
This ‘pocket’ handbook comprises two sections with 22 pages of appendices. Its target audience might include trainees, senior doctors, nurses, and pharmacists. The first section comprises a compendium of drugs frequently used in intensive care listed in alphabetical order. The list is not exhaustive and those drugs included and excluded could bear further scrutiny in future editions. For example, meperidine is included but remifentanil is not. In general, the detail provided for each drug is better and more relevant than the British National Formulary (BNF) but the amount of information provided varies from just a few lines for cyclizine to a page and a half for meperidine. Ranitidine and heparin also receive less coverage than meperidine. Some comments of limited relevance are repeated such as not mixing gentamicin with other antibiotics in the same syringe. This advice occurs in several entries in the compendium and in two separate charts in the book. Others are of limited relevance in the ICU setting, for example, the stated risk of omeprazole masking gastric carcinoma. Contraindications to suxamethonium in the ICU are insufficiently explored. Droperidol is described even though it is no longer listed in the BNF. The book indicates mannitol may only be used before surgical treatment of raised intracranial pressure (ICP) and thiopental is not listed as being useful for this indication at all (which it is in the BNF). Both are used in the medical management of raised ICP. Drug names often do not follow modern nomenclature nor are they used consistently (e.g. clomethiazole). Some suggestions are a cause for concern. For example, the entry for amitriptyline suggests that the delay in initial efficacy requires ‘loading’ to overcome this problem and also describes the i.v. route of administration which is not listed in the BNF. Some authorities advise a gradual increase in dosage to avoid adverse effects. The ‘loading’ regimen is not described and the non-specific advice is at best unhelpful, and potentially even harmful. Dalteparin, a renally eliminated drug, is described as a drug that needs no adjustment in renal failure in the second section of the book, which describes general principles of pharmacotherapy. Therapeutic dalteparin is best avoided in renal failure.

The material and coverage in the appendices is a bit uneven: one and a half pages about drotrecogin in the drug compendium compared with 10 pages in the appendices describing the York method of its prescription and administration.

This handbook has many virtues and the concept of having a book to hand that educates with regard to salient pharmacology as applied to intensive care is welcome and needed. However, the devil is in (a minority of) important details and future editions should ensure that the coverage and depth of coverage is appropriate to the title. Most importantly, suggested practices must be safe and correct. I look forward to an updated fourth edition and the target audience will then have a very valuable resource.

D. Noble
Aberdeen, UK
E-mail: d.noble@nhs.net
doi:10.1093/bja/aem282