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**Emergency Department Resuscitation of the Critically Ill**

Review by Stephen C. Morris, MD, MPH

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**Emergency Department Resuscitation of the Critically Ill***Winters ME, Bond MC, Marcolini EG, et al*  
*American College of Emergency Physicians*

It was with great pleasure that I agreed to review the second edition of *Emergency Department Resuscitation of the Critically Ill*, by Michael E. Winters. I had read and relied on the first edition posttraining. Like most who work in emergency medicine, I practice a great deal of critical care; however, I have not completed a fellowship in critical care, nor do I review critical care literature with the level of scrutiny that I would like. For those of us who want to ensure that we are up to date to guarantee clinical confidence, this book fills that need.

The structure of the text lends itself to both easy reading and quick reference and review. The chapters progress from undifferentiated problems, common presentations, and protocol updates to more isolated and specifically nuanced concepts and presentations such as head bleeding events, obstetrics and gynecology, and pediatric critical care. This is a multimedia book tailored to the educated adult learner. Each section includes a robust combination of algorithms, figures, images, and tables that allow visual learners to supplement the clearly written text. Each page and section contains “pearls” statements reiterating and highlighting the take-home or not-to-miss concepts.

Germane to the changing needs and demographics of our practice, several sections are particularly enlightening to those of us years out from our time in the ICU. The chapter on the

crashing morbidly obese patient reviews some of the nuanced management we should be striving for as more of our patients become obese, such as specific airway and ventilation management and use of ideal versus total body weight calculations for critical-care-specific medications. Consider another example from the chapter on left ventricular assist devices. Although these patients have long been the domain of specialty centers, with complex physiology and complications, the longevity now offered by the devices will ultimately make them the domain of the community emergency department. Additionally, at the cutting edge of our practice, the text contains a chapter on extracorporeal membrane oxygenation, with a discussion of the practical and clinical aspects of implementation.

The book has several standout chapters and sections, such as the pharmacologic and physiologic review of pulmonary hypertension. The clear and well-illustrated ultrasonographic review section will be relevant to ultrasonographic practitioners. Last, there are several rare procedure overviews, such as neonatal resuscitation and postmortem cesarean section, which one should not miss an opportunity to review.

Overall, the text provided a welcome combination of review and updates in a format ideal for the practicing emergency medicine clinician or resident.

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Objectives: To assess the feasibility of constructing left ventricular response curves non-invasively during the fluid resuscitation of critically ill patients in the emergency department (ED) using a portable suprasternal Doppler ultrasound (PSSDU) device. Design: Prospective case series. Setting: Emergency department, Catholic University of Leuven, Belgium. Patients: Shocked patients in the ED were diagnosed by predefined criteria. Only those thought to require standardised intravenous colloid challenges were observed i. e., sequential boluses of 3.5 ml/kg/10 min titrated against changes in