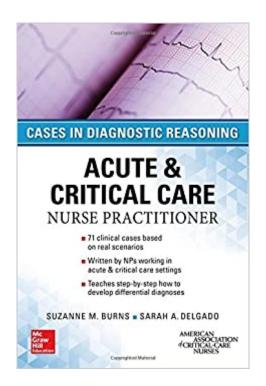


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ACUTE & CRITICAL CARE NURSE PRACTITIONER: CASES IN DIAGNOSTIC REASONING (Nursing)





Synopsis

The ultimate, case-based guide for learning and teaching the art of diagnostic reasoning for acute and critical care nurse practitioners A A Doody's Core Title for 2017! Written by experienced nurse practitioners working in acute and critical care settings, and endorsed by the American Association of Critical-Care Nurses (AACN), Acute & Critical Care Nurse Practitioner: Cases in Diagnostic Reasoning presents a wide range of acute and critical care patient cases focusing on diagnosis and management. This authoritative book is designed to help nurse practitioners and students learn how to proceed from a broad differential diagnosis to a specific management plan through expert analysis of patient data. While reconstructing the course of real-life clinical cases, the authors â cethink out loudâ • and reveal how they identify pertinent positives and significant negatives to support or refute items on their differential diagnoses list, and further incorporate laboratory and diagnostic testing results to establish a medical diagnosis. Each case includes a description of the management for the identified diagnosis. INCLUDES: Â Â 71 cases based on real-life clinical scenarios Â Analysis questions and case discussions to enable learners to actively participate ininductive and deductive reasoning Â Cases that can be used to support course work, certification review, and job trainingThe first of its kind, Acute & Critical Care Nurse Practitioner: Cases in Diagnostic Reasoning is an essential learning and teaching resource for students, clinicians, and clinical faculty to master the art of diagnostic reasoning.

Book Information

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Customer Reviews

Suzanne M. Burns, RN, MSN, RRT, ACNP, CCRN, FAAN, FCCMÂ is a Professor Emerita of Nursing at the University of Virginia in Charlottesville, and an independent Consultant on Critical and Progressive Care Nursing and Clinical Nursing Research. Â Sarah A. Delgado, RN, MSN, ACNP is a Chronic Care Nurse Practitioner in Whittier, California.

Extremely helpful! Whatever you do don't look at the table of contents first. Try to formulate your own diagnosis first.

Great case studies but wish it included multiple choice questions as well!

Well writtem case presentation format with in dept analysis that includes all the tools to effectively teach arriving at the diagnosis.

Great review.

So helpful. Love the simple explanations

Great Book. Very thourough medical cases with good Rationale.

A timely and much overdue resource for APNs learning to care for acute and critically-ill patients, as well as those in current practice. As a former student of both of the authors of this text, reading through the case studies has sent me back to the UVa classroom where I can still envision them--along with all of my other professors at the time--in the front of the classroom drilling us on the concepts laid out within the text. This text is important as it will decrease a practitioner $\tilde{A}\phi\hat{A}$ \hat{A}^{TM} s diagnostic bias, and permit a more sound and objective approach to patient diagnosis and care. My reasoning for 4-stars to rate this text, and not 5-stars, has fallen largely on the fact that a contributor, Janie Heath, has not cared for patients as an APN in likely 10 years. Additionally, she has been involved in a nurse-authored publication that labelled nurse practitioners as $\tilde{A}\phi\hat{A}$ \hat{A} emid-levels $\tilde{A}\phi\hat{A}$ \hat{A} . Recent, direct clinical practice is a core competency for any APN, and Ms. Heath does not satisfy this competency. Lastly, being representative of and for APNs fundamentally consists of identifying APNs by their professional titles, and not indolently using labels and terms that were created out of political and medical strongholds. Two very enthusiastic

I am FNP board certified and took a position as a hospitalist. It has been quite a transition but I love what I do and plan on going back for a post certificate as an ACGNP. Reading the case studies found in this book is like being next to your preceptor during clinical and hearing outload what they are thinking. I can picture each of these cases happening and can formulate my ddx, dx and treatment as the case study goes on. There are also little bits of information that you only learn in practice about each dx that are very helpful. I highly recommend for students and for providers in the acute and critical care settings!

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