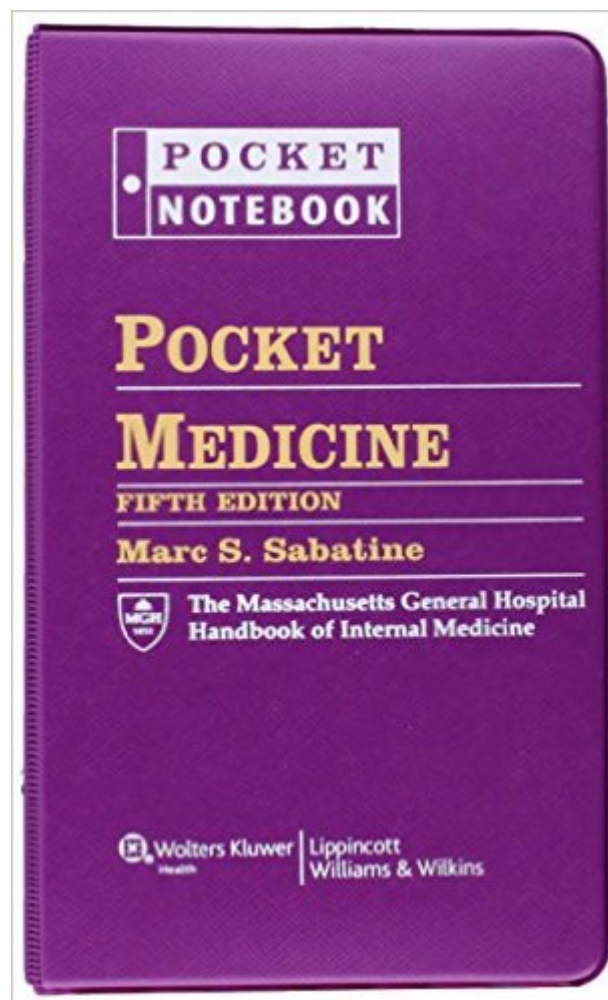




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# Pocket Medicine: The Massachusetts General Hospital Handbook Of Internal Medicine (Pocket Notebook) Fifth Edition



## 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 have been using Pocket Medicine since being a wee little OMS-3. I can tell you that this thing has been the most amazing reference book in my life. I've seen them all (Washington Manual, UCSF's hospitalist handbook, the ICU book, etc). I'll be honest, being an attending, I've been using uptodate more now than this book but as a medical student/resident, this book is amazing. What makes this book such an amazing reference is that they actually write down the article/journal that they are referencing to if you wish to expand your knowledge base with the original research. I've known the details of this series for many years. See my older reviews on Pocket Medicine to see what I think about the series. Again, for the newcomers, welcome to medicine and if you're looking for a reference book, this shall be your bible. The style is that same Pocket Medicine style with lots of abbreviations, and references. If you are having trouble figuring out what that abbreviation is in the book, check the back of the book. If you can get a copy off your colleague, I recommend taking a look first before jumping the gun and buying it without looking at how this is written. I've seen people be put off by the style and so I recommend doing this first if you're completely unfamiliar with the series. Before, I would be searching things very fast on this book. But given the speed of the uptodate app on my phone, I'll admit I haven't been using this little buddy as much. The pocket book fits in any white coat. Now I will present changes/differences: New sections (not all inclusive): Cardiac Rhythm Management Devices, Toxicology, Lung Transplant, Dysmotility and Nutrition, Disorders of Colon, Intestinal Ischemia. Some of these were renamed sections. I haven't used the book enough

to tell you if these changes make a difference if you're thinking about upgrading from purple. New references: qSOFA for sepsis, cardiac risk assessment tables has been slightly simplified (although the basics are the same), JNC 8 is in the book. The controversial lipid guidelines from AHA are in the book now. Ophthalmic issues section has been changed a lot (I liked the purple version better but maybe its because I'm just used to it). Dislikes: the book I bought uses a more similar flimsy paper as in the purple version. I miss the paper they used in green. But what I was really MAD about is that the publisher didn't do a good job at screening the hole punches and it was hole punched slightly off and now the first couple pages have already ripped out. I'm very unhappy about this but I did not subtract a star as the rating is about the content. Bottomline: it's the same old pocket medicine you love and see your colleagues use. Is it worth upgrading? absolutely not. Will I stop buying future issues? I'm thinking this may be the last one I upgrade as I probably use up to date more often now as an attending but I can appreciate all of the information that is needed to update this little book. Again, borrow one to see if you like the style before buying this. Again, like all of my previous reviews: I didn't get paid by Dr Sabatine or Wolters Kluwer for this review. Also a moment of silence for my purple version. RIP my battered and time tested purple version, RIP.

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) Tarascon (pharm) - It is far and away the fastest way to get your hands on dosage, forms available, and

pricing data. I can't tell you how much of a superstar you'll look like if you actually are talking about dosing as a medical student. This is not something any med students are familiar with. That alone makes this book worth it. Color tabs have made it easier to navigate through. Some of the older drugs are gone. The tables are awesome.4) Download medscape for general reference questions here n' there. Personally, I like it more than epocrates...and it's free.5) +/- Maxwells...quickly becomes unnecessary but nice to have in the beginning when you're just learning the ropes and need refreshers on some of the stuff you learned back in 2nd year.6) Netflix- for call-nights and unwinding when you actually get a day off! True Detective is a phenomenal series.

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