

Electrocardiography in Emergency, Acute, and Critical Care, Second Edition

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Electrocardiography in Emergency, Acute, and Critical Care, Second Edition*Mattu A, Tabas J, Brady W**American College of Emergency Physicians, 2019**330 pages, \$89**ISBN-13: 978-1732748606**ISBN-10: 1732748608*

Rapid, accurate interpretation of the ECG is an essential skill for emergency physicians, and the clinical application and knowledge of the ECG as it applies to a variety of acute medical conditions continue to evolve. The second edition of *Electrocardiography in Emergency, Acute, and Critical Care* is written with the acute care physician in mind. Assuming a high level of working knowledge allows the authors to include a broad range of pathology without lengthening the text to unconquerable proportions; one could read the book cover to cover during a day of board review, if one wanted.

An introductory chapter sets the stage for the importance of clinical acumen in reading ECGs in real time by taking a high-level view of the ECG in the initial evaluation of various chief complaints. After this, the book is broken into 17 additional chapters that group similar pathologies (eg, “Wide Complex Tachycardias,” “ECGs and the Poisoned Patient”), which allows rapid review of specific topics within a reasonable time frame. At approximately 300 pages, this allocates about 15 to 20 pages per chapter; thus, it is suited to individuals pursuing a solid but not exhaustive understanding of the included topics. The focus is on diagnosis, not treatment, although chapters do include logical algorithms outlining a suggested clinical approach to the topic at hand. Key points included at the beginning of chapters are expertly crafted to provide not just a preview of each chapter but also a clear elucidation of the most important learning points within for even more rapid review. Thorough references listed at the end of each

chapter provide opportunities for further detailed reading. Thus, whether it is used for building a presentation to students, quickly reading up after a puzzling case, or clarifying previously misty topics in one’s leisure time, the text is easy to adapt to one’s needs.

Chapters do not include case vignettes or highly detailed figures or diagrams, instead relying on simple schematics, annotated single-lead strips, and 12-lead tracings to illustrate the text. Figures demonstrating visual elements such as additional-lead placement and tables listing syndrome criteria also reinforce the written text; the design is such that a visual learner might browse only the figures and tables, a reader could use only the text, and both would glean the most valuable information. The text and figures are rendered in a fairly large font with a neutral color scheme, which creates a less busy effect on the pages than most textbooks. A book that uses almost 100% of its space on delivering information, as opposed to visual or textual “hooks” to keep the reader engaged, might at first glance repel learners raised in the era of pithy podcasts and problem-based learning; however, this reasonably young reviewer found it surprisingly readable. Overall, the succinct text, clear visuals, and clean style give practitioners, no matter how they best learn, the details they need to understand the topic for clinical application.

This textbook is a definitive and accessible resource for the acute care clinician reading ECGs in the course of daily practice. Its clarity and organization, crafted by experts in understanding and teaching emergency ECG interpretation, should allow any clinician with solid ECG-reading skills to improve and hone them for their next patient.

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