
Book and Other Media Reviews

□ **CRITICAL CARE TOXICOLOGY: DIAGNOSIS AND MANAGEMENT OF THE CRITICALLY POISONED PATIENT, 2ND EDITION. JEFFREY BRENT, KEITH K. BURKHART, PAUL DARGAN, BENJAMIN HATTEN, BRUNO MEGARBANE, ROBERT PALMER, AND JULIAN WHITE, EDITORS. CHAM, SWITZERLAND, SPRINGER INTERNATIONAL PUBLISHING, 3 VOLUMES, 3058 PAGES, 2017, \$338.**

The fine line between emergency medicine and critical care has been blurred during the past decade. The causes are many. In the past, a critical patient was stabilized in the emergency department (ED) then transported quickly to the appropriate intensive care unit (ICU), now we board these patients in the ED because “there is no room in the inn.” Emergency physicians are becoming fellowship-trained and board-certified in critical care specialties. In my institution, my former residents are attending in all of the ICUs. Emergency physicians are now performing procedures formerly practiced by intensivists; extracorporeal membrane oxygenation (ECMO), fiberoptic intubations, resuscitative endovascular balloon occlusion of the aorta, continuous electroencephalography, and dialysis. The number of drugs and poisons that patients are exposed to seems to increase exponentially. Intentional overdoses, illegal drugs of abuse, over-the-counter medications, herbals, accidental ingestions, alternative therapies, and occupational exposures have complicated the diagnosis and management of the poisoned patient. It is not unusual to see a patient with a combination of β -blocker, calcium channel blocker, opioid, and antidepressant overdose who is comatose, hypotensive, hypoxic, and having seizures.

The editors of the second edition of this text have tripled the amount of material of the first edition and have selected as contributors 211 of the world’s most knowledgeable toxicologists. That in itself is quite an accomplishment. The three volumes are divided into 27 parts and 168 chapters. Each volume has a table of contents, making it easy to find a particular topic. The individual chapters also have a contents with page numbers, increasing the ability to find information without reading through the entire chapter. This is a welcome addi-

tion to the text. The index is only found in volume three, which, when looking up a subject, the volume that you need is invariably the one you do not have. This is a common problem in all multivolume textbooks and does not detract from the overall efficiency of the work. The editors have chosen not to use the term *xenobiotic*, but rather use *poison* or *toxicant*. I cannot get used to the term *xenobiotic*, which somehow has made its way into our lexicon. The authors have made it a point to reference other chapters throughout the text that refer to additional material. This is quite useful when trying to cover a topic that may be included in several different chapters. Each chapter also has a table or two at the end summarizing the “pearls and pitfalls” contained in that chapter. These type of summaries increase the utility of a work this large. All of the chapters are extensively referenced, although most of the more than 30-year-old references could be eliminated.

I couldn’t wait to get into the “meat” of the text and started with my favorite area, natural toxins, for which there is 600 pages. The information included is encyclopedic and well written. My only disappointment was the inconsistency of the illustrations. There are many excellent color illustrations of plants, animals, and maps alongside plain black and white varieties. My other test of a textbook is to actually use the work as a reference when treating patients. I had the misfortune of being on toxicology call several days in a row with a variety of critical poisoned patients, including carbon monoxide, methemoglobinemia, β -blockers, serotonin syndrome, mushrooms, tricyclics, aspirin, acetaminophen, insecticides, opioids, methotrexate, and others. The work came through superbly. I learned many things that I was not familiar with in reading this text; the use of pentetic acid and 4-dimethylamino phenol, malignant hyperthermia-like conditions, ECMO for poisoning, adverse drugs reactions of all types (425 references), post-resuscitation management, and immunotherapy. Part II: Toxic Syndromes is a 300-page textbook of basic toxicology for students and a great review for those taking the toxicology board examination. All textbooks of this size have some redundancy and this one is no exception, especially when the use of antidotes is described.

In summary, this is an outstanding contribution to the literature of both critical care and toxicology. Everything you need to know, not just for the intensive care patient

but for any poisoned patient, clearly written by the world's experts. This textbook should be in every ED, ICU, poison information center, and toxicology program. Everyone from the medical or pharmacy student, resident, fellow, and toxicologist can find something here to improve their knowledge of toxicology and manage the critically poisoned patient.

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