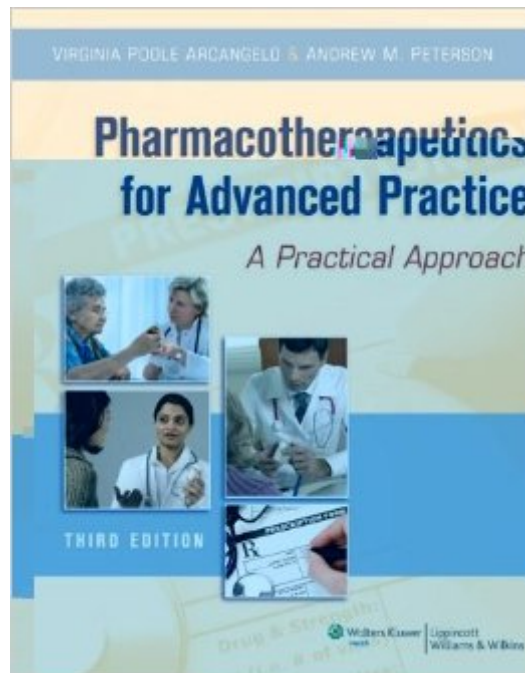


The book was found

Pharmacotherapeutics For Advanced Practice



Synopsis

Established in its first two editions as the standard advanced pharmacotherapeutics text for nurse practitioners, students, and physician assistants this completely revised and updated new edition offers guidelines on prescribing drugs for over 50 common diseases and disorders. Organized by disorder rather than drug class this new edition includes algorithms and case studies that illustrate critical thinking aspects of prescribing, such as drug selection, lifespan considerations, therapeutic drug monitoring, adverse reactions, unexpected outcomes, and when to change therapy. The third edition includes coverage of pharmacogenomics and travel medicine. The section on Depressive Disorders discusses weaning patients from SSRIs and changing from one medication to another. Switching from brand names to generics is discussed in various chapters. Make the right drug choices for your patients. Quick-access format, organized by body system rather than drug class, helps you locate and identify the best drug for a range of common conditions. Selecting the Most Appropriate Agent sections in each chapter contain information on first-line, second-line, and third-line therapies, with rationales and an algorithm to help you choose the right agent. Practical case studies, drug interactions, and concerns related to the geriatric client enhance your clinical judgment and promote safe and effective prescribing choices. Current national treatment protocols and other guidelines help you refine drug selection, treat patients across the lifespan, accurately monitor drug therapy, avoid adverse reactions, and know what to do when front-line therapy fails to produce results. NEW to the Third Edition . . . Chapter on Pharmacogenomics that discusses the promises and pitfalls of this burgeoning area of study, from potential research and clinical applications to the importance of protecting patients' genetic information from misuse Travel Medicine chapter that includes information on vaccinations, altitude sickness, and jet lag; advice for travelers with diabetes, those with cardiovascular or pulmonary conditions, and pregnant travelers; information about bedbugs, traveler's diarrhea, malaria, and yellow fever; and more Reorganization of contents to group chapters concerning women's health issues into a new Women's Health section New focus on switching from brand-name to generic drugs in various chapters

Book Information

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Health Sciences > Nursing > Clinical > Pharmacology

Customer Reviews

The book is poorly written. It contradicts itself EVERYWHERE. The majority of the material is over 11 years old. For example, in Unit 1, there are only 5 total citations out of >200 that are from after 2007. An example: the pediatrics portion still recommends use of nebulizers even though most hospital systems are phasing them out for spacers. I'm a certified asthma educator so I'll use the asthma as an example. Since I had been doing that job (2009) the American Lung Association had recommended spacer use for ALL ages regardless of "coordination". Theophylline which is rarely given anymore (and only as last line therapy) is mentioned as an option. There isn't a big focus on inhaled corticosteroid/LABA treatment at all (which is now recommended first line treatment for moderate persistent asthma). I mention this example because it's what I know. As I'm studying and reading the chapters I'm noticing references on drug therapy mainly from the late 90's early 2000's. I wonder how many lawsuits or changes in drug therapy across the board have been done since then. It just seems like it's setting us up for failure as practitioners using data that could possibly be contraindicated or since outdated. In the pain section, I was surprised there was no mention of wounded warriors as a special population (the majority of that data was also pre-Iraq war (2000-2002)). They only give "cancer pain" as chronic pain, which I suppose may be similar to the wounded warrior population... but I think it's a big enough population at this point in time that we would want to at least minimally address some of their needs. Think about it... no updates since Back Street Boys and N*Sync were still together. I'm not kidding!

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