

<<急诊医学>>

图书基本信息

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内容概要

Emergency Medicine : PreTest Self-Assessment and Review , Second Edition , is intended to provide medical students , as well as house officers and physicians , with a convenient tool for assessing and improving their knowledge of emergency medicine. The 500 questions in this book are similar in format and complexity to those included in Step 2 of the United States Medical Licensing Examination (USMLE). They may also be a useful study tool for Step 3 and clerkship examinations.

书籍目录

Introduction Acknowledgment Chest Pain and Cardiac Dysrhythmias Questions Answers Shortness of Breath Questions Answers Abdominal and Pelvic Pain Questions Answers Trauma Questions Answers Fever Questions Answers Shock and Resuscitation Questions Answers Poisoning and Overdose Questions Answers Altered Mental Status Questions Answers Gastrointestinal Bleeding Questions Answers Musculoskeletal Injuries Questions Answers Headache Questions Answers Weakness and Dizziness Questions Answers Pediatrics Questions Answers Vaginal Bleeding Questions Answers Environmental Exposures Questions Answers Eye Pain and Visual Change Questions Answers Wound Care Questions Answers Endocrine Emergencies Questions Answers Psychosocial Disorders Questions Answers Bibliography

## 章节摘录

3. The answer is e. ( Rosen, pp 1083-1085. ) Atrial fibrillation ( AF ) is a rhythm disturbance of the atria that results in irregular, chaotic, ventricular waveforms. This chaotic activity can lead to reduced cardiac output from a loss of coordinated atrial contractions and a rapid ventricular rate, both of which may limit diastolic filling and stroke volume of the ventricles. Atrial fibrillation may be chronic or paroxysmal, lasting minutes to days. On the ECG, fibrillatory waves are seen and accompanied by an irregular QRS pattern. The main ED treatment for atrial fibrillation is rate control. This can be accomplished by many agents, but the agent most commonly used is diltiazem, a CCB with excellent AV nodal blocking effects. ( a ) If the patient was unstable, he should be immediately cardioverted. However, this patient is stable and asymptomatic; therefore, the goal in the ED is rate control. ( b ) Catheterization would be correct if the patient exhibited ST-segment elevations on the ECG. ( c ) If the patient is in atrial fibrillation for greater than 48 hours, then he needs to be anticoagulated prior to cardioversion. Coumadin, along with heparin, are agents used for anticoagulation. In general, a patient with stable atrial fibrillation undergoes an echocardiogram to evaluate for thrombus. If there is a thrombus present, patients are placed on Coumadin for 2 to 3 weeks and cardioversion takes place when their international normalized ratio ( INR ) is therapeutic. If no clot is seen on echocardiogram, then heparin is administered and cardioversion can take place immediately ( d ) Amiodarone is also used for rate control in atrial fibrillation; however, it is not a first-line agent and is recommended to be used selectively in patients with a low left ventricular ejection fraction.

## 编辑推荐

PreTest is the closest you can get to seeing the test before you take it      Great for clerkship review and the USMLE Step 2 CK !

Emergency Medicine" PreTest asks the right questions so youll know the right answers. Open it and start learning whats on the test.      student tested and reviewed      "This is an excellent question book to review Emergency Medicine. The concepts tested in this book are exactly what third and fourth year medical students need to know for both Step 2 and the shelf exam."      — liana Harwayne-Gidansky, Third Year Medical Student, SUNY Downstate College of Medicine      "...a thorough, detailed book perfect for a student intent on efficiently reviewing for both the wards and the USMLE Step 2."      — D.S. Jadav, Fourth Year Medical Student, Texas A&M      500 USMLE-style questions and answers      Detailed explanations for right and wrong answers

Targets what you really need to know for exam success      Student tested and reviewed      New chapters on Pediatrics and Orthopedics

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