Letters

Differential diagnosis of malignant hyperthermia

To the Editor:


I think it important to mention to your subscribers that MHAUS does not recommend "hyperventilating the patient with 100% oxygen via a separate system (emphasis added) free of triggering agent" as stated by the author. Rather MHAUS recommends "hyperventilate with 100% oxygen at high gas flows; at least 10 L/min. The circle system and CO2 absorbent need not be changed."1

Recently, I became aware of this change when we experienced unexpectedly a malignant hyperthermia case in a pediatric patient. This change has a significant impact on streamlining the treatment process during the unexpected crisis. MHAUS still recommends turning off and draining the Drager and Ohmeda Modulus II vaporizers prior to induction of the known malignant hyperthermia. "Otherwise vaporizers should be removed and 10 liters of oxygen flushed through the machine for 15 min. A new circuit should be supplied."2

REFERENCES


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Book Reviews


The growth of pediatrics as an anesthesia subspecialty has in many ways limited the exposure of the nonspecialists to the management of the pediatric surgical patient. Situations necessitating urgent decision making may thus prove difficult to those providers lacking familiarity with current practices in pediatric anesthesia. Dr. Bloch's objective in compiling Pediatric Anesthesia: A Pocket Companion, is to provide a quick, accessible reference text for anesthesia trainees, CRNAs, and anesthesiologists who may not routinely be involved in the perioperative care of pediatric patients.

The pocket companion is organized into 13 chapters with four supporting appendices. On initial reading I did not find the overall design and presentation of this book to be strikingly clear and accessible. Subsequent familiarity with the pocket companion, gained from personal use within the operative suites, led to the awareness that the source of my frustration stemmed singularly from the first chapter.

Chapter 1, "Doses of Anesthesia-Related Drugs," consumes approximately one-fifth of the book and exhaustively categorizes...
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rizes specific drugs and their dosages. The drugs are classified according to two different themes. First, a portion of the chapter classifies drugs and their dosages according to their anesthetic usage, i.e., premedication, induction, maintenance, and reversal agents. Second, drugs are categorized according to their general pharmacological usage. Such lists include antibiotics (an excellent table), analgesics, antiemetics, local anesthetics, and others.

The use of two different classification systems in this first chapter thus creates redundancy in drug listings. For example, the various dosing regimens for fentanyl are scattered under the headings analgesia, induction, maintenance, and premedication. Unless one becomes fairly familiar with the specific organization of this chapter, it becomes burdensome for the practitioner to page through the classifications to find not only the appropriate dosage but also the appropriate classification under which the relevant dosage is given. While the inclusion of a very concise index at the rear of the pocket companion will rapidly send one to the proper page, a more quickly accessible list of commonly used pediatric drugs might simply contain the drug name followed by all dosage(s) specific to the relevant usage(s).

The remaining chapters contain concise, clearly presented, and detailed information on pediatric monitoring techniques, fluid requirements and composition, blood components, temperature control, neuromuscular blockade, pediatric airways, ventilatory circuits, regional techniques, resuscitation, and more. These chapters range in length from 2 to 20 pages, contain multiple quick reference charts and tables, and are thus a readily available source of consultation for those faced with the anesthetic management of the pediatric patient. This information would be invaluable, particularly for the student nurse anesthetist or anesthesia resident still mastering the details of pediatric anesthesia care.

Perhaps one of the most useful chapters in the pocket companion centers upon the differential diagnosis and treatment of intraoperative complications. Clinical scenarios include the more commonly encountered problems, such as bradycardia, hypoglycemia, and electrolyte abnormalities, to the more challenging problems, such as air embolism, diabetes insipidus, and epiglottitis. The chapter is concise, well written, and includes specific treatment protocols that are clearly outlined and easily followed. Praise is also in order for the final appendix. This appendix contains a 20-page listing of more than 140 primarily pediatric syndromes. Each of these syndromes is briefly described along with highlights of their pertinent anesthetic implications.

In summary, the author has accomplished his goal of providing a convenient pocket-size pediatric anesthesia handbook. This hardbound text is affordable, compact (6 inches by 4 inches), and accurate in its instruction. Although the information in the first chapter could perhaps be condensed, the text is generally concisely written with complete references furnished for more in-depth study. As such, I fully believe the pocket companion to be an asset for the novice anesthesia practitioner, as well as for those only occasionally involved in the care of pediatric patients. However, those heavily involved in the daily practice of pediatric anesthesia will have little new to gain from its reading.

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