Preface to the Second Edition

Dear Reader,

Some of you may have read the first edition of *Near Misses in Pediatric Anesthesia*, published by Heinemann-Butterworth in 1999. I thought this would be the only edition. But thanks to Shelley Reinhardt, Senior Editor, Springer Science+Business Media, the first edition has been revived. This is therefore the second edition with 40 new additional cases. The original 47 cases have been revised and updated. I hope you will find the cases interesting and educational.

Again, each individual case starts with a short introduction. You are provided with the essential information to solve the problem. On the following page, you are given the solution and suggested management.

As with the first edition, the management of the cases may be controversial. Hence, I hope they will provide a basis for a discussion between a faculty member and an anesthesia resident, an anesthesia assistant, a CRNA, or a medical student as to other and possibly better alternative solutions.

Anesthesia has become much safer since I started my training in Oslo, Norway, on July 1, 1970. Now, 43 years later, I often cover up the anesthesia monitor, including information from the anesthesia machine about tidal volume, etc., when I work with new trainees. I say, “Now give the anesthetic. This is what it was like when I started.” The response is utter disbelief. But the reason I do this is to stress the importance of examining your patients. This is especially true when the patient’s vital signs are unstable. Remember not to solely rely on the monitors, as they are only an aid in your ongoing clinical assessment of your patient’s well-being.

To paraphrase Hippocrates:

*The art is long,*

*Life is short,*

*Experiments perilous,*

*Decisions difficult.*

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Anesthesiologists sometimes face difficult decisions in “near miss” situations. The risk-to-benefit ratios in these cases are often unknown. Fortunately, near misses occur rarely. The near misses reported in this book come mostly from my 30 years experience in clinical anesthesia in the United States, Scandinavia, and South Africa.

Each of the 47 cases starts with a short introduction to the clinical problem. The reader is provided with all the essential information necessary to prevent a disaster. The next page provides a solution and analysis of the problem, makes recommendations, and provides references for further reading.

Some of the sequences in the management of these cases may be controversial. As such, they may form the basis for a teaching discussion between a faculty member and a resident in anesthesiology. Most of all, the book is designed to alert the reader to various precarious situations that can arise and how best to prevent or deal with them. To paraphrase Hippocrates:

\begin{quote}
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\textit{Experiments perilous,}
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\end{quote}

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