

*Emerg Med J* 2008;**25**:619–620.  
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## REFERENCES

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## Administering a glyceryl trinitrate infusion: faster is better than slower

I would like to thank Alistair Steel and James Varley for their interest in my paper and for their extremely useful comments.<sup>1,2</sup> I would agree with them that infusions should be purged before connection—something which I suspect is commonly done—and that higher doses of glyceryl trinitrate should be used, a point which I make in my paper. I also agree with them that a bolus should be given in critically unwell patients while the infusion is being set up; however, I suspect this is not done routinely. For this reason, I still believe that it is very useful to make practitioners aware of the extreme differences in dead space depending on the cannula size and initial infusion rate used. I hope that, after the considerable interest the article has generated, an initial bolus, a higher initial infusion rate and a move away from large diameter cannulae will become common practice.

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1. **Steel A**, Varley J. Administering a glyceryl trinitrate infusion: faster is better than slower. *Emerg Med J* 2008;**25**:60.

2. **Reed MJ**. Administering a glyceryl trinitrate infusion: big is not always best. *Emerg Med J* 2007;**24**:423–4.

## BOOK REVIEW

## Textbook of pediatric emergency procedures, 2nd edition

Edited by C King, F Henretig. Lippincott Williams and Wilkins, New York, 2008, £109 (hardback). ISBN-13: 978-0-7817-5386-9 and ISBN-10: 0-7817-5386-4

When I first received this book it quickly became apparent that it is not for a little light reading. I was expecting a handy-sized paperback so when the large tome arrived I failed in my attempt to read it from cover to cover. It immediately strikes you as a reference book, with over 1200 pages from a group of 150 American authors. It is split into 18 sections, each being subdivided into chapters covering all aspects of paediatric care including anaesthesia and sedation, neonates, toxicology, trauma and other general concepts. The chapters are structured in the same way covering anatomy and physiology, followed on by details of how to carry out the relevant procedure. Many of them are very wordy but are interspersed with some clear diagrams and anatomical pictures (mostly in two colours) and handy summary boxes at the end covering the main points.

It is nice to see a book aiming to cover everything one would need from a practical perspective and it could appeal to anyone who cares for children—nurses, anaesthetists, emergency physicians and those in the pre-hospital setting; however, only if you have time to sit and read it. As it appeals to a wide audience it is at times quite basic in its approach and probably will not add a huge knowledge base to senior doctors who work in the paediatric emergency department. Indeed, much of the content will be revision.

Some of the topics do not lend themselves well to being described at length, such as antiseptic non-touch techniques or how to attach monitors to children—they intuitively are better learned via a hands-on

approach. There are also many skills that in the UK are covered by courses such as advanced paediatric life support.

As it is American some chapters are not relevant to UK practice, for example laws on consent, the basic life support and difficult airway algorithms, or how to perform cystograms or a formal thoracotomy. Indeed, some of the topics appear to be outwith the realms of emergency medicine, such as how to prevent meconium aspiration.

There are some exceptions though, in that some of the more minor practical procedures were well done but still more as a reference not as a rapid access format. There is also a good section on the use of ultrasound, which is becoming more prominent in UK departments.

It is great to see a textbook for a still fairly new subspecialty within emergency medicine, but I do not feel it is quite there in being as user friendly as the authors intended. If it was a pocket book format it would be much more accessible. It will be helpful within a department as a good reference book when there is a spare 10 minutes to look at it and it will be a useful revision aid for paediatricians and emergency physicians alike. You would want to think about buying it for yourself though for £109!

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## CORRECTIONS

doi:10.1136/emj.2008.061325corr1

The Best Evidence Topic reports in the June issue (*Emerg Med J* 2008;**25**:365–9) were edited by Bernard A Foëx and not Simon D Carley.

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The coordinators for the Emergency Medicine Questions in the July issue (*Emerg Med J* 2008;**25**:394) were Louisa Mitchell and Gavin Lloyd.