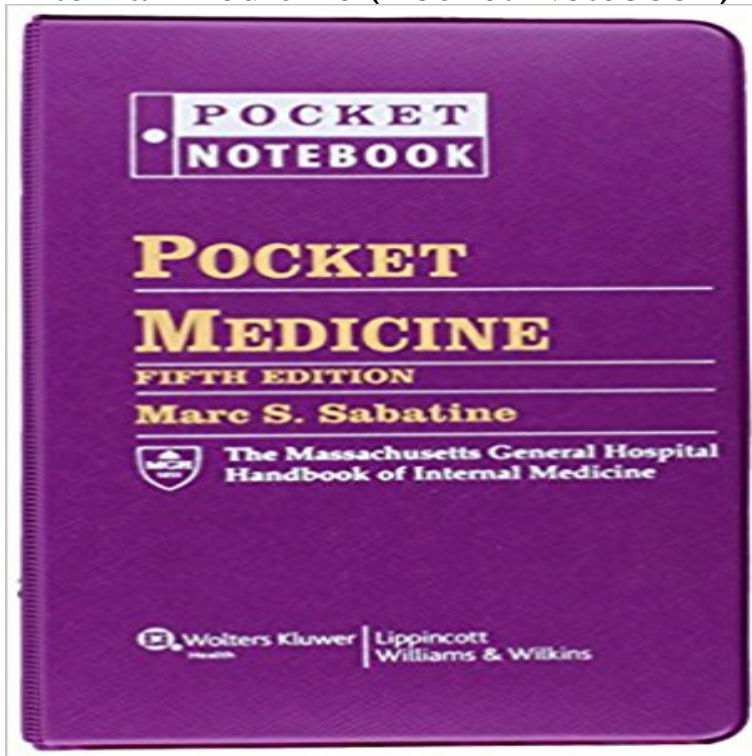


# Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine (Pocket Notebook)



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: CHADS<sub>2</sub>: CHF (1 point), HTN (1), Age ≥75 y (1), DM (1), prior Stroke/TIA (2) CHA<sub>2</sub>DS<sub>2</sub>-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](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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