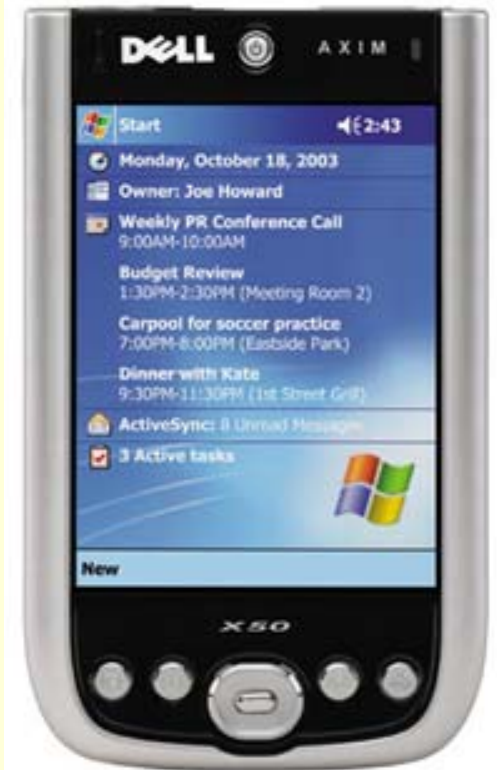
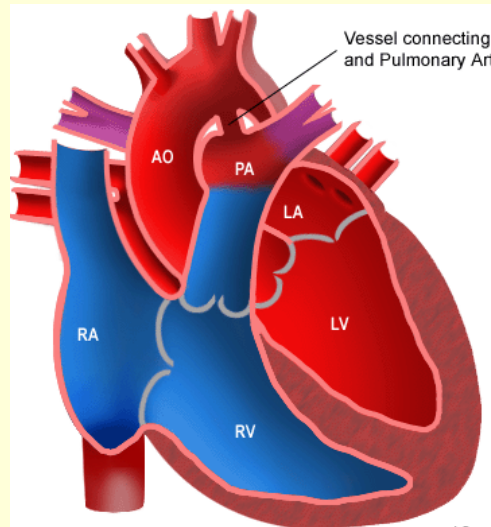


PDAs: Not just machine-like murmurs

Transition 2 AY 2008-09



Meditrek

- Easy to keep track of patients right after the encounter
- Access Meditrek via desktop, phone or pda device
- Can log on directly to www.meditrek.com in any wireless supported area with a pda, cell phone with browser, or smartphone
- Or can install client software and sync records/schedules from device to website.
- For more information about Meditrek, go to <http://njms.umdnj.edu/tss/meditrek.cfm>



Get an expansion card!

- 1.0GB should be good enough (~\$20), but the more the better (Staples, Circuit City)
- Store all programs on expansion card, and keep backup on your computer



Some familiar faces

- InfoRetriever
 - Griffith's 5 Minute Clinical Consult: nutshell synopsis of diseases, Si/Sx, Dx, Tx
 - InfoPoems: succinct summaries of journal articles to guide your practice
 - Cochrane Database: Cochrane group analyzes/reviews tons of data and draws objective conclusions
 - Clinical calculators/predictors

Some familiar faces

- InfoRetriever

InfoRetriever

1. Type of search:

Search by any word

2. Enter the word(s):

chf

3. Select disease(s) / symptom(s):

Heart failure (diastolic)

Heart failure (systolic and diastolic)

4. Find:

Some familiar faces

- InfoRetriever

Heart failure (systolic and ...

- Overview: 5 Minute Clinical Cons...
- S Cardiomyopathy, End Stage (...)
- S Cor Pulmonale (LOE = 5)
- S Pulmonary Edema (LOE = 5)
- S Congestive Heart Failure (CHF)...
- + Overview: Practice guidelines
- + Decision support: Rules and Calcu...
- + Tx: General treatment
- + Tx: Drug treatment
- + Tx: Surgery, anesthesia, proced...
- + Tx: Complementary/alternativ...

◀ | ▶

New Search + -

Some familiar faces

- InfoRetriever
 - InfoPoems

B-type natriuretic peptide α .

InfoPOEMs summary

B-type natriuretic peptide accurate for HF diagnosis

Clinical question
How accurate is B-type natriuretic peptide in the diagnosis of congestive heart failure?

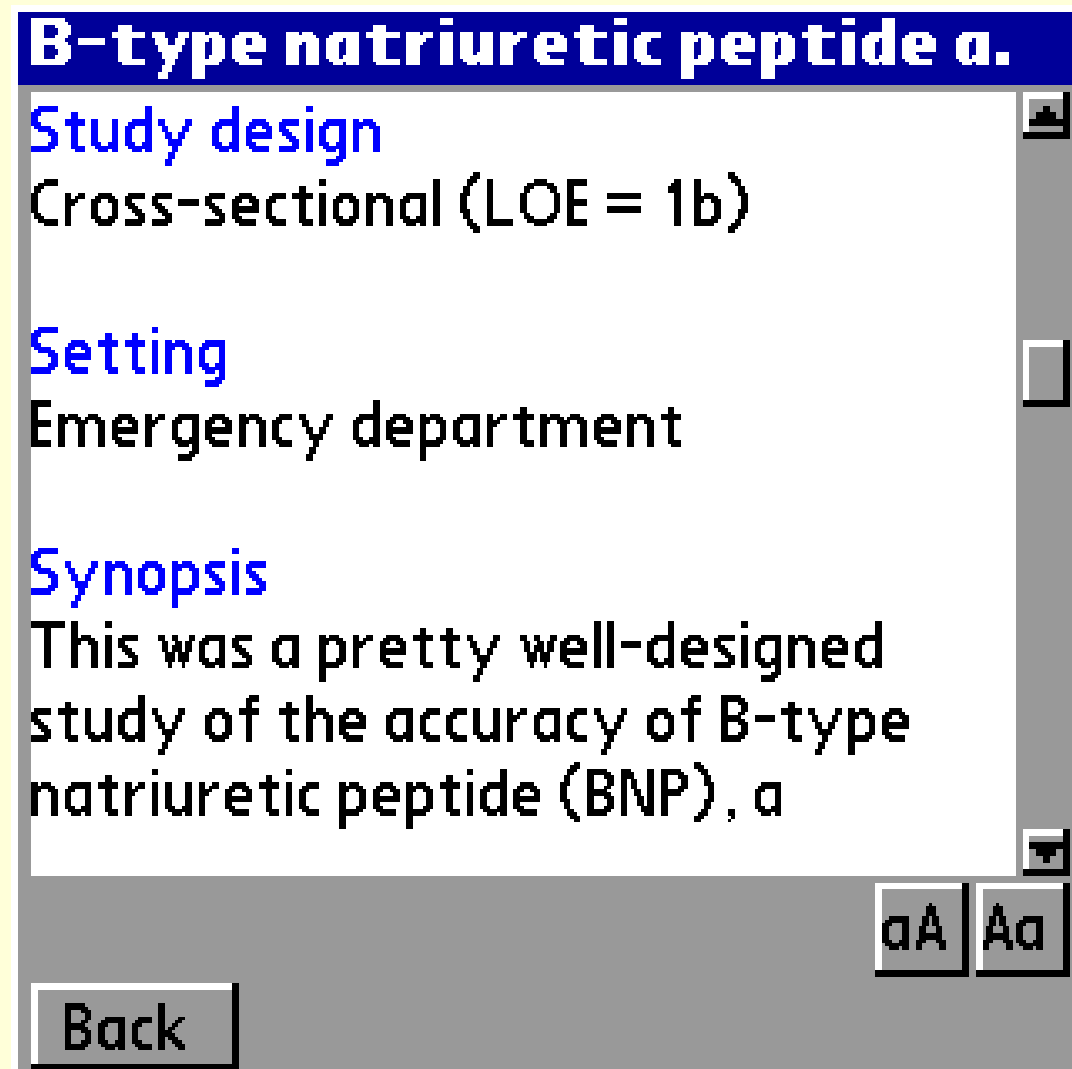
Back

aA Aa

The screenshot shows a window with a blue title bar containing the text "B-type natriuretic peptide α ". Below the title bar is a white area with the text "InfoPOEMs summary" in bold black font, followed by "B-type natriuretic peptide accurate for HF diagnosis" in bold blue font, and "Clinical question" in blue font. Below this is the question "How accurate is B-type natriuretic peptide in the diagnosis of congestive heart failure?" in black font. At the bottom of the window is a grey bar with a "Back" button on the left and two buttons labeled "aA" and "Aa" on the right. There are also small icons in the top right and bottom right corners of the window.

Some familiar faces

- InfoRetriever
 - InfoPoems



B-type natriuretic peptide a.

Study design
Cross-sectional (LOE = 1b)

Setting
Emergency department

Synopsis
This was a pretty well-designed study of the accuracy of B-type natriuretic peptide (BNP), a

Back

aA Aa

Some familiar faces

- InfoRetriever
 - InfoPoems

B-type natriuretic peptide a.

Bottom-line

Only 2% of patients in this fairly high-risk group with dyspnea and suspected CHF actually had CHF if their BNP level was less than 80 pg/ml. This test has the potential to greatly improve the diagnosis of CHF with left ventricular dysfunction, although no data are available yet to support its actual

aA

Aa

Back

Some familiar faces

- InfoRetriever
 - Clinical Calculators

Pregnancy wheel

Use LMP Today: May 5, 2007
 Use ultrasound dates

Select first day of LMP:

Mar ▾ 5 ▾ 2007 ▾

Days in usual cycle: 28

Calculate EDC

8w 5d pregnant (31w 1d to go)
EDC: Dec 10 2007
LMP: Mar 5 2007

More Info

Back

Some familiar faces

- First Consult



The screenshot shows the 'FIRSTConsult' website interface. At the top left is the 'FIRSTConsult' logo. To the right are icons for home, search, and help. Below the logo is the title 'Medical Topics Index' followed by an alphabetical index 'A B C D E F G H I J K L M N O P Q R S T U V W X Y Z'. A horizontal line separates the index from a list of medical topics: Macular degeneration, Malaria, Mallory-Weiss syndrome, MALT lymphoma, Mastoiditis, Measles, Meconium aspiration syndrome, Medical-care-associated pneumonia, Megaloblastic anemia, Melanoma, Menière's disease, Menopause, and Metabolic syndrome. To the right of the list are two vertical arrows, one pointing up and one pointing down. At the bottom right of the page is the number '239'. A navigation bar at the very bottom contains icons for a bookshelf, a house, left and right arrows, and two magnifying glasses.

FIRSTConsult

Medical Topics Index

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

[Macular degeneration](#)

[Malaria](#)

[Mallory-Weiss syndrome](#)

[MALT lymphoma](#)

[Mastoiditis](#)

[Measles](#)

[Meconium aspiration syndrome](#)

[Medical-care-associated pneumonia](#)

[Megaloblastic anemia](#)

[Melanoma](#)

[Menière's disease](#)




[Menopause](#)

[Metabolic syndrome](#)

239

Some familiar faces

- First Consult

FIRSTConsult   

Mallory-Weiss syndrome

Description







- Linear mucosal tears at the gastroesophageal junction
- Typically, tears occur following episodes of retching or nonbloody vomiting
- Mucosal tears can cause upper gastrointestinal bleeding, most likely hematemesis. Isolated melena or hematochezia is less common
- A history of excessive alcohol intake preceding the episode of bleeding is often found in patients with Mallory-Weiss tears
- Mallory-Weiss syndrome is an endoscopic diagnosis and should be considered in the differential diagnosis of all patients with upper gastrointestinal bleeding

Bookmark ◀ page ▶ **185606**

Description




- Common causes
- Codes
- Clinical presentation
- Differential diagnosis
- Questions to ask
- Tests
- Diagnosis clinical pearls
- Summary of therapies
- Medications and other therapies
- Treatment clinical pearls
- Prognosis





185606


     

DynaMed


- Comprehensive, EBM-based, practical
- Free through UMDNJ (get code from library)

Clostridium difficile...   

Description (includin...    


Description 




- Clostridium difficile-associated diarrhea has been designated by Center for Disease Control and Prevention as one of the most important nosocomial infections





Also called 

- antibiotic-associated diarrhea (AAD), pseudomembranous


N
CR
HP
Dx
Pr
Tx
PS
Re



Clostridium difficile...   


Causes, Risk Factor...    

Causes and Risk Factors

Causes 

- Clostridium difficile (endospore forming anaerobic gram-positive large rod), rarely S. aureus in children
- almost all cases associated with antibiotic use, but non-antibiotic-associated cases have been reported (Adv Stud Med 2003 Nov-Dec;3(10):571 PDF)

N
CR
HP
Dx
Pr
Tx
PS
Re



DynaMed

Clostridium difficile...



History and Physical



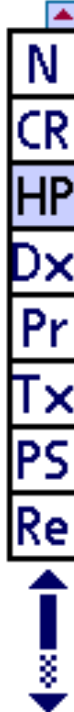
History

Chief Concern (CC)

- diarrhea (watery or mucoid), abdominal cramps or pain, fever

History of Present Illness (HPI)

- can occur up to 8 weeks after antibiotics but usually within first few days
- can vary from asymptomatic to



Clostridium difficile...



Diagnosis

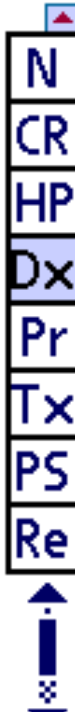


Blood tests

- leukocytosis (blood and stool)

Imaging studies

- sigmoidoscopy, colonoscopy - white patches or grayish mucosal exudate (pseudomembrane of fibrin and PMNs), focal mucosal ulceration
- picture of CT image and pseudomembranes at stoma



DynaMed

Clostridium difficile...



Diagnosis ▼



Making the diagnosis

- stool ELISA assay for toxin A

Rule out

- uremia, ischemia, adverse drug reaction, staphylococcus, Candida, antibiotic-resistant salmonella or shigella
- most cases of postantibiotic diarrhea are not associated with C. difficile infection



Clostridium difficile...

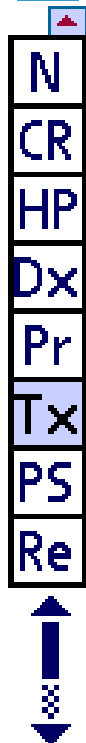


Treatment ▼



Treatment overview

- stop antibiotics, replace fluids
- recommended treatment from The Medical Letter
 - » metronidazole 500 mg PO 3 times daily for 10 days
 - recommended for mild to moderate C. difficile-associated diarrhea and for first recurrence
 - costs \$146.70 for Flagyl,



Epocrates

- FREE drug guide + clinical calculators (must register at Epocrates website)
- Drug monographs updated daily

Navigation: my Rx Sx Dx Lab ID

▼ Aetna

Zydone 7.5/400	3ST
Zyflo	3QL
Zylet	3
Zyloprim	3
Zymar	2
Zyprexa	2QL
Zyprexa Zydis	2QL
Zyrtec	3PA
Zyrtec-D 12 Hour	3PA
Zyvox	2PA

Look Up | **By Class**

Navigation: my Rx Sx Dx Lab ID

Zyvox

linezolid
(600; 100/5 ml; IV)

↑ Aetna
2PA: Tier 2-Prior authorization

VREF
[600 mg IV/PO q12h x14-28 days]
Info: limit tyramine food content
<100 mg/meal; monitor CBC qwk;
monitor visual fxn if use >3 mo

▼ Adult Dosing

Epocrates

The screenshot shows the top navigation bar with tabs for 'my', 'Rx', 'Sx', 'Dx', 'Lab', and 'ID'. Below the navigation bar, the text 'Zyvox' and 'linezolid' is visible. A yellow dropdown menu is open, listing the following options: 'Adult Dosing', 'Peds Dosing', 'Black Box Warnings', 'Contraind/Caut.', 'Drug Interactions', 'Adverse Reactions', 'Safety/Monitoring', 'Pharmacology' (highlighted in black), 'Mfr/Pricing', and 'Notes'. The background text includes 'Antimicrobials', 'tion', 'and', 'h, enterococci);', 'nal subunit,', and 'in synthesis'. At the bottom right, there are icons for 'my', a back arrow, and a home icon.

The screenshot shows the top navigation bar with tabs for 'my', 'Rx', 'Sx', 'Dx', 'Lab', and 'ID'. Below the navigation bar, the text 'Zyvox' and 'linezolid' is visible. A dotted line separates the drug name from the pharmacology section. The text '5.4h' is shown with an upward-pointing arrow. Below this, the text 'Subclass: Other Antimicrobials' is displayed. The 'Mechanism of Action' section is highlighted in blue and contains the text: 'bactericidal (strep) and bacteriostatic (staph, enterococci); binds to 50S ribosomal subunit, interfering w/ protein synthesis'. A dotted line separates the mechanism of action from the 'Pharmacology' section, which is highlighted in blue and contains the text 'Pharmacology'. At the bottom right, there are icons for 'my', a back arrow, and a home icon.

Epocrates

MultiCheck®

rifampin
indinavir

MultiCheck®

Drug-Drug Interaction

Contraindicated

indinavir <-> rifampin

[indinavir/rifampin]

contraindicated: combo may decr.
protease inhibitor levels, efficacy
(hepatic metab. induced)

Inderal
Inderal LA
indinavir
Indocin
Indocin SR
indomethacin

Look Up: (Drugs) (IV) (

New List

Back

Close

New List

Back

Close

Hopkins ABX Guide (Palm only)

- On-par with Sanford Guide for ABX treatment
- Available for free from Hopkins website

Johns Hopkins University
Division of Infectious Diseases
ANTIBIOTIC GUIDE v2.0
Information Technology at the
Point of Care--a Hopkins POC-IT
Guide
[Help](#) and [About](#) this guide

Visit us on the web at
www.hopkins-abxguide.org
[Copyright](#) and [Disclaimer](#)

Diagnosis
Pathogen
Antibiotic

Hopkins ABX Guide (Palm only)

GENITOURINARY

Bacterial Cystitis, Acute, Uncomplicated
Bacterial Prostatitis, Acute
Bacterial Prostatitis, Chronic
Epididymitis
Pyelonephritis, Acute, Uncomplicated
Urethritis [Men]
Urinary Tract Infection, Recurrent [Women]
Urinary Tract Infection, Uncomplicated (UTI)

Diagnosis
Pathogen
Antibiotic

Lookup ▲ D © ◀ ▶ ?

BACTERIAL CYSTITIS, ACUTE, UNCOMPLICATED

TREATMENT REGIMENS

Short Course Therapy

- Trimethoprim-Sulfamethoxazole 1 DS tab PO bid x 3d (Preferred for empiric Rx if prevalence of E. coli resistance to TMP-SMX <20%; if >20% use fluoroquinolone)
- Trimethoprim 300 mg PO qd x 3d
- Norfloxacin 400 mg PO bid x 3d

Diagnosis
Pathogen
Antibiotic

Treatm.. ▲ Short C.. ▲ D © ◀ ▶ ?

Diagnosaurus

- Free DDx guide

Unbound™ 

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Diagnosaurus

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Diagnosaurus 2.0

▼ All entries

Tachycardia
Tachycardia, multifocal atrial
Tachycardia, paroxysmal supravent...
Tachycardia, sinus
Tachycardia, ventricular
Taenia (tapeworms)
Takayasu's arteritis
Tall stature
Tamponade, cardiac
Tapeworms

← Jump to: tac.....



Unbound™



Sinus tachycardia

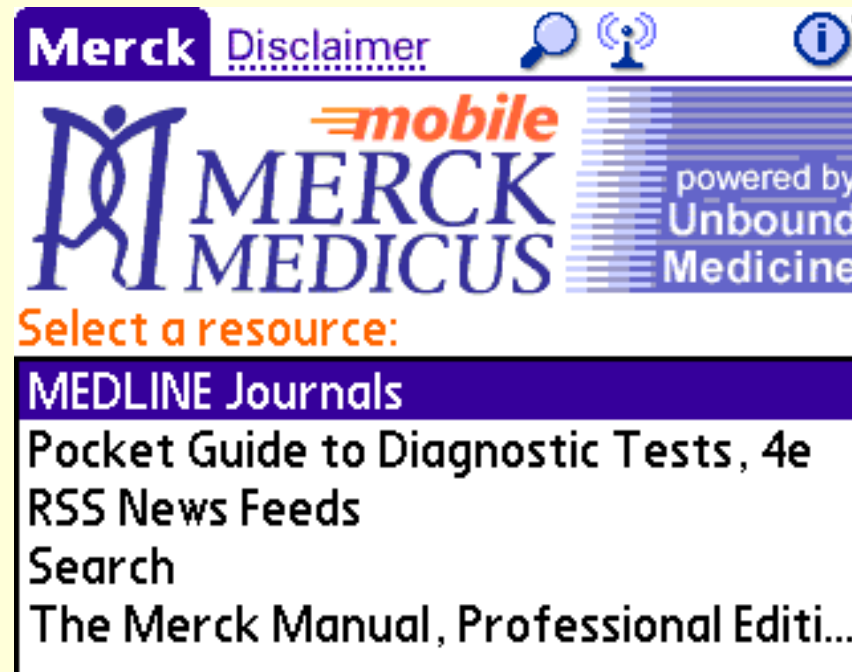
▼ DDX

- Fever
- Exercise
- Emotion
- Pain
- Anemia
- Heart failure
- Shock
- Hyperthyroidism
- Drugs
- Alcohol withdrawal



Merck Medicus

- Merck Manual Professional Edition
- Harrison's Practice
- Pocket Guide to Dx Tests
- Can download journal abstracts to PDA



The screenshot displays the Merck Medicus mobile application interface. At the top, there is a purple navigation bar with the 'Merck' logo, a 'Disclaimer' link, and icons for search, wireless connectivity, and information. Below this is the 'MERCK MEDICUS' logo with 'mobile' in orange and 'powered by Unbound Medicine' on the right. A section titled 'Select a resource:' lists several options: 'MEDLINE Journals', 'Pocket Guide to Diagnostic Tests, 4e', 'RSS News Feeds', 'Search', and 'The Merck Manual, Professional Editi...'. The interface is designed for a small screen with a clear, high-contrast layout.

Merck Medicus

Merck Disclaimer    

The Merck Manual, Profession...

▼ Topics

Sarcoidosis
Sarcoma
Sarcoma botryoides
Sarcopenia
SARS (severe acute respiratory syndrome)
Saturday night palsy
Sauna taker's lung
Sausage worker's lung
Saw palmetto
Saxitoxin

← Jump to: sarc.....

Merck Disclaimer    

Sarcoidosis

▼ [General]

Sarcoidosis is characterized by noncaseating granulomas in one or more organs and tissues; etiology is unknown. The lungs and lymphatic system are most often affected, but sarcoidosis may affect any organ. Pulmonary symptoms range from none (limited disease) to exertional dyspnea and, rarely,

← More Online

Merck Disclaimer    

Sarcoidosis

[General]

Etiology and Pathophysiology
Symptoms and Signs
Diagnosis
Prognosis
Treatment

affects children and older adults. Worldwide, prevalence is greatest in black Americans and northern Europeans, especially Scandinavians. Disease presentation

← More Online

Merck Medicus

- Guide to Diagnostic Tests

Merck [Disclaimer](#)    

Iron-binding capacity

▼ Test/Range/Collection

Iron-binding capacity, total, serum

(TIBC)

250-460 µg/dL

[45-82 µmol/L]

Tube: Marbled

 [More Online](#)

Merck [Disclaimer](#)    





Iron-binding capacity

▼ Physiologic Basis

Iron is transported in plasma complexed to transferrin, which is synthesized in the liver.

Total iron-binding capacity is calculated from transferrin levels measured immunologically. Each molecule of transferrin has two iron-binding sites, so its iron-binding capacity is 1.47 mg/g.

 [More Online](#)

Merck [Disclaimer](#)    

Iron-binding capacity

▼ Interpretation

- **Increased in:** Iron deficiency anemia, late pregnancy, infancy, hepatitis. Drugs: oral contraceptives.
- **Decreased in:** Hypoproteinemic states (eg, nephrotic syndrome, starvation, malnutrition, cancer), hyperthyroidism, chronic inflammatory disorders, chronic

 [More Online](#)

MedCalc

MedCalc

▼ All

▼ Formulas and scores :

- Body surface area
- Cardiac output (echo)**
- Cardiac output (Fick)
- Cardiac valve area (Gorlin)
- Change in plasma Na
- Child-Pugh classification
- Coronary heart disease risk
- Corrected calcium (albumin)
- Corrected calcium (protein)
- Corrected phenytoin (albumin)
- Corrected sodium (glucose)
- Corrected sodium (lipids)

Corrected calcium (alb.)



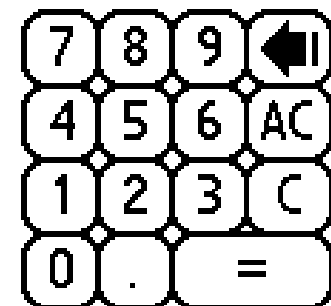
Calcium: 6.8 ▼ [mg/dL]

Albumin: 1.3 ▼ [g/dL]

Corrected Ca = 8.96 ▼ [mg/dL]

Save...

OK



Shots2007

Shots 2007

▼ Child



	Months								Years		
	Birth	1	2	4	6	12	15	18	19-23	2 - 3	4 - 6
HepB	HepB	HepB	Footnote		HepB				HepB Series		
Rota		Rota	Rota	Rota							
DTaP		DTaP	DTaP	DTaP	DTaP	DTaP					DTaP
Hib		Hib	Hib	Hib	Hib	Hib			Hib		
PCV		PCV	PCV	PCV	PCV	PCV			PCV		PPV
IPV		IPV	IPV	IPV	IPV	IPV					IPV
Flu					Influenza (Yearly)						
MMR						MMR					MMR
Var						Var					Var
HepA					HepA (2 doses)				HepA Series		
Men									MPSV4		

DTaP: Basics

Tetanus, Diphtheria, and Pertussis (DTaP) - Basics
(Minimum age: 6 weeks)

Childhood Schedule
 • The four doses should be administered at 2, 4, 6 months, provided 4 months have elapsed since the first dose.

- Basics
- High-Risk Indications
- Adverse Reactions
- Contraindications
- Catch-Up
- Administration
- Risk Communication
- Pictures

OK

▼ Basics

Shots2007

Shots 2007

▼ Adolescent

	7-10 Years	11 - 12 Years	13-14 Years	15 Years	16-18 Years
Td/Tdap	Footnote	Tdap	Tdap		
HPV	Footnote	HPV (3 doses)	HPV Series		
Men	MPSV4	MCV4	MCV4	MCV4	
PPV		PPV			
Flu		Influenza (Yearly)			
HepA		HepA Series			
HepB		HepB Series			
IPV		IPV Series			
MMR		MMR Series			
Var		Varicella Series			

Shots 2007

▼ Adult

	19-49 years	50-64 years	≥ 65 years
Td/Tdap	1-dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td		
HPV	3 doses (females)		
MMR	1 or 2 doses	1 dose	
Var	2 doses (0, 4-8 wks)		
Flu	1 dose annually		
PPV	1-2 doses		1 dose
HepA	2 doses (0, 6-12 mos, or 0, 6-18 mos)		
HepB	3 doses (0, 1-2, 4-6 mos)		
Men	1 or more doses		

AHRQ – Screening Guidelines

AHRQ ePSS Search

All fields are optional.

Age: ▼ ▼ Years

Sex: Female Pregnant
 Male

Tobacco User? Yes No

Sexually Active? Yes No

REFRESH

SEARCH

AHRQ ePSS Search

All fields are optional.

Age: 20 ▼ ▼ Years

Sex: Female Pregnant
 Male


Tobacco User? Yes No

Sexually Active? Yes No

REFRESH




SEARCH




AHRQ – Screening Guidelines

Search Results 7 Items 

20 years old, Female, Sexually active, A tobacco user

Recommended **A** **B** **C** **D** **I**

Cervical Cancer: Screening -- Female, Sexually Active		
Chlamydia: Screening -- Female, 25 Years or Younger and Older Women at Increased Risk	RISK	
HIV: Screening -- Adults and Adolescents, with Risk Factors	RISK	

Details [View All](#)   

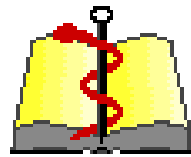
Chlamydia: Screening -- Female, 25 Years or Younger and Older Women at Increased Risk

▼ General Grade: A

SPECIFIC RECOMMENDATIONS:
The U.S. Preventive Services Task Force (USPSTF) strongly recommends that clinicians routinely screen all sexually active women aged 25 years and younger, and other asymptomatic women at increased risk for infection, for

Eponyms

About ...



Eponyms version 1.85

July 25, 2006

Andrew J. Yee, MD

yee@post.harvard.edu

<http://eponyms.net>

Palm OS client by M. Tschopp, MD

Icons designed by O. Karam, MD

OK

Eponyms

Eponyms

▼ All

Kahler's disease

Kallman's syndrome

Kanavel's sign

Kandinsky-Clerambault's syndrome

Kaplan-Meier curve

Kaposi's sarcoma

Kartagener's syndrome

Kasabach-Merritt syndrome

Kasai procedure

Kashin-Beck disease

Katayama fever

Look Up : ka|.....

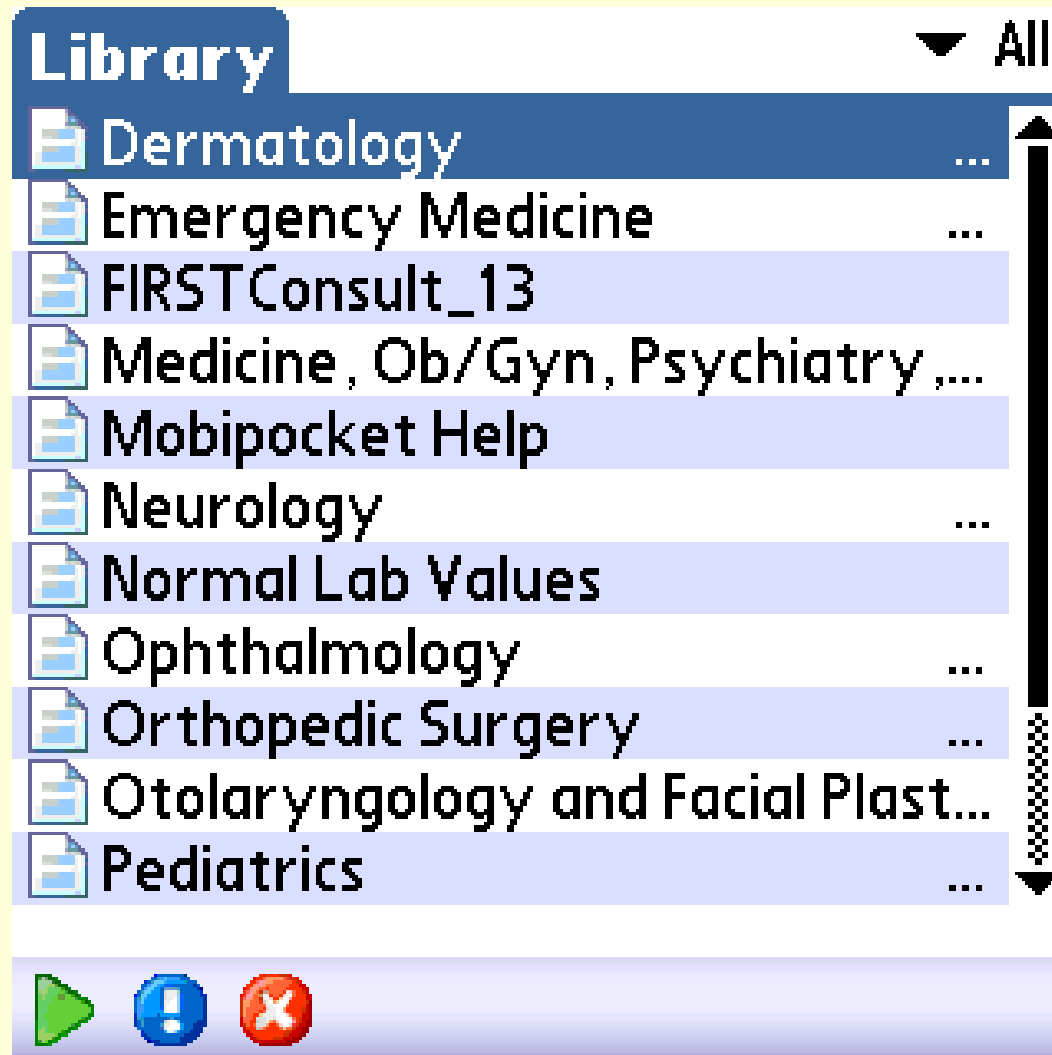
Eponyms

Kallman's syndrome

anosmia; hypogonadotropic hypogonadism stemming from failure of LHRH-expressing neurons to migrate, etc.

Done

eMedicine



The image shows a screenshot of a software interface for an eMedicine library. At the top, the word "Library" is displayed in a blue header bar. To the right of this header is a dropdown menu currently set to "All". Below the header is a list of medical specialties, each preceded by a document icon and followed by an ellipsis (...). The list items are: Dermatology, Emergency Medicine, FIRSTConsult_13, Medicine, Ob/Gyn, Psychiatry, Mobipocket Help, Neurology, Normal Lab Values, Ophthalmology, Orthopedic Surgery, Otolaryngology and Facial Plast..., and Pediatrics. A vertical double-headed arrow is positioned to the right of the list, spanning from the top of the "Dermatology" item to the bottom of the "Pediatrics" item. At the bottom of the interface is a control bar containing three icons: a green play button, a blue exclamation mark, and a red stop button.

Library ▼ All

- 📄 Dermatology ...
- 📄 Emergency Medicine ...
- 📄 FIRSTConsult_13
- 📄 Medicine, Ob/Gyn, Psychiatry, ...
- 📄 Mobipocket Help
- 📄 Neurology ...
- 📄 Normal Lab Values
- 📄 Ophthalmology ...
- 📄 Orthopedic Surgery ...
- 📄 Otolaryngology and Facial Plast...
- 📄 Pediatrics ...

▶ ! ✖

eMedicine

HACEK Group Infections (MED)



[Synonyms, Key Words, and Related Terms](#)

[Introduction](#)

[Clinical](#)

[Differentials](#)

[Workup](#)


[Treatment](#)


[Medication](#)

[Follow Up](#)

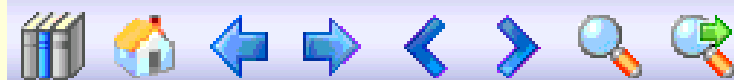
[Miscellaneous](#)

Author: **Mirabelle Kelly, MD** 

Medical Editor: **Kenneth C Earhart** 

Managing Editor: **John L Brusch** 

 92016



Synonyms, Key Words, and Related Terms

Haemophilus aphrophilus, *Haemophilus paraphrophilus*, *Haemophilus parainfluenzae*, *Actinobacillus actinomycetem comitans*, *Cardiobacterium hominis*, *Eikenella corrodens*, *Kingella* species, endocarditis, gram-negative endocarditis

Introduction

Background: The acronym HACEK refers to a grouping of gram-negative bacilli; *Haemophilus* species (*H parainfluenzae*, *H aphrophilus*, and *H paraphrophilus*), *Actinobacillus actinomycetem comitans*, *Cardiobacterium hominis*, *Eikenella corrodens*, and *Kingella* species. These organisms share an enhanced capacity to produce endocardial infections. They are responsible for 5-10% of cases of infective endocarditis (IE) involving native valves and are the most common cause of gram-negative endocarditis among persons who do not abuse intravenous

 92017

Meditrek/PDA Support

- For PDA support in Smith Library, contact: Steve Modica @ 2-9550 or modicasf@umdnj.edu (daytime); or Jonas Desir @ 2-4700 or desirjd@umdnj.edu (evenings & weekends)
- For PDA support in Medical Science Building, contact: Keston Harewood @ 2-4340 or harewokw@umdnj.edu
- For login credentials or general questions, contact: Joanne Garcenila at garcenjv@umdnj.edu or Courtney Terry at terryce@umdnj.edu
- For vendor support, send an email to support@hsoft.org or call (215)337-9080

Links

- UMDNJ Library PDA Toolkit: <http://www4.umdny.edu/camlbweb/pda.html>
 - Contains links to DynaMed, InfoRetriever, First Consult, eMedicine
- NJMS Meditrek Info: <http://njms.umdny.edu/tss/meditrek.cfm>
- Epocrates: <http://www.epocrates.com/products/rx/>
- Hopkins ABX Guide: <http://hopkins-abxguide.org/>
- Sanford Guide to ABX Tx: <http://www.sanfordguide.com>
- Diagnosaurus: <http://books.mcgraw-hill.com/medical/diagnosaurus/index.html>
- Merck Medicus (MRK manual, Harrison's): <http://www.merckmedicus.com>
- Agency for Healthcare Research & Quality (AHRQ): <http://pda.ahrq.gov>
- MedCalc: <http://www.med-ia.ch/medcalc/>
- Medical Eponyms: <http://eponyms.net/eponyms.htm>
- Shots 2007: <http://www.immunizationed.org/>
- Skyscape (NUMEROUS medical books): <http://www.skyscape.com>