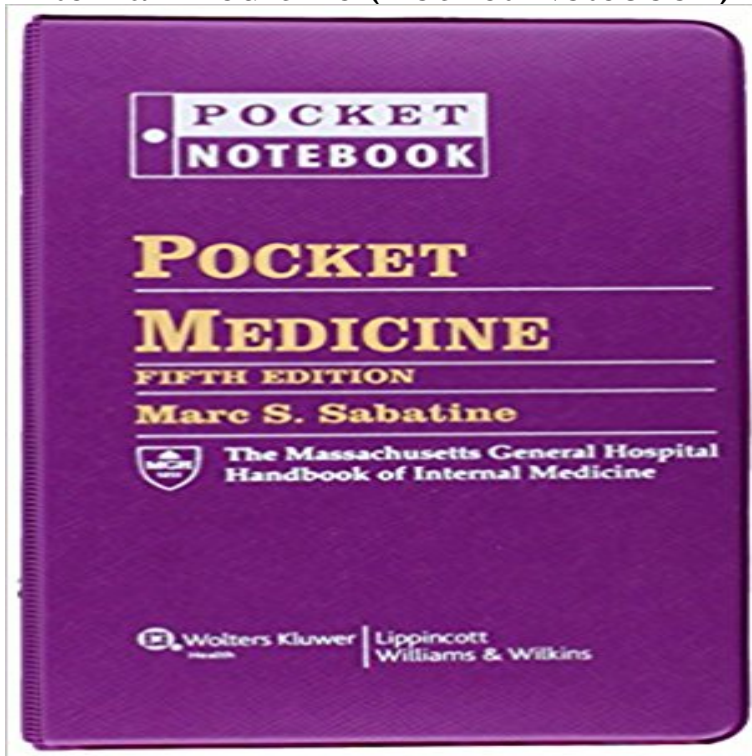


# Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine (Pocket Notebook)



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  $\geq$ 75 y (1), DM (1), prior Stroke/TIA (2) CHA2DS2-VASc: adds 65-74 y (1)  $\geq$ 75 y (2), vasc dis. [MI, Ao plaque, or PAD (1)]; ? (1) score  $\geq$ 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](http://www.lww.com/PocketMedicine). All copies of Pocket Medicine, 5e with the ISBN: 978-1-4511-9378-7 include this correction.

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