

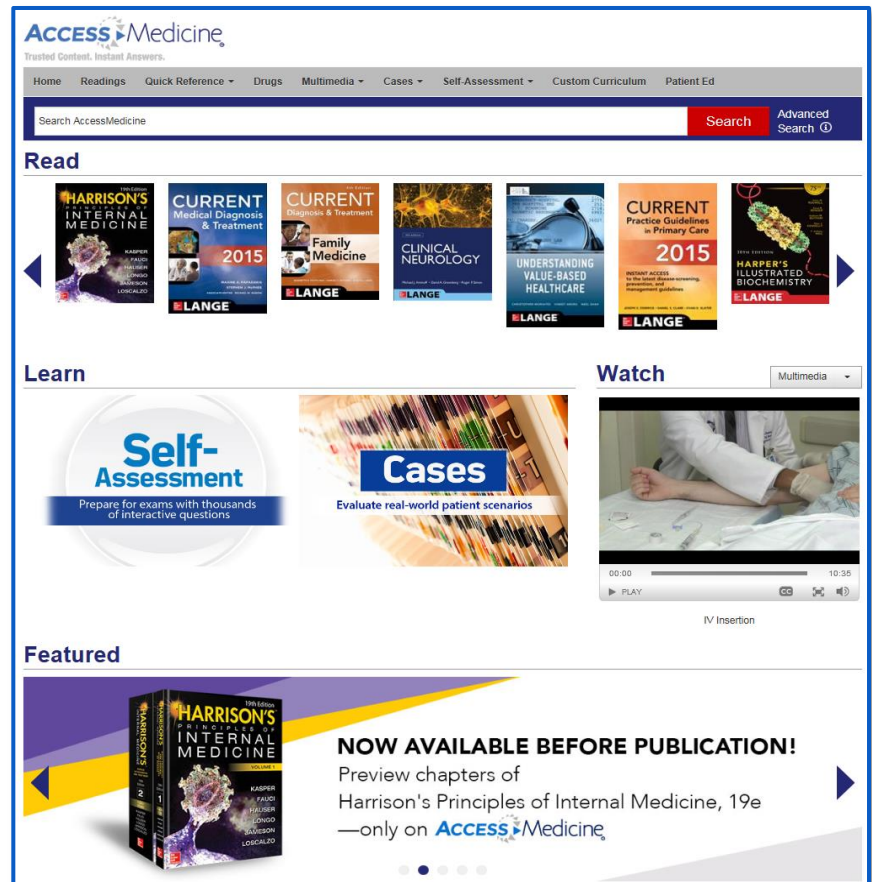
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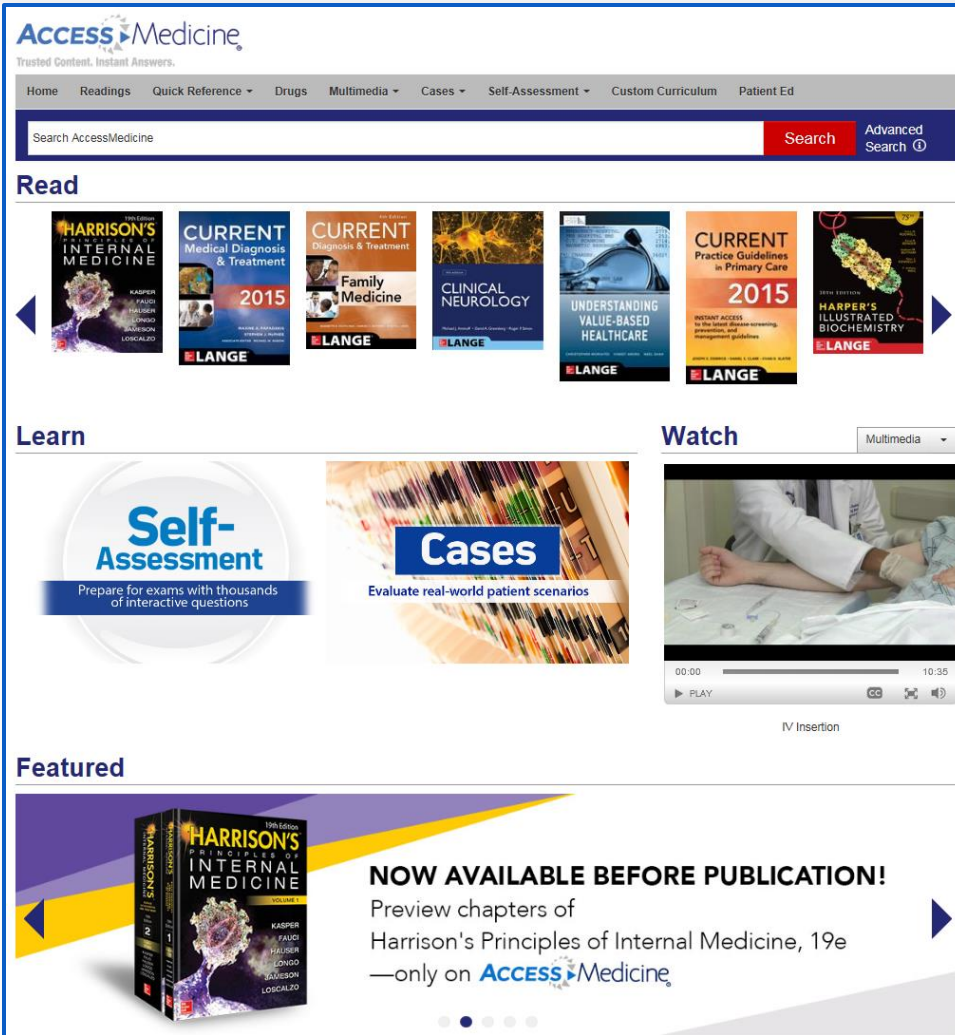
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- Read:** A row of book covers including Harrison's Internal Medicine, Current Medical Diagnosis & Treatment 2015, Current Family Medicine, Clinical Neurology, Understanding Value-Based Healthcare, Current Practice Guidelines in Primary Care 2015, and Harper's Illustrated Biochemistry.
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- Watch:** A video player showing a medical procedure (IV Insertion) with a play button and a progress bar.
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- **Integrated Drug Database** – 약물정보 데이터베이스
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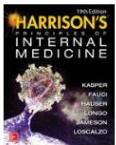
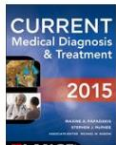
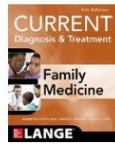
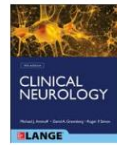

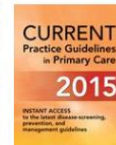
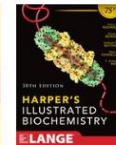


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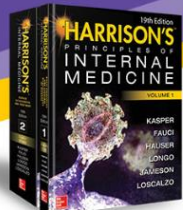
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- 다양한 절차를 시각적으로 학습 하기 위한 Video 및 Animation 제공
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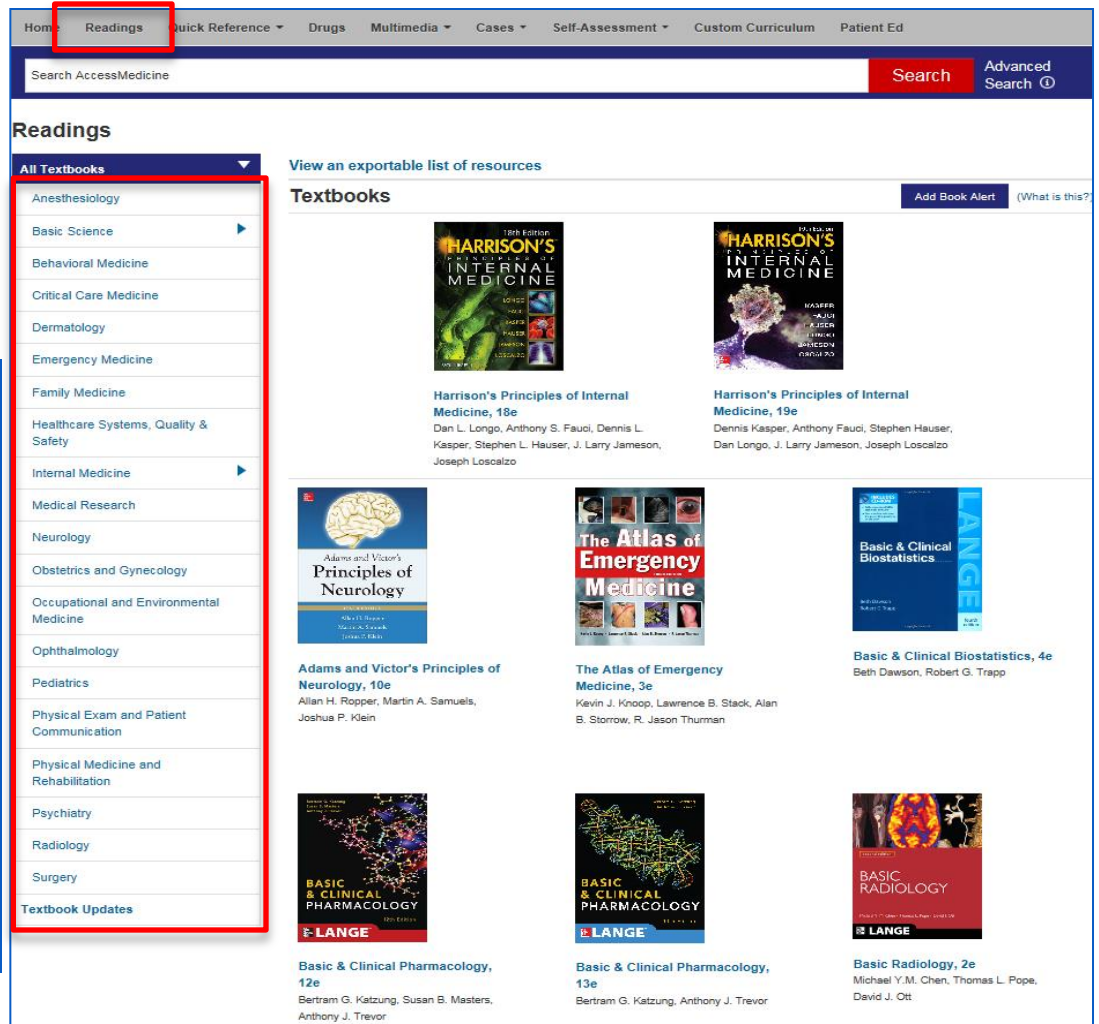
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
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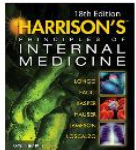
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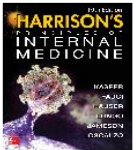
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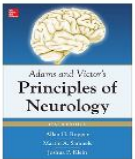
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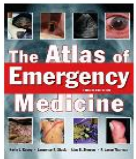
Harrison's Principles of Internal Medicine, 18e
Dan L. Longo, Anthony S. Fauci, Dennis L. Kasper, Stephen L. Hauser, J. Larry Jameson, Joseph Loscalzo




Harrison's Principles of Internal Medicine, 19e
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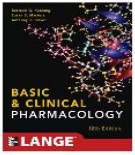
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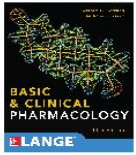
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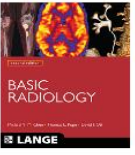
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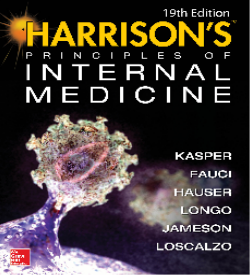


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- 1: The Practice of Medicine
- 2: Global Issues in Medicine
- 3: Decision-Making in Clinical Medicine
- 4: Screening and Prevention of Disease
- 5: Principles of Clinical Pharmacology
- 6: Women's Health
- 7: Men's Health
- 8: Medical Disorders During Pregnancy
- 9: Medical Evaluation of the Surgical Patient
- 10: Palliative and End-of-Life Care
- 11: Clinical Problems of Aging
- 12: The Safety and Quality of Health Care
- 13: Primary Care in Low- and Middle-Income Countries
- 14: Complementary, Alternative, and Integrative Health Practices
- 15: The Economics of Medical Care
- 16: Racial and Ethnic Disparities in Health Care
- 17: Ethical Issues in Clinical Medicine

Part Two: Cardinal Manifestations and Presentation of Diseases

Part Three: Genes, the Environment, and Disease

Part Four: Regenerative Medicine

Part Five: Aging

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Part Eight: Infectious Diseases

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
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S. Andrew Josephson


03/24/2015
HER2-Positive Metastatic Breast Cancer
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
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 **Video 297e-31 Next, the LAD wire is removed and passed through the stent into the distal LAD. A second drug-el...**
00:11

 **Video 38-1 A typical episode of severe cataplexy.**
01:05


 **Video 346e-6 Endoscopic suturing for stent fixation.**
02:12

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Harrison's Manual of Medicine
A distillation of the most clinically relevant content of Harrison's Principles of Internal Medicine with a focus on diagnosis, treatment, and patient care.

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Grand Rounds

 **Strategies to Reduce Postoperative Cardiac Complications**
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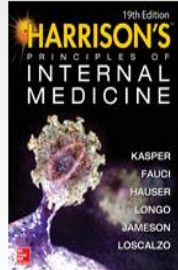
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Readings

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[IMPACT OF GENETICS AND GENOMICS ON MEDICAL PRACTICE](#)

[THE HUMAN GENOME](#)

[REGULATION OF GENE EXPRESSION](#)

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[TRANSMISSION OF GENETIC DISEASE](#)

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82: Genes, the Environment, and Disease

J. Larry Jameson; Peter Kopp

IMPACT OF GENETICS AND GENOMICS ON MEDICAL PRACTICE

The prevalence of genetic diseases, combined with their potential severity and chronic nature, imposes great human, social, and financial burdens on society. Human genetics refers to the study of individual genes, their role and function in disease, and their mode of inheritance. Genomics refers to an organism's entire genetic information, the *genome*, and the function and interaction of DNA within the genome, as well as with environmental or nongenetic factors, such as a person's lifestyle. With the characterization of the human genome, genomics complements traditional genetics in our efforts to elucidate the etiology and pathogenesis of disease and to improve therapeutic interventions and outcomes. Following impressive advances in genetics, genomics, and health care information technology, the consequences of this wealth of knowledge for the practice of medicine are profound and play an increasingly prominent role in the diagnosis, prevention, and treatment of disease (**Chap. 84**).

Personalized medicine, the customization of medical decisions to an individual patient, relies heavily on genetic information. For example, a patient's genetic characteristics (genotype) can be used to optimize drug therapy and predict efficacy, adverse events, and drug dosing of selected medications (*pharmacogenetics*) (**Chap. 5**). The mutational profile of a malignancy allows the selection of therapies that target mutated or overexpressed signaling molecules. Although still investigational, genomic risk prediction models for common diseases are beginning to emerge.

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- [Abdominal Aortic Aneurysm](#)
- [Abortion](#)
- [Abortion, Recurrent](#)
- [Abortion, Spontaneous](#)
- [Acanthamoeba Infections](#)
- [Accelerated Idioventricular Rhythm](#)
- [Acetaminophen Overdose](#)
- [Achalasia](#)
- [Acidosis, Lactic](#)
- [Acidosis, Metabolic, Decreased or Normal Anion Gap](#)
- [Acidosis, Metabolic, Increased Anion Gap](#)
- [Acidosis, Respiratory](#)
- [Acids, Corrosive](#)
- [Acne Vulgaris](#)
- [Acromegaly & Gigantism](#)
- [Actinic Keratosis](#)

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- [Abdominal Aortic Aneurysm](#)
- [Abortion](#)
- [Abortion, Recurrent](#)
- [Abortion, Spontaneous](#)
- [Acanthamoeba Infections](#)
- [Accelerated Idioventricular Rhythm](#)
- [Acetaminophen Overdose](#)
- [Achalasia](#)
- [Acidosis, Lactic](#)
- [Acidosis, Metabolic, Decreased or Normal Anion Gap](#)
- [Acidosis, Metabolic, Increased Anion Gap](#)
- [Acidosis, Respiratory](#)
- [Acids, Corrosive](#)
- [Acne Vulgaris](#)
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Abdominal Aortic Aneurysm

Key Features

Essentials of Diagnosis

- Most aortic aneurysms are asymptomatic until rupture, which is catastrophic
- Aneurysms measuring 5 cm are palpable in 80% of patients
- Back or abdominal pain with aneurysmal tenderness may precede rupture
- Hypotension
- Excruciating abdominal pain that radiates to the back

General Considerations

- The aorta of a healthy young man measures approximately 2 cm
- An aneurysm is considered present when the aortic diameter exceeds 3 cm
- Aneurysms rarely cause rupture until diameter exceeds 5 cm
- 90% of abdominal atherosclerotic aneurysms originate below the renal arteries
- Aortic bifurcation is usually involved
- Common iliac arteries are often involved

Demographics

- Found in 2% of men over age 55
- Male to female ratio is 4:1

Clinical Findings

Symptoms and Signs

- Most asymptomatic aneurysms are discovered as incidental findings on ultrasound or CT imaging
- Symptomatic aneurysms
 - Mild to severe midabdominal pain due to aneurysmal expansion often radiates to lower back
 - Pain may be constant or intermittent, exacerbated by even gentle pressure on aneurysm sack, and may also accompany inflammatory aneurysms
- Inflammatory aneurysms have an inflammatory peel, similar to the inflammation seen with retroperitoneal fibrosis, surrounds the aneurysm and encases adjacent retroperitoneal structures, such as the duodenum and, occasionally, the ureters

Quick
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CURRENT Practice Guidelines in Primary Care

Home > Readings > CURRENT Practice Guidelines in Primary Care, 2013

CURRENT
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GUIDELINES in
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2013

INSTANT ACCESS
to the latest disease-screening,
prevention, and
management guidelines

Joseph S. Esherick ■ Daniel S. Clark ■ Evan D. Slater

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- Alcohol Abuse & Dependence
- Family Violence and
- Anemia
- Gonorrhea
- Attention-Deficit/Hyperactivity Disorder
- Group B Streptococ
- Bacteriuria, Asymptomatic
- Growth Abnormalitie
- Bacterial Vaginosis
- Hearing Impairment
- Barrett's Esophagus
- Hemochromatosis
- Cancer, Bladder
- Hemoglobinopathies
- Cancer, Breast
- Hepatitis B Virus Infe
- Cancer, Cervical
- Hepatitis C Virus Infe
- Cancer, Colorectal
- Herpes Simplex Virus
- Cancer, Endometrial
- Human Immunodefici
- Cancer, Gastric
- Hypertension, Childr
- Cancer, Liver
- Hypertension, Adults
- Cancer, Lung
- Illicit Drug Use
- Cancer, Oral
- Kidney Disease, Chr

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Abdominal Aortic Aneurysm

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Abdominal Aortic Aneurysm

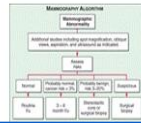
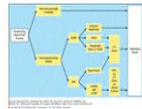
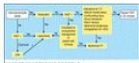
| Disease Screening | Organization | Date | Population | Recommendations | Comments | Source |
|---------------------------------|---------------------------------------|------|--|---|---|---|
| Abdominal Aortic Aneurysm (AAA) | USPSTF | 2005 | Men aged 65-75 years who have ever smoked | One-time screening for AAA by ultrasonography. | 1. Cochrane review (2007): Significant decrease in AAA-specific mortality in men (OR, 0.60, 95% CI 0.47-0.99) but not for women (Cochrane Database Syst Rev. 2007;2:CD002945; http://www.thecochranelibrary.com) | http://www.uspreventiveservicestaskforce.org J Vasc Surg. 2007;45:1268-76. |
| | ACC/AHA | 2006 | | No recommendation for or against screening for AAA in men aged 65-75 years who have never smoked. | 2. Early mortality benefit of screening (men aged 65-74 years) maintained at 7-year follow-up. Cost-effectiveness of screening improves over time. (Ann Intern Med. 2007;146:699) | Circulation. 2006;113(11): e463-e654 J Vasc Surg. 2007;45:1268-1276 |
| | Canadian Society for Vascular Surgery | | | | 3. Surgical repair of AAA should be considered if diameter ≥ 5.5 cm or if AAA expands ≥ 0.5 cm over 6 months to reduce higher risk of rupture. Meta-analysis: endovascular repair associated with fewer postoperative adverse events and lower 30-day and aneurysm-related mortality but not all-cause mortality compared with open repair. (Br J Surg. 2008;95(6):677) | http://www.medicare.gov/navigation/managehealth/preventive-services/abdominal-aortic-a |
| | USPSTF | 2005 | Women | Routine screening is not recommended. | | |
| | CMS | 2007 | Men aged 65-75 years who have smoked at least 100 cigarettes in their lifetime or who have a family history of AAA | Recommend one-time ultrasound screening for AAA. | 4. Asymptomatic AAA between 4.4 and 5.5 cm. should have regular ultrasound surveillance with surgical intervention when AAA expands > 1 cm per year or diameter reaches 5.5 cm. (Cochrane Database Syst Rev. 2008, CD001835) http://www.thecochranelibrary.com | |
| | | | | | 5. Medicare covers one-time limited screening. | |

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Algorithms

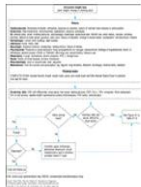
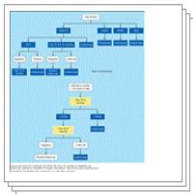
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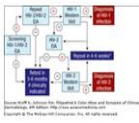
Abdominal injuries

Abdominal pain



Abnormal pap smear

Abnormal weight loss



Acquired immunodeficiency syndrome

Acromegaly

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abnormal pap smear

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Images

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Figure 29-1. Algorithm for the workup of women with abnormal Pap smears. AGC, atypical glandular cells; ASC-US, atypical squamous cells of unclear significance.

CURRENT Diagnosis & Treatment of Sexually Transmitted Diseases > Chapter 29. Management of Abnormal Pap Smears

[View In Context](#)

원문확인



Fig. 41-9. Diagnostic approach for cervical dysplasia. AGC = atypical glandular cells; ASCUS = atypical cells of undetermined significance; HGSIL = high-grade squamous intraepithelial lesion.

Schwartz's Principles of Surgery, 9e > Chapter 41. Gynecology

[View In Context](#)

**Quick
Reference**

DDx - 1,000종 이상의 감별진단 Database

Diagnosaurus®

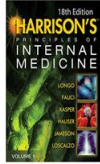




증상/질병/기관계 별로
분류

특정 질병에 대한 증상 및 진단에
대한 정보를 제공

| | |
|----------------------------|---|
| All Differential Diagnoses | All Differential Diagnoses |
| By Symptom | A B C D E F G H I J K L M N O P Q R S T U V W X Y Z |
| By Disease | Abdominal aortic aneurysm |
| By Organ System | Abdominal pain |
| Instructions | Abdominal pain, generalized |
| About | Abdominal pain, left lower quadrant |
| How to Cite this Resource | Abdominal pain, left upper quadrant |
| Diagnosaurus for mobile | Abdominal pain, right lower quadrant |
| | Abdominal pain, right upper quadrant |
| | Abdominal pain, upper or epigastric |
| | Abortion, recurrent |
| | Abortion, spontaneous |
| | ABPA |
| | Abscess, liver |
| | Acanthosis nigricans |

peptic ulcer
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|---|--|

**Quick
Reference**

Pocket Guide to Diagnostic Tests

일반적으로 사용되는 진단검사와
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**Pocket Guide to
DIAGNOSTIC
TESTS**
SIXTH EDITION

Diana Nicoll
Chuanyi Mark Lu
Michael Pignone
Stephen J. McPhee

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Pocket Guide to Diagnostic Tests, 6e
Diana Nicoll, Chuanyi Mark Lu, Michael Pignone, Stephen J. McPhee

Decision Making POC Tests/Microscopy Lab Tests Drugs Microbiology


Abbreviations and Acronyms

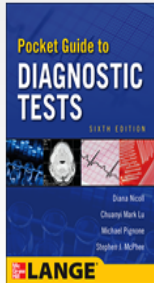
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Benefits, Costs, and Risks

Performance of Diagnostic Tests

Test Characteristics

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◀ POC Tests/Micro.. ▶

Abbreviations and Acronyms

Point-of-Care Testing and Provider-Performed Microscopy: Introduction

Obtaining and Handling Specimens

Commonly Used Point-of-Care Tests

Provider-Performed Microscopy Procedures

References

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POC Tests/Microscopy

Abbreviations and Acronyms

| Print

| | |
|------|------------------------------------|
| Ab | Antibody |
| Abn | Abnormal |
| AFB | Acid-fast bacillus |
| Ag | Antigen |
| AIDS | Acquired immunodeficiency syndrome |
| ALT | Alanine aminotransferase |
| ANA | Antinuclear antibody |
| AST | Aspartate aminotransferase |
| CBC | Complete blood cell count |
| CF | Complement fixation |
| CHF | Congestive heart failure |
| CIE | Counterimmunoelectrophoresis |
| CK | Creatine kinase |

Quick
Reference

Calculators

Calculators

Absolute Neutrophil Count

Anion Gap

APACHE II

BEE (Basal Energy Expenditure)

BMI ▶

Body Surface Area

Calcium Salt Equivalents

Coronary Heart Disease Risk

Corrected Calcium

Creatinine Clearance ▶

Fractional Excretion of Sodium

Free Water Deficit

GFR (Glomerular Filtration Rate)

Glasgow Coma Score

IBW (Ideal Body Weight)

IV Infusion Rate

Mean Arterial Pressure

Metric Standard Conversion

Oxygenation

Pregnancy Due Date

Serum Osmolality

SI/CU Conversion

Sodium Level Correction in
Hyperglycemia

Steroid Equivalence

Temperature Conversion

Absolute Neutrophil Count

White blood cells:

Count

Total neutrophils:

% ▼

Total bands:

% ▼

Calculate Absolute Neutrophil Count

Clear Answer and Values Entered Above

Neutrophils (polymorphonuclear cells, PMNs, granulocytes, segmented neutrophils, segs) fight against infection and represent a subset of the white blood count. The ANC is the total number of neutrophil granulocytes present in the blood.

ANC > 1800/mm³: = normal

ANC < 1800/mm³: neutropenia

ANC = 1000-1800/mm³: mild neutropenia, low risk of infection

ANC = 500-1000/mm³: moderate neutropenia, moderate risk of infection

ANC < 500/mm³: severe neutropenia, high risk of infection

Reference: The Clinician's Ultimate Guide to Drug Therapy (www.globalrph.com)

임상실험 등의 참고를 위한
다양한 수치계산법 제공

Drugs

약물정보 제공 Database (복용, 적응증, 부작용, 가격 등)

- Indications and Usage
- Contraindications
- Warning/Precautions
- Dosing
- Administration
- Patient Education handouts
- Interactions

| Acetaminophen | |
|-----------------------|-------------------------|
| Basics | Pregnancy & Lactation |
| Clinical Pharmacology | Adverse Reactions |
| Indications & Usage | Interactions |
| Contraindications | Dosing |
| Warnings/Precautions | Administration |
| | Storage & Compatibility |
| | Monitoring |
| | Patient Education |
| | Additional Information |
| | Pricing |
| | References |

| Images | Description |
|---------------------|--|
| Formulation Details | Tylenol® Children's (Ortho McNeil Pharm Div) 80 mg |
| View all | |

Name
Acetaminophen

Special Alerts
FDA Warning of Serious Skin Reactions with Acetaminophen August 2013
The U.S. Food and Drug Administration (FDA) has warned that acetaminophen has been associated with a risk of rare but serious and potentially fatal skin reactions, including Stevens-Johnson syndrome, toxic epidermal necrolysis (TEN), and acute generalized exanthematous pustulosis (AGEP). Reddening of the skin, rash, blisters, and detachment of the upper surface of the skin can occur with the use of products that contain acetaminophen. These reactions can occur with first-time use of acetaminophen or at any time during use. Other drugs used to treat pain and fever, such as aspirin, ibuprofen, and naproxen, have also been associated with these reactions. The FDA advises that healthcare providers should not take the drug again if a patient has had a severe skin reaction. FDA is requiring that a warning serious skin reactions and is also OTC product labels. Additional information can be found at <http://www.fda.gov/Safety/MedWatch>.

Pronunciation
(a set a MIN on fen)

Brand Names: U.S.

- Acphen [OTC]
- APAP 500 [OTC]
- Aspirin Free Anacin Extra Strength [OTC]
- Cetafen Extra [OTC]
- Cetafen [OTC]
- Excedrin Tension Headache [OTC]
- Feverall [OTC]
- Little Fevers [OTC]
- Mapap Arthritis Pain [OTC]
- Mapap Children's [OTC]
- Mapap Extra Strength [OTC]

Drug Monographs

All Drugs

0-9 A B C D E F G H I J K L M N O

| | |
|-------------------------------|---------------------------------|
| A&D Jr. [OTC] | A.E.R. Traveler [OTC] |
| A.E.R. Witch Hazel [OTC] | A+D Prevent [OTC] |
| A+D® Original [OTC] | A-200® Lice Treatment Kit [OTC] |
| A-200® Maximum Strength [OTC] | A-25 [OTC] |
| A3 (Neuroblastoma) | Abacavir |

Acetaminophen

NDC:
505800449

Labeler:
- McNeil Consumer Healthcare Div McNeil PPC Inc

Generic Name:
- Acetaminophen

Brand Name:
- Tylenol® Extra Strength

Strength:
- 500 mg

Dosage Form:
- Caplet

Shape:
- Caplet

Color:
- White

Imprint:
TYLENOL 500 HOSPITAL

Route:
- oral

Class:
- OTC

Validated:
true

Markings:
- 500
- HOSPITAL
- TYLENOL

약물의 기본적인 정보
및 상세정보까지 제공

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Musculoskeletal Exams ▶

Patient Safety Modules ▶

Grand Rounds ▶

Bedside and Office-Based Procedures



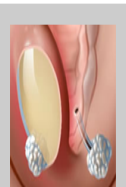
Abdominal Paracentesis

12 mins, 56 secs

Author(s): Maria A. Yialamas, Anna Rutherford, and Lindsay King

[View in context](#)

Play



Bartholin Gland Duct Incision and Drainage

4 mins, 50 secs

Author(s): Barbara L. Hoffman, MD, and Generra Garrett

Play

Abdominal Paracentesis

12 mins, 56 secs

Author(s): Maria A. Yialamas, Anna Rutherford, and Lindsay King

Jump to:

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[Indications](#)

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분류하여 제공

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0-9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

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- Female Reproductive System Module
- Lectures
- Images

Multimedia의 하위 메뉴 중 Images를 클릭 후 해당 토픽을 클릭하면 토픽과 관련되어 있는 해당원문 및 그림제공

A band

Abacavir

Abatacept

Abciximab

Abdomen

Abdomen inci

a band
Search only displays content that you own, as long as you are signed in.

Images (7)

Images Narrow By Topic

7 results in Images

이 이미지 확인

View in Context를 클릭하면 해당 원문으로 링크

The Six-Dermatome Band Dermatomes T1 to T6 form a band that covers most of the thorax and extends down the
DeGowin's Diagnostic Examination, 10e > The Chest: Chest > The Breasts
[View In Context](#)

Neutrophil band with Döhle body. The neutrophil with a sausage-shaped nucleus in the center of the field is a
Harrison's Principles of Internal Medicine > Disorders of Granulocytes and Monocytes
[View In Context](#)

Cases

실제 사례 중심의 데이터 베이스

Case Files 와
Pathophysiology of Disease 로 부터
제공되는 실제 사례 중심의 Database

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| Microbiology | Family Medicine |
| Neuroscience | Internal Medicine |

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Anesthesiology > Case 31

Author(s): Eugene C. Toy, MD

< Previous Case | Next Case >

Case Questions Approach Clinical Pearls References Comprehension Questions

Case 31

A 6-year-old child is scheduled for an MRI to rule out a possible brain tumor. The child is terrified by the scanner's noise and the closed space, and refuses to hold still. The patient is scheduled for general anesthesia. However, an anesthesia machine cannot be brought into the same room with the magnet.

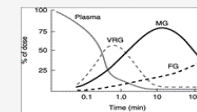
Case Questions Approach Clinical Pearls References Comprehension Questions

Approach to Intravenous Anesthesia

Definitions

- Pharmacodynamics:** The effects of a drug on the body, or relationship between the plasma concentration of a drug and the pharmacologic response to it.
- Pharmacokinetics:** The effects of the body on a drug, and are determined by the volume of distribution for the drug (V_d) and clearance of that drug from the body. Intravenous anesthetics exhibit multi-compartmental pharmacokinetics: that is, the drugs are distributed into peripheral tissues, and at the same time cleared from the body. The administration of an intravenous anesthetic obviously increases the plasma concentration. The concentration of the agent next peaks in the "vessel rich" group of tissues, such as liver and spleen, followed by the "muscle group," and then, finally, into fat. (Please see Figure 31-1.) Plasma concentrations of intravenous agents are also affected by tissue uptake, renal excretion, and hepatic metabolism.
- Volume of distribution (V_d):** The volume that relates the plasma concentration of a drug to the total amount of drug in the body. It can be thought of as the "size of the tank." By rearranging the terms defining concentration, V_d becomes the dose of drug given intravenously divided by its plasma concentration.
- Clearance:** The amount of a drug removed by the kidneys and/or metabolized in the liver during a specified period of time (eg, mL/min).
- Context-sensitive half-time:** The time for the plasma concentration of a drug to decrease by 50% from an infusion that maintains a constant concentration. The context is the duration of the infusion.

FIGURE 31-1.



Concentrations of anesthetics peak first in plasma, then in the "vessel rich group" (VRG), next the muscle group (MG), then in the fat group (FG). (Reprinted by permission from Macmillan Publishers Ltd.: Price HL, et al. The uptake of thiopental by body tissues and its relation to the duration of narcosis. Clin Pharmacol Ther. 1960;1:16.)

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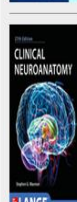
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of 66 available from Section VI. Disorders of the Respiratory System

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section에 문제의
개수를 직접
입력하여 설정

Test시작

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Question 1 of 5

A 25-year-old woman becomes lightheaded and experiences a syncopal event while having her blood drawn during a cholesterol screening. She has no medical history and takes no medications. She experiences a brief loss of consciousness for about 20 seconds. She has no seizure-like activity and immediately returns to her usual level of functioning. She is diagnosed with vasovagal syncope, and no follow-up testing is recommended. Which of the following statements regarding neurally mediated syncope is TRUE?

- A. Neurally mediated syncope occurs when there are abnormalities of the autonomic nervous system.
- B. Proximal and distal myoclonus do not occur during neurally mediated syncope and should increase the likelihood of a seizure.
- C. The final pathway of neurally mediated syncope results in a surge of the sympathetic nervous system with inhibition of the parasympathetic nervous system.
- D. The primary therapy for neurally mediated syncope is reassurance, avoidance of triggers, and plasma volume expansion.
- E. The usual finding with cardiovascular monitoring is hypotension and tachycardia.

Submit Answer Stop test and return to Q&A home

문제풀이 후
결과 및 해설
제공

Test Results

Your Score: 33 %

You answered 1 of 3 questions correctly.

Question 1: Incorrect

All of the following are common manifestations of bleeding caused by von Willebrand disease EXCEPT:

- A. Angiodysplasia of the small bowel
- B. Epistaxis
- C. Menorrhagia
- D. Postpartum hemorrhage
- E. Spontaneous hemarthrosis

Related Topics:

• von willebrand disease

The correct answer is E. You answered B.

Explanation: von Willebrand disease (VWD) is an inherited disorder of platelet adhesion that has several types. The most common type is inherited in an autosomal dominant fashion and is associated with low levels of qualitatively normal von Willebrand factor. As a disorder primary hemostasis associated with the development of a platelet plug, VWD is primarily associated with mucosal bleeding. General bleeding symptoms that are more common in VWD include prolonged bleeding after surgery or dental procedures, menorrhagia, postpartum hemorrhage, and large bruises. However, easy bruising and menorrhagia are common complaints and are not specific for VWD in isolation. Factors that raise concern for VWD in women with menstrual symptoms include iron-deficiency anemia, need for blood transfusion, passage of clots more than 1 inch in diameter, and need to change a pad or tampon more than hourly. Epistaxis is also a very common occurrence in the general population, but it is the most common complaint of males with VWD. Concerning features of epistaxis that may be more likely to indicate an underlying bleeding diathesis are lack of seasonal variation and bleeding that requires medical attention. Although most gastrointestinal bleeding in individuals with VWD is unrelated to the bleeding diathesis, VWD types 2 and 3 are associated with angiodysplasia of the bowel and gastrointestinal bleeding. Spontaneous hemarthroses or deep muscle hematomas are seen in clotting factor deficiencies and not seen VWD except severe VWD with associated decreased factor VIII levels less than 5%.

Patient ED

환자에게 질병에 대해 이해시킬 수 있도록 의학 전 분야의 질병/증상에 대한 정보를 Handbook 형식으로 제공 (한국어 제공)

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| | |
|-------------------|------------------------|
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| Acute Advisor | Language: English |
| Medicines Advisor | English |
| Pediatric Advisor | Chinese (Simplified) |
| | Chinese (Traditional) |
| | French |
| | 0-9 K L M N O P Q R S |
| | Korean |
| | Portuguese (Brazilian) |
| | Russian |
| | Spanish |
| | Tagalog |
| | Vietnamese |

한국어 Handbook 제공

| | |
|---|---------------------|
| Anesthesia | Aneurysm |
| Abdominal Muscle Strain | Anger Management |
| Abdominal Muscle Strain Exercises | Angina (Chest Pain) |
| Abdominal Pain | Angiogram |
| Abdominal Prostatectomy (Removal of Prostate Gland) | Angioplasty |
| Ablation Treatment of Heart Rhythm Problems | |

알츠하이머

(Alzheimer's Disease)

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AD의 정확한 원인은 알려져 있지 않습니다. 유전자나 환경, 생활습관 등 다양한 원인이 있을 수 있습니다. AD가 발생하면 뇌에 변화가 일어납니다. 비정상적인 단백질 조각과 덩어리, 죽은 신경 세포가 뇌에 형성됩니다. 시간이 지남에 따라 이러한 변화가 점점 커지고 늘어나며, 신경 세포는 작용을 멈추고 죽게 됩니다. 또한, 뇌의 일부가 수축되기 시작합니다. 이러한 변화가 AD의 원인인지 또는 AD의 결과인지는 분명하게 밝혀지지 않았습니다.

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지금까지 일부 가계에서 알츠하이머의 위험을 높이는 유전자가 발견되었습니다. 이러한 유전자를 갖고 있는 사람은 30대부터 알츠하이머의 징후가 나타날 수 있습니다. 이러한 유형의 AD는 매우 드물니다. 훨씬 나이가 든 후에 AD의 위험을 높이는 유전자도 있습니다.

어떤 증상을 보입니까?

알츠하이머의 증상은 사람마다 다릅니다. 또한 병이 악화됨에 따라 증상도 달라집니다.

맨 처음 나타나는 증상은健忘증입니다. 거의 모든 사람이 나이가 들면 기억에 문제가 생기기 시작합니다. 그러나 AD 초기 단계인 경우 같은 연령의 다른 사람에 비해 기억 문제가 확연하게 나타납니다. 최근에 있었던 일이나 활동, 친한 사람, 물건의 이름이 잘 기억나지 않게 됩니다. 뭔가에 주의를 기울이는 시간도 점점 짧아집니다. 집중도 어려워집니다. 그러나 알츠하이머 초기 단계에는健忘증이 일상생활이나 일에 큰 영향을 미치지 않습니다. 초기 단계의 기억 문제는 약한 인지장애로 불리는 경우가 많습니다.

시간이 지나면서 기억 문제가 심해집니다. 읽고, 쓰고, 이해하는 능력에 문제가 생깁니다. 물건을 사고 돈을 어떻게 내야 하는지도 모르게 됩니다. 물건을 이상한 곳에 두고 잃어버리는 경우도 늘어날 수 있습니다. 운전할 때 또는 심지어는 집에 있으면서도 여기가 어디인지 모를 수 있습니다.

병이 악화됨에 따라 최근 일뿐만 아니라 과거에 있었던 일도 기억나지 않을 수 있습니다. 그러나 일반적으로 최근 기억이 장기 기억보다 영향을 많이 받습니다.

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지도자를 위한 Custom Curriculum

- 구독 중인 모든 Access Online Medical을 통해 Textbook, Video, Case files를 포함한 모든 Source를 이용하여 Assignment를 생성
- Q&A Test를 포함하여 기존에 존재하는 문제를 생성하거나 문제를 직접 제작하여 생성
- 각 Curriculum을 학습자에게 제공
- 학습자들의 Report 진행 현황이나 문제의 점수를 확인
- 외부의 Resource를 Link하거나 File을 업로드 하여 Curricula 생성 가능
- 특정한 학습자를 위한 맞춤 교육


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- 지도자가 생성한 Curricula의 Source에 쉽게 접속 가능
- 지도자가 설정한 학습 기간 및 날짜 확인 가능
- Report 진행현황 및 문제의 점수를 지속적으로 확인하며 학습 진행

Instructor's View

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Michael Crumsho | SSC ▾

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Curricula & Learning Modules

- Tests
- Learners
- Assignments
- Reports
- Instructor's Guide

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INSTRUCTOR: Michael Crumsho, SSC

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Instructor View | Learner View

Curricula & Learning Modules

- Tests
- Learners
- Assignments
- Reports
- Instructor's Guide

Curricula & Learning Modules > Surgery >

INSTRUCTOR: **DongJun Yang**, McGraw-Hill Education Asia

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Surger: **Surgery** Edit | Copy

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AUTHORS: **DJ Yang Dr.**

LEARNING OBJECTIVES:

| [Assign this Learning Module](#) | [Share Learning Module](#)

Activities

To reorder activities below, you may drag and drop. Please note that pre and post tests cannot be reordered.

| | | | |
|-----------------|---|---------------|---|
| PRETEST | All about Surgery | Required | |
| ACCESS ACTIVITY | AccessMedicine > Harrison's Principles of Internal Medicine, 18e > Chapter 2. Global Issues in Medicine > Why Global Health? | Edit (Change) | ✕ |
| POSTTEST | All about Surgery(Passing Score 75) | Edit Required | ✕ |

ADD ACTIVITIES ● About activity types

Add an Access Site Activity

Add a Test

Add External Activity

Clip Content from an Access Site*

OR

Enter an Access site URL

*Does not include tests

Use existing Q&A content from an Access site or author your own multiple choice questions.

Add A Test

Add an array of activities such as attending a lecture, reading a file that you supply here or visiting a non-Access site.

Add an External Activity

Learner's View



[Instructor View](#) | [Learner View](#)

LEARNER: Dr. Noelle Ng


Active Assignments

Submitted

Assignment

Assignment 1
Instructor: Dr. Noelle Ng

*If this learning module contains only opt



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LEARNER: 85 Noelle Ng

[Active Assignments >](#)

Assignment 1

INSTRUCTOR: 85 Noelle Ng | ASSIGNED TO: Class 1

Rotation

Rotation 1: Perioperative Care of the Surgical Patient

AUTHORS:

LEARNING OBJECTIVES: Rotation

0% of required activities are complete

NOTE: If this assignment contains a required test, it will automatically be marked as complete when you pass the test. If a passing score is indicated for a test, then you must attain that score in order for the test to be considered complete.

| | | | |
|-----------------|---|----------|----------------------------------|
| Access Activity | AccessSurgery > CURRENT Diagnosis & Treatment: Surgery, 13e > Chapter 1. Approach to the Surgical Patient | Optional | Mark as Complete |
| Access Activity | AccessSurgery > CURRENT Diagnosis & Treatment: Surgery, 13e > Chapter 3. Preoperative Care | Required | Mark as Complete |
| Access Activity | AccessSurgery > CURRENT Diagnosis & Treatment: Surgery, 13e > Chapter 4. Postoperative Care | Required | Mark as Complete |
| Access Activity | AccessSurgery > CURRENT Diagnosis & Treatment: Surgery, 13e > Chapter 5. Postoperative Complications | Required | Mark as Complete |