofit assistance agencies), and professional and scientific literature from a variety of disciplines, including “geography, psychology, economic, political science, communications, operations research, decision theory, public administration, anthropology, and others somewhat difficult to classify by discipline.” The index is both useful and comprehensive. Overall, this is a very helpful book in both content and style.

Additionally, although there were not many illustrations, those provided were clear and helpful. In order to break some of the intensity of the reading, a few more illustrations might have been used; however, some of the content did not lend itself to illustrations and tables. If there is a down side to the book, it is that it is so large, has so much detail, and is so comprehensive. However, the down side is also one of its major strengths.

Patricia A Hinton Walker PhD RN
Graduate School of Nursing
Uniformed Services University of the Health Sciences
Bethesda, Maryland

The author reports no conflict of interest related to the content of this book review.

Teaching respiratory care students in the clinical setting brings up some familiar dilemmas for any instructor. How many times have I heard the question, “What is the shunt equation?” or “What is the dose of racemic epinephrine?” My usual response is, “Don’t you have a resource for that?” Usually, the student who is quickest with their pocket guide gets the answer. Here is another familiar situation: I find myself wishing for a handy graphic to explain intrinsic positive end-expiratory pressure rather than my own cryptic illustrations. No wonder you see so many lab coat pockets bursting with various pocket guides. They are valuable tools that can really save you in a pinch, and this one is no exception.

The utility of a pocket guide is largely governed by the quality and accessibility of its information. Respiratory Notes: Respiratory Therapist’s Pocket Guide makes a strong showing on both points. A thoughtful design combined with troves of useful information make this book a valuable tool for the respiratory care student or bedside clinician.

This pocket guide is another in a popular series published by FA Davis, called “Davis’ Notes,” with volumes in many specialty areas. The striking thing about this book is its design. The publishers put the guide together in a convenient, usable package. The compact book fits into a scrub pocket with room for your lunch money to spare. The pages are spiral bound on the top of the book, which gives it a notebook-like feel as you flip through the pages. The pages are printed on a durable material that is waterproof. The pages of the text may also be written on with a ball point pen and wiped clean with an alcohol wipe. I did test this claim and found it to be true. This is a convenience that increases the usability of some of the guide’s other features, such as blank forms and pages for notes. There are places to record frequently used telephone numbers, and even a place to mount a pad of sticky notes. At the bottom of the pages is a series of tabs, which are color-coded and indexed to allow quick access to the book’s sections. The indexed tabs give the book a tactile feel that adds to the accessibility of the information. The book’s index contains useful headings that also add to the accessibility of information.

The content is divided into 8 subject or section headings. The first section, titled “Basics,” contains some interesting features. Most of the information is in table format; it covers aspects of isolation procedures, age-based and culturally competent care, as well as some very handy conversion tables for weight, temperature, length, and pressure. I found the conversion tables particularly useful during my daily rounds. The information presented in this section is timely and based on an emphasis on the environment of care in today’s critical care settings.

“Assessment” is divided into 2 sections. One section covers the basics of bedside assessment, and the second section deals with advanced assessments. These 2 sections include an impressive amount of information, starting with the basics of interviewing, and flowing through the continuum of advanced critical care and pulmonary function. The formulas and values given within these sections are accurate and generally accepted. Of particular note, the information on blood gas interpretation and electrocardiogram interpretation was very useful when working with students in the hospital. It is here the reader finds a useful worksheet for patient assessment. Users can fill in the worksheet while doing chart reviews, to aid their information-gathering skills. I found the format very useful; however, I found myself cramped for room to write on this worksheet because of its compact size.

The section titled “Procedures” contains a host of procedures and algorithms commonly performed in respiratory care, in multiple care environments. Procedures in this section are based on the American Association for Respiratory Care clinical practice guidelines. The author introduces several algorithms in this section—a tool found throughout the rest of the book. Four of the major topics in this section include an algorithm: oxygen administration, humidity/aerosol therapy, hyperinflation therapy, and bronchial hygiene therapy. The algorithms are good examples of assess-and-treat protocols. They are based on sound information; however, they may not fit the needs or policies of various institutions. Overall, they are great example protocols that could be easily adjusted to fit into many different environments. For the respiratory care student, they are a great way to make an expert thought process explicit and visual, which is often the greatest challenge of teaching.

“Critical Care” is the largest section of the text. This section is packed with useful information and graphics. It begins with assessment of the critically ill patient, airway management, and monitoring techniques. A number of useful discussions happen under the heading of assessment, including a nice description of categorizing respiratory failure. The picture of a double-lumen endotracheal tube in this section saved my poor students from another one of my horrible illustrations during a clinical session. The bulk of this chapter covers mechanical ventilation, from initiation to liberation. Here the text goes through the basics of mode selection and ventilator attributes such as variables and alarms. The author devoted 23 pages to ventilator graphics, and he describes the basics of both scalar and loop waveforms, as well as several common disease states. The graphics are for the most part full-page, with brief text descriptions. In the months I toted this book around in my lab coat, I referred to the ventilator graphics most frequently while making bedside rounds with my students. The section concludes with a complete set of updated basic and advanced cardiac life support algorithms.

A section on neonatal and pediatric respiratory care is also filled with useful features. It begins with assessment of the newborn and includes a nice Appgar worksheet that can be filled in. There are also several assessments of maturity, including a Ballard gestational age assessment worksheet with graphic representations. A discussion of airway management precedes a number of algorithms that cover therapeutics, neonatal resuscitation, and pediatric life support. I found the algorithms on ventilator management and high-frequency oscillatory ventilation useful for my forays into the realm of our smallest patients.

No pocket guide would be complete without a section on pharmacology—a must have for respiratory care students. This text again did not disappoint my expectations; it includes complete tables that describe many common aerosolized medications and cardiac and advanced cardiac life support drugs. The tables are clearly organized and contain pertinent information. For each drug the table lists the generic name, trade name, formulation, strength, dosage, and adverse effects. There is also a short procedure listed in this section, which describes the place-

In its 3rd edition, this medium-sized, conservative-looking book has 1,065 pages and a blue soft cover. The title indicates that this book is intended as a fundamental source book regarding general, critical, patient care, in which the author did not intend to cover highly specialized topics such as burns.

A single author wrote all 3 editions. Being from a single author, the book has the advantage of maintaining a uniform viewpoint in all chapters. However, several inherent shortcomings or biases might be expected from a single author writing regarding extensive fields of critical care. In this latest edition the author invited another author’s opinions in the final 13 chapters of the book. I compared the contents of the 3rd edition to that of the previous edition, which was published 10 years ago.

The 3rd edition has 16 sections and 53 chapters. An appendix section has useful references such as the units of measurements used in medical sciences, selected reference ranges of clinical laboratory tests, and clinical scoring systems. The book consists of relevant basic physiology, pathophysiology, clinical manifestations, treatments and preventive measures, techniques, and the toxicology of critical care. Each chapter is organized into an introduction, chapter body with subtitles, and references. There are many tables, figures, and relevant pictures to clarify important content. The author rewrote most of the chapters in this edition. There are also 2 new chapters, on infection control in the intensive care unit (ICU) and disorders of temperature regulation.

The description of the contents in each chapter seems to talk with the readers by an appropriate choice of words. In this edition the author changed the description in many sentences, in order to clarify the meaning in the same context as that in the 2nd edition, such as the change of “flow in collapsible tubes” to “flow in compressible tubes.” The author also changed the format of each chapter by including a final section that summarizes the important information. The references have been updated, with an emphasis on recent reviews (up to 2006) and current clinical practice guidelines. Although the author does not explicitly state the target reader, the book will be useful for resident physicians, respiratory therapists, ICU nurses, and even knowledgeable ICU clinicians.

Section 1, the basic science review, covers the circulatory flow as well as oxygen and carbon dioxide transport in 2 chapters. It seems reasonable to put these 2 subjects at the beginning of the book, as the essence of critical care is to maintain optimal circulation and gas exchange. In this first section the author strengthened the contents on these fields, including clinical monitoring of the relationship between preload and systolic performance and diastolic heart failure.

In Section 2, preventive practices in the ICU are described, and infection control in the ICU is added as a new chapter. In the chapter on alimentary prophylaxis the author added a comparison of the effects of stress ulcer prophylaxis measures on the incidence of clinically important bleeding and hospital-acquired pneumonia in patients with mechanical ventilation. In Section 3, on vascular access, the author describes many practical aspects of catheter insertion and maintenance, and related complications.

In Section 4, on hemodynamic monitoring, the author explains the recent debate about the value of pulmonary artery catheters. The author rewrote “Correcting VO2 Deficits” in Chapter 11 and added the recent guidelines for early management of patients with severe sepsis and septic shock using central venous oxygen saturation.

In Section 5, on disorders of circulatory flow, the characteristics of fluids used for volume resuscitation has been added as a table, which will be helpful for resident physicians attempting to select the type of fluid best designed to correct a specific problem by adjusting fluid balance. The author also appropriately changed the end point of the volume resuscitation information.

In Section 7, regarding acute respiratory failure, I thought the author’s remark regarding the value of the $P_{aO_2}$ and arterial oxygen saturation ($S_{aO_2}$) as markers of the need for inhaled oxygen was much too decisive. The author pointed out the poor relationship between $P_{aO_2}/S_{aO_2}$ and the integrity of tissue oxygenation. The author states that possible replacements would be venous oxygen saturation ($S_{vO_2}$) and the ratio of $S_{aO_2}$ to $S_{vO_2}$. However, there is debate regarding the clinical value of $S_{aO_2}$ and the ratio of $S_{aO_2}$ to $S_{vO_2}$ as a global index of tissue oxygenation.

In Chapter 22, on acute respiratory distress syndrome (ARDS), the author summarizes the protocol for low-tidal ventila-
tion in a table; however, the author did not cite the ARDS Network trial of steroids in late ARDS, together with the previous positive results.

In Section 8, on mechanical ventilation, the author describes, in detail, lung-protective ventilation.

Section 9, on acid-base disorders, is well written. The influence of albumin on the anion gap and the role of bicarbonate as a buffer for acidosis were appropriately added to this section. Section 10, on renal electrolyte disorders, gives a thorough review of important electrolytes in critical care. Contrast-induced renal failure is appropriately highlighted. One of the major advances in recent critical care is the clinical meaning of transfusion.

In Section 11, on transfusion practices in critical care, the meaning of erythrocyte transfusion is well-addressed.

Section 12, on disorders of body temperature, is new in this edition. The author reviews the clinical issues of hyperthermia, hypothermia, and fever.

In Section 13, on inflammation and infection in the ICU, the information regarding initial volume resuscitation target and the role of steroids in severe sepsis has been updated. I appreciated the author’s comment on page 817 regarding antibiotic overdose in the ICU, as the author stated that, “the first rule of antibiotics is try not to use them, and the second rule is try not to use too many of them.”

The contents of Section 14, on nutrition and metabolism, do not differ much from those in the 2nd edition, except for the adrenal insufficiency and thyroid crisis issues.

The uses of analgesia and sedation are well-addressed in Section 15, on critical care neurology, where the individual dose titration and interruption of drug infusions are stressed. Chapter 50, on disorders of movement, are both well-written. The common pharmaceutical toxins are addressed in Section 16, on toxic ingestions.

I believe that the 3rd edition is correctly updated in terms of its content and contents descriptions, compared with the 2nd edition from 1996. The book is not superficial. The author carefully surveys the important fields of critical care. I did not find a typographical error during my review. It is amazing to me that a single author performed such an extensive review of the advances in each field and rewrote most of the 2nd edition. I enjoyed reading The ICU Book. The 3rd edition provides a valuable and detailed review of many important critical care fields. I recommend this text for respiratory therapists, physicians under critical-care training, and for critical care nurses.

Younsuck Koh MD PhD
Division of Pulmonary and Critical Care Medicine
Asan Medical Center
University of Ulsan College of Medicine
Seoul, Korea

REFERENCE

The author reports no conflict of interest related to the content of this book review.


The 1999 Institute of Medicine report To Err is Human: Building a Safer Health System put into words what many of us who care for intensive care unit (ICU) patients knew all too well. We knew that, despite the hard work and dedication of therapists, nurses, doctors, and many others, our patients did not reliably get interventions that could improve their outcomes. They were not nearly as safe in our hands as they should have been. Many of us responded to this challenge, dedicating ourselves to reducing errors by working harder, reading more, attending medical meetings, and sharing our experiences at morbidity and mortality conferences.

Despite our dedication and hard work, there is little evidence that ICU care has become safer or more reliable. In fact, both safety and reliability may actually worsen as treatment options become more complex. The Institute of Medicine report that working harder is not enough. What can we do to make ICU care safer and more reliable?

Avoiding Common ICU Errors is a bold title. The preface, written by safety advocate Peter Pronovost, lays out a 3-fold approach to improving ICU safety: “We need to expose mistakes, develop strategies to reduce them, and evaluate our progress.” How well does this book reach these aims? Who would want a copy of this text in her office reference collection? Would the title “Common ICU Errors” better reflect its content and value to readers?

Avoiding Common ICU Errors is organized into 14 chapters: 13 thematic, the last “miscellaneous.” Chapter subjects include medications, devices/tubes/catheters/drain/procedures, ventilators/airway/intubation/extubation, infectious disease, shock/fluuid/electrolytes, neurologic, laboratory, nutrition, renal, blood, imaging and tests, pregnancy, and miscellaneous. Each chapter contains a succinct 1–3-page review that includes relevant references that address specific issues that may lead to harm of ICU patients. For example, the first chapter, on medications, includes reviews of 57 topics, including “Know the characteristics of the narcotics you prescribe,” “Do not use succinylcholine in patients with burns, paralysis, or other high-potassium states,” “Remember that malignant hyperthermia may not have hyperthermia.” In total, the text includes reviews of 317 errors considered “common” by the 164 contributing authors.

The reviews are concise and well written; some contain a table or figure, and each includes 3–5 references. Most of the reviews are thorough, given their focused intent. The text itself is pleasantly readable and includes an index, although there is no separate index for tables or figures.

Do the reviews address truly common ICU errors? I would have expected more focused attention on nosocomial infections, including interventions designed to prevent device-related bloodstream infections and ventilator-associated pneumonia (VAP). Issues of device-related bloodstream infections are superficially addressed in the section “Be meticulous in the technique when inserting and caring for central venous access catheters in the ICU, to lower the incidence of infection.” The use of chlorhexidine as the preferred skin antiseptic is reviewed, although its described use (“should be applied via a concentrically larger circular motion for at least 20 seconds and should be allowed to dry without blotting or fanning”) does not match current manufacturer recommendations, which call for 30 seconds of back-and-forth scrub strokes on a dry site or 2 minutes of back-and-forth strokes on a moist site, followed
by 30-second and 2-minute drying times, without blotting, respectively. Also not addressed are details of post-insertion care, including minimizing blood-drawing through central lines, assessing need daily, and removing the device as soon as possible. Further, there is no mention that peripherally inserted central lines, when used in the ICU, have infection rates similar to conventionally inserted devices and should be managed with the same vigilance.

VAP, which is the most serious nosocomial ICU infection and is reviewed in the section “Keep the head of the bed elevated at least 30 degrees if no contraindications exist,” should get specific focus because there is good evidence that VAP rates can be reduced. One study demonstrated that by “bundling” head-of-bed elevation along with daily interruption of sedation, assessment of readiness to wean, and prophylaxis against deep venous thrombosis and stress ulcers, VAP incidence may be reduced by 44%. If that observation is correct, the implication is that ventilated ICU patients who do not routinely receive these therapies will continue to experience potentially preventable VAP.

One other intervention that did not get specific focus was the need to limit tidal volume when managing mechanical ventilation for patients with acute lung injury and acute respiratory distress syndrome (ARDS). The issue is addressed along with the ARDS Network results in the review “Know how to measure plateau pressure when using pressure-regulated volume control ventilation mode and know what to do with the value once it is obtained.” Given the importance of this simple, effective, inexpensive intervention, and knowledge that not all patients who qualify for the therapy actually receive it, I would have expected a specific topic review.

Though one could quibble with the topics included and omitted, I have a larger issue of concern. If the text’s stated aim is to avoid common ICU errors, how can I actually use this book to avoid common errors and improve safety in my ICU? It appears that the authors expect me to remember the more than 317 common errors and simply stop making them. For example, the first 10 topics encourage me to “monitor,” “know,” “consider” (twice), “strongly consider,” “avoid,” “use,” “specifically query,” “do not use,” and, finally, “remember.” Most of the other entries have similar exhortations. How could I or any other clinician possibly remember all the important dos and don’ts in this book? My perspective is that no human memory, most certainly not mine, has the capability to reliably recall the important contents of this book. How then can this book contribute to avoiding common ICU errors?

I believe the answer is found in Pronovost’s preface, where he states that “we need to expose mistakes” to make progress towards reducing harm. This text admirably takes a step toward that aim with its 317 topical entries and mention of other errors included within each review. What the text does not do is provide any framework, other than an individual clinician’s memory, to “develop strategies to prevent them.” For example, one strategy that improves the use of maximum barrier precautions during insertion of central lines is to assemble all appropriate supplies into a kit, thereby removing system barriers (eg, providers can’t locate the right supplies) and making it much likelier that providers will safely perform these procedures. I believe the text would be greatly enhanced by including references to ICU system design and improvement strategies, perhaps by including a chapter devoted solely to that topic.

For whom is this book useful? I recommend this book to ICU physicians, nurses, and respiratory therapists, particularly those searching for topics to focus ICU system improvement efforts. As Pronovost noted, reducing harm in the ICU begins by “exposing mistakes,” and this text’s authors should be commended for collecting and reviewing “Common ICU Errors,” which perhaps could be a more representative book title. “A journey of a thousand miles begins with the first step,” and this text does take an important first step in the journey to reduce harm and improve safety in our ICUs.

Michael E Westley MD
Pulmonary Disease and Critical Care
Virginia Mason Medical Center
Seattle, Washington

REFERENCES

The author reports no conflict of interest related to the content of this book review.