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In further disappointment, after chapter 8, the authors almost forget about the ventilators and suddenly take up the subject in chapter 17 again where they discuss weaning. As a critical care physician, central lines, intubations, vent management and trouble shooting are what is expected from critical care fellow in first two to three months.

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Undoubtedly, The Washington Manual of Critical Care serves its purpose well “ to assist all health care providers involved in the care of the critically ill in some meaningful way. ” The manual is meaningful for (1) the practicing physician wishing to update his or her knowledge base, (2) residents just being introduced to critical care, (3) critical care nurses wishing to know more about diseases they see in the intensive care unit (ICU), and (4) junior doctors/medical students searching ...

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