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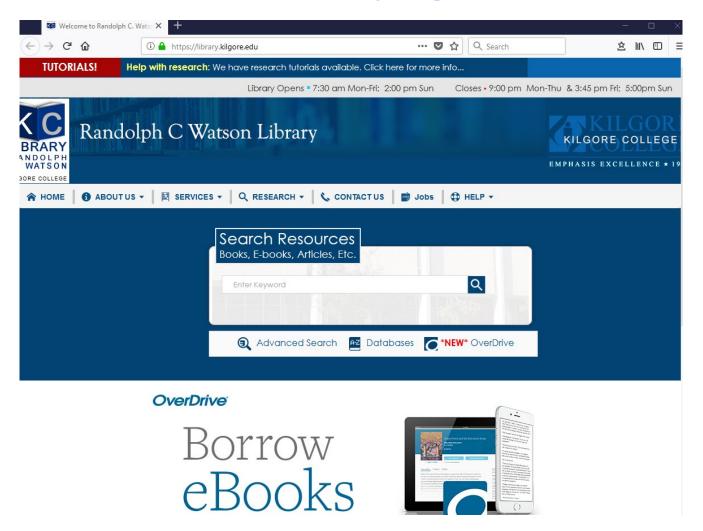
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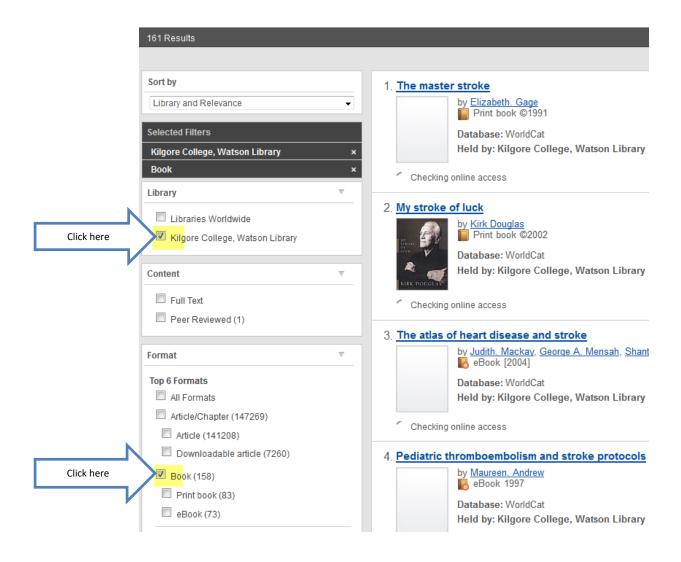
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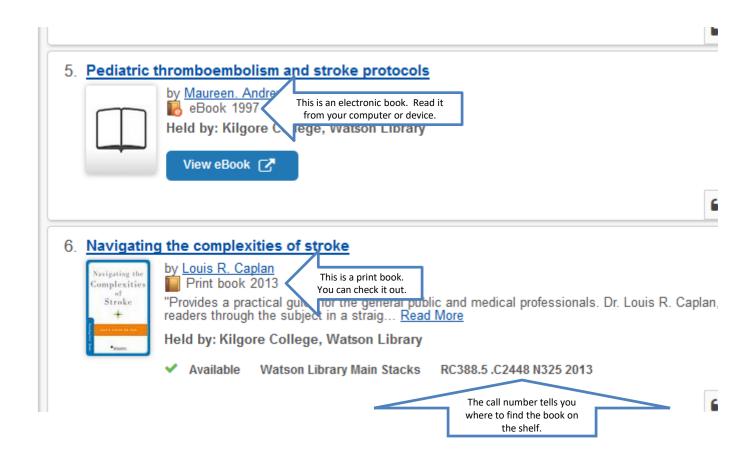
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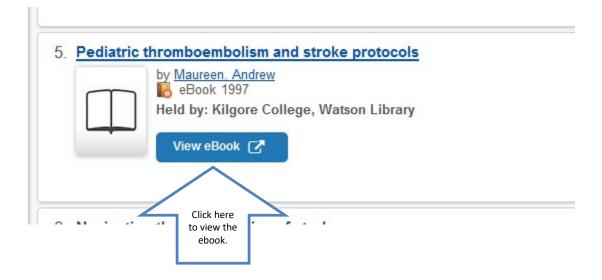
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Pediatric Thromboembolism and Stroke Protocols

Authors: Andrew, Maureen

Publication Hamilton, Ont: B.C. Decker. 1997

Information:

Resource Type: eBook.

Subjects: Thromboembolism in children--Handbooks, manuals, etc

Categories: MEDICAL / Pediatrics

Related ISBNs: 9781550090550. 9780585231693.

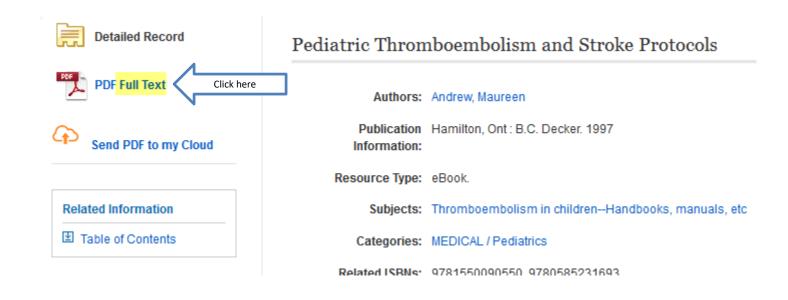
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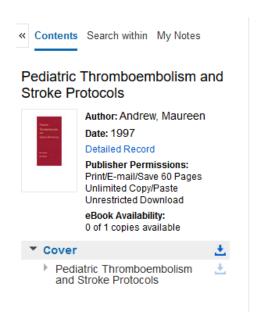
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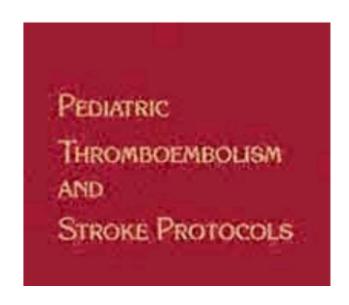
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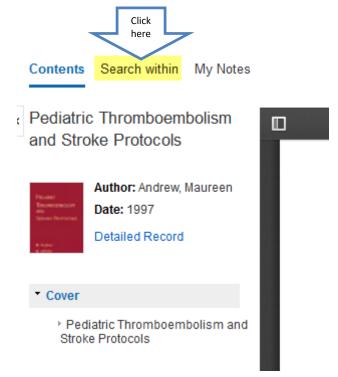


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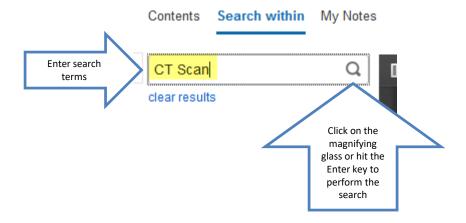




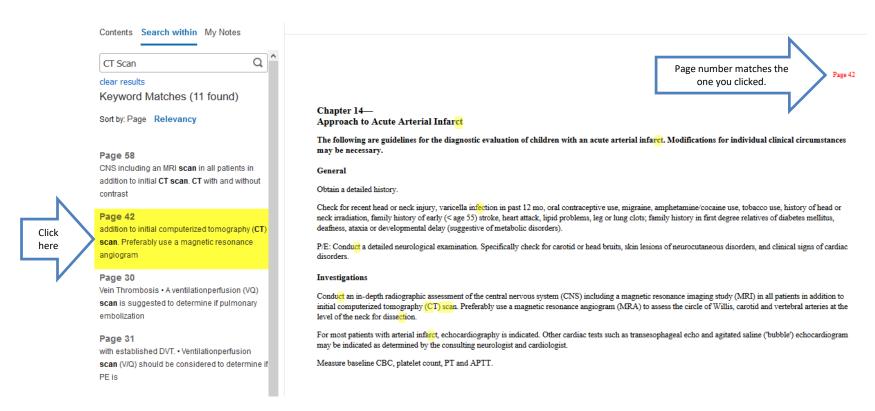
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Read

Chapter 14— Approach to Acute Arterial Infarct

The following are guidelines for the diagnostic evaluation of children with an acute arterial infarct. Modifications for individual clinical circumstances may be necessary.

General

Obtain a detailed history.

Check for recent head or neck injury, varicella infection in past 12 mo, oral contraceptive use, migraine, amphetamine/cocaine use, tobacco use, history of head or neck irradiation, family history of early (< age 55) stroke, heart attack, lipid problems, leg or lung clots; family history in first degree relatives of diabetes mellitus, deafness, ataxia or developmental delay (suggestive of metabolic disorders).

P/E: Conduct a detailed neurological examination. Specifically check for carotid or head bruits, skin lesions of neurocutaneous disorders, and clinical signs of cardiac disorders.

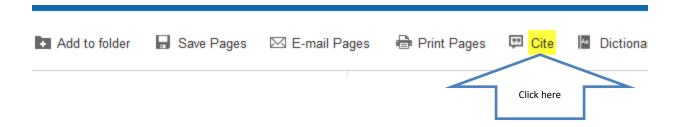
Investigations

Conduct an in-depth radiographic assessment of the central nervous system (CNS) including a magnetic resonance imaging study (MRI) in all patients in addition to initial computerized tomography (CT) scan. Preferably use a magnetic resonance angiogram (MRA) to assess the circle of Willis, carotid and vertebral arteries at the level of the neck for dissection.

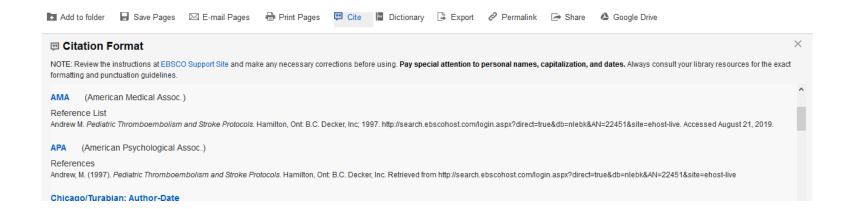
For most patients with arterial infarct, echocardiography is indicated. Other cardiac tests such as transesophageal echo and agitated saline ('bubble') echocardiogram may be indicated as determined by the consulting neurologist and cardiologist.

Measure baseline CBC, platelet count, PT and APTT.

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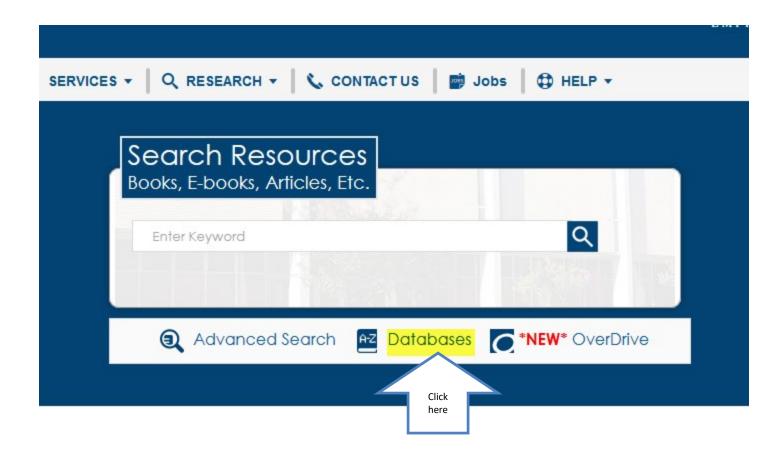
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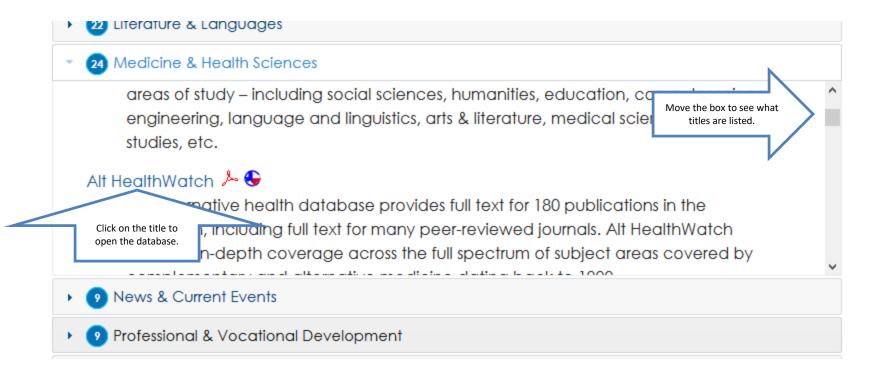
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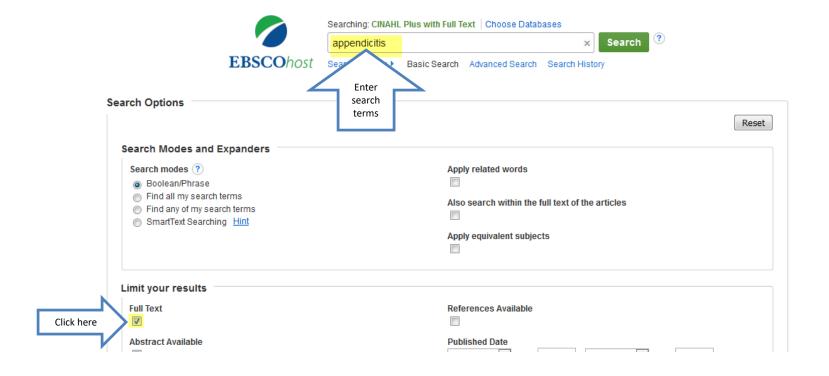
27 Medicine & Health Sciences
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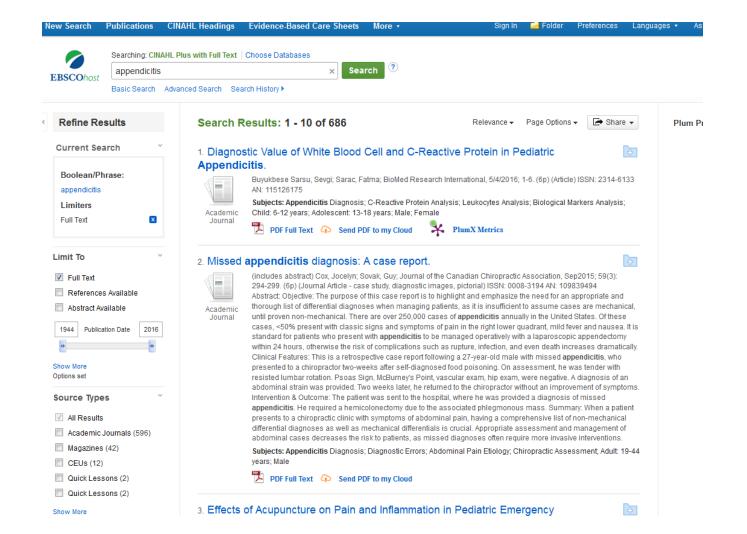
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Subjects. International normalized (valid, Griveactive) rotein blood, biological markets blood, Appendicitis Diagnosis; Appendicitis Complications





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5. Acute Appendicitis: A Case Study Describing Standards of Care.





Journal

Evans, Michael M.; Curtin, Marissa; MEDSURG Nursing, Nov/Dec2014 Newsletter; 3-15. (13p) (Journal Article - case study) ISSN: 1092-0811 AN: 107841322

Subjects: Quality of Health Care; Appendicitis Diagnosis; Diagnosis, Differential; Ovarian Cysts; Adult: 19-44 years; Female

Cited References: (5)





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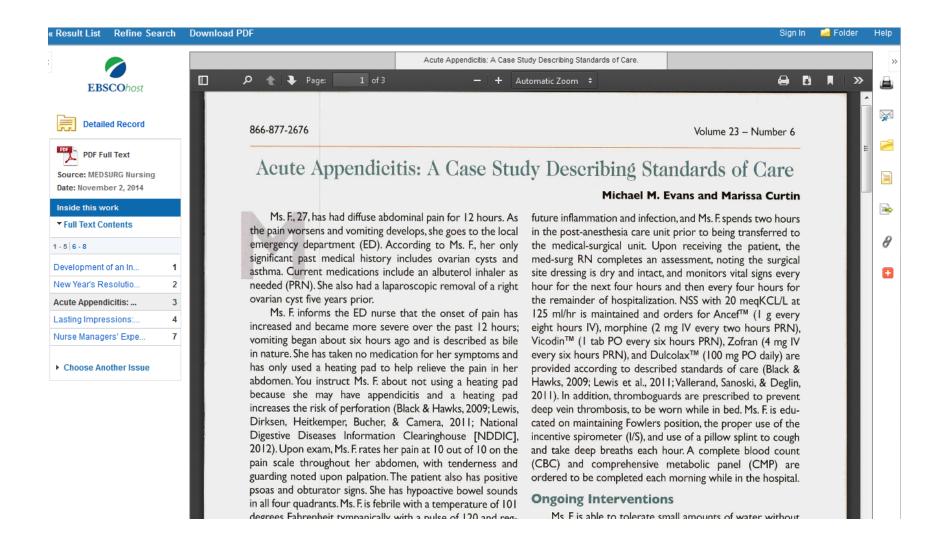
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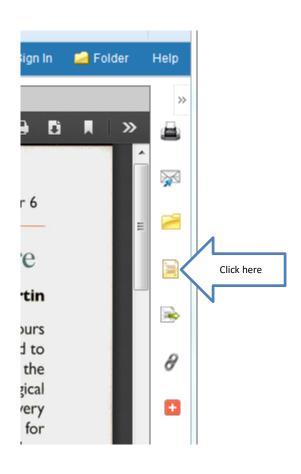


Alvarado, Alfredo; World Journal of Emergency Surgery, 4/26/2016; 11 1-4. (4p) (Article) ISSN: 1749-7922 AN: 115107136

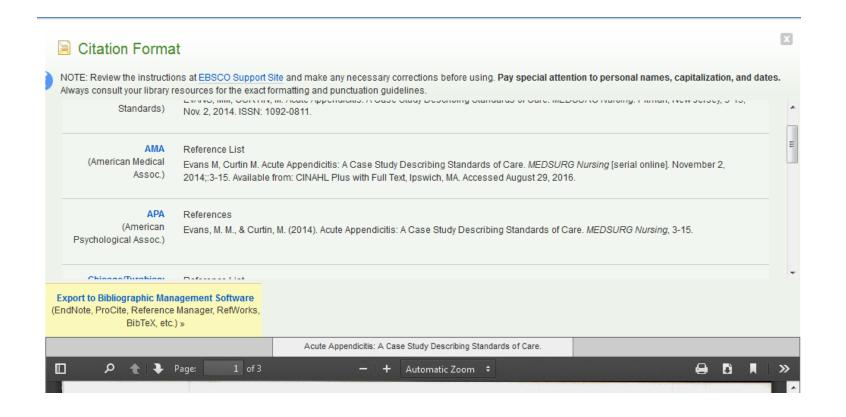
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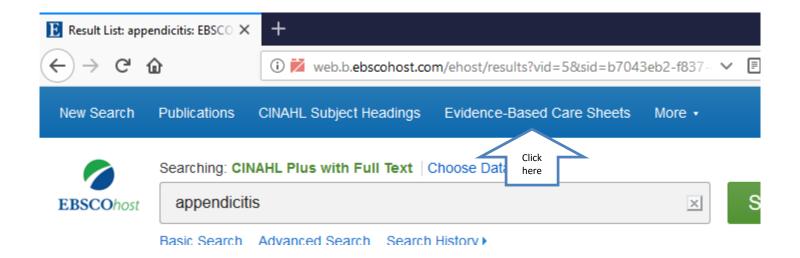
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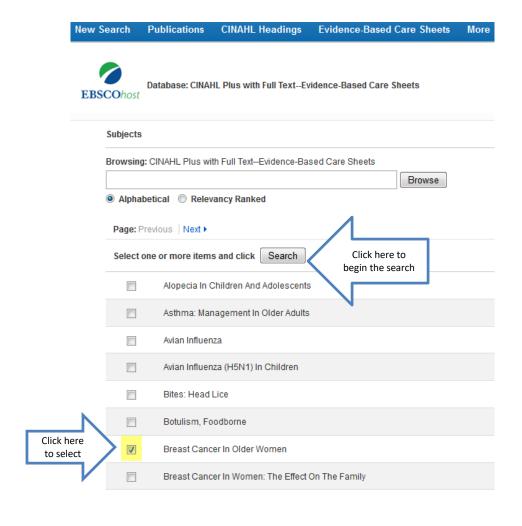
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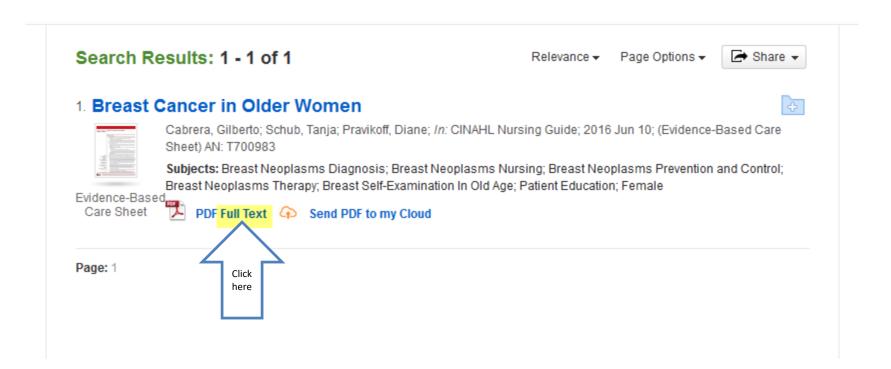
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Use the Care Sheet in your studies

EVIDENCE-BASED CARE SHEET

Breast Cancer in Older Women

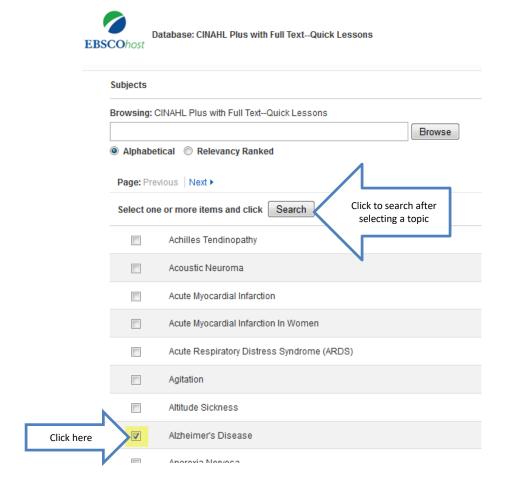
What We Know

- > The number of older women who are diagnosed with breast cancer (BC) is increasing dramatically as the population ages. Evidence of best practices for the screening and treatment/management of older women with BC is limited, older women are underrepresented in clinical trials, and health insurance programs in some countries exclude women who are ≥ 70 years of age from receiving aggressive treatment for BC. Therefore, while recommendations for the management of older women with BC exist, these guidelines are generally based on lower-level evidence or extrapolated from research done in younger women with BC^(1,2,6,8,12,14,16)
 - Nearly half of BC diagnoses and more than half of BC deaths occur among women who are ≥ 65 years of age, and the highest incidence occurs in women who are 75–79 years of age. (8,9,12,14) Although there has been substantial improvement in overall BC survival rates in recent years, improvement in survival of older women with BC has been modest and women who are > 65 years of age account for 60% of BC-relateddeaths (1,2,6,8,9,12) The 5-year BC survival rate is 89% in women who are 40–49years of age and 69% in women who are ≥ 80 years of age (9)
- > Screening mammography (SM) is the most effective method for early BC detection and, in combination with prompt treatment, significantly reduces BC mortality. However, the optimum interval for SM in older women is unknown and recommendations vary among worldwide health organizations^(6,8)
- Many current United States guidelines recommend SM for women who are over 65 years of age who have no clinically significant comorbid conditions, but make no

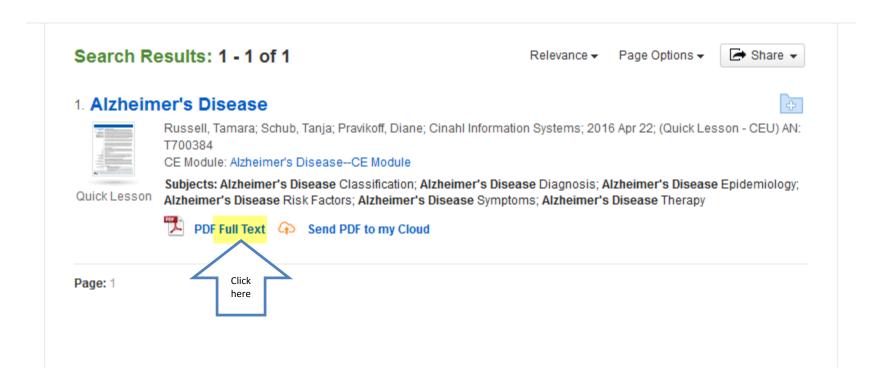
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Authors Tamara Russell

Alzheimer's Disease

Description/Etiology

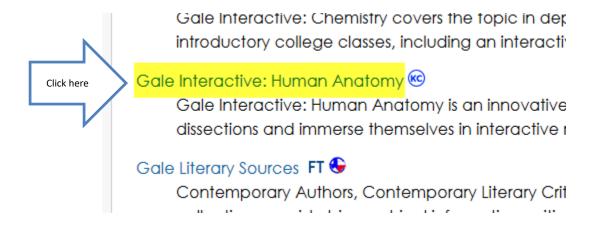
Alzheimer's disease (AD) is an incurable, progressive dementia characterized by cognitive deficits in language, speech, memory, and the ability to perform motor skills. It causes significant impairment in social and occupational functioning that presents serious difficulties to the patient and family members. Although disease progression is variable, due to the associated neurodegenerative complications, AD is always fatal.

Changes in brain structure and function characteristic of AD include amyloid plaques (i.e., deposits of β -amyloid protein), neurofibrillary tangles (i.e., abnormal collections of twisted protein threads inside neurons), synapse deterioration, and brain cell death, particularly in the frontal and temporal lobes. Production of neurotransmitters (e.g., acetylcholine) is decreased. The etiology of AD is unknown, but various factors might contribute to the pathogenesis of AD; these include aberrant iron deposition, oxidative stress, mitochondrial insufficiency, calcium homeostasis, neuro-inflammatory responses, cerebrovascular ischemia, and altered glucose and insulin metabolism. In addition, genetic mutations —including mutations of the *amyloid precursor protein (APP)*, *presenilin 1 (PSEN1)*, *presenilin 2 (PSEN2)*, and *apolipoprotein E (APOE)* genes—have been identified as causing AD.

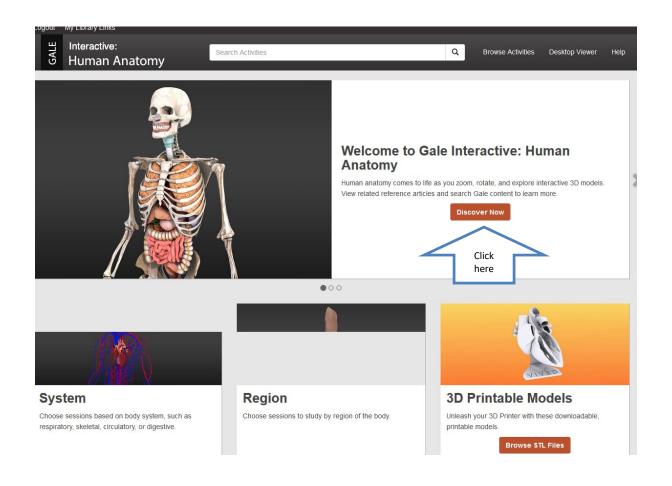
There are no definitive diagnostic imaging or laboratory tests for AD; diagnosis is confirmed only upon autopsy. The National Institute on Aging and Alzheimer's Association's criteria for diagnosis of probable AD are as follows:

> The patient meets the diagnostic criteria for dementia—including decline from previous level of functioning, impaired ability to function at work or at usual activities, detection and diagnosis of cognitive impairment by a combination of history from the patient or a reliable informant and bedside mental status exam or neuropsychological testing, and two or more additional symptoms (e.g., impaired ability to acquire and recall new information, poor judgment or impaired reasoning, impaired visuospatial skills, impaired language function, personality or behavior changes); these signs and symptoms must not be caused

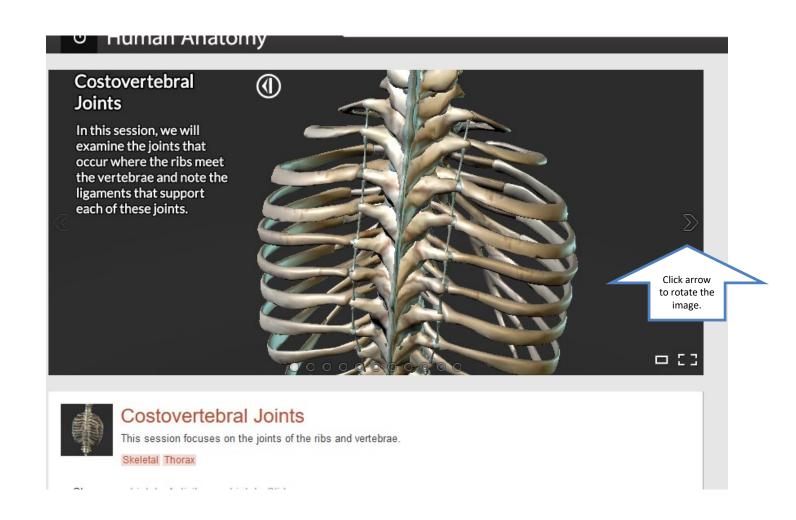
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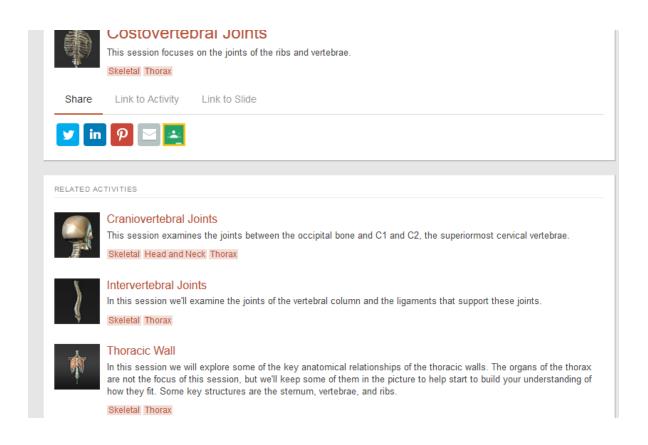
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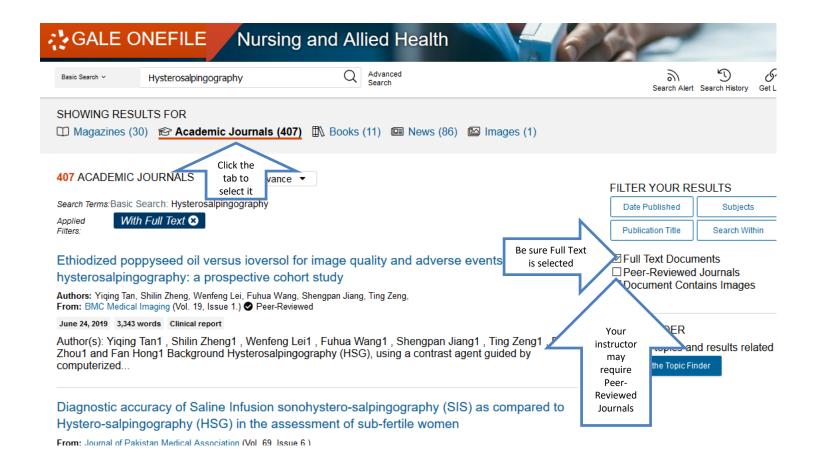
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Role of hysterosalpingography and diagnostic laparoscopy in infertility

Authors: Parminder Kaur Sachdeva and Navdeep Kaur

From: International Journal of Reproduction, Contraception, Obstetrics and Gynecology (Vol. 5, Issue 11.) Peer-Reviewed

Nov. 1, 2016 3,294 words Report

Background: Infertility is one of the commonest problems encountered in gynecology. Improved familiarity with and access to infertility services among the affluent and better educated patients probably accounts for their...

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Role of hysterosalpingography and diagnostic laparoscopy in infertility





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Publisher: International Journal of Reproduction, Contraception, Obstetrics and Gynecology



Document Type: Report Length: 3,294 words DOI: http://dx.doi.org/10.18203 /2320-1770.ijrcog20163836















⚠ EXPLORE

Abstract:

Background: Infertility is one of the commonest problems encountered in gynecology. Improved familiarity with and access to infertility services among the affluent and better educated patients probably accounts for their greater use of the medical resources. The two most important diagnostic procedures which are used for evaluation of infertility are hysterosalpingography (HSG) and laparoscopy.

Methods: The present study was conducted on 50 patients with infertility after meeting inclusion criteria in the Department of Obstetrics and Gynaecology and Department of Radio-diagnosis, in Maharishi Markandeshwar Institute of Medical Sciences and Research, Mullana, Ambala over a period of 18 months. All the patients were examined by HSG as part of their routine infertility evaluation three months after HSG, status were assessed by laparoscopy. All the data collected were presented in terms of frequencies and percentage. Chi-square and p

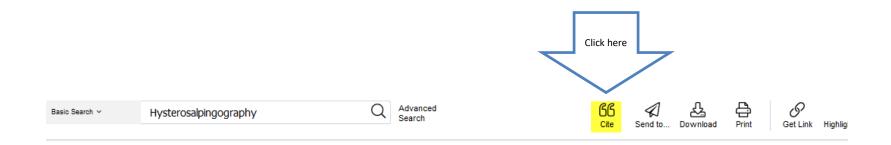
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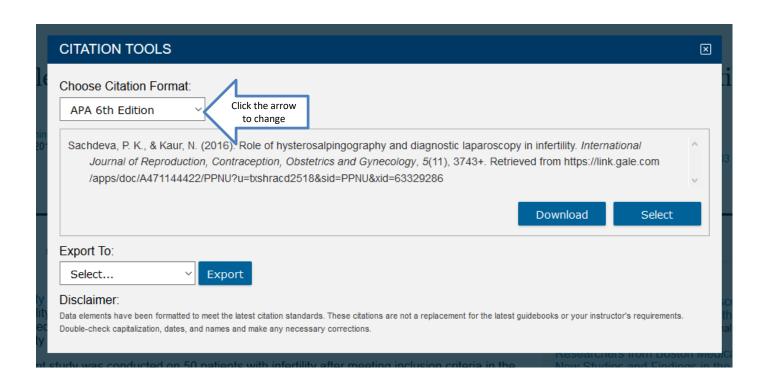
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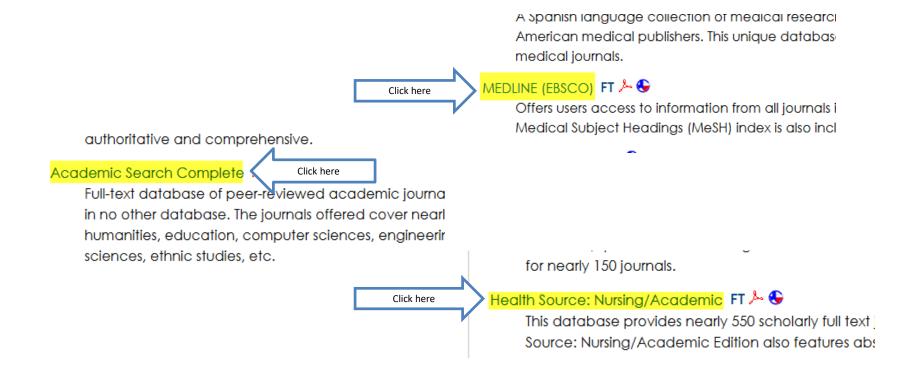


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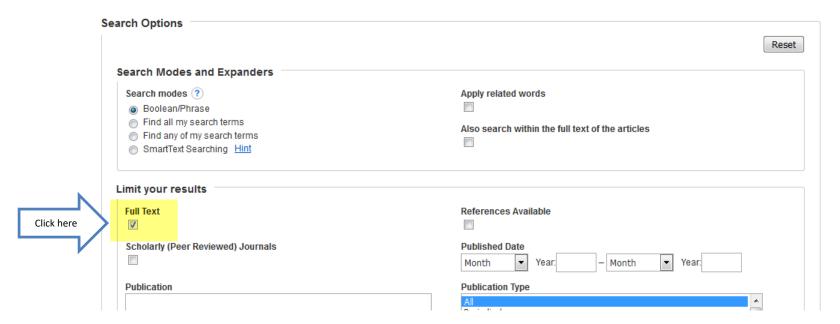
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Subjects: MENTAL illness; PSYCHOSOCIAL factors; MEDICAL rehabilitation; PSYCHIATRY; SOUTH Africans; HEALTH





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By: Jie Li; Juan Li; Yuanguang Huang; Graham Thornicroft. International Journal of Mental Health Systems. 2014, Vol. 8 Issue 1, p1-12. 12p. DOI: 10.1186/1752-4458-8-49.

Subjects: COMMUNITY mental health personnel -- Training of; MENTAL health; MENTAL illness; STIGMA (Social psychology); GUANGZHOU (China); CHINA





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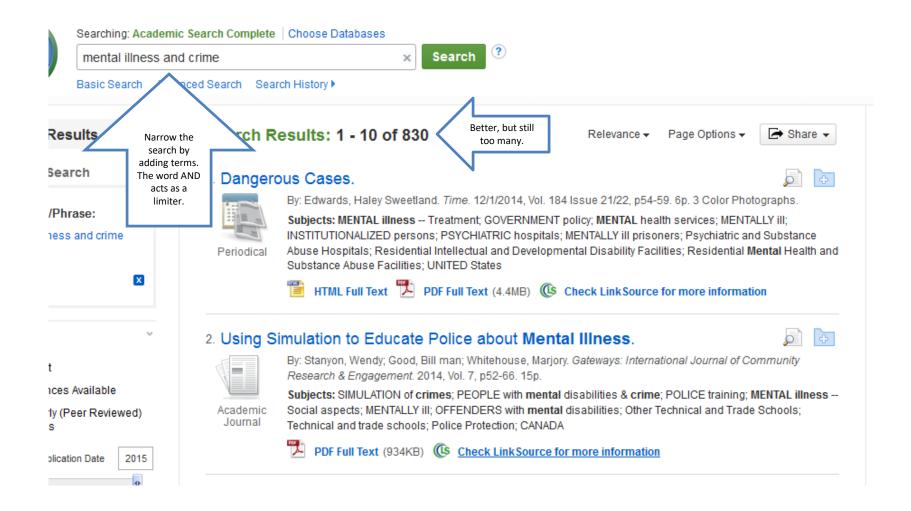


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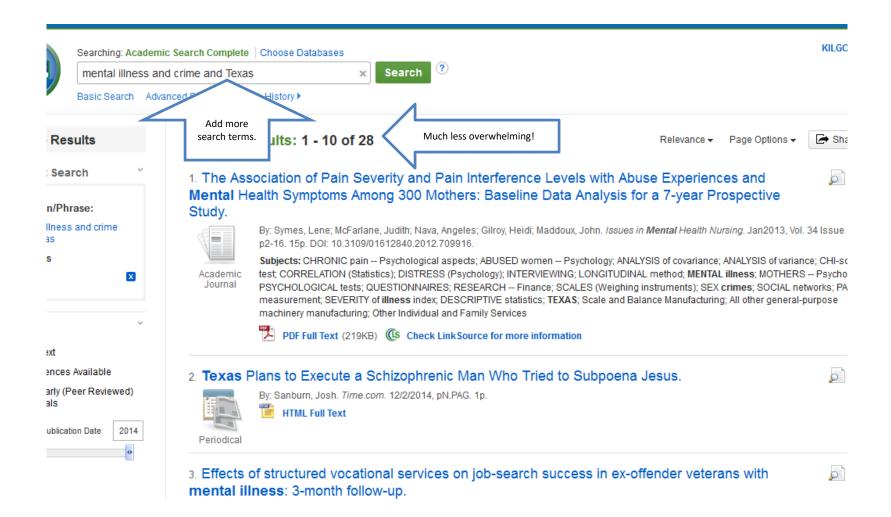
By: Grover, Sandeep; Avasthi, Ajit; Shah, Sandip; Lakdawala, Bhavesh; Chakraborty, Kaustav; Nebhinani, Naresh; Kallivayalil, Roy Abraham; Dalal, Pranob K.; Sinha, Vishal; Khairkar, Praveen; Mukerjee, Divya G.; Thara, R.; Behere, Prakash; Chauhan, Nidhi; Thirunavukarasu, M.; Malhotra, Sameer. Indian Journal of Psychiatry. Jan-Mar2015, Vol. 57 Issue 1, p43-50. 8p. DOI: 10.4103/0019-5545.148520.

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9. The Association of Pain Severity and Pain Interference Levels with Abuse Experiences and Mental Health Symptoms Among 300 Mothers: Baseline Data Analysis for a 7-year Prospective Study.





Academic .lournal

By: Symes, Lene; McFarlane, Judith; Nava, Angeles; Gilroy, Heidi; Maddoux, John. Issues in Mental Health Nursing. Jan2013, Vol. 34 Issue 1, p2-16, 15p. Abstract: Women who experience interpersonal violence are at increased risk for anxiety, depression, posttraumatic stress symptoms, and chronic pain and other physical disorders. Although the effects of mental health disorders on women's functioning and well-being are well established, less is known about the effects of pain. We examined participants' (n = 300 mothers) experiences of pain severity and pain interference. Higher levels of pain severity and pain interference were significantly associated with anxiety, PTSD, and depression symptoms. Mental health symptoms compounded by pain, may leave abused women less able to access resources or practice safety behaviors to protect themselves and their children. [ABSTRACT FROM AUTHOR] DOI: 10.3109/01612840.2012.709916. (AN: 84676527)

Subjects: CHRONIC pain -- Psychological aspects; ABUSED women -- Psychology; ANALYSIS of covariance; ANALYSIS of variance; CHI-squared test; CORRELATION (Statistics); DISTRESS (Psychology); INTERVIEWING; LONGITUDINAL method; MENTAL illness; MOTHERS -- Psychology; PSYCHOLOGICAL tests; QUESTIONNAIRES; RESEARCH -- Finance; SCALES (Weighing instruments); SEX crimes; SOCIAL networks; PAIN measurement; SEVERITY of illness index; DESCRIPTIVE statistics; TEXAS; Scale and Balance Manufacturing; All other generalpurpose machinery manufacturing; Other Individual and Family Services





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The Association of Pain Severity and Pain Interference Levels with Abuse Experiences and Mental Health Symptoms Among 300 Mothers: Baseline Data Analysis for a 7-year Prospective Study

Lene Symes, PhD, RN, Judith McFarlane, Dr. PH, FAAN, Angeles Nava, PhD, Heidi Gilroy, MS, and John Maddoux, MA

Texas Woman's University, College of Nursing, Houston, Texas, USA

Women who experience interpersonal violence are at increased risk for anxiety, depression, posttraumatic stress symptoms, and chronic pain and other physical disorders. Although the effects of mental health disorders on women's functioning and well-being are well established, less is known about the effects of pain. We examined participants' (n = 300 mothers) experiences of pain severity and pain interference. Higher levels of pain severity and pain interference were significantly associated with anxiety, PTSD, and depression symptoms. Mental health symptoms compounded by pain, may leave abused women less able to access resources or practice safety behaviors to protect themselves and their children.

Women survivors of interpersonal violence (IPV) are more likely than other women to suffer from chronic pain and other physical and psychological illnesses. Recent studies support this conclusion across nations and ethnic groups. Ellsberg et al. (2008), in a report of the World Heath Organization's (WHO) multi-country study of women's health and domestic violence against women, wrote that of the 19,568 ever-partnered women participants, 15% to 71% (varied by site) reported that they had experienced physical or sexual abuse. Women who had a history of abuse were significantly more likely to report that their

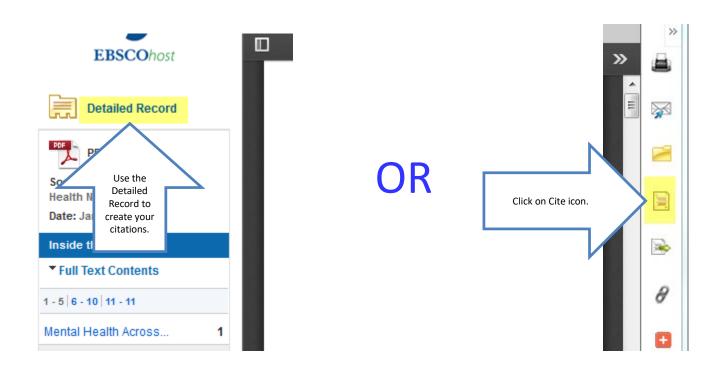
or more times. Ellsberg et al. noted that because of the cross-sectional study design, the findings do not identify whether the onset of the health symptoms preceded the assaults. Nevertheless, they argue that because of the strength and consistency of some associations, the injuries that resulted from the abuse, and because they did not consider lifetime abuse but only recent health symptoms, the likelihood that the health symptoms are the result of the abuse is strengthened. Ellsberg et al. conclude that the WHO study findings demonstrate an urgent need to address partner violence at national and international levels because the relationship between partner violence and reported ill health is consistent across cultures and has related high costs in human suffering and health expenditures.

Bonomi et al. (2009) completed telephone surveys to determine the women's abuse status and then, using the women's US health plan medical records, compared the health information for those abused in the past year (n = 242) with those who were never abused (n = 1686). After controlling for age, they found that women reporting abuse had a greater relative risk for psychological/mental problems, musculoskeletal problems, female reproductive disorders, acute respiratory tract infections, castrosophaneal reflux disease, chast pain abdominal pain

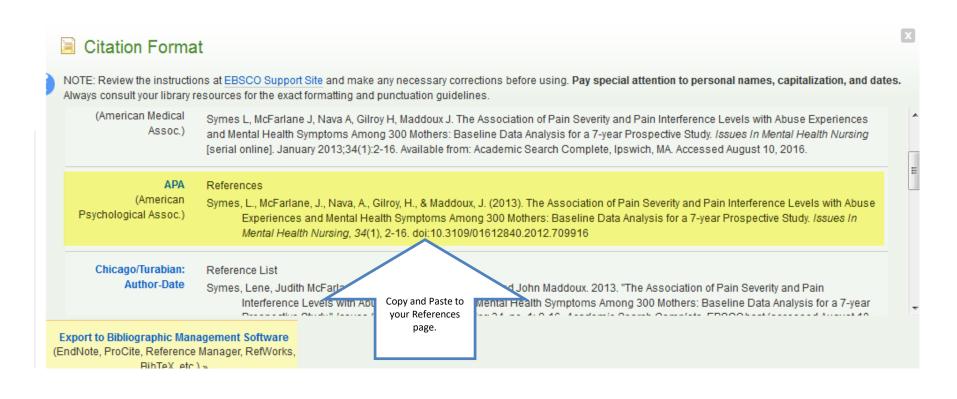
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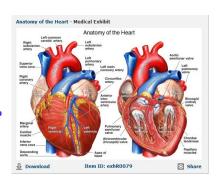
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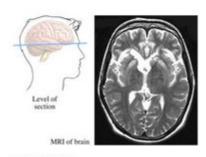
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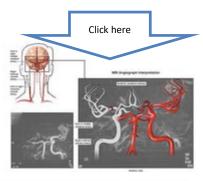
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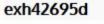


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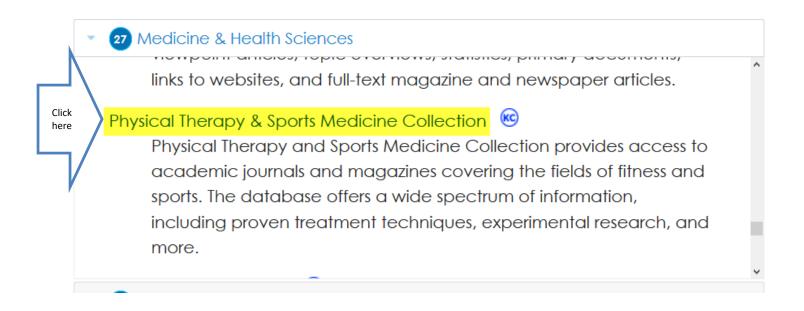
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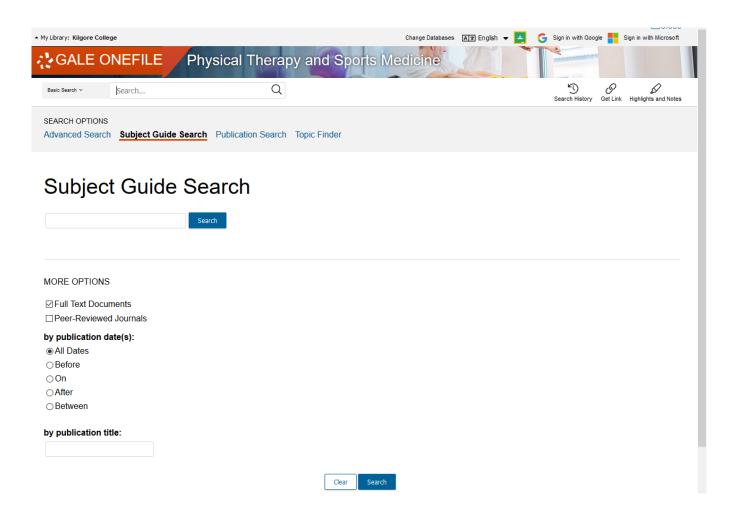
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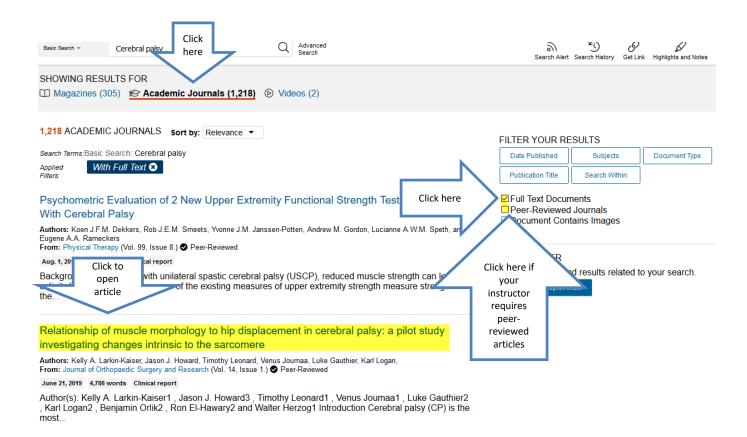
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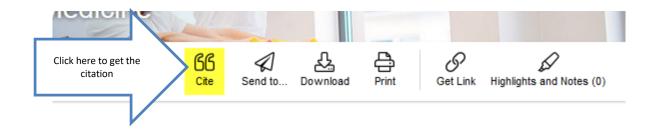
· Cerebral palsy

Author(s): Kelly A. Larkin-Kaiser¹, Jason J. Howard³, Timothy Leonard¹, Venus Journaa¹, Luke Gauthier² , Karl Logan², Benjamin Orlik², Ron El-Hawary² and Walter Herzog¹

Introduction

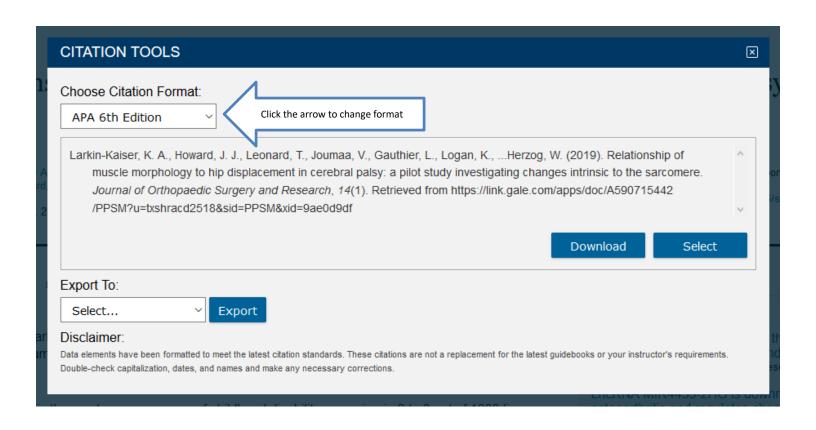
Cerebral palsy (CP) is the most common cause of childhood disability, occurring in 2 to 3 out of 1000 live births [1]. CP is a spectrum disorder that describes a neurological compromise secondary to an insult in the developing brain. Although CP results from a static encephalopathy, the peripheral musculoskeletal manifestations are progressive with age. Spastic CP is most common and presents with a velocity dependent (dynamic) increase in muscle stiffness that is thought to precede the development of (static) muscle contracture. These static contractures, in turn, are associated with limitations in joint range of motion (ROM), secondary bony deformities, and, in the case of the hip, progressive displacement (joint subluxation and/or dislocation). The incidence of hip displacement in CP has been found to be linearly related to increasing disease severity as stratified by the Gross Motor Function Classification System (GMFCS). In a population-based study, the incidence of hip displacement ranged from 0% for patients in GMFCS I to 89% in GMFCS V, with an overall incidence of 35% for all GMFCS levels [2]. The natural history of hip displacement in CP has been observed to lead to painful degenerative arthritis. As such,

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