

Emergency Medicine On Call. 1st ed. Keim SM, Gomella LG, editors. Lange On Call Series. 2004. Lange Medical Books/McGraw-Hill. \$54.20. 720 pp. ISBN 0-07-138879-6.

E*mergency Medicine On Call* is the first ED-specific edition of this familiar series, which includes surgical and medical editions. This lab-coat-sized book is meant to be carried while in the ED as a quick reference source. In the preface of the book, it is described as a tool for “the house officer . . . to initiate effective evaluation and care of the emergency patient.” The intended audience here is the senior clinical clerk or the resident early in his or her training in emergency medicine. The book should be evaluated from the perspective of its intended audience, and not from the point of view of the practising clinician, who may well find it lacking in certain aspects.

The bulk of the topics covered in this book are presented in a symptom-based approach. It is divided into Adult, Pediatric, Trauma, Geriatric, and Toxicologic problems. There are also several minor chapters, including Fluid and electrolytes, and Blood component therapy.

The “presenting problem” approach is a different one than many ED guidebooks use, and in that respect, is somewhat difficult to get used to. For example, although there is no chapter on myocardial infarction, there is a chapter on “chest pain.” Herein lie both the

strengths and weaknesses of the book.

Each chapter is organized into 4 major headings: Immediate questions, Differential diagnosis, Database, and Plan. The Immediate questions section is almost identical in every chapter of the book, focusing on the airway, the vital signs, the medical history and medications. The Differential diagnosis and Database sections form the bulk of each chapter, and the student will find these sections most useful. They present key points that must be elucidated on the history and physical, and the differential diagnosis one must entertain for each presenting complaint.

The Plan section is the weakest from the point of view of a practising clinician. Therapeutic guidelines are too general and don’t include specific concerns associated with each agent. For example, in the chest pain chapter, the definitive therapy for AMI is described only as “Need emergency therapy or intervention.” Yet, there is no actual mention in this chapter about the specific indications, contraindications or dosing regimens for thrombolysis or PCI, respectively (although some of these details can be found in the appendix). A similar review through the book for other emergency medicine topics reveals the same theme; the history/physical/differential section is strong but the therapy section is weak.

Strengths of the book include its size and portability, a good procedures section and reasonable formulary, and its attention to topics not typically covered

in guidebooks (including bioterrorism, ventilator issues and cardiac transplant problems). There is also an excellent primer on ED ultrasound with some high quality black-and-white images.

Weaknesses that will hopefully be addressed in future editions include a virtual absence of discussion of the evidence for any intervention or test, and lack of resources on the inner cover that are often found in such books (ACLS protocols or RSI recipes for example). There are also very few tables or graphs (e.g., lack of the Rumack-Matthews nomogram anywhere in the book despite a reasonable discussion of acetaminophen poisoning, and no table listing expected peak flow values). Another serious weakness is the absence of a single Canadian author despite the 140+ contributors.

In summary, this is a reasonable guidebook for the student because it devotes significant discussion to the problem formulation aspect of a patient encounter. For the senior resident or practising clinician, this book is weak on therapeutics and does not discuss many of various controversial management issues that arise in the ED on a daily basis.

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