

The Resuscitation Crisis Manual: For the Briefcase, the Breakroom, and Beyond, 1st ed

Weingart SD, Borshoff DC. Perth, Western Australia: Leeuwin Press, 2018, 100 pages, Paperback \$49.00 (USD), ISBN: 978-0-6482702-5-6

The 2018 *Resuscitation Crisis Manual* (RCM) offers a 1-stop cognitive aid for 49 of the most terrifying things that befall patients in the intensive care unit, the emergency room, and the medical and surgical wards. I expect it to sell like hot cakes and be found everywhere from code carts to call rooms, from briefcases to breakrooms because it is eminently practical and because of its novel, ergonomic design. While there is no shortage of handbooks, this unique intensive care unit resource mirrors a *Cockpit QRH* (quick reference handbook) and is written in aviation checklist format. It is color coded, ring-bound, and water resistant, has a large font, and is durable enough to survive being thrown from 1 grateful doctor or nurse to the next.

If this format seems familiar, it is because this first edition RCM is the companion to Borshoff's¹ *Anesthesia Crisis Manual* (ACM). The ACM was published in 2011, is now in its second edition, and has been lauded worldwide. Fast forward to 2018, and Weingart² and Borshoff have created a resource for the rest of the hospital. In both manuals, the chapters cover what matters most and are buttressed by international guidelines. An informative podcast, describing the genesis of these 2 manuals, outlines how Borshoff wrote all of the ACM's chapters.² For the RCM, chapters were authored by the good and great of resuscitation, followed by 2 additional years of editing.

With the RCM, I have a recommendation when trainees ask for 1 book with which to start their intensive care unit rotation. This book is also a resource with which to facilitate a preemptive team huddle and guide mental rehearsal. The RCM is more than succor for terrified juniors. I imagine gray-haired medical staff thumbing its pages. After all, each of us needs to ensure that we can still "bring it" to the bedside. I shall have a copy in my bag as I walk down to the emergency department and will consult it while awaiting the elevator. Few of us need a checklist for myocardial infarcts, but it is reassuring for topics such as cardiogenic shock, major burn, mass casualty, and postpartum hemorrhage. We can also access this book wherever the Internet lets us down. However, the RCM also comes with a free PDF download and access to electronic updates.

The editors' stated goals are to guide the early management of emergencies and combat chaos using a systematic approach. The book begins with 2 color-coded Crisis

Protocol sections. The first section covers the cardiovascular and respiratory systems. The second covers neurologic, metabolic, electrolyte, drug, trauma, and obstetrical emergencies. The remainder covers crisis procedures, ranging from how to balloon tamponade massive gastrointestinal bleeds or insert a pacemaker and when to "beg" for coronary angioplasty or extracorporeal membrane oxygenation. It covers quotidian procedures like airway management and once-in-a-decade procedures such as lateral canthotomy and penile aspiration.

The editors are educational luminaries. Scott Weingart is an American Emergency Intensivist with fellowships in Trauma, Critical Care, and Extracorporeal Membrane Oxygenation. He is best known for the EmCrit podcast, which has surpassed 30 million downloads. No less accomplished is Australian Anesthesiologist, David Borshoff, who has subspecialty training in Transplant and Cardiac Anesthesia and maintains a pilot's license alongside interest in human factors and patient safety. Readers get the benefit of editors who understand how adults learn and how we react when things go askew. Accordingly, all of their checklists are concise (never >14 items and usually <10) as well as action based (rather than just boxes to tick).

So, is it perfect? Can any book claim to be? The RCM has the potential to save lives and deserves high praise, but it is not without caveats. A tool is only as good as the individual or team that uses it. Moreover, no book can replace experts, experience, or judgment, and there is rarely only 1 correct way. We should also be wary of checklist worship, medicine by rote, or any suggestion that practitioners can outsource the hard graft required to learn crisis management. I am confident that the authors would agree. Regardless, it is now up to frontline practitioners to ensure that this pluripotent resource is not only purchased but prudently applied.

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