



Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine (Pocket Notebook) Fifth Edition

By Marc S. Sabatine MD MPH

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Prepared by residents and attending physicians at Massachusetts General Hospital, the 5th edition of **Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine** provides key clinical information and solutions to common problems faced in the practice of internal medicine. Designed to fit in a pocket, this 6-ring looseleaf binder tackles the diagnosis and treatment of the most common disorders in cardiology, pulmonary medicine, gastroenterology, nephrology, hematology-oncology, infectious diseases, endocrinology, rheumatology, and neurology. Bulleted lists combined with tables and algorithms allow busy clinicians to find the information they need rapidly. A 16-page color insert displays classic normal and abnormal radiographs, CT scans, echocardiograms, peripheral blood smears, and urinalyses seen in the practice of internal medicine. Completely updated, this highly regarded, best-selling reference is ideal for medical students, interns, residents, and candidates reviewing for internal medicine board exams.

FEATURES:

- User-friendly 2-color design
- Small enough to fit in a pocket
- 6-ring binder to accommodate notes
- Tabs help locate major organ systems quickly
- Content has been fully updated to include the most recent information across the full breadth of inpatient internal medicine.

If you purchased a copy of Sabatine: Pocket Medicine 5e, ISBN 978-1-4511-8237-8, please make note of the following important correction on page 1-36:

Oral anticoagulation (*Chest* 2012;141:e531S; *EHJ* 2012;33:2719; *Circ* 2013;127:1916)

· *All valvular AF* as stroke risk very high

· Nonvalv. AF: stroke risk ~4.5%/y; anticoag @ 68% ↓ stroke; use a risk score to guide Rx:

CHADS₂: CHF (1 point), HTN (1), Age ≥75 y (1), DM (1), **prior Stroke/TIA** (2)

CHA₂DS₂-VASc: adds 65–74 y (1) ≥75 y (2), vasc dis. [MI, Ao plaque, or PAD (1)]; ? (1)

score ≥2 @ anticoag; score 1 @ consider anticoag or ASA (? latter reasonable if risk factor age 65-74 y, vasc dis. or ?); antithrombotic Rx even if rhythm control [SCORE CORRECTED]

· **Rx options: factor Xa or direct thrombin inhib** (non-valv only; no monitoring required) or **warfarin** (INR 2-3; w/ UFH bridge if high risk of stroke); if Pt refuses anticoag, consider

ASA + clopi or, even less effective, ASA alone (*NEJM* 2009;360:2066)

Please make note of this correction in your copy of Sabatine: Pocket Medicine 5e immediately and contact LWW's Customer Service Department at 1.800.638.3030 or 1.301.223.2300 so that you may be issued a corrected page 1-36. You may also download a PDF of page 1-36 directly from www.lww.com/PocketMedicine.

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CHA2DS2-VASc: adds 65–74 y (1) ≥75 y (2), vasc dis. [MI, Ao plaque, or PAD (1)]; ? (1)

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Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine (Pocket Notebook) Fifth Edition By Marc S. Sabatine MD MPH Bibliography

- Sales Rank: #3757 in Books
- Published on: 2013-10-15
- Original language: English
- Number of items: 1
- Dimensions: 6.00" h x 4.00" w x 1.00" l, .65 pounds
- Binding: Ring-bound
- 280 pages

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David Tillery:

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