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Sample content from The Washington Manual® Internship Survival Guide: DON'T PANIC! Keep your sense of humor. A positive attitude will take you far. Ask questions and ASK FOR HELP! Believe it or not, you are not actually expected to know

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everything. TAKE CARE OF YOURSELF. Sleep when you can, remember to eat, and be mindful of your own health.

"This manual is written assuming knowledge of pathophysiology and data interpretation. The target audience is primarily those beginning their internship, but this guide may be useful for medical students, residents, and anyone else on the front lines of patient care"--

This small pocket book contains all the essentials that every resident needs to know from day one on the wards. It presents practical, must-have information from the front lines of the wards in an easy-to-use quick reference format.

This 4th edition of The Washington Manual Internship Survival Guide contains all the essential information needed for a successful internship. Designed to help residents improve their skills from their very first day on the wards, this pocket-size reference book offers practical medical advice for the top 10 workups and common calls and complaints residents will encounter during their rotations, including key history, what not to miss, and when to call for help.

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This survival guide provides all the information that is essential for a surgical internship, including daily routine, rounds, chart reviews, preoperative and postoperative care, operating room conduct, radiology, critical care, and interaction with families, colleagues, and allied health professionals. Comprehensive sections on common problems in general surgery, neurosurgery, orthopaedic surgery, urology, and plastic surgery present evaluation, diagnostic testing, and treatment in an easy-to-follow format. Other chapters cover crashing patients, tubes and drains, bleeding, codes, and nutrition.

"As an intern you will encounter many new challenges. These will range from very simple to most complex. Please remember that you have acquired the tools to address this adversity. And, even when you feel most overwhelmed, you are undoubtedly surrounded by a wealth of available resources that include ancillary and nursing staff, fellow interns, senior

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residents and attending physicians. Although the year ahead of you may now seem long and daunting, your tasks (other than survival) are quite achievable. The following competencies/milestones were copied from the curriculum for the in-patient general medicine rotation for the internship program at Washington University School of Medicine and Barnes-Jewish Hospital. You can see that not only are the objectives quite simple, but your rigorous work in medical school has well prepared you to master many of your goals. Throughout the year, use these objectives as a checklist to remind yourself of your accomplishments and to guide your learning in potential areas of weakness.

- Patient care:
 - o Gather accurate information about patients, including performing a thorough history and physical examination.
 - o Synthesize data into a prioritized problem list and differential diagnosis, and then formulate diagnostic and therapeutic plans.
 - o Prioritize each day's work.
 - o Know the indications, contraindications, and risks of some invasive procedures and competently perform some invasive procedures"--Provided by publisher.

Continuing the tradition of excellence, each chapter has been updated and reformatted for easier access to the information the reader needs. This edition has a two-color design, color tabs for sections, and additional algorithms for diagnosis and treatment.

The Washington Manual® Pediatrics Survival Guide encapsulates the critical knowledge essential for a successful pediatric residency. The book includes chapters on "floor" survival, writing prescriptions, calculating IV fluids and feeds, laboratory reference values, and formulary information. A chapter on adolescent medicine addresses topics such as STDs, eating disorders, and suicide.

Prepared by residents and attending physicians at Massachusetts General Hospital, this pocket-sized looseleaf is one of the best-selling references for medical students, interns, and residents on the wards and candidates reviewing for internal medicine board exams. In bulleted lists, tables, and algorithms, Pocket Medicine provides key clinical information about common problems in internal medicine, cardiology, pulmonary medicine, gastroenterology, nephrology, hematology-oncology, infectious diseases, endocrinology, and rheumatology. This Fifth Edition is fully updated and includes a sixteen-page color insert with key and classic abnormal images. 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 =75 y (1), DM (1), prior 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 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

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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 by clicking [HERE](#). All copies of Pocket Medicine, 5e with the ISBN: 978-1-4511-9378-7 include this correction.

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