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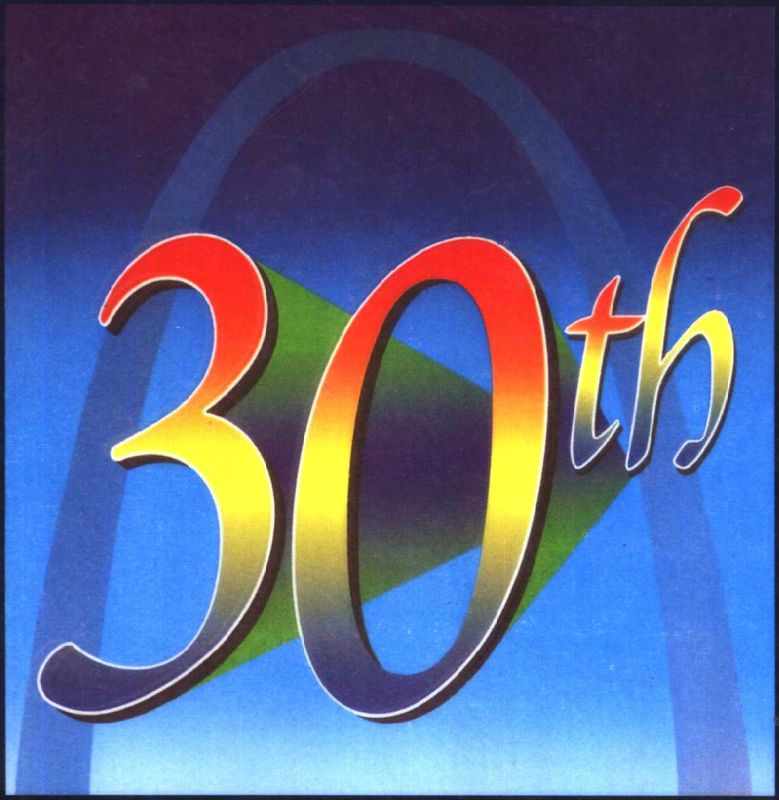
The Washington Manual of Medical Therapeutics

30th Edition

配英汉索引

华盛顿内科治疗学手册

Edited by
Shubhada N. Ahya
Kellie Flood
Subramanian Paranjothi



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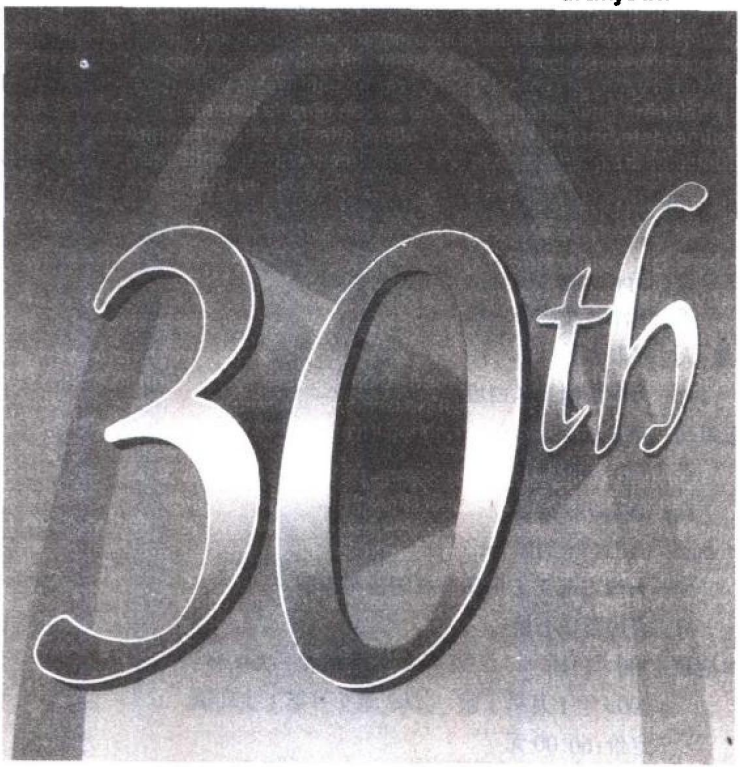

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The Washington Manual of Medical Therapeutics

30th Edition

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To Daniel Goodenberger, M.D., an unparalleled clinician and teacher, whose commitment and devotion to the education of medical students and house staff serve as an inspiration for all physicians and medical educators

Preface

This edition celebrates the 30th edition of *The Washington Manual of Medical Therapeutics. The Washington Manual*, as it is affectionately known, will have a sister manual, *The Washington Manual of Ambulatory Therapeutics*, available in the fall of 2001. The introduction of the new outpatient manual with this edition, unlike previous editions, has allowed the 30th edition to have an updated, inpatient focus with special attention to disorders seen primarily in the hospital setting. This has resulted in the incorporation of the content from the previous edition's Mineral and Metabolic Bone Diseases and Lipid Disorders chapters into the newly modified Endocrine Diseases, Fluid and Electrolyte Management, and Ischemic Heart Disease chapters. All of the chapters have been extensively revised to ensure that they are consistent with current medical practice.

We are proud to include a new chapter, Transplant Medicine. With this addition, The Immunocompromised Host, a chapter from the 29th edition, has been changed to HIV Infection and AIDS. Non-HIV immunocompromised states are now addressed in the Medical Management of Malignant Disease and Transplant Medicine chapters.

However, in keeping with the tradition of *The Washington Manual of Medical Therapeutics* since its inception in 1943 by the Department of Medicine at Washington University in St. Louis, the purpose of the 30th edition remains to clearly and concisely present a rational therapeutic approach to medical problems encountered by practitioners, house officers, and students of internal medicine.

Although there may be several effective therapies for any disease process, the therapeutic approach presented here reflects the current practices of physicians at the Washington University School of Medicine. *The Washington Manual of Medical Therapeutics* again has been written primarily by subspecialty fellows and junior faculty—physicians who can recall what is practical in the middle of the night—as well as senior faculty.

We are grateful for the assistance of the pharmacy staff at Barnes-Jewish Hospital, especially that of Robyn A. Schaiff, who has served as the Associate Editor for Pharmacotherapeutics since the 29th edition and whose expertise has been invaluable in previous editions. The editorial assistance provided by Katie Sharp and the editorial staff of Lippincott Williams & Wilkins has been greatly appreciated. We would like to thank Alison Whelan, an editor of the 27th edition of the manual, for her guidance and support.

We have had the pleasure of serving as chief residents for the Karl-Flance, Kipnis-Daughaday, and Wood-Moore firms of the Department of Medicine at Washington University, under the guidance of our firm chiefs William Clutter, Gerald Medoff, and Daniel Goodenberger, as well as Kenneth Polonsky, Chairman of Medicine.

We would especially like to thank our parents and families—Narendra, Geeta, and Vivek; Joe and Penny; and Namita, Jothi, and Bala—for their support.

S.N.A.
K.F.
S.P.

The Washington Manual of Medical Therapeutics

CONTENTS 目 录

1 Patient Care in Internal Medicine

Yoon Kang and
Alison J. Whelan

General Care of the Hospitalized Patient

Although a general approach to common problems can be outlined, **therapy must be individualized.** All diagnostic and therapeutic procedures should be explained carefully to the patient, including the potential risks, benefits, and alternatives. This explanation minimizes anxiety and gives the patient and the physician the appropriate expectations.

I. **Hospital orders**

A. **Admission orders** should be written promptly after evaluation of a patient. Each set of orders should bear the **date and time** of writing and the legible signature of the physician. All orders should be clear, concise, organized, and legible.

B. To ensure that no important therapeutic measures are overlooked, the **content and organization** of admission orders should follow the following routine (e.g., the mnemonic ADC VAAN DISML).

1. **A**dmitting diagnosis, location, and physician responsible for the patient
2. **D**iagnoses pertinent to nursing care
3. **C**ondition of the patient
4. **V**ital signs: type (temperature, heart rate, respiratory rate, and BP), frequency, and parameters for notification of the physician (e.g., systolic BP <90) specified
5. **A**ctivity limitations
6. **A**llergies, sensitivities, and previous drug reactions
7. **N**ursing instructions (e.g., Foley catheter to gravity drainage, wound care, daily weights)
8. **D**iet
9. **I**ntravenous fluids, including composition and rate
10. **S**edatives, analgesics, and other per-request medications
11. **M**edications, including dose, frequency, and route of administration
12. **L**aboratory tests and radiographic studies

C. ***Orders should be re-evaluated frequently*** and altered as patient status dictates. **In changing an order,** the old order must be specifically canceled before a new one is written.

D. ***DVT prophylaxis*** with heparin SC or sequential stockings should be considered for all hospitalized patients.

E. **Orders for medications to be taken prn** require careful consideration to avoid adverse drug interactions. The minimum dosing interval should be specified (e.g., q4h).

F. **Fall precautions** should be written for patients who have a history of falls or are at high risk of a fall (i.e., those with dementia, syncope, orthostatic hypotension). **Seizure precautions** should be considered for patients with a history of seizures or those at risk of seizing. Precautions include **padded bed rails** and an **oral airway and tongue blade at the bedside. Restraining**