
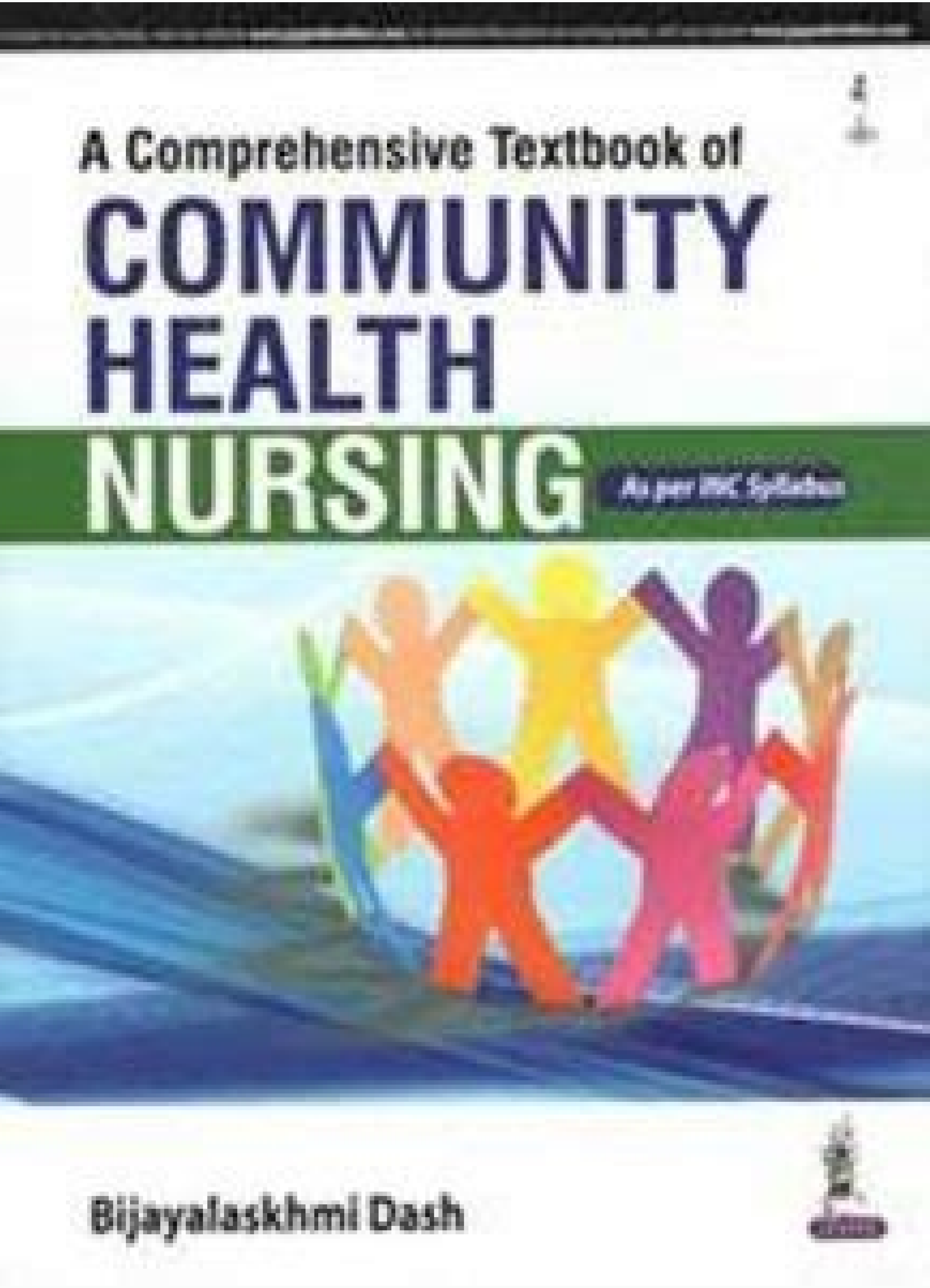
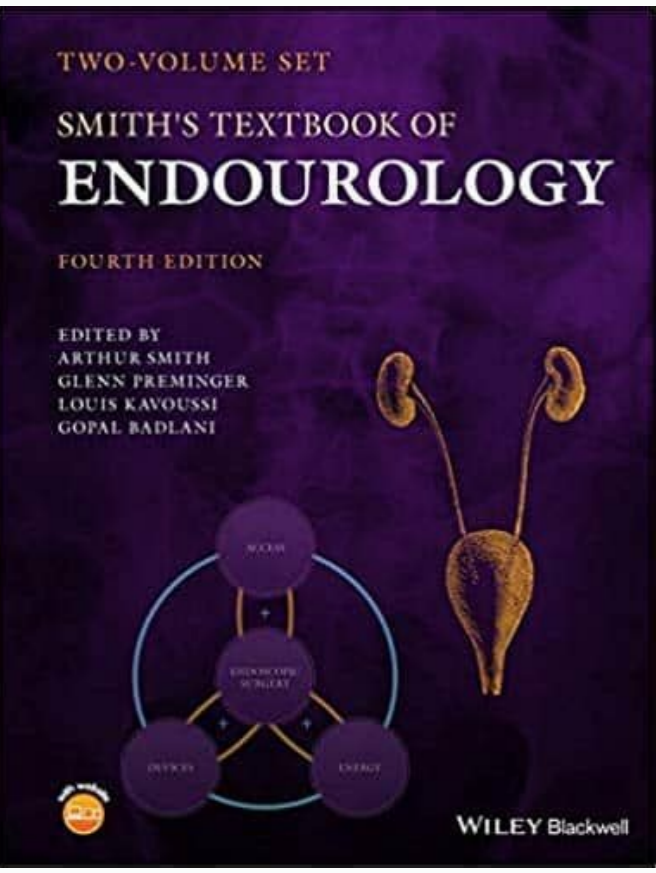
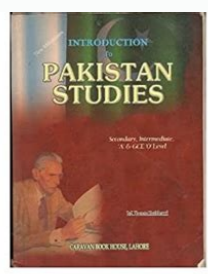
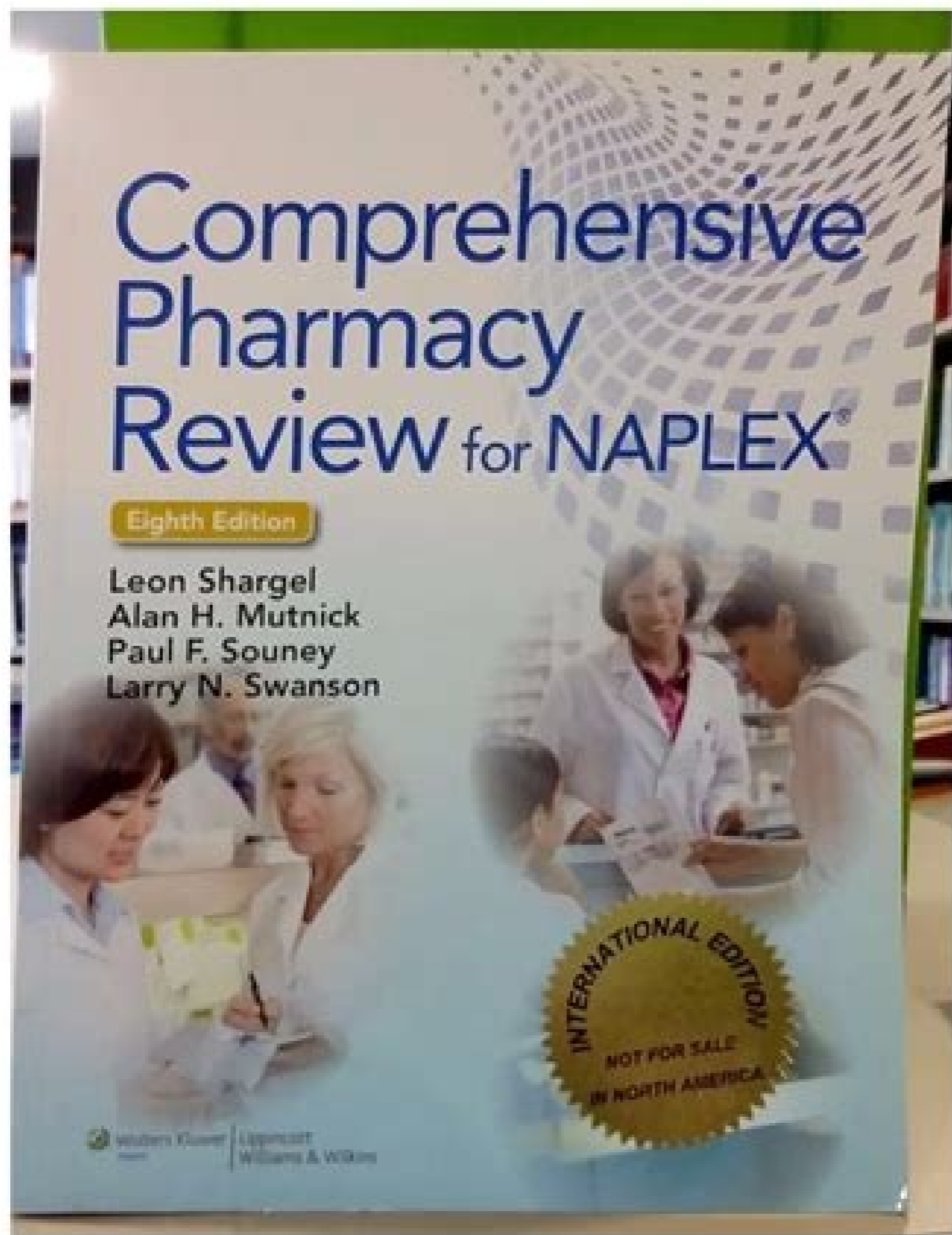


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Acute Renal Failure Physical Assessment Altered mental status Hypertension Tachycardia ECG indicative of hyperkalemia Pale, cool, moist skinDutchess Community College EMS 21. Establish IV access. Chronic Renal Failure Impairment of Kidney Functions Maintenance of blood volume with proper balance of water, electrolytes, and pH Retention of key compounds such as glucose with excretion of wastes such as urea Loss of glucose and buildup of urea within the bloodControl of arterial blood pressure Increased sodium, water, and potassium retentionDisruption of the renin-angiotensin loop resulting in HTNRegulation of erythrocyte development Development of chronic anemiaDutchess Community College EMS 26. It also contains a thorough description of energy sources and sterilization methods which are commonly used in urologic surgery, both in the operating room and clinic situations. Consider analgesics. New York, NY: Mosby; 2001, 744 pp, \$239.00. This enlightening text compiled by the editors is an impressive compact presentation of the field of urology. The key ebook vendors and databases with Tulane licenses which include health science topics are listed below. An especially nice feature is the step-by-step procedure insert. Apart from these, the instruments used in pediatric urology and open urology are explained with its special features, advantages, disadvantages and its uses. Parenteral narcotic analgesics may be indicated.Dutchess Community College EMS 38. This text is an excellent resource. Parenteral nutrition is often a complicated and poorly understood intervention that requires a great deal of expertise. Dutchess Community College EMS 29. Chronic Renal Failure Assessment Differentiate chronic and acute problems. Chronic Renal FailureDutchess Community College EMS 25. Urinary Tract Infection Pathophysiology Risk Factors Increased risk in female or catheterized patients Sexual activity Lower and Upper UTIs Urethritis Cystitis Prostatitis Pylonephritis Community-acquired vs. In short, this text is a resource for virtually all practitioners who manage intravenous nutrition.TITO VASQUEZ, MDDepartment of SurgerySt. Lukes HospitalBethlehem, PennsylvaniaPII S0149-7944(01)00593-1Comprehensive UrologyWeiss RM, George NJ, O'Reilly P. Anatomy & Physiology The Urinary System Female MaleUrology & Nephrology The KidneysDutchess Community College EMS 4. This well-written chapter discusses the preoperative assessment of nutritional status, markers to monitor throughout therapy, and key issues, such as diabetes, liver, and kidney disease, which should be addressed in tailoring nutritional support. Several chapters are devoted to clinical syndromes and disease states, such as bone disease, short bowel syndrome, and even AIDS. Some chapters focus on age groups from neonates and the pediatric population to the elderly. This book has 14 chapters. For the advanced laparoscopist, this book provides a good review of techniques and may also show them a different way of doing a specific laparoscopic procedure.JOHN LUKASZCZYK, MDDepartment of SurgerySt. Lukes HospitalBethlehem, PennsylvaniaPII S0149-7944(01)00592-X288 CURRENT SURGERY Volume 59/Number 3 May/June 2002Page 21.UrologyDutchess Community College EMS2. Ebooks may be searched by the book title in the Library Classic Catalog or in Library Search. Renal Calculi Management Maintain ABCs. Maintain position of comfort. Many of these books are out of date before they are published. General Pathophysiology, Assessment and Management Differentiating GI and Urologic Complaints Pathophysiological Basis of Pain Causes of Pain Types of Pain Visceral pain Referred pain Dutchess Community College EMS 12. Chapter 1 starts with the introduction of cystoscopy and its accessories. Over 80 contributing international authors provide a broad view of the significant aspects of urology. The chapters display brevity, but this does not detract from the delivery nor the significance of the information that they contain. These sections that follow proceed in a rational fashion with the basics, review of urologic investigative procedures, pediatric urology, benign urologic conditions, urologic oncology, benign conditions of the lower urinary tract, and miscellaneous topics, including lasers in urology and radiation therapy and chemo-therapy for urologic malignancies. A pragmatic delivery of information style is maintained throughout the book. This text prefaces this broad field with a chapter devoted to the history of nutrition. Regulate fluid volume. Monitor vital signs and cardiac rhythm. This book, fortunately, is very complete and current. Each chapter deals with laparoscopic procedures for a specific organ, which is a reasonable way of breaking up the information presented. Dutchess Community College EMS 30. Acute Renal Failure Management Airway, Breathing, Circulation IV Access Protect fluid volume. Positioning and TransportDutchess Community College EMS 23. Focused history and physical exam. The book is good for the beginner because it explains the techniques in detail with good illustrations. The clarity of the photographs and x-rays are impressive in their ability to depict what the authors are attempting to illustrate. The book provides an excellent review of the entire field of urology. Renal Calculi Assessment Focused History Severe pain in one flank that increases in intensity and migrates from the flank to the groin Painful, frequent urination with visible hematuria Prior history of calculi Physical Exam Difficult due to patient discomfort Tachycardia with pale, cool, and moist skin Dutchess Community College EMS 37. The leading chapter in this text is entitled Landmarks in the History of Urology. This book is included with new chapters such as disposables, laparoscopic/robotic instruments, sterilization methods, and other methods to add value to the book. The few photographs in this book are very informative. To complete the book, the editors deal with issues other than technique. Other chapters deal with aspects of nutrition in the obese patient, renal failure, trauma and burns, gastrointestinal fistulas, liver disease, and cardiopulmonary disease. This is beneficial for the beginning laparoscopist, i.e. general surgery resident. Dutchess Community College EMS 28. Another criticism of this text may be that it contains too many pictures in relation to the accompanying text. It includes an excellent chapter on intravenous access, the various technical approaches, and the benefits and risks of each procedure. With a strong emphasis on clinical presentation, procedures and surgery, it provides an accessible, conversational guide to all the situations likely to be encountered on the wards. Key features include: • Extensive illustration to clearly demonstrate relevant procedures, conditions, and physiology • Important information flagged up in key points • Self-assessment MCQs to test and help consolidate knowledge • Whether you are preparing for your first urology rotation or looking for a quick reference to all aspects of the system, Urology Lecture Notes provides key support to all students, junior doctors and trainees involved in this specialty. Vital signs vary with degree of pain. The basic science chapters on anatomy, embryology, and physiology are written in a simple, easy to understand, and relevant fashion. Retaining key compounds such as glucose, while excreting wastes such as urea. The editors goals are clear. They provide practitioners with up-to-date information regarding nutritional support with excellent references from experts in the field. Page 2 Have you recently written a paper, but you're not sure to which journal you should submit it? The chapter that will be of most use to surgeons is the chapter on perioperative nutritional support. I found this chapter to be very interesting and engaging. This is a gray highlighted box with the steps listed numerically. Dutchess Community College EMS 10. Assessment and Management Scene Size-up Initial Assessment Focused History OPQRST History Prior History of Similar Event History of Nausea, Vomiting, and Weight Loss Change in Bowel Habits and Stool Last Oral Intake Presence of Chest PainDutchess Community College EMS 13. Assessment and Management Physical Exam Appearance Uncomfortable appearance. Posture Lying with knees drawn up. Transport Considerations Dutchess Community College EMS 16. Acute Renal Failure Pathophysiology Prerenal Acute Renal Failure Dysfunction before the level of kidneys Renal Acute Renal Failure Most common and most easily reversible Dysfunction within the kidneys themselves Postrenal Acute Renal Failure Dysfunction distal to the kidneysDutchess Community College EMS 18. Peritoneal DialysisDutchess Community College EMS 34. Expedite transport to an appropriate facility. It is enriched with basic and developed endoscopes, disposable instruments and instruments specific for robotic surgery. HemodialysisDutchess Community College EMS 32. Relief with walking. Stone types Calcium salt Struvite stones Uric acid Cystine Dutchess Community College EMS 35. Level of Consciousness Determine if changes are acute or chronic.Dutchess Community College EMS 14. Although the study of the physiology of nutrition dates back to the 18th century, total parenteral nutrition is a fairly young practice. Acute Renal Failure Physical Assessment Edema of face, hands, or feet Abdominal findings dependent on the cause of ARFDutchess Community College EMS 22. Anatomy & Physiology Tubular Handling of Water and Electrolytes Diuresis and Antidiuresis Tubular Handling of Glucose and Urea BUN and Creatinine Control of Arterial Blood Pressure The Renin-Angiotensin System Control of Erythrocyte Production ErythropoietinDutchess Community College EMS 9. Chronic Renal Failure Chronic Renal Failure Permanent Loss of Nephrons End-Stage Renal Failure (ESRF) Pathophysiology Similar to Renal ARF Microangiopathy, glomerular injury Tubular cell injury Interstitial injury Dutchess Community College EMS 24. Finally, this text includes chapters on home or outpatient nutritional support and the financial considerations of providing parenteral nutrition. Each of the chapters is concise and is supported by sound clinical data. Philadelphia, Pa. W. This book covers a myriad of topics, each briefly described, and geared to medical students and junior surgical residents. LOUIS BALSAMA, MD Department of Surgery Lehigh Valley Hospital Allentown, Pennsylvania PII S0149-7944(02)00641-4 Clinical Nutrition: Parenteral Nutrition. Renal Calculi Pathophysiology Results when too much insoluble stuff accumulates in the kidneys. Some people might say there should be more, but it is sometimes difficult to get good reproduction photographs. The final chapter analyses local and systemic laparoscopic complications and how to prevent them from occurring. Again, as was stressed early in the book, there is nothing wrong with conversion to an open procedure or doing the operation open in the first place. Chronic Renal Failure Immediate Management Monitor and support ABCs. Establish IV access. Controlling Arterial Blood Pressure Regulating Erythrocyte Development Dutchess Community College EMS 7. Sections Anatomy and Physiology General Mechanisms of Nontraumatic Tissue Problems General Pathophysiology, Assessment, and Management Renal and Urologic Emergencies Dutchess Community College EMS 3. Chronic Renal Failure Long-Term Management Renal Dialysis Hemodialysis Common complications Dutchess Community College EMS 31. Maintain position of comfort. Assessment and Management Management Airway, Breathing Circulation Pharmacologic Interventions IV access and analgesics. Nonpharmacologic Interventions Nothing by mouth (NPO). Presence of a fever. Chronic Renal Failure Long-Term Management Renal Dialysis Peritoneal Dialysis Common complications Dutchess Community College EMS 33. LENNERT, MD Department of Surgery St. Lukes Hospital Bethlehem, Pennsylvania PII S0149-7944(01)00583-9 Minimally Invasive Abdominal Surgery Kremer K, Platzer W, Schreiber W, Steichen F, eds. New York, NY: Thieme; 2001, 465 pp, \$249.00. There have been many books written about minimally invasive surgery, some of them good, some of them not so good. The Kidneys Dutchess Community College EMS 5. Renal and Urologic Emergencies Risk Factors Older Patients History of Diabetes History of Hypertension Multiple Risk Factors Renal and Urologic Emergencies Acute Renal Failure Chronic Renal Failure Renal Calculi Urinary Tract Infection Dutchess Community College EMS 17. Secondly, they provide input from various specialties that are involved with parenteral nutrition, including physicians, nurses, and administrators. Urinary Tract Infection Physical Exam Restless, uncomfortable appearance. I think this idea is very important because many surgeons feel they are doing something wrong if they cannot complete the operation laparoscopically. I recommend this book for both the beginning laparoscopist as well as the more advanced laparoscopist. As we move on, it emphasizes on different instruments related to visual internal urethrotomy, Otis urethrotomy and meatotomy instruments, TURP instruments, cystolithotripsy, PCNL instruments, flexible ureteroscope, semirigid ureteroscopy, bipolar TURP, etc. ADD TO FAVOURITES more focused general surgery resident may find these topics extraneous and irrelevant. I particularly enjoyed the presentation of the chapters on embryology and physiology. Functions of the Kidneys Forming and Eliminating Urine Maintaining blood volume with proper balance of water, electrolytes, and pH. Management Maintain ABCs. Establish IV access. This is very good for the beginner, but also a good review for the more advanced laparoscopist. There are over 1000 illustrations in color, which are very well done. Acute Renal Failure Assessment Focused History Change in urine output Swelling in face, hands, feet, or torso Presence of heart palpitations or irregularity Changes in mental function Dutchess Community College EMS 20. General Mechanisms of Nontraumatic Tissue Problems Infectious Disease Physical Obstruction Hemorrhage Dutchess Community College EMS 11. Renal Calculi Dutchess Community College EMS 36. There are only a few intra-operative photographs. Start here: Page 3 Urology Lecture Notes contains all the essential knowledge for medical students, junior doctors and early-stage trainees involved in urology placements or urological surgery. Fluid bolus may promote stone movement and urine formation. Consider medication administration, by Sujata K Patwardhan, Ravindra B Sabnis, Arvind P Ganpule The book titled "Urology Instrumentation: A Comprehensive Guide" is a comprehensive guide, which focuses on urologic instrumentation. Acute Renal Failure Dutchess Community College EMS 19. The format is very easy to read and follow. nosocomial infections Dutchess Community College EMS 39. As an example, the concept of isolated limb perfusion in melanoma has a very nice diagram with only one line of descriptive text. In summary, this book is a very nice addition to any surgeon's library, as long as the reader understands the concept of the word short in the title. It is impressive that this condensed text was so resourceful that deals with core topics such as nutritional physiology and specific aspects, such as the nutritional needs of patients with acute pancreatitis. The technique is first described followed by a critical appraisal of the technique described. A practicing laparoscopic surgeon will also glean a few tips from this text as well and possibly alter or refine his technique. Each of the chapters basically follows a similar format. The authors discuss current topics and even explore possible future advances. Lastly, each edition, now the third, demonstrates advances and changes from prior editions. This resource concisely examines the multiple aspects of parenteral nutrition, such as lipids, trace elements, proteins, and soon. Urology and Nephrology Review Anatomy and Physiology General Mechanisms of Nontraumatic Tissue Problems General Pathophysiology, Assessment, and Management Renal and Urologic Emergencies Dutchess Community College EMS Page 3

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