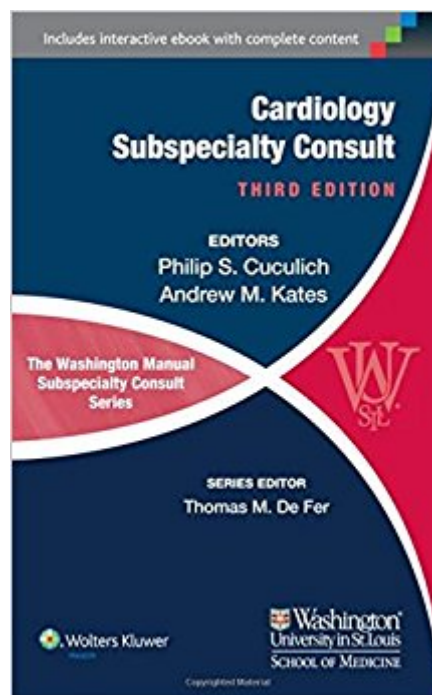




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# The Washington Manual Of Cardiology Subspecialty Consult (The Washington Manual<sup>®</sup> Subspecialty Consult Series)



## Synopsis

Small, mighty, and packed with information, *The Washington Manual: Cardiology Subspecialty Consult*, 3e places the field of cardiovascular disease at your fingertips. Designed for the busy practitioner, student, or resident, this pocket-sized edition captures cardiology's latest findings and treatments in an easy-to-read format. In a fast-advancing field that welcomes new biomedical discoveries and novel therapeutics, this resource delivers top treatment recommendations for your patients. If you're a busy clinician committed to exceptional, cost-effective patient care, *The Washington Manual: Cardiology Subspecialty Consult* is the guide for you.

**FEATURES**

- NEW chapters on the physical exam, heart failure, preserved ejection fraction, and cardiovascular diseases in special populations
- Guidelines from the American Heart Association and American College of Cardiology
- End-of-chapter journal and online references
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## Book Information

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## Customer Reviews

4 STAR REVIEW! "This is a quick and easy read that nevertheless is both comprehensive and up-to-date. Key points are clustered appropriately for easy recall. Diagrams are easy to follow and maintain a level of simplicity suitable for those at various levels of training. Most importantly, the information is current and based on the guidelines that drive daily practice. " -Ã Å Parham Parto, MD, MPH, Ochsner Clinic Foundation, on behalf of Doody&#39;s Review

Quite elemental. Not specific or advanced. For students. Not for residents or cardiologists.

This book has been tremendously helpful during my cardiology rotation as a resident. I wish I had it as a medical student!

Nice book but not as good as other washington manuals

VERY NICE

Packs a big punch in a small space. Can't remember the prolonged QT syndrome channelopathies matrix? See table 27-2. Good bold face reminders: don't diuresis patients with pulmonary hypertension too quickly due to preload dependency (p212). Well organized, and no spending 20 minutes digging through UpToDate for what you want.

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