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KEY=OF - KATELYN JAMIE

DOCUMENTATION GUIDELINES FOR EVALUATION AND MANAGEMENT SERVICES

American Medical Association Press

PHYSICAL EXAMINATION FOR SURGEONS

AN AID TO THE MRCS OSCE

Cambridge University Press A concise and highly visual guide to postgraduate physical examination for the MRCS exam, from an expert panel of surgeons.

CLINICAL METHODS

THE HISTORY, PHYSICAL, AND LABORATORY EXAMINATIONS

Butterworth-Heinemann A guide to the techniques and analysis of clinical data. Each of the seventeen sections begins with a drawing and biographical sketch of a seminal contributor to the discipline. After an introduction and historical survey of clinical methods, the next fifteen sections are organized by body system. Each contains clinical data items from the history, physical examination, and laboratory investigations that are generally included in a comprehensive patient evaluation. Annotation copyrighted by Book News, Inc., Portland, OR

HISTORY AND PHYSICAL EXAMINATION: A COMMON SENSE APPROACH

Jones & Bartlett Publishers History and Physical Examination: A Common Sense Approach provides a comprehensive, accessible foundation to the crucial patient care skill of clinical history taking and 'head-to-toe' clinical examination. Through full color illustrations, patient photographs, and video examples, this valuable resource highlights a logical, step-by-step approach to gain clinical competency. The authoritative content is divided into three sections to build and develop students' practical skills: History Flows, which provide context and practice through clinical scenario work, to logically develop differential diagnoses; Physical Examination Flows, which focus on comprehensive and consistent exams by using the human body as a map; and finally, Comprehensive Flows, which enable the student to apply their history taking and examination tools together to develop a differential diagnosis and a treatment plan—all under the real-world pressure of a time-sensitive office visit. Each section features "Clinical Case Practice" for students to interact and apply the clinical concepts and to prepare for actual practice. By moving beyond discrete symptoms, History and Physical Examination: A Common Sense Approach prepares students not only for practical boards, but for delivering humanistic care in real-world patient encounters.

GUIDE TO CLINICAL DOCUMENTATION

F.A. Davis Understand the when, why, and how! Here's your guide to developing the skills you need to master the increasing complex challenges of documenting patient care. Step by step, a straightforward 'how-to' approach teaches you how to write SOAP notes, document patient care in office and hospital settings, and write prescriptions. You'll find a wealth of examples, exercises, and instructions that make every point clear and easy to understand.

THE COMPLETE HISTORY AND PHYSICAL EXAM GUIDE

W B Saunders Company Pocket-sized text offers detailed guidance on developing and refining history and physical examination skills for 28 medical specialties. Provides in-depth, ready-to-use questions covering all key potential health issues. Sample write-ups after each chapter are also included.

ADVANCED HEALTH ASSESSMENT AND DIAGNOSTIC REASONING

Lippincott Williams & Wilkins "What ingredients go into a thorough health history and physical examination? How do effective interviewing skills, thorough assessment, sound clinical reasoning, and accurate documentation work together to refine our diagnostic choices? These are the kinds of questions you'll explore and answer inside this resource." "Written by a noted nurse educator, this accessible text guides you through the essentials of conducting a clinically relevant assessment and applies these principles to the diagnosis of specific, commonly encountered disorders."--BOOK JACKET.

TEXTBOOK OF RESPIRATORY MEDICINE

HISTORY AND PHYSICAL EXAM DOCUMENTATION MANUAL: A GUIDE FOR MEDICAL STUDENTS ENTERING CORE CLINICAL ROTATIONS

26 CLINICAL CASES REVIEWED FOR INTERNAL MEDICINE, SURGERY, PEDIATRICS, PSYCHIATRY, AND OBSTETRICS & GYNECOLOGY.

CreateSpace History and Physical Exam Documentation Manual: A Guide for Medical Students Entering Core Clinical Rotations:

BATES' GUIDE TO PHYSICAL EXAMINATION AND HISTORY TAKING

Lippincott Williams & Wilkins Presents step-by-step instructions for physical examination techniques along with information on taking the patient history.

OXFORD HANDBOOK OF CLINICAL DIAGNOSIS

Oxford University Press, USA Now revised for its third edition, the Oxford Handbook of Clinical Diagnosis provides a concise and practical summary of the reasoning processes behind clear and confident diagnosis. The handbook is set out systematically with symptoms and signs through each specialty, and includes a detailed description of the basis of logical evidence-based differential diagnosis. This new edition has been updated with clearer diagrams and brand new images. Including rarer diagnoses alongside the common conditions, and vital information about longer-term management alongside the initial treatments, this handbook will ensure your excellence and confidence no matter what signs and symptoms your patient presents with. Providing practical help when dealing with problems outside your area of expertise or with unforeseen situations, you can be sure that this handbook will be your perfect companion to clear and confident diagnoses throughout your medical career.

SEIDEL'S GUIDE TO PHYSICAL EXAMINATION - E-BOOK

AN INTERPROFESSIONAL APPROACH

Elsevier Health Sciences Seidel's Guide to Physical Examination 9th Edition offers a uniquely interprofessional, patient-centered, lifespan approach to physical examination and health assessment. This new edition features an increased focus on patient safety, clinical reasoning, and evidence-based practice, along with an emphasis on the development of good communication skills and effective hands-on examination techniques. Each core chapter is organized into four sections - Anatomy and Physiology, Review of Related History, Examination and Findings, and Abnormalities - with lifespan content integrated into each area. Written by an author team comprised of advance practice nurses and physicians with specialties in the care of adults, older adults, and children, this one-of-a-kind textbook addresses health assessment and physical examination for a wide variety of disciplines. UNIQUE! Interprofessional, interdisciplinary approach, written by two advanced practice nurses and three physicians, with expertise in both pediatric and adult-geriatric health. UPDATED! Infectious outbreak content addresses the growing problem of global infectious disease outbreaks such as Zika and Ebola and the need for infection precautions. UNIQUE! Cross-references to Dains et al:Advanced Health Assessment & Clinical Diagnosis in Primary Care help you take "the next step" in your clinical reasoning abilities and provides a more seamless user experience. UNIQUE! Compassionate, patient-centered approach emphasizes developing good communication skills, use of effective hands-on examination techniques, and reliance on clinical reasoning and clinical decision-making. Integrated lifespan content includes separate sections in each chapter on Infants and Children, Adolescents, Pregnant Women, and Older Adults. NEW! Emphasis on clinical reasoning provides insights and clinical expertise to help you develop clinical judgment skills. NEW! Enhanced emphasis on patient safety and healthcare

quality, particularly as it relates to sports participation. NEW! Content on documentation has been updated with a stronger focus on electronic charting (EHR/EMR). NEW! Enhanced social inclusiveness and patient-centeredness incorporates LGBTQ patients and providers, with special emphasis on cultural competency, history-taking, and special considerations for examination of the breasts, female and male genitalia, reproductive health, thyroid, and anus/rectum/prostate. NEW! Telemedicine, virtual consults, and video interpreters content added to the Growth, Measurement, and Nutrition chapter. NEW! Improved readability with a clear, straightforward, and easy-to-understand writing style. NEW! Updated drawing, and photographs enhance visual appeal and clarify anatomical content and exam techniques.

NURSING DOCUMENTATION MADE INCREDIBLY EASY

Lippincott Williams & Wilkins Publisher's Note: Products purchased from 3rd Party sellers are not guaranteed by the Publisher for quality, authenticity, or access to any online entitlements included with the product. Feeling unsure about the ins and outs of charting? Grasp the essential basics, with the irreplaceable Nursing Documentation Made Incredibly Easy!®, 5th Edition. Packed with colorful images and clear-as-day guidance, this friendly reference guides you through meeting documentation requirements, working with electronic medical records systems, complying with legal requirements, following care planning guidelines, and more. Whether you are a nursing student or a new or experienced nurse, this on-the-spot study and clinical guide is your ticket to ensuring your charting is timely, accurate, and watertight. Let the experts walk you through up-to-date best practices for nursing documentation, with: NEW and updated, fully illustrated content in quick-read, bulleted format NEW discussion of the necessary documentation process outside of charting—informed consent, advanced directives, medication reconciliation Easy-to-retain guidance on using the electronic medical records / electronic health records (EMR/EHR) documentation systems, and required charting and documentation practices Easy-to-read, easy-to-remember content that provides helpful charting examples demonstrating what to document in different patient situations, while addressing the different styles of charting Outlines the Do's and Don'ts of charting – a common sense approach that addresses a wide range of topics, including: Documentation and the nursing process—assessment, nursing diagnosis, planning care/outcomes, implementation, evaluation Documenting the patient's health history and physical examination The Joint Commission standards for assessment Patient rights and safety Care plan guidelines Enhancing documentation Avoiding legal problems Documenting procedures Documentation practices in a variety of settings—acute care, home healthcare, and long-term care Documenting special situations—release of patient information after death, nonreleasable information, searching for contraband, documenting inappropriate behavior Special features include: Just the facts – a quick summary of each chapter's content Advice from the experts – seasoned input on vital charting skills, such as interviewing the patient, writing outcome standards, creating top-notch care plans “Nurse Joy” and “Jake” – expert insights on the nursing process and problem-solving That's a wrap! – a review of the topics covered in that chapter About the Clinical Editor Kate Stout, RN, MSN, is a Post Anesthesia Care Staff Nurse at Doshier Memorial Hospital in Southport, North Carolina.

A POCKET GUIDE TO PHYSICAL EXAMINATION AND HISTORY TAKING

Lippincott Williams & Wilkins

H&P POCKETCARD SET

Borm Bruckmeier Pub Llc

CLINICAL EXAMINATION SKILLS FOR HEALTHCARE PROFESSIONALS

M&K Update Ltd Today, an increasing number of healthcare professionals (including nurses, midwives and members of many allied professions) have to conduct the vital first stage in a patient's journey – taking a clinical history and conducting an effective physical examination. This book offers clear, practical guidance on the fundamentals of clinical examination for any practitioner who wishes to understand their patient's specific needs and to plan appropriate care. Recognising that readers will come from a diverse range of clinical backgrounds and roles, the opening chapter (on consultation and the skills needed to take an accurate clinical history) underpins the systems-based approach. This, combined with the use of case study examples, allows healthcare professionals to focus on the principles of examining the system or systems that are most relevant to their specific area of practice. The book also includes a helpful glossary and list of abbreviations. The authors come from the same diverse range of professions for whom the book has been written, and their wealth of knowledge and experience enables them to understand the challenges facing today's healthcare professionals. Contents include: Consultation and clinical history-taking skills Respiratory assessment Cardiovascular assessment Gastrointestinal assessment Neurological assessment Genitourinary assessment Musculoskeletal assessment Obstetric assessment Mental health assessment Perioperative assessment

HISTORY AND PHYSICAL PATIENT ASSESSMENT NOTEBOOK

H&P MEDICAL STUDENT POCKETBOOK; PATIENT DOCUMENTATION NOTEBOOK FOR CLINICAL ROTATIONS AND CLERKSHIPS; NOTEBOOK FOR MEDICAL STUDENTS, PA STUDENTS, NURSING STUDENTS; 40 TEMPLATES; 5 X 8 IN

This notebook includes 40 templates to record a complete history and physical, assessment and plan. - Easily check boxes for review of systems and physical exam normals with room to write in additional findings. - Also includes sections for a differential diagnosis, assessment/plan, notes, and a checklist to record topics to look up later. - Great for medical students, PA students, and nursing students. - Your well organized notes will lead to perfect patient presentations. - Easily transfer your notes to the EMR after seeing the patient. Can also be used to record data for school patient logging. - The notebook is 5x8 inches and will fit in your white coat pocket.

RESOLVING ETHICAL DILEMMAS

A GUIDE FOR CLINICIANS

Lippincott Williams & Wilkins Now in its Fifth Edition, this respected reference helps readers tackle the common and often challenging ethical issues that affect patient care. The book begins with a concise discussion of clinical ethics that provides the background information essential to understanding key ethical issues. Readers then explore a wide range of real-world ethical dilemmas, each accompanied by expert guidance on salient issues and how to approach them. The book's two-color design improves retention of material for visual learners. An accompanying website lets readers access the full text, along with features designed to reinforce understanding and test knowledge. New to the Fifth Edition: This edition includes new discussions of ethical issues as they relate to clinical practice guidelines and evidence-based medicine, electronic medical records, genetic testing, and opioid prescription. The book also includes an increased focus on ethical issues in ambulatory care. Readers will also find more detailed analysis of cases, more examples of ethical reasoning, more highlight pages relating clinical ethics to emergency medicine, oncology, palliative care, and family medicine. Also new are discussions of quality improvement and use of advance care planning rather than advance directives.

PHYSICAL THERAPY DOCUMENTATION

FROM EXAMINATION TO OUTCOME

SLACK Incorporated Complete & accurate documentation is one of the essential skills for a physical therapist. This book covers all the fundamentals & includes practice exercises & case studies throughout.

PHYSICAL EXAMINATION AND HEALTH ASSESSMENT

Mosby Incorporated Dynamic, interactive videos depict the most commonly performed physical exam procedures for each body system. With these DVDs, you'll learn to apply concepts and develop critical thinking skills. 185 video clips with a running time of 2-4 minutes each. For each body system, videos include: Overview (rationale and purpose) Preparation (including equipment and patient teaching) Procedure (printable step-by-step procedure checklists) Follow-up care (including health promotion and patient teaching) Documentation (tips and techniques) 25 detailed 3-D animations depict what's happening inside the body. Critical thinking case studies let you apply your knowledge to simulated patients. A documentation form library allows you to practice recording history and physical information. 80 NCLEX examination-style review questions let you reinforce your comprehension

ADMISSION ASSESSMENT EXAM REVIEW E-BOOK

Elsevier Health Sciences Passing the HESI Admission Assessment Exam is the first step on the journey to becoming a successful healthcare professional. Be prepared to pass the exam with the most up-to-date HESI Admission Assessment Exam Review, 5th Edition! From the testing experts at HESI, this user-friendly guide walks you through the topics and question types found on admission exams, including: math, reading comprehension, vocabulary, grammar, biology, chemistry, anatomy and physiology, and physics. The guide includes hundreds of sample questions as well as step-by-step explanations, illustrations, and comprehensive practice exams to help you review various subject areas and improve test-taking skills. Plus, the pre-test and post-test help identify your specific weak areas so study time can be focused where it's needed most. HESI Hints boxes offer valuable test-taking tips, as well as rationales, suggestions, examples, and reminders for specific topics. Step-by-step explanations and sample problems in the math section show you how to work through each and know how to answer. Sample questions in all sections prepare you for the questions you will find on the A2

Exam. A 25-question pre-test at the beginning of the text helps assess your areas of strength and weakness before using the text. A 50-question comprehensive post-test at the back of the text includes rationales for correct and incorrect answers. Easy-to-read format with consistent section features (introduction, key terms, chapter outline, and a bulleted summary) help you organize your review time and understand the information. NEW! Updated, thoroughly reviewed content helps you prepare to pass the HESI Admission Assessment Exam. NEW! Comprehensive practice exams with over 200 questions on the Evolve companion site help you become familiar with the types of test questions.

SAPIRA'S ART & SCIENCE OF BEDSIDE DIAGNOSIS

Lippincott Williams & Wilkins Essential reading for beginning and experienced clinicians alike, Sapira's Art & Science of Bedside Diagnosis, Fifth Edition, discusses the patient interview and the physical examination in an engaging, storytelling style. Tried and true methods are described in step-by-step detail, and include clinical pearls, vignettes, practical clinical experiences, personal history, explanations of the physiologic significance of findings, and extensive discussions of evidence-based medicine. It's a useful guide for learning and reinforcing effective bedside diagnosis techniques at all levels and stages of clinical practice.

TEXTBOOK OF PHYSICAL DIAGNOSIS

HISTORY AND EXAMINATION

Elsevier Mastering each aspect of the patient interview and physical exam is fundamental to medical education, resulting in more accurate diagnostic skills, more effective patient management, and better patient outcomes! Dr. Swartz's Textbook of Physical Diagnosis is a highly respected reference in this critical area, offering a compassionate, humanistic approach to the art and science of interviewing and physical examination. From cover to cover, you'll learn how your interpersonal awareness is just as important in physical diagnosis as your level of skill - and why clinical competence in this area is essential for physicians, nurse practitioners, physician assistants, and all members of the healthcare profession. Explores how cultural differences can influence communication, diet, family relationships, and health practices and beliefs - which may affect your approach to a patient's treatment. Features hundreds of high-quality color images, an easy-to-use design, and detailed descriptions of practical techniques throughout. Offers clear, easy-to-understand explanations of interviewing and examination techniques, clinical presentations, pathophysiology, complementary and alternative medicine, and physical diagnosis standards and tests. All chapters completely reviewed and revised. Features a new chapter on deconstructing racism and bias in clinical medicine. Provides expanded coverage of the musculoskeletal system with more specialty examinations of joints. Emphasizes precision, accuracy, and critical thinking in clinical assessment. Highlights clinical ethics and professionalism. Includes more than 6 hours of in-depth video, featuring step-by-step key aspects of the physical examination for adults, toddlers, and newborns, important interviewing scenarios, and audio of heart and lung sounds. Enhanced eBook version included with purchase. Your enhanced eBook allows you to access all of the text, figures, and references from the book on a variety of devices.

THE CLINICAL PICTURE

THE CLINICIAN'S COMPLETE GUIDE TO: NEUROMUSCULOSKELETAL EVALUATION, INITIAL CONSULTATION AND NARRATIVE REPORT, S. O. A. P. CHARTING AND DOCUMENTATION

Createspace Independent Publishing Platform THE CLINICAL PICTURE by Drs. Conwell & Lehman Tick ... tick ... tick ... how many patients are waiting? As a health-care student or new practitioner, you work hard to refine your clinical skills, including the all-important history and physical (H&P) examination. You document your findings to help you diagnose your patient's problem and develop a treatment plan, and those records assist other health-care providers treating the patient. When care is holistic, integrated, and evidence-based, best-case practice requires careful documentation to increase good outcomes for patients. Meanwhile, the clock is ticking and more patients are waiting. THE CLINICAL PICTURE by Drs. Conwell & Lehman will help you improve your skill and efficiency in performing and documenting the initial H&P for patients presenting with neuromusculoskeletal conditions. Mastering the information in this concise and practical guide will: - Prepare you for board examinations that require knowledge in evaluating patients with neuromusculoskeletal conditions.- Improve your acumen and efficiency in acquiring and documenting complete information in a neuromusculoskeletal workup- Improve your ability to diagnose the majority of neurologic and musculoskeletal complaints of the neck, back, and extremities- Improve quality of care and patient outcomes in a patient-centered environment. The book includes illustrations to help you easily comprehend the material. Its three sections are History and Physical Examination, Narrative Report Writing, and Daily Record-Keeping. This comprehensive guide covers the following information: SECTION I thoroughly, yet succinctly, covers how to pull a comprehensive Medical History and perform a detailed Physical Examination of the neuromusculoskeletal system. - Medical History This section includes an extensive Outline Guide for quick reference and a comprehensive Confidential Patient History Questionnaire form. You will learn how to obtain and use the valuable historical information by incorporating the following acronyms: HPI, PMH, OPQRST, PSFH, ADL, ROS, and much more. The history section covers all the steps required to collect a detailed history from the patient.- Physical Examination The emphasis is placed on the individual parts of the medical exam including general appearance, vital signs, neurologic evaluation

(screening for lesions of the Central and Peripheral Nervous System), and orthopedic evaluation (inspection, palpation, ROM, provocative tests, peripheral vascular screen, non-organic physical signs). Chapters cover in detail Impression/Diagnosis, Treatment Plan, Outcome Assessment Tools, indications for Diagnostic Tests, descriptions and significance of the most common orthopedic and neurologic tests, and the commonly used medical abbreviations. SECTION II, Narrative Report Writing, includes a complete Narrative Report Outline Guide for quick reference. You will learn how to: - Use the key components of the medical narrative- Integrate information from the physical exam into the narrative report- Use appropriate medical phrasing and a precise writing style for the narrative report. - Detailed sample narrative reports from different medical specialties will help you apply the information in this section. SECTION III, Daily Record Keeping, thoroughly discusses: - The S.O.A.P. Note method for documenting daily office visit findings- Documentation required for medical necessity of the treatment provided- Communications with other health care providers- The problem-oriented medical information system PROMIS - The definition of Evaluation & Management (E&M) service codes- This section includes numerous detailed Daily Office Note (SOAP note) examples with accompanying appropriate E&M codes.

OXFORD TEXTBOOK OF GERIATRIC MEDICINE

Oxford University Press Over the past two decades there has been a marked change in global age demographics, with the number of over-60s increasing by 82% and the number of centenarians by 715%. This new-found longevity is testament to the success of recent advances in medicine, but poses significant challenges to multiple areas of health care concerning older patients. Building upon its predecessor's reputation as the definitive resource on the subject, this new edition of the Oxford Textbook of Geriatric Medicine offers a comprehensive and multinational examination of the field. Fully revised to reflect the current state of geriatric medicine, it examines the medical and scientific basis of clinical issues, as well as the ethical, legal, and socio-economic concerns for healthcare policy and systems. Over 170 chapters are broken up into 16 key sections, covering topics ranging from policy and key concepts through to infection, cancer, palliative medicine, and healthy ageing. New material includes focus on the evolving concepts of malnutrition, sarcopenia, frailty, and related geriatric syndromes and integration of geriatric principles from public health, primary and specialized care, and transitional stages from home to emergency, medicine and surgery, rehabilitation, and long term care. The Oxford Textbook of Geriatric Medicine brings together specialists from across the globe to provide every physician involved in the care of older patients with a comprehensive resource on all the clinical problems they are likely to encounter, as well as on related psychological, philosophical, and social issues.

THE MEDICAL INTERVIEW

CLINICAL CARE, EDUCATION, AND RESEARCH

Springer Science & Business Media Primary care medicine is the new frontier in medicine. Every nation in the world has recognized the necessity to deliver personal and primary care to its people. This includes first-contact care, care based in a positive and caring personal relationship, care by a single healthcare provider for the majority of the patient's problems, coordination of all care by the patient's personal provider, advocacy for the patient by the provider, the provision of preventive care and psychosocial care, as well as care for episodes of acute and chronic illness. These facets of care work most effectively when they are embedded in a coherent integrated approach. The support for primary care derives from several significant trends. First, technologically based care costs have rocketed beyond reason or availability, occurring in the face of exploding populations and diminishing real resources in many parts of the world, even in the wealthier nations. Simultaneously, the primary care disciplines-general internal medicine and pediatrics and family medicine-have matured significantly.

MOSBY'S NURSING VIDEO SKILLS: PHYSICAL EXAMINATION AND HEALTH ASSESSMENT

Mosby Incorporated Dynamic, interactive videos depict the most commonly performed physical exam procedures for each body system. With these DVDs, you'll learn to apply concepts and develop critical thinking skills. 185 video clips with a running time of 2-4 minutes each. For each body system, videos include: Overview (rationale and purpose) Preparation (including equipment and patient teaching) Procedure (printable step-by-step procedure checklists) Follow-up care (including health promotion and patient teaching) Documentation (tips and techniques) 25 detailed 3-D animations depict what's happening inside the body. Critical thinking case studies let you apply your knowledge to simulated patients. A documentation form library allows you to practice recording history and physical information. 80 NCLEX® examination-style review questions let you reinforce your comprehension

FAST FACTS FOR PEDIATRIC PRIMARY CARE

A GUIDE FOR NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

Springer Publishing Company Uniquely written from the perspectives of a Nurse Practitioner and a Physician Assistant This quick-access reference guide encompasses all key diagnostic and

management essentials needed for safe and effective pediatric practice. By incorporating the most current literature and evidence-based practice, this guide explains how to best assess, diagnose, and treat common pediatric disorders in an ambulatory care setting. This practical, pocket-sized resource is presented in concise paragraphs, providing access to key information at a glance. Chapters consistently include focused assessment and diagnosis of the most common clinical problems and treatment options. Key points, important developmental milestones, and illness prevention and management sections provide practitioners with important content to educate patients and families easily and thoroughly. Abundant tables and charts help to facilitate quick reference to key components of practice. Links to frequently updated clinical guidelines and important web resources ensure that practitioners can maintain access to the most current knowledge available. Key Features: Provides speedy access to crucial information with concise paragraphs, chapter objectives, key points, and tables Conveniently organized by most commonly seen diseases and disorders Provides links to frequently updated clinical guidelines and web resources Purchase includes digital access for use on most mobile devices or computers

CLINICAL DERMATOLOGY

McGraw Hill Professional A comprehensive single-volume text on clinical dermatology Featuring a strong focus on diagnosis and treatment, Clinical Dermatology is a concise yet thorough guide to 100 of the most common dermatologic conditions. This latest addition to the LANGE Clinical series is enriched by a full-color presentation and a logical, easy-to-use organization. More than 250 full-color illustrations Divided into three sections: Fundamentals of Diagnosis and Treatment, Common Skin Diseases, and Problem Based Dermatology (which includes cases) "Pearls" and "Pitfalls" throughout the text

THE RATIONAL CLINICAL EXAMINATION: EVIDENCE-BASED CLINICAL DIAGNOSIS

McGraw Hill Professional The ultimate guide to the evidence-based clinical encounter "This book is an excellent source of supported evidence that provides useful and clinically relevant information for the busy practitioner, student, resident, or educator who wants to hone skills of physical diagnosis. It provides a tool to improve patient care by using the history and physical examination items that have the most reliability and efficiency."--Annals of Internal Medicine "The evidence-based examination techniques put forth by Rational Clinical Examination is the sort that can be brought to bear on a daily basis - to save time, increase confidence in medical decisions, and help decrease unnecessary testing for conditions that do not require absolute diagnostic certainty. In the end, the whole of this book is greater than its parts and can serve as a worthy companion to a traditional manual of physical examination."--Baylor University Medical Center (BUMC)Proceedings 5 STAR DOODY'S REVIEW! "Physical diagnosis has been taught to every medical student but this evidence-based approach now shows us why, presenting one of medicine's most basic tenets in a new and challenging light. The format is extraordinary, taking previously published material and updating the pertinent evidence since the initial publication, affirming or questioning or refining the conclusions drawn from the data. "This is a book for everyone who has studied medicine and found themselves doubting what they have been taught over the years, not that they have been deluded, but that medical traditions have been unquestionably believed because there was no evidence to believe otherwise. The authors have uncovered the truth. "This extraordinary, one-of-a-kind book is a valuable addition to every medical library."--Doody's Review Service Completely updated with new literature analyses, here is a uniquely practical, clinically relevant approach to the use of evidence in the content of physical examination. Going far beyond the scope of traditional physical examination texts, this invaluable resource compiles and presents the evidence-based meanings of signs, symptoms, and results from physical examination maneuvers and other diagnostic studies. Page after page, you'll find a focus on actual clinical questions and presentations, making it an incomparably practical resource that you'll turn to again and again. Importantly, the high-yield content of The Rational Clinical Examination is significantly expanded and updated from the original JAMA articles, much of it published here for the first time. It all adds up to a definitive, ready-to-use clinical exam sourcebook that no student or clinician should be without. FEATURES Packed with updated, new, and previously unpublished information from the original JAMA articles Standardized template for every issue covered, including: Case Presentation; Why the Issue Is Clinically Important; Research and Statistical Methods Used to Find the Evidence Presented; The Sensitivity and Specificity of Each Key Result; Resolution of the Case Presentation; and the Clinical Bottom Line Completely updated with all-new literature searches and appraisals supplementing each chapter Full-color format with dynamic clinical illustrations and images Real-world focus on a specific clinical question in each chapter, reflecting the way clinicians approach the practice of evidence-based medicine More than 50 complete chapters on common and challenging clinical questions and patient presentations Also available: JAMAevidence.com, a new interactive database for the best practice of evidence based medicine

IMPROVING DIAGNOSIS IN HEALTH CARE

National Academies Press Getting the right diagnosis is a key aspect of health care - it provides an explanation of a patient's health problem and informs subsequent health care decisions. The diagnostic process is a complex, collaborative activity that involves clinical reasoning and information gathering to determine a patient's health problem. According to Improving Diagnosis in Health Care, diagnostic errors-inaccurate or delayed diagnoses-persist throughout all settings of care and continue to harm an unacceptable number of patients. It is likely that most people will experience at least one diagnostic error in their lifetime, sometimes with devastating consequences. Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment, providing unnecessary or

harmful treatment, or resulting in psychological or financial repercussions. The committee concluded that improving the diagnostic process is not only possible, but also represents a moral, professional, and public health imperative. Improving Diagnosis in Health Care a continuation of the landmark Institute of Medicine reports *To Err Is Human* (2000) and *Crossing the Quality Chasm* (2001) finds that diagnosis-and, in particular, the occurrence of diagnostic errors"has been largely unappreciated in efforts to improve the quality and safety of health care. Without a dedicated focus on improving diagnosis, diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity. Just as the diagnostic process is a collaborative activity, improving diagnosis will require collaboration and a widespread commitment to change among health care professionals, health care organizations, patients and their families, researchers, and policy makers. The recommendations of *Improving Diagnosis in Health Care* contribute to the growing momentum for change in this crucial area of health care quality and safety.

FUNDAMENTAL SKILLS FOR PATIENT CARE IN PHARMACY PRACTICE

Jones & Bartlett Publishers *Fundamental Skills for Patient Care in Pharmacy Practice* enables students and new pharmacists to master the skills associated with clinical care in either the inpatient or outpatient setting. In accessible steps, this valuable resource provides the tools for gaining medication histories from patients and counseling them on the most effective and safe manner to take medications. Each chapter explores the background and practice of a critical skill, tools that aid in its development and mastery, and tips for success. Students and pharmacists will come away with the knowledge to identify drug-related problems and formulate plans for solutions to these problems. *Fundamental Skills for Patient Care in Pharmacy Practice* prepares future pharmacists to communicate effectively in verbal and written formats with health professionals and special patient populations as they prepare and present SOAP notes, patient cases, and discharge counseling.

NP H&P

Createspace Independent Publishing Platform Are you a nurse practitioner student in need of an organized solution for your clinical notes? Look no further, NP H&P is what you need to make clinical rotations easier! Each history and physical sheet has everything you need to keep track of every patient you encounter during clinicals. Benefits of NP H&P: -Document on 100 patients per notebook - Sheets are double sided, so each encounter is kept on one sheet -Rip out sheets as needed -Patients are identified by date, clinical rotation, initials or medical record number for anonymity -More room to document with greyscale words that you can write over as needed -Prompts on what information to gather during your health history interview and exam -Circle positive Review of System complaints and check positive Physical Exam complaints -Readable font unlike some of our other competitors -Straightforward and to the point Review of Systems and Physical Exam choices without all the fluff to confuse you -Human diagram to mark locations of interest -Plenty of extra room to write notes Once your clinical semester is complete, you'll have a notebook that contains all of your clinical information without sorting through mounds of paperwork that you can easily lose. Use one for each clinical rotation to make for easy uploading to your clinical tracking system.

MACLEOD'S CLINICAL EXAMINATION E-BOOK

Elsevier Health Sciences This classic textbook sets out clearly and concisely how to evaluate symptoms and elicit relevant physical signs. It describes the practical skills which every clinician must acquire and develop in order to evolve diagnostic procedures and management strategies and plans. 'Highly Commended' in the 2006 and 2010 BMA Medical Book Competitions, this Thirteenth Edition contains over 500 clinical photographs and diagrams to illustrate the text, with new topics added to make the book even more comprehensive. This Thirteenth Edition has four sections: History taking and general examination. System examination covering symptoms and signs. Examination in special situations including babies & children and the critically ill. How to pass an OSCE. Included on the Student Consult site are the specially-recorded videos demonstrating many of the clinical examination routines described in the main text. The book starts with a general overview section on history taking and the general examination that provide the framework on which to hang the detail. The systematic examination section documents clearly the relevant history, examination and special investigations as well as giving advice on their significance. The third section covers examination in specific situations and emphasises an integrated and structured approach to these patients. A final section spells out how to demonstrate the techniques learned in the book in an OSCE. Macleod's is closely linked to its sister publication, *Davidson's Principles & Practice of Medicine*, which complements the information in this text. Available with full online access on Student Consult and ancillary videos demonstrating key clinical examination routines following the format laid out in the book. There are two new chapters on examination in specific situations: The frail elderly The adult with fever A new section explicitly spells out how to demonstrate the techniques learned in the book in an OSCE and other formative and summative examinations. Over 50 new text boxes highlight the evidence-base for the examination techniques discussed. An Advisory Board of students, junior doctors, and representatives from the nursing, ambulance, Primary Care and academic communities from six countries has made detailed comments and critically appraised the entire book. The text has been substantially rewritten with more on medically unexplained symptoms in the History Taking chapter and extended coverage of diabetes mellitus in the Endocrine System chapter. Integrated with the online text are clinical examination videos of trained professionals performing many of the examination routines described in the book with an accompanying commentary by the Editor, Professor Colin Robertson Two new videos show how the Glasgow Coma Scale should be performed in clinical situations, demonstrating the correct techniques and also common pitfalls in using the GCS.

EVIDENCE-BASED PHYSICAL EXAMINATION

BEST PRACTICES FOR HEALTH & WELL-BEING ASSESSMENT

Springer Publishing Company The first book to teach physical assessment techniques based on evidence and clinical relevance. Grounded in an empirical approach to history-taking and physical assessment techniques, this text for healthcare clinicians and students focuses on patient well-being and health promotion. It is based on an analysis of current evidence, up-to-date guidelines, and best-practice recommendations. It underscores the evidence, acceptability, and clinical relevance behind physical assessment techniques. Evidence-Based Physical Examination offers the unique perspective of teaching both a holistic and a scientific approach to assessment. Chapters are consistently structured for ease of use and include anatomy and physiology, key history questions and considerations, physical examination, laboratory considerations, imaging considerations, evidence-based practice recommendations, and differential diagnoses related to normal and abnormal findings. Case studies, clinical pearls, and key takeaways aid retention, while abundant illustrations, photographic images, and videos demonstrate history-taking and assessment techniques. Instructor resources include PowerPoint slides, a test bank with multiple-choice questions and essay questions, and an image bank. This is the physical assessment text of the future. Key Features: Delivers the evidence, acceptability, and clinical relevance behind history-taking and assessment techniques Eschews “traditional” techniques that do not demonstrate evidence-based reliability Focuses on the most current clinical guidelines and recommendations from resources such as the U.S. Preventive Services Task Force Focuses on the use of modern technology for assessment Aids retention through case studies, clinical pearls, and key takeaways Demonstrates techniques with abundant illustrations, photographic images, and videos Includes robust instructor resources: PowerPoint slides, a test bank with multiple-choice questions and essay questions, and an image bank Purchase includes digital access for use on most mobile devices or computers

COMMON CLINICAL PRESENTATIONS IN DOGS AND CATS

John Wiley & Sons Common Clinical Presentations in Dogs and Cats is a reliable resource and quick reference to essential information for diagnosing canine and feline patients, based on presenting complaints. The text takes a problem-oriented approach to recognizing common clinical conditions, and introduces diagnostic and treatment plans for companion animal practice. Equally useful for veterinary students and practicing clinicians, the book presents 78 chapters grouped by body system, for ease of access. Each chapter focuses on identifying the chief complaint, pinpointing possible diagnoses, and determining the clinical approach to patient care. The book is richly illustrated throughout with clinical photographs and line drawings that demonstrate the concepts presented. Common Clinical Presentations in Dogs and Cats is an essential resource that:

- Gives clinicians fast access to essential details for approaching common case presentations in dogs and cats and forming a correct diagnosis
- Presents information by clinical signs, organized by body system
- Takes a standardized chapter format for ease of use
- Includes color photographs and line drawings to illustrate the conditions discussed

Written for small animal general practitioners and veterinary students, Common Clinical Presentations in Dogs and Cats is a patient-side reference that can help practitioners gain the knowledge and confidence to correctly diagnose a wide range of clinical presentations.

JARVIS'S PHYSICAL EXAMINATION AND HEALTH ASSESSMENT

Elsevier Health Sciences The second edition of the leading Australian text Jarvis's Physical Examination and Health Assessment has been carefully revised and updated to reflect current skills critical to the practice of registered nurses in an Australian and New Zealand context. Jarvis's Physical Examination and Health Assessment incorporates the most up-to-date research data, clinical practice, policies and procedures. Authors Helen Forbes and Elizabeth Watt skillfully embed prominent nursing concepts throughout including; patient-centered care, cultural and social considerations, health promotion and disease prevention, as well as the individual across the lifespan. Jarvis's Physical Examination and Health Assessment is the ideal tool for undergraduate nursing students, registered nurses and experienced practitioners wishing to develop and refine their health assessment skills. Comprehensively addresses approaches to the context of health assessment in nursing, key functional areas of health assessment and assessment tools and techniques Spelling, terminology, measurements, cultural and social considerations, clinical procedures and best practice updated to reflect the most recent Australian and New Zealand guidelines and protocols Summary checklists for all nursing and health professional examination techniques Part of a comprehensive and revised learning package including Pocket Companion Jarvis's Physical Examination & Health Assessment 2e and Student Laboratory Manual Jarvis's Physical Examination & Health Assessment 2e Revised Table of Contents - increased focus on relevance of the health assessment areas to the functional status of the person Common laboratory studies (including normal values) added to objective data tables where relevant New chapter on focused assessment integrating clinical decision-making and clinical reasoning New chapter on substance abuse assessment New chapter on the complete health assessment - outlines the application of various frameworks for health assessment (head to toe, body systems, functional) Clearly identified health assessment skills for beginning and advanced nursing practice Revised online learning and teaching resources available on evolve Revised clinical case studies which illustrate documentation and critical thinking related to the chapter focus.

CASE STUDIES TO ACCOMPANY BATES' GUIDE TO PHYSICAL EXAMINATION AND HISTORY TAKING

This case studies book is designed for the development of clinical reasoning, assessment, and differential diagnostic skills. Each case study presents with a chief complaint, brief history, and then physical examination findings. Multiple-choice exercises, matching exercises, and labeling exercises are included. Answers can be found at the end of the book. This edition includes additional cases on the older adult and other new topics covered in the Ninth Edition of Bates' Guide to Physical Examination and History Taking.

BATES' NURSING GUIDE TO PHYSICAL EXAMINATION AND HISTORY TAKING

Lippincott Williams & Wilkins In this text "structure and function information is streamlined, health history is symptom and interview-focused, nursing documentation examples are included, data analysis is covered in end-of-chapter summary sections, health promotion is streamlined with a focus on follow-up and teaching at the end of the chapters. "--Publisher.

EVIDENCE-BASED PHYSICAL EXAMINATION HANDBOOK

Springer Publishing Company Provides succinct evidence-based guidance on the assessment of patients across the life span and development of sound clinical reasoning A companion to the groundbreaking Evidence-Based Physical Examination: Best Practices for Health and Well-Being, this portable, full-color, richly illustrated handbook prepares you for practice in any clinical setting. A high-yield guide with only the most essential information for assessment of patients across the life span, it includes key questions and considerations for the patient history, a step-by-step guide to physical examination, tips for interpreting assessment findings, differential diagnoses, and coverage of special populations. Other useful features include Red Flag and Evidence-Based Considerations boxes, quick-reference tables, and sample documentation. The Evidence-Based Physical Examination set of products provide all of the information you need to develop sound clinical judgement—access the handbook on the go or at point of care and refer to the comprehensive textbook for in-depth review. Key Features: Provides succinct, evidence-based guidance on the history-taking and physical examination of patients across the life span Strengthens advanced assessment and clinical-reasoning skills in preparation for clinical rotations and practice Includes tips for interpreting assessment findings, Red Flag and Evidence-Based Considerations boxes, and sample documentation Highlights essential information with quick-reference tables Features abundant illustrations and images