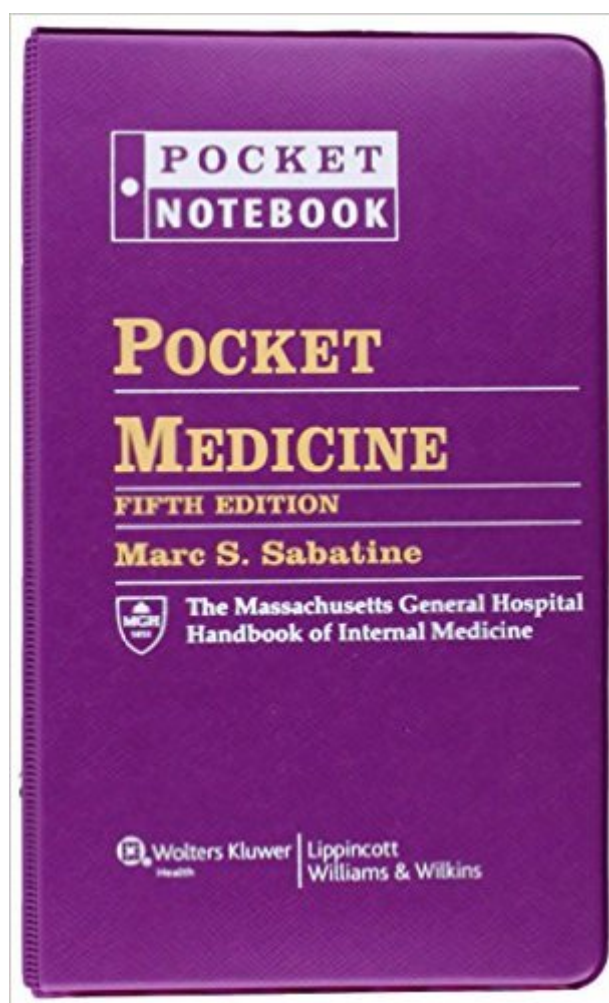


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# Pocket Medicine: The Massachusetts General Hospital Handbook Of Internal Medicine (Pocket Notebook) Fifth Edition



## Synopsis

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.

## Book Information

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## Customer Reviews

I bought this edition, even though I had the green (4E) version. I use this book every day since the first day of my third year rotations for Internal Medicine topics (now I am a resident). Pocket Medicine gives you everything you need, regarding the latest information about Internal medicine. Now for those who've never heard of it, or are considering buying this book, why is it so good? It is concise and it gives you the key points. If you really wanted to get more information then you probably need to go to uptodate or the next step up, the holy bible of IM itself, Harrison's. Pocket Medicine is designed to give you everything you need, in your pocket (as if our white coats aren't heavy enough). And the best part about this book versus other pocket manuals is that it cites real articles. NEJM, JAMA, Lancet, real sources of evidence based medicine. Evidence based should be the goal of every medical student, resident, and physician's basis of how they practice. Now the book takes some use to with the abbreviations, acronyms, and how it's formatted out, but once you get used to it, you will be looking up things very fast and before you know it, you will be citing pages in Pocket Medicine. For medical students, anything that your attending is pimping you on, its probably in this book (and its probably more updated than what your attending is looking for). For residents, don't waste any more time trying to figure out admit orders off uptodate, just get it done with this book. Now for those who had the green medicine book, you're wondering, is it really worth the 60 dollars? Medicine doesn't change very much and many treatment protocols are still the same (except for maybe chemotherapy regimens).

This book is obviously a must-have book for your internal medicine inpatient work whether it's as a medical student, intern, or resident. It is extremely concise, has wide breadth, and is full of citations and evidence. The thing is, it can be a bit too concise. With all the acronyms, you feel like you're reading a different language sometimes. Also, sometimes the guidance is not that flushed out. As you get more and more accustomed throughout residency, it becomes better and better. As such, I'd recommend complementing it with a couple other must-haves:1) UCSF Hospitalist Handbook - the info is a bit more practical and step-by-step than Pocket Medicine. It's a great complement or alternative (you can get the iPhone/Android version for cheaper through AgileMD). Because it gives way more tangible, practical diagnostic and management steps than the Red/Green book, all my residents would be super surprised at how much more "mature" and "relevant" my diagnostic and management plans were in my presentations. They thought I was a genius and further along than most of my classmates...(and I wasn't too keen on letting them know where most of that genius was coming from :)2) Sanford Guide (microbio) - this is really the best book for any microbio you'll need on the wards. You'll look like you actually paid attention during microbio with this book. The type is very small and the paper quality sucks. can be a bit slow to navigate through. You can look stuff up by organism or condition, and it has a spectrum of bacteria sensitive to each antibiotic.3) Tarascons (pharm) - It is far and away the fastest way to get your hands on dosage, forms available, and pricing data.

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