This is a well-written, easy-to-use, step-by-step guide to providing ambulatory pharmaceutical care to patients with type II diabetes mellitus. This book will give the ambulatory care practitioner a sound footing on which to establish a diabetes practice.

The book is divided into 3 parts, which are further subdivided into a total of 12 units. The 3 major sections are as follows:

• Part 1: Collecting and organizing patient-specific information
• Part 2: Developing a care plan
• Part 3: Managing the care plan

This well-referenced book presents many useful tools, including data forms, physical assessment tools, and medication calendars. To complement this hands-on approach, the reader is presented with several case scenarios to work through, a process that affords further insight into the patient with type 2 diabetes mellitus. The self-assessment section allows pharmacists to gauge their own learning.

As is the case with many American publications, non-SI units are used, so the reader may have to convert values to more familiar units for assessing laboratory data. The emphasis on the physical examination is greater than in the Canadian pharmacy literature. For the benefit of the new ambulatory care practitioner, the Ambulatory Care Clinical Skills Program: Core Module (by W. Munroe, G.C. Briggs, and C. Dalmady-Israel; ASHP member price US$79.95) is often referred to in the text.

This book is directed to the ambulatory care pharmacist who anticipates seeing diabetic patients in his or her practice. Its easy-to-use, case-based assessment, along with charts, tables, forms, and concise reviews of therapeutics, make this a valuable addition to the library of pharmacists who want to enhance their role in ambulatory care.

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LETTER TO THE EDITOR

Guidelines for Replacement Electrolytes: Clarification

It has come to our attention that in our paper on evidence-based guidelines for replacement electrolytes,1 the second section of Appendix 1 should be entitled “Guideline for replacement of ionized calcium” rather than “Guideline for replacement of calcium”. Because the levels of ionized calcium are about 50% lower than those for total calcium, we believe that most readers will be aware that the guideline refers to ionized calcium. Nonetheless, we wish to bring this point to readers’ attention to avoid any confusion.

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Reference

The Ambulatory Care Clinical Skills Program: Type 2 Diabetes Mellitus Management Module