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*theories, key aspects
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crisis interventions,
mental status
assessments and
exams, mental
health history and
assessment tools,
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resource book is*

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more

*comprehensive and
more practical than
many others in the
market. One of its
strengths is that it
was written by
trainees in internal
medicine who
understand the need
for rapid access to
accurate and*

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*concise clinical
information, with a
practical approach
to clinical problem
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diagnose, treat, and
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conditions with the
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content on
principles of
treatment and
contributions from
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known equine
experts, Equine
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*on the basic
pathophysiologic
mechanisms that
underlie the
development of
various equine
diseases. A problem-
based approach
outlines how to
apply the latest
clinical evidence
directly to the*

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encounter in
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diseases and
disorders that
cannot be explained
as well through
words Updated
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including the most
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information.*

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and treatment
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experts present
information on
problems affecting
horses throughout
the world — and
provide
contributions that
enable practitioners
and students to
approach disease
and treatment of*

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makes the book
appealing to both
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medicine
practitioner and the
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thorough
understanding with
minimal frustration.
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consistent coverage
among chapters
allows you to easily
find information on
a specific topic.*

NEW! Fully
Page 11/194

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*updated and revised
sections on
disorders and
principles of
treatment. NEW!
Problem-based
approach outlines
how to apply the
latest clinical
evidence directly to
the conditions you
will encounter in*

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Pathophysiology is emphasized throughout, providing a sound basis for discussions of the diagnosis, treatment, and prognosis that follow. NEW! Body systems chapters begin with a

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*thorough discussion
of the diagnostic
method appropriate
to the system,
including physical
examination,
clinical pathology,
radiography,
endoscopy, and
ultrasonography.*

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clinical and
laboratory based
coagulation. Short,
focused chapters,
organized by
multiple
hierarchical
headings, are
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up to 10 suggested*

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essentially all the
topics required to
meet the goals and
objectives of a
major program in
transfusion
medicine and
clinical coagulation.
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coagulation testing section reflect the development of new tests available and their incorporation into clinical practice. Coverage includes essential updates on the importance of new cellular therapies, peripheral blood

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*and bone marrow
hematopoietic
progenitor cells, as
well as cord blood
banking and
regenerative
medicine. The
authors also
examine advances
in the
understanding of
molecular testing*

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*and pathogen
reduction in two
separate quality
control chapters
(one for blood
centers and one for
hospitals). Updated
content covers new
coagulation tests,
cellular therapies,
and quality control
issues Easy to use,*

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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

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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

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Stroke/TIA (2)
CHA2DS2-VASc:
adds 65+74 y
(1) =75 y (2),
vasc dis. [MI, Ao
plaque, or PAD
(1)]; ? (1) score
32 ® anticoag;
score 1 ®
consider
anticoag or ASA
(? latter

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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

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(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,

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ASA alone (NEJM
2009;360:2066)

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Disorders

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Disorders Gastrointe
stinal/Liver/Pancreas

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by oncologists at Memorial Sloan-Kettering Cancer Center, is a simple, yet comprehensive, review of basic principles of cancer management.

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intended as a quick reference presented in easy to read bulleted text, and using diagrams and charts where appropriate. Each oncologic disease is presented on two facing pages that review initial clinical presentation, pathophysiology, staging, current

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standard of care
treatments, and active
areas of current
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medical oncology
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disease entity has been
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oncologist with
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