

Merative Micromedex

Shou Ray Information Service

2025

Trainer

大綱

Micromedex 內容簡介

Micromedex 使用介面

Micromedex Assistant – Chatbot來幫你！

Micromedex 檢索運用範例

Micromedex 內容簡介

Micromedex 收錄內容範圍



藥物資訊



治療方式



藥物毒性



替代療法



病患衛教

Micromedex® Solutions Healthcare Series

內容特性



權威性

藥物、毒理、疾病與急診醫學內容受美國國務院採納為官方醫學百科



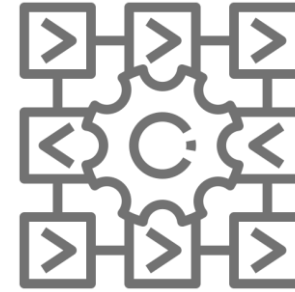
高品質

嚴謹的編輯過程



專業可靠

為學校、醫院及藥廠等提供實證內容服務超過40年



內容一致

呈現格式與內容標準皆維持一致



全文閱讀

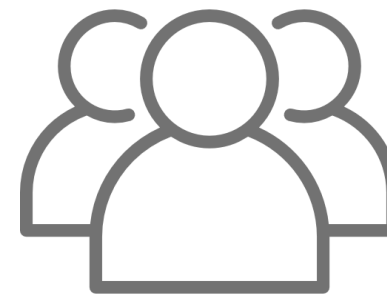
內容皆具完整參考文獻、經由同儕評審，並由臨床醫師撰寫

資料來源與編輯方法



檢閱全球的醫療文獻

>15,000篇醫學文獻/週
監控約 8,500 本期刊
定期進行高階及深度檢閱



內部編輯團隊

擁有研究方法專業知識並
受過臨床訓練的編輯專員

資料庫內容

Drug Information	Disease Information
DRUGDEX[®] System DRUG-REAX[®] System MARTINDALE Index Nominum Physicians' Desk Reference[®](PDR[®]) P & T QUIK[®] Reports IV INDEX[®] System IDENTIDEX[®] System Red Book[®] Online	DISEASEDEX[™] General Medicine DISEASEDEX[™] Emergency Med. Lab adviser[™]
	Patient Education
	AltCareDex[®] Alternative Medicine Education CareNotes[™] System
	Toxicology Information
	POISINDEX[®] System TOMES[®] System REPRORISK[®] System
Alternative Medicine	Free Resources
AltMedDex[®] System AltMedDex[®] Protocols	Calculators Micromedex Apps

Micromedex 使用

資料庫登入與使用



IP認證機制

- 在IP範圍內，從單位圖書館網頁連結
- 校 / 院外連線：
 - 輸入帳密
 - 設定Proxy或VPN
- **完整全文內容**



行動載具APP 訂戶專屬

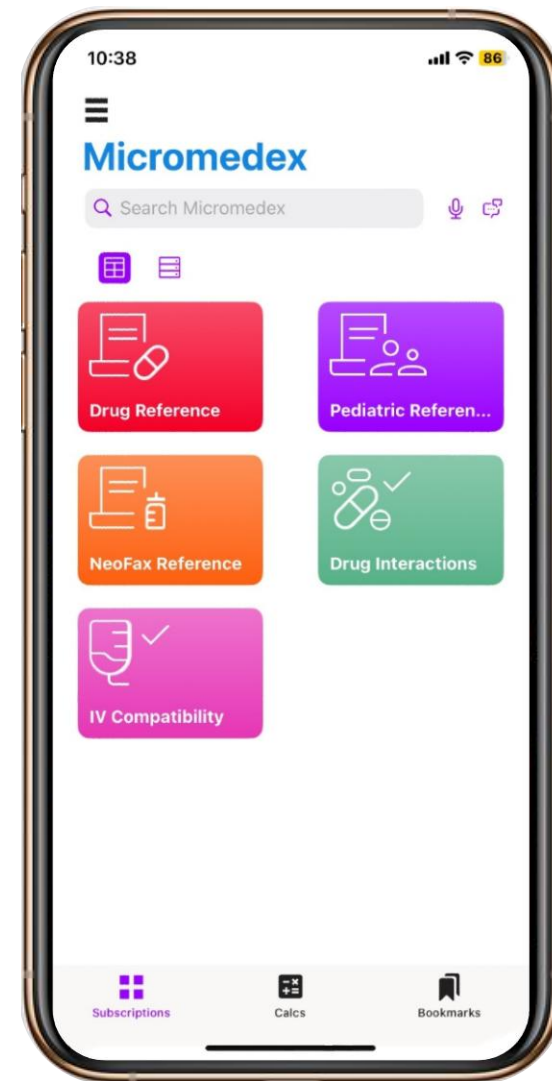
- 每次登入會自動更新資料
- **Drug Reference可離線使用**，不受網路死角影響
- 僅有簡要解答內容

*更新資料時需有網路

APP下載



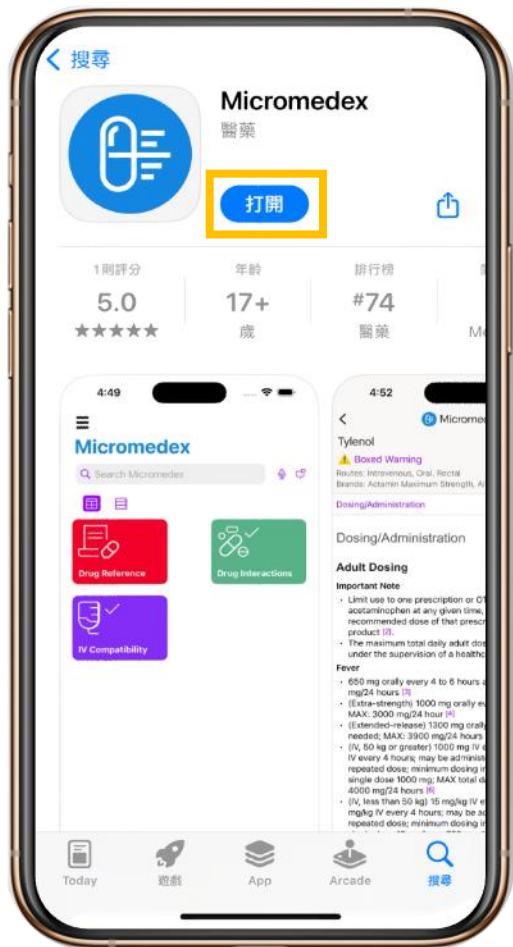
Micromedex



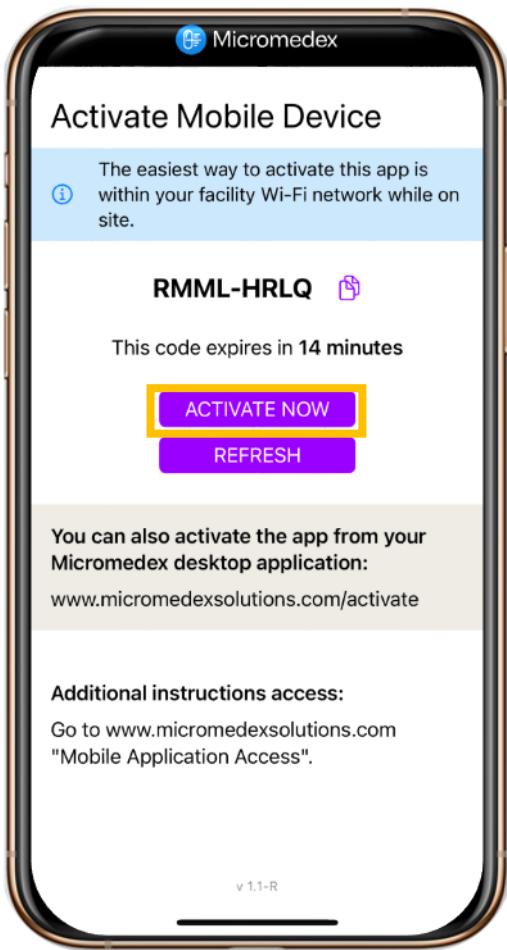
可離線使用，不受制於使用人數

APP 啟用方式 – 手機使用機構網域內 Wi-Fi

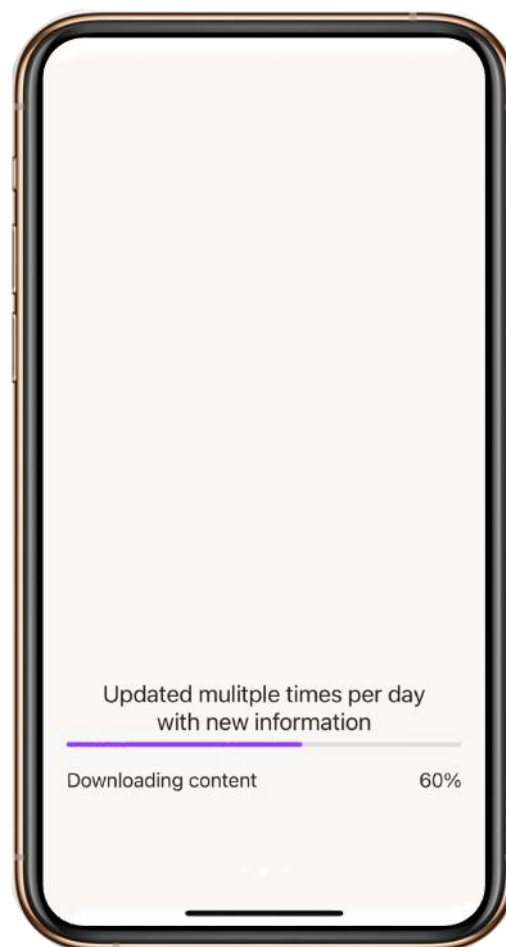
安裝開啟APP



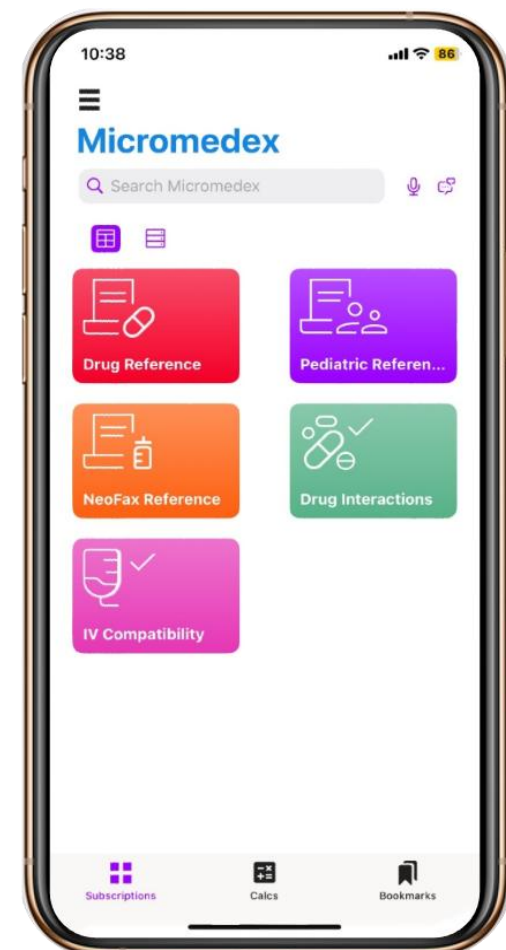
在IP網域內
登入啟用



下載更新資料

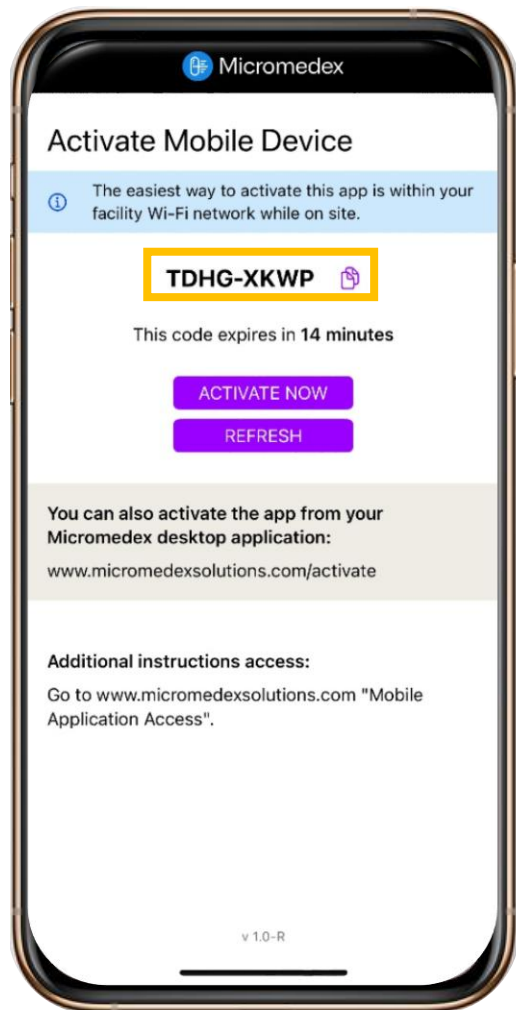


完成啟用



APP 啟用方式 — 手機非使用機構網域內Wi-Fi

(1) 複製code



(2) 開啟網頁版Micromedex資料庫下載中心點擊啟用網址

Merative **Micromedex**[®]

Keyword search

我的訂閱 | 關道 | Training Center | 下載中心 | 退出

主頁 藥物相互作用 IV 相容性 藥物鑒定 藥物比較 CareNotes NeoFax[®] / Pediatrics Tox 和藥物產品查找 RED BOOK 計算器 其他工具 ▼

Merative mobile**Micromedex**[®]
Put the power of Micromedex on your mobile device

↓ **Micromedex Mobile Apps Access (Included with subscription)**

Micromedex Mobile Apps Access on Apple[®] and Android[®]

- The new **Micromedex** App for Apple and Android devices is included with your respective Merative Micromedex Drug content subscription.
- You can access these apps via the App Store and Google Play[®].
- You can activate the app by following the simple instructions below.

New Mobile App Activation and Instructions:

Step 1: Visit the App Store or Google Play[®] from your device and search Micromedex.

Step 2: From the App Store or Google Play, select download / install the application. You may be prompted to enter your Apple or Google ID.

Step 3: The app will download to your app library, or directly to your device.

Step 4: Open the app. The app will display an activation code. Copy the code by tapping on a copy icon to the right of the code.

To activate the app:

- Tap on "Activate Now" button on your app. Enter login information if required.

OR

- Follow the link to activate new mobile app** via Micromedex online activation page.

Step 5: Enter the provided activation code. Click "Activate Device". Begin using the app.

Micromedex Assistant

APP 啟用方式 — 手機非使用機構網域內Wi-Fi

(3) 輸入code

Subscriber: Shou Ray Information Service Co Ltd.

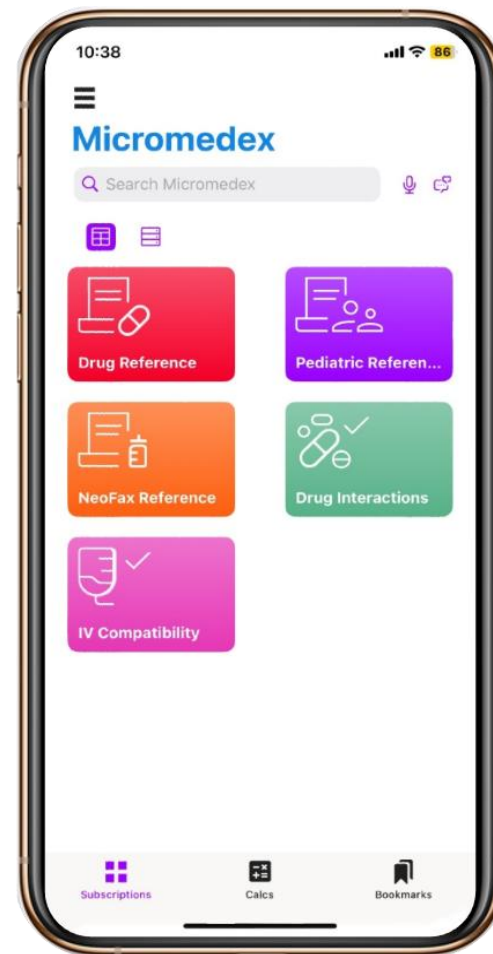
Activate Now

TDHG-XKWF

Activate Device →

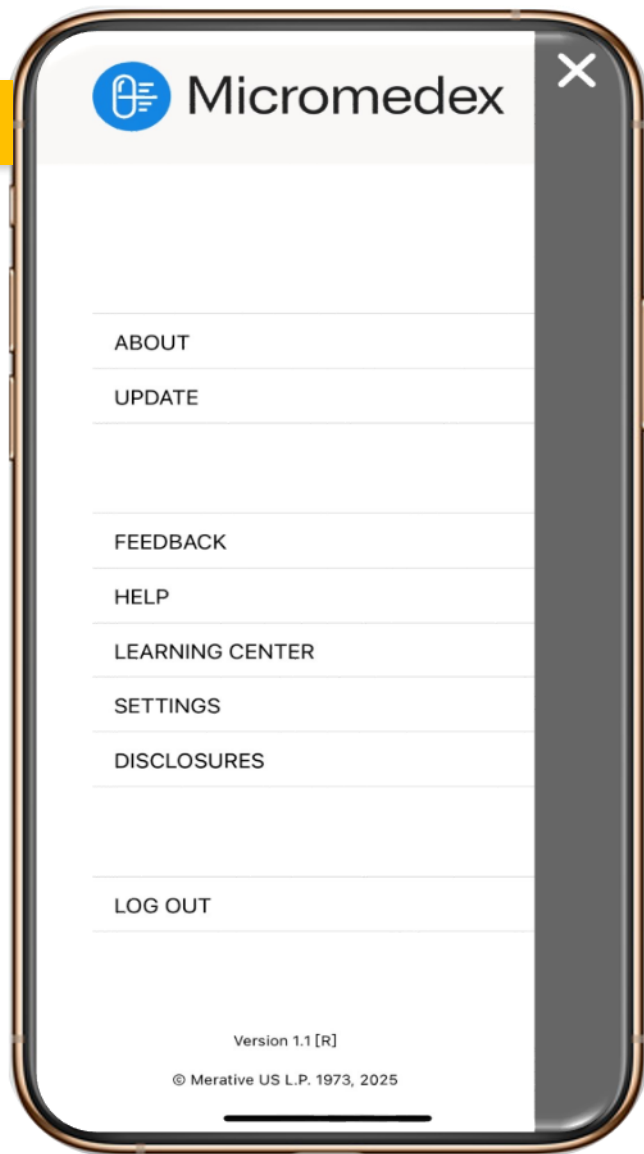
[Log out](#)

(4) 完成啟用



APP首頁

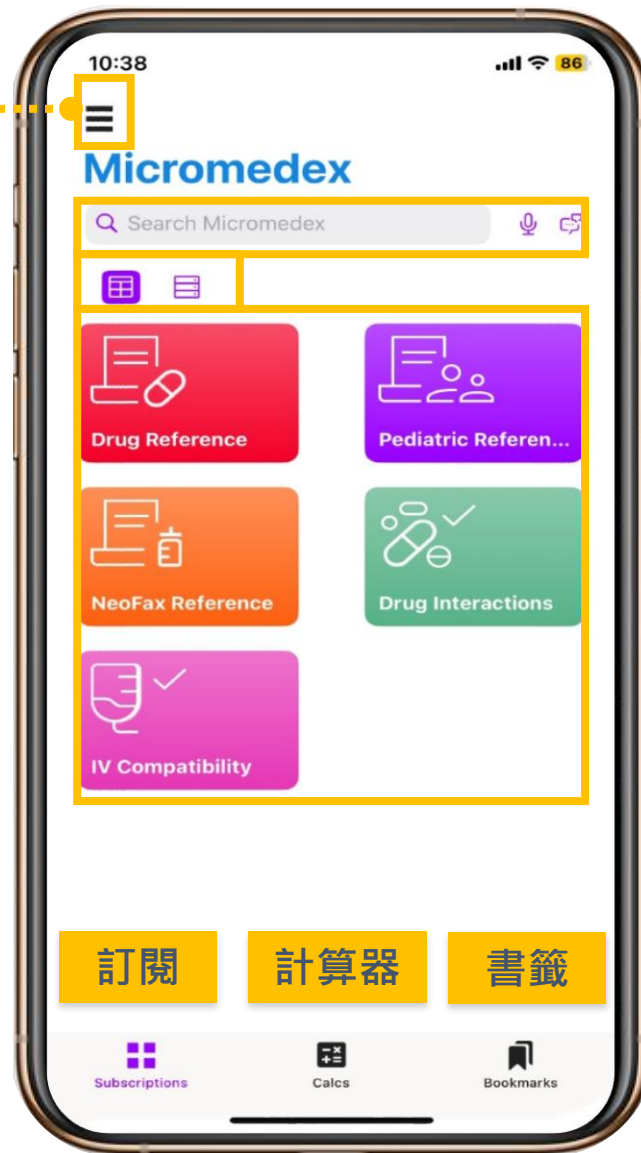
更新、版本與設定



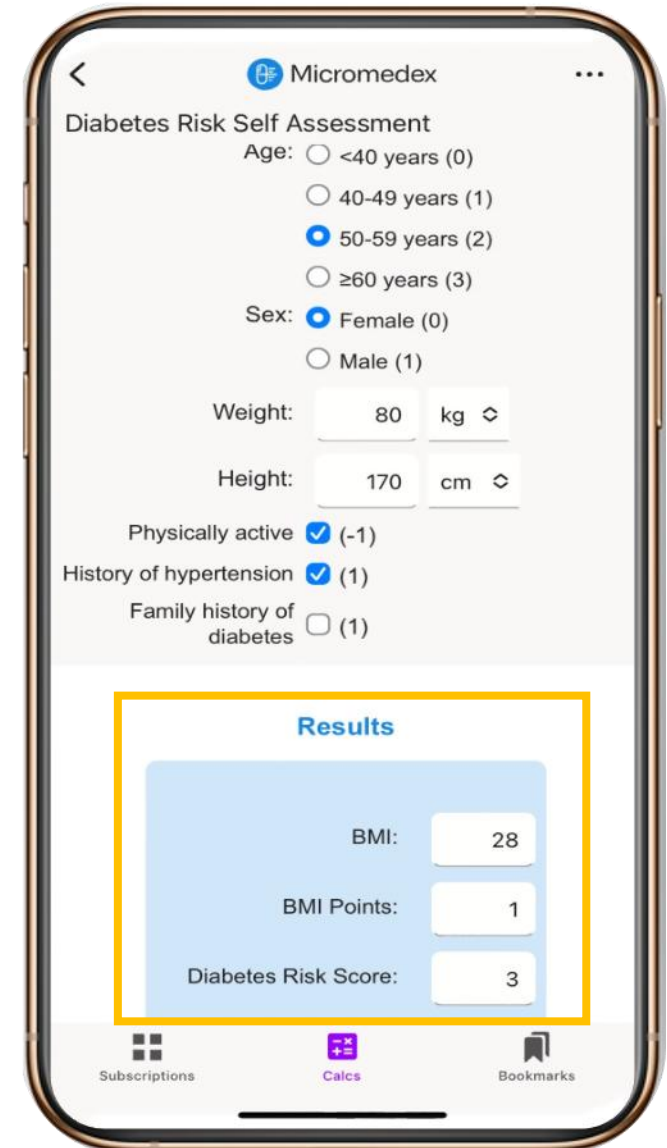
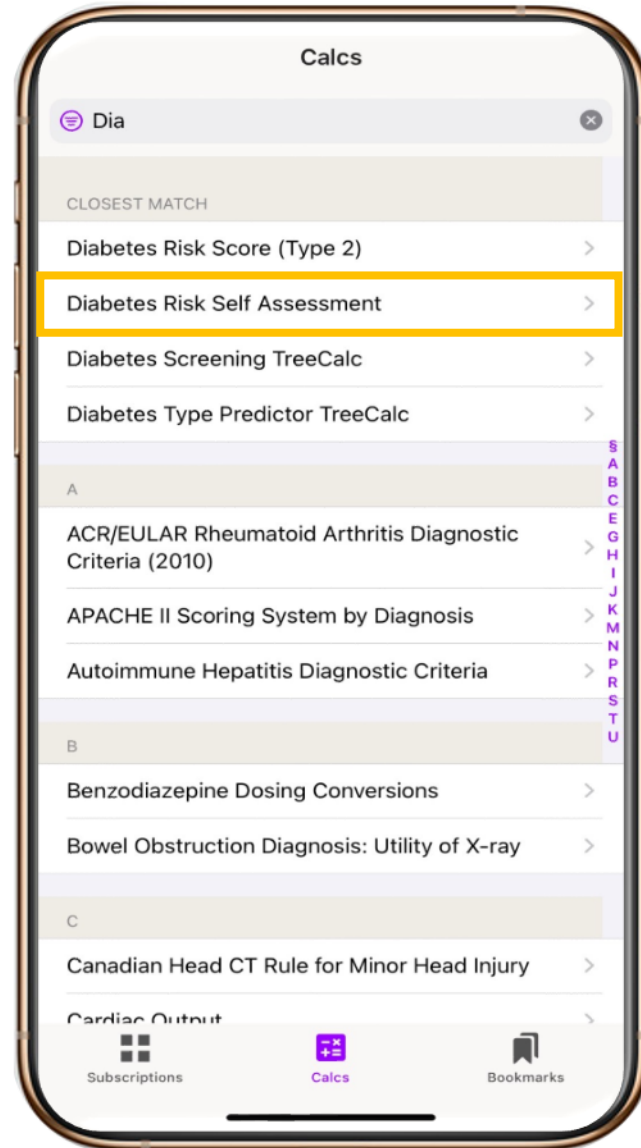
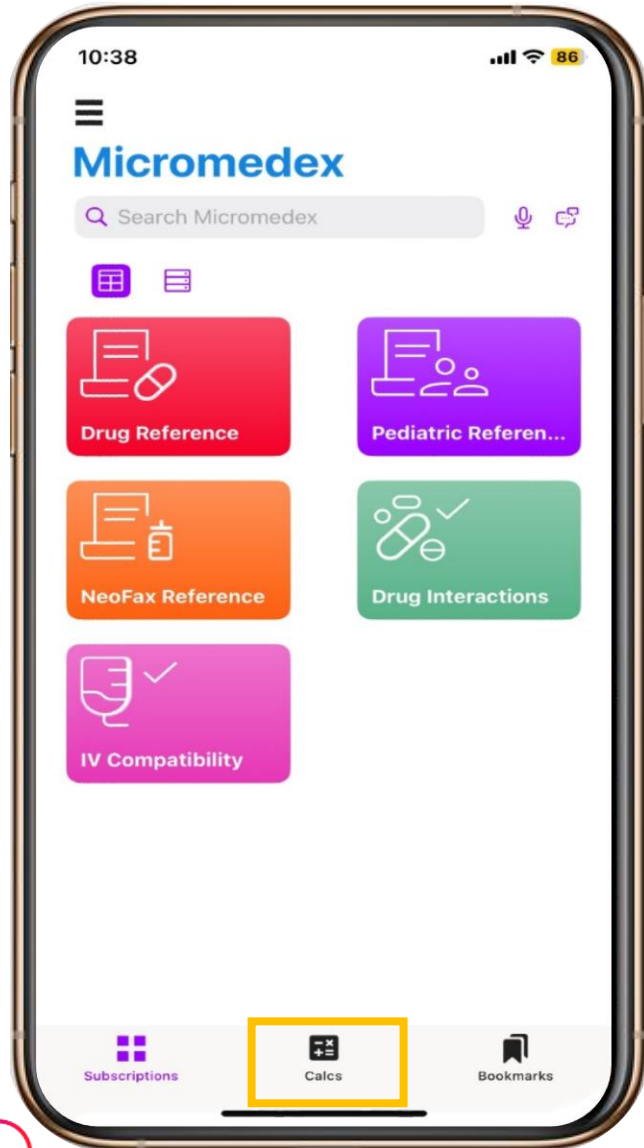
快速檢索

瀏覽工具方式

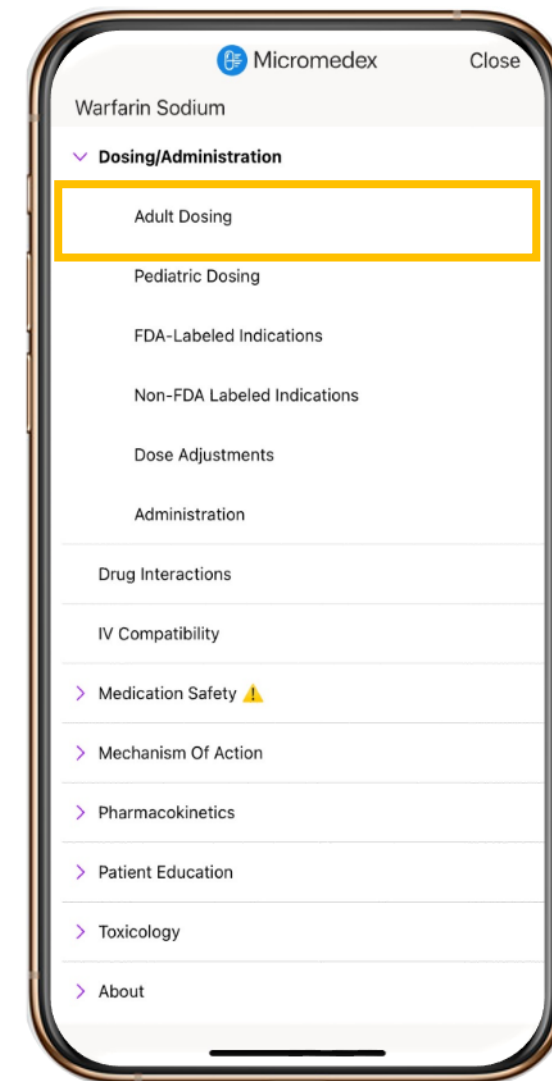
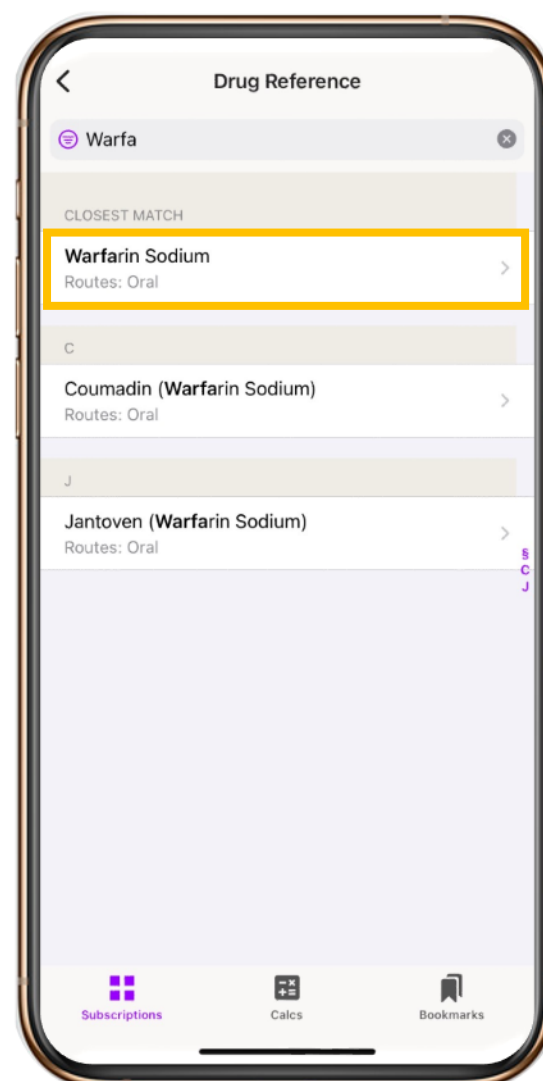
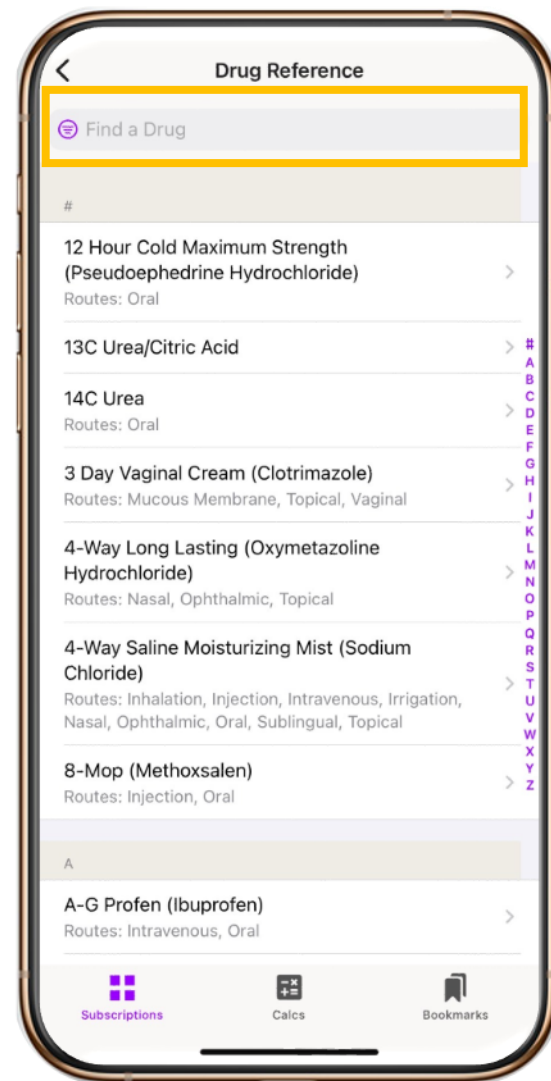
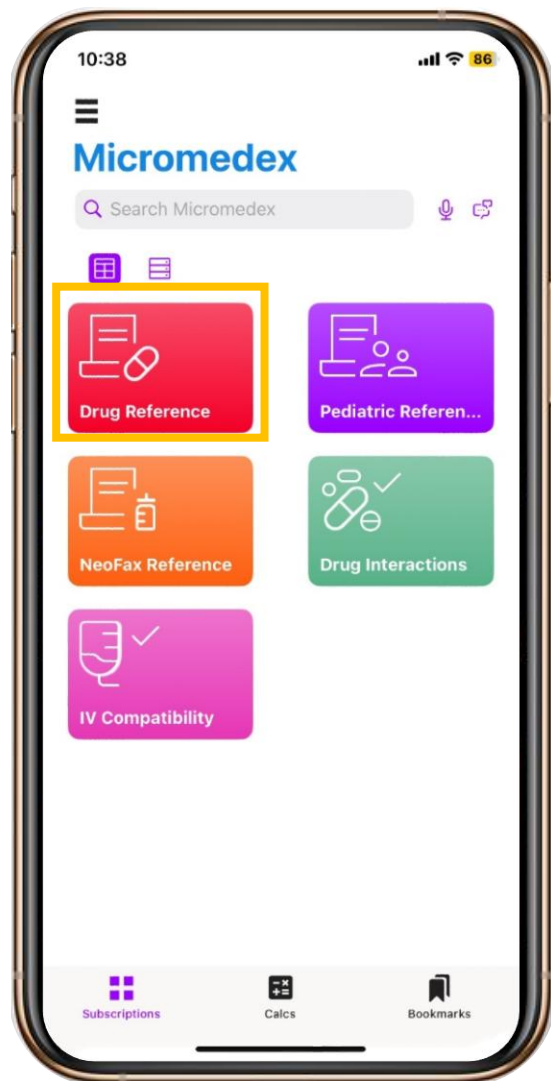
選擇使用工具



APP首頁-Calcs



APP 使用畫面-以 Drug Reference 為例



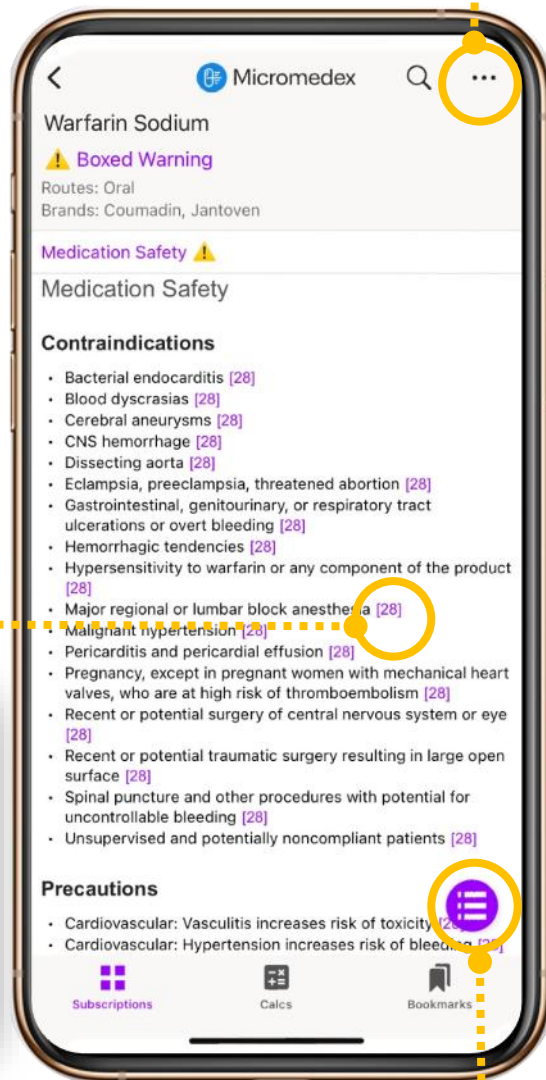
輸入欲查詢藥品名稱

從搜尋結果選擇藥品

點選查看各項說明

APP 使用畫面-以 Drug Reference 為例

開啟選單

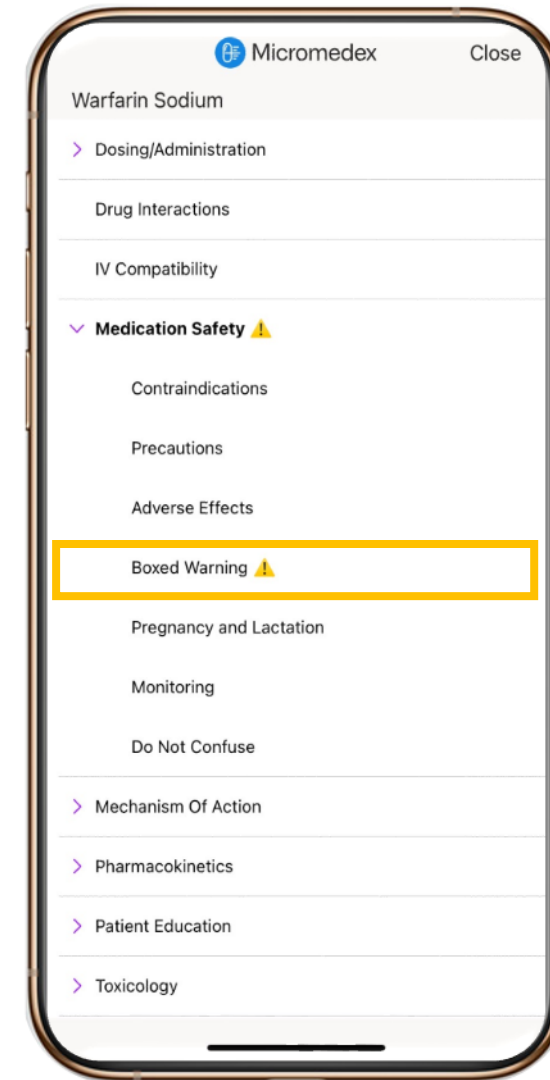
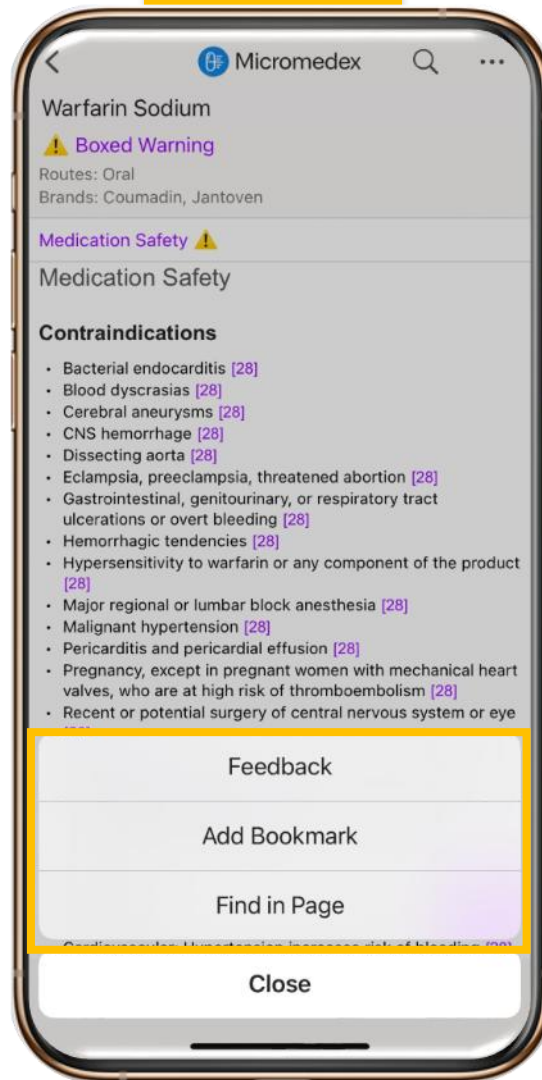


查看參考來源

References

[4] Product Information: COUMADIN(R) oral tablets, warfarin sodium oral tablets. Bristol-Myers Squibb Company (per manufacturer), Princeton, NJ, 2019.

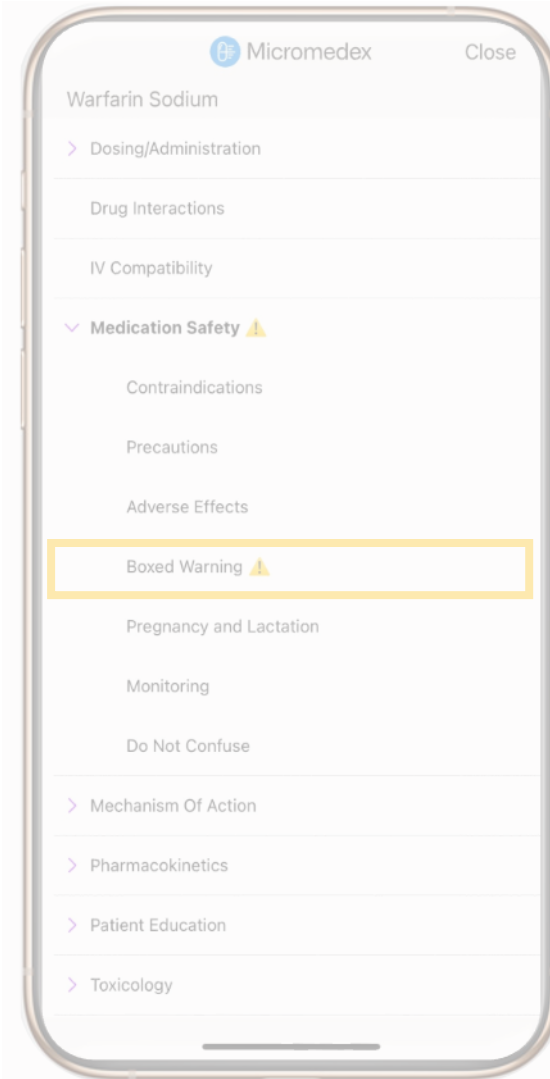
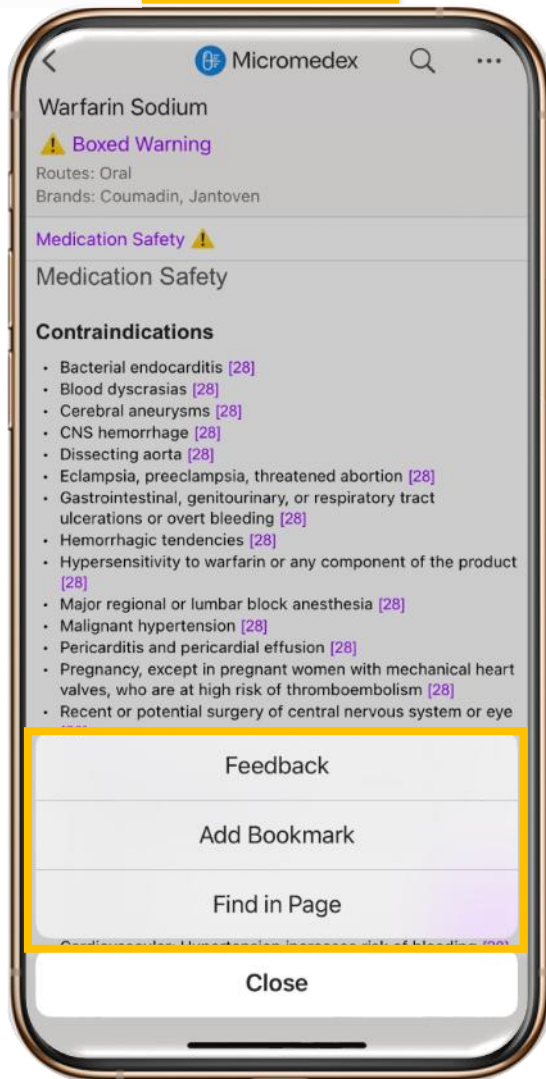
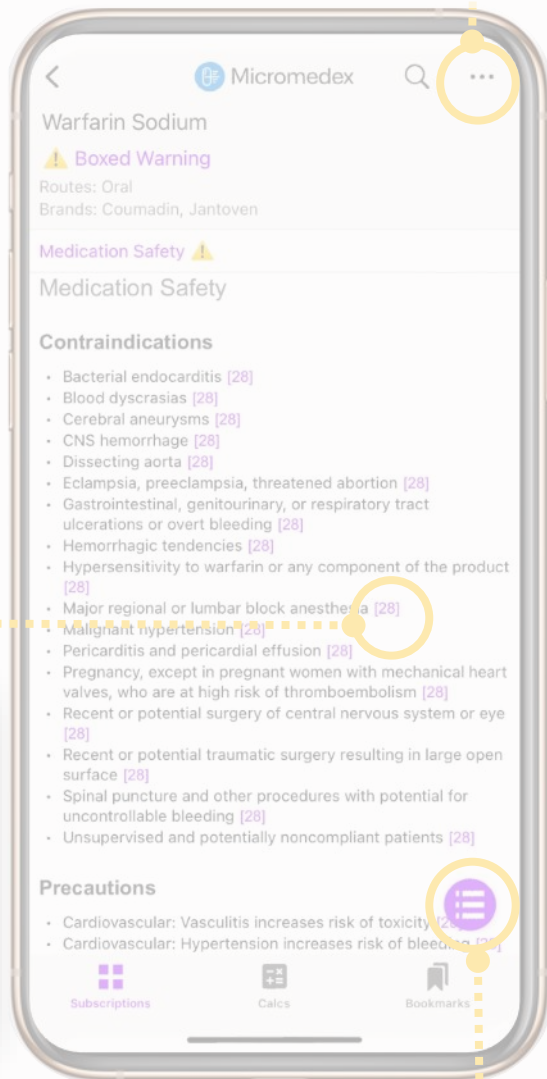
Close



開啟目錄

APP 使用畫面-以 選單功能 為例

開啟選單



查看參考來源

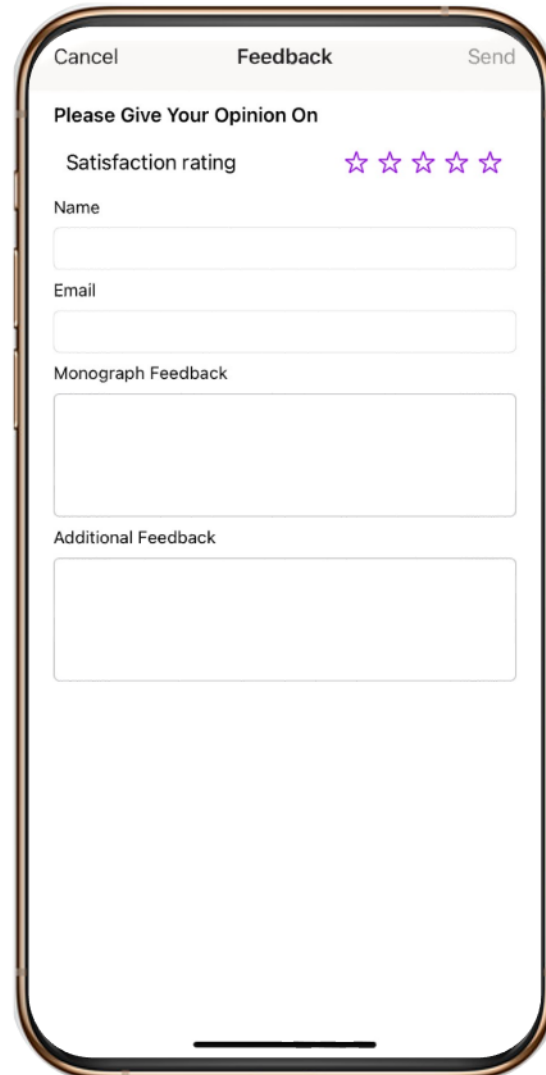
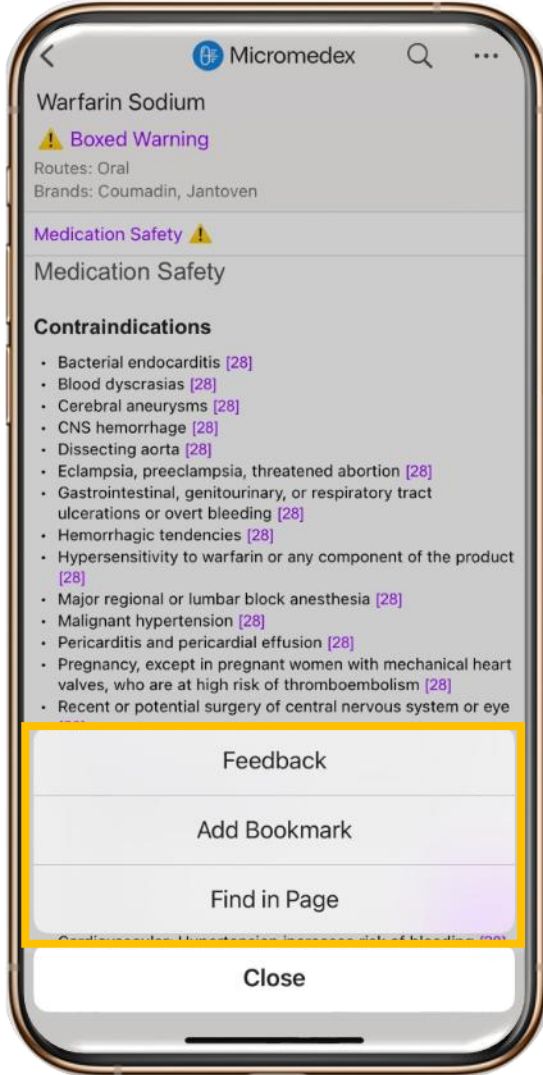
References

[4] Product Information: COUMADIN(R) oral tablets, warfarin sodium oral tablets. Bristol-Myers Squibb Company (per manufacturer), Princeton, NJ, 2019.

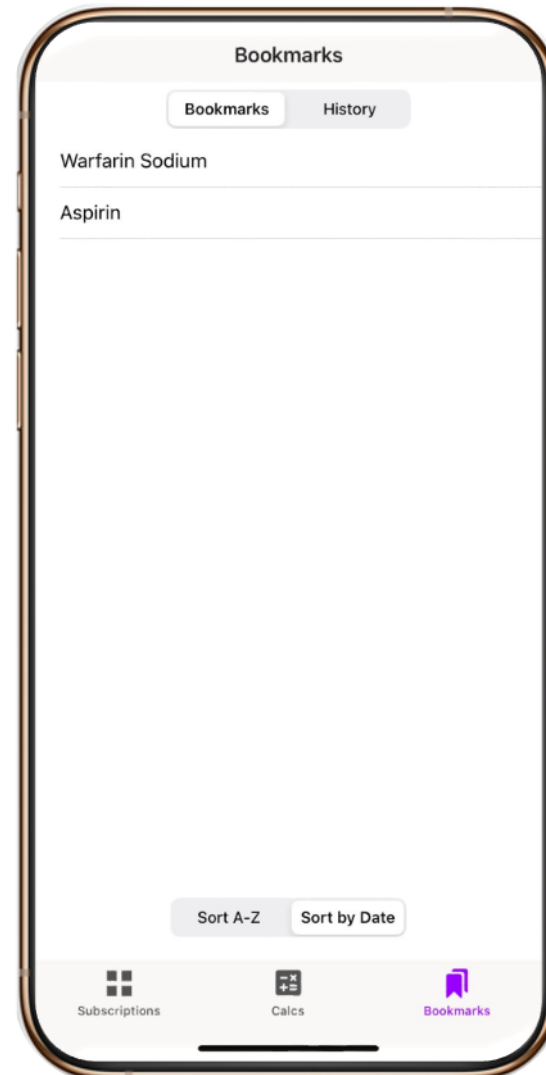
Close

開啟目錄

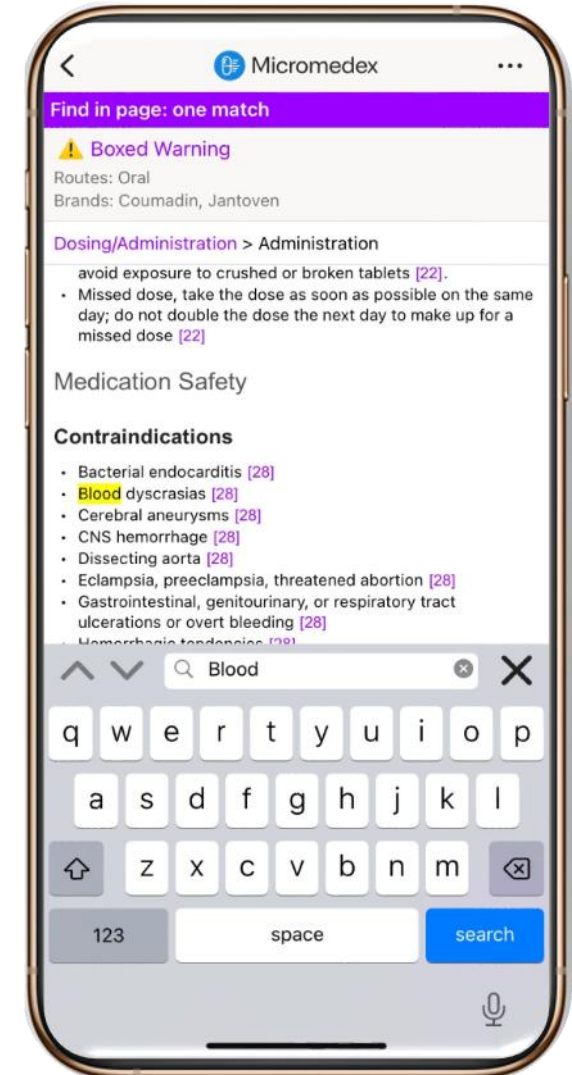
APP 使用畫面-以 選單功能 為例



Feedback

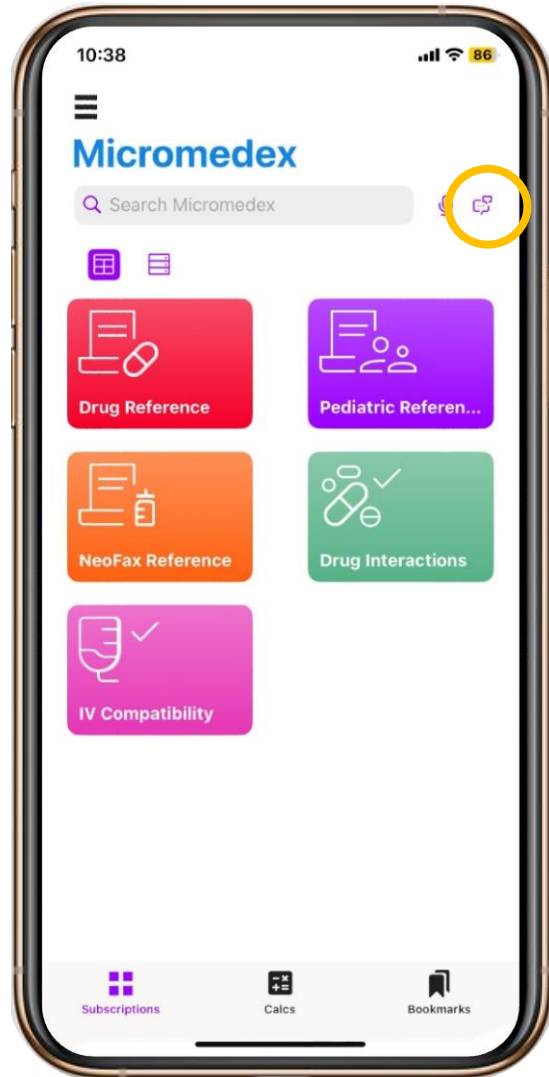


Bookmark

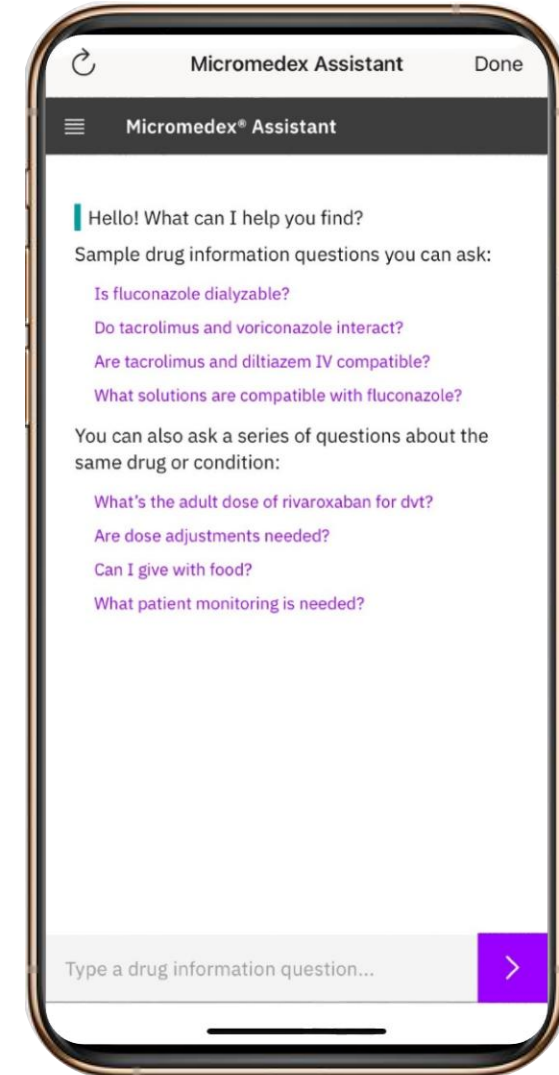


Find in Page

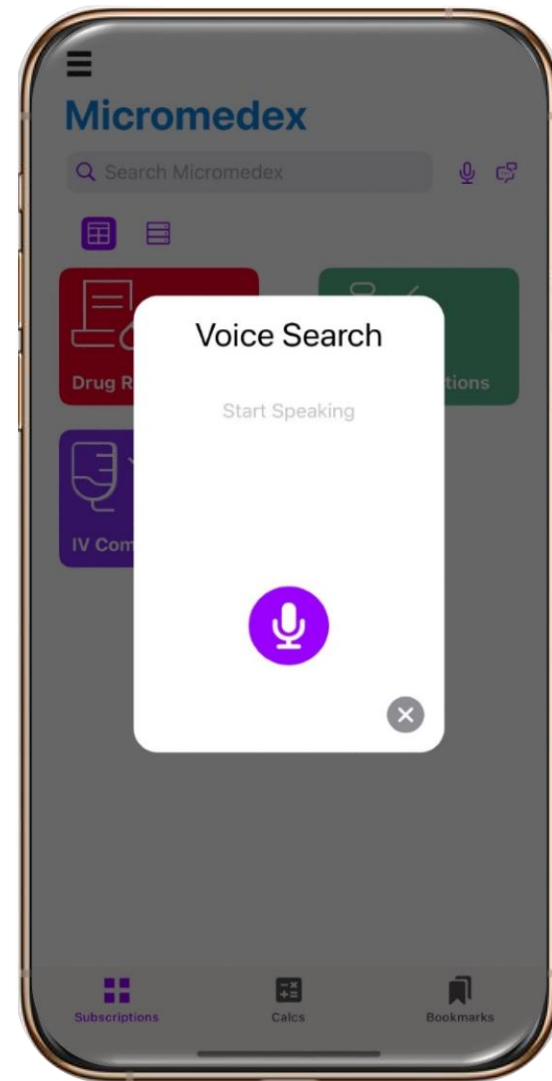
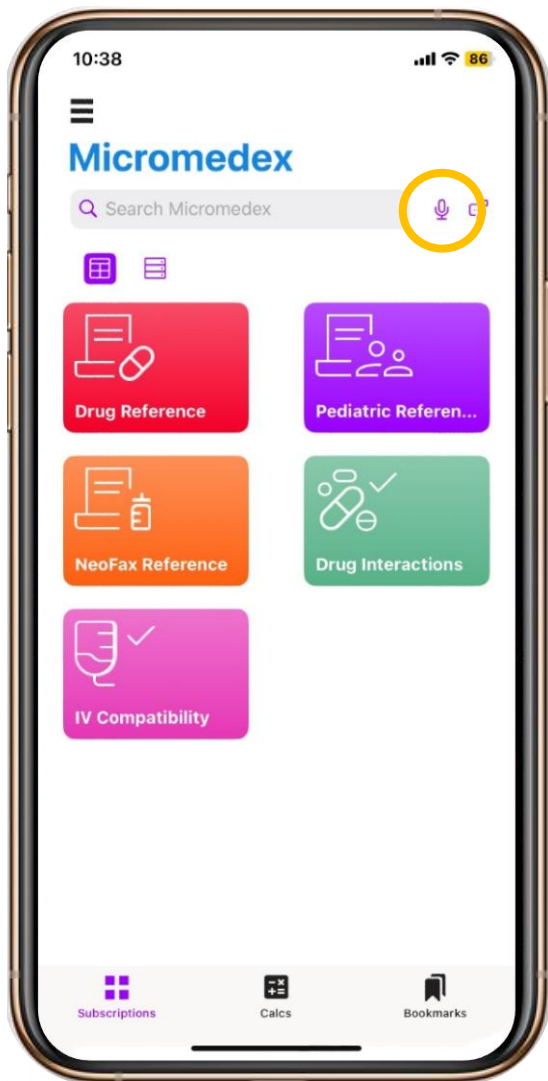
APP-Micromedex Assistant



開啟 Micromedex Assistant



APP-Voice Search



資料庫介面

3 支援總覽

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2 工具列

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Type a quick question... →

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<p>MICROMEDEX</p> <ul style="list-style-type: none"> AAPCC Codes in POISINDEX Alternative Medicine Detailed Drug Information for the Consumer DISEASEDEX™ Emergency Medicine DISEASEDEX™ General Medicine DRUGDEX System Imprint Codes in Identix Index Nominum Interaction Checking Italian Drug Database IV Compatibility Lab Advisor MARTINDALE Micromedex Assistant Integrated Delivery NeoFax® P&T QUIK Reports Pediatrics 	<p>MICROMEDEX</p> <ul style="list-style-type: none"> API CareNotes and DrugNotes API In-Depth Drug API Summary Drug Micromedex Assistant for Mobile Browsers United Kingdom Drug Information

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- Do Not Crush Drugs List
- Extravasation
- Drug Classes
- Drug Consults
- P&T Quik Reports
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CareNotes



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View resources by role

 For Nurses Be prepared for any patient you encounter with evidence-based content, drug interaction checker, calculators and other tools. Explore resources for Nurses	 For Pharmacists Get fast access to current drug information to resolve complex drug therapy issues and support patient safety. Explore resources for Pharmacists	 For Physicians Stay current on the latest drug and disease evidence with daily, reliable clinical updates. Explore resources for Physicians
---	--	---

- ### 資源
- Crush Drugs List
 - ation
 - asses
 - onsults
 - ik Reports
 - 告
 - and Class Comparison Tables
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依身份需求不同進行學習

操作使用說明手冊

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Keyword search

CONTENTS INDEX SEARCH GLOSSARY

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- Content
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- Micromedex on Your Mobile Device
- Other Applications
- Browser Settings



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Micromedex® Home Page

Searches Made Simple

With the prominently displayed *Keyword* search box that is available on every page in Micromedex® you have direct access to the information you need. It also provides intelligent searching with in-line spelling suggestions.

By default you can quickly perform one search to get all the relevant results for the content to which you subscribe, or you can specify a filter option to search specifically within the drug, disease, or toxicology content, which will provide you with more targeted results.

All is the default selection

Search Drug, Disease, Toxicology, and more

Click Drug, Disease, or Toxicology to activate the filter

All | Drug | Disease | Toxicology

Keyword search

Note: The filter is only applied when searching from the home page.

For instructions on creating searches in Micromedex [click here](#).

From beneath the *Keyword* search box on the Home Page you can access: the **Latest News** from Micromedex Solutions and across the industry, **Support & Training** and other Micromedex Solutions information, and **Resources** (targeted searches) to take you directly to the most accessed drug content.

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- ↓ Micromedex Assistant for Mobile Browsers (Online Conversational Search, subscription required)
- ↓ Merative Micromedex Assistant (Remote online access to enterprise subscription)

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- Do Not Crush Drugs List
- Extravasation
- Drug Classes
- Drug Consults
- P&T Quik Reports
- 黑框警告
- Dosage and Class Comparison Tables
- REMS

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Latest News

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↓ New Approvals Feb/Mar

Tevimbra (tislelizumab-jsgr): For Unresectable or Metastatic Esophageal Squamous Cell Carcinoma

On March 14, 2024, the US FDA approved Tevimbra (tislelizumab-jsgr) intravenous injection, as a single agent, indicated for the treatment of adult patients with unresectable or metastatic esophageal squamous cell carcinoma after prior systemic chemotherapy that did not include a PD-(L)1 inhibitor. Patients taking tislelizumab-jsgr had an improved overall survival rate compared to chemotherapy.

Prescribing information can be found at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761232Orig1s000lbl.pdf.

The press release can be found at: <https://www.msn.com/en-us/health/other/fda-approves-beigene-s-tevimbra-for-oesophageal-cancer/ar-BB1jXQEe>.

Rezdiffra (resmetirom): First Treatment for Patients with Liver Scarring Due to Fatty Liver Disease

On March 14, 2024, the US FDA approved Tyenne(R) (tocilizumab-aazg) oral tablets indicated in conjunction with diet and exercise for the treatment of adults with noncirrhotic nonalcoholic steatohepatitis (NASH) with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis). This indication is approved under accelerated approval based on improvement of NASH and fibrosis and continued approval may be contingent upon verification and description of clinical benefit in confirmatory trials.

Prescribing information can be found at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/217785s000lbl.pdf.

The press release can be found at: <https://www.fda.gov/news-events/press-announcements/fda-approves-first-treatment-patients-liver-scarring-due-fatty-liver-disease>.

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Dosing & Therapeutic Tools Database:
Dosing & Therapeutic Tools Database (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: month/day/year).

Merative™ Micromedex® DRUGDEX®:
Merative™ Micromedex® DRUGDEX® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: month/day/year).

Merative™ Micromedex® Drug Interaction Checking:
Merative™ Micromedex® Drug Interaction Checking (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: month/day/year).

MARTINDALE:
Sweetman S (Ed), Martindale: The Complete Drug Reference. London: The Royal Pharmaceutical Society of Great Britain. Electronic version, Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: month/day/year).

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Do Not Crush List

Drug Consults [\[i\]](#)

勿磨碎或咀嚼口服藥清單

↑ Top of Page

RESPONSE

A variety of oral solid dosage forms should not be crushed or chewed prior to administration because of their formulation. In general, these include:

- a) Extended-release, a term used synonymously with controlled-release, prolonged-action, and sustained-release formulations
- b) Enteric or protective coated medications
- c) Medications formulated for sublingual or buccal absorption, or those designed to exert a local effect in the mouth (eg, lozenges)
- d) Medications that are offensive-tasting to the patient, irritate the oral mucosa, or contain dyes or substances that may stain the teeth or oral mucosa; these may be given to patients with nasogastric (NG) tubes
- e) Medications that are potentially carcinogenic and/or teratogenic and require special handling to limit exposure to health risks
- f) Medications that are manufactured by a certain technology to discourage or deter misuse and abuse

Capsules/Tablets That Should Not Be Crushed List

This list serves as a general guide and is not all inclusive. Products are listed alphabetically by name (trade or generic).

Clinicians should use their best judgment based on an individual patient's medical need.

Unless otherwise specified, the source of the information is obtained from the manufacturer's prescribing information.

Capsules/Tablets That Should Not Be Crushed*		
Trade/Generic Drug Names	Dosage Form	Comments
abemaciclib	Tablet	
abiraterone acetate	Tablet	
abiraterone acetate, micronized	Tablet	
abrocitinib	Tablet	Swallow tablets whole with water; do not crush, split, or chew
acalabrutinib	Capsule; Tablet	
acamprosate calcium	Tablet, Delayed Release	
Accrufer	Capsule	
Accutane	Capsule, Liquid Filled	May cause esophageal irritation
acetaminophen	Tablet, Extended Release	
acetaminophen-dexbrompheniramine maleate-pseudoephedrine sulfate	Tablet, Extended Release	
acetazolamide	Capsule, Extended Release	
Aciphex	Tablet, Delayed Release	
Actiq	Troche/Lozenge	Lollipop delivery system, allow for slow dissolution

Feedback

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Extravasation

Drug Consults 

外滲或浸潤處理流程

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PATIENT DATA/BACKGROUND

Drugs administered IV may leak into the surrounding tissue causing extravasation or infiltration. Extravasation is the leakage of vesicants that can cause blistering and tissue necrosis. Infiltration is the leakage of irritants that can cause inflammation and pain but not tissue necrosis [1][2]. Extravasation can result in severe injury with subsequent functional impairment and residual cosmetic defects [3][4].

Most cases of extravasation involve cytotoxic agents [2]. Cytotoxic agents that cause tissue injury may be classified into 3 types [5]:

- Vesicants - Agents that are capable of causing soft tissue damage by causing blistering and necrosis
- Irritants - Agents that cause inflammatory reactions
- Nonvesicants - Agents that do not produce necrosis or inflammation (defined from the European Oncology Nursing Society)

Serious cases associated with noncytotoxic agents that required surgical debridement and skin grafting, prolonged hospitalization, and increased morbidity have been reported [3][6][4]. The initial presentation often does not indicate the extent of tissue damage [3][7][4].

Extravasation of monoclonal antibodies has also been reported and has been managed successfully with general conservative interventions including aspiration of the extravasated solution, avoidance of manual pressure over the extravasated site, limb elevation, and removal of the cannula and has resulted in no sequelae [8].

Extravasation is a potential hazard of chemotherapy. The most common symptoms of extravasation include feelings of tingling, burning, discomfort or pain, and swelling and redness at the injection site. Symptoms of blistering, necrosis, and ulceration may occur later. Signs that might indicate extravasation are the absence of blood return, resistance on the plunger of the syringe during delivery of a bolus injection, or an interruption of the free flow of an infusion [9]. However, in some cases there is an absence of symptoms and extravasation may only appear after several days or weeks when the first signs of progressive tissue damage occurs [10]. The damage may range from localized, self-limiting inflammation (irritants) to full-thickness destruction and sloughing of the skin (vesicants) [11].

Extravasation in neonates and children presents a challenging clinical scenario due to their fine skin and thin subcutaneous fat. There is risk of extravasation due to their small vessels with fragile vessel walls, cannula fixation difficulty, prolonged IV therapy, and the limited ability of this population to communicate pain [12].

Information on risk factors, prevention, and management of extravasation is presented according to the following outline.

I.	Risk Factors and Severity
II.	Prevention
III.	Nonpharmacologic Management
IV	Alphabetical Listing of Agents With Reported Extravasation and Any Specific Management

藥物發生外滲處置流程及預防

RESPONSE

I. Risk Factors and Severity

Risk factors for extravasation include [5][2][9][3][7][4]:

- Agent-Related Factors:

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[Feedback](#)

Drug Classes

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[ACE Inhibitor](#)

[ACE Inhibitor/Calcium Channel Blocker Combination](#)

[ACE Inhibitor/Thiazide Combination](#)

[Acetaminophen Antidote](#)

[Acetaminophen Combination](#)

Drug Consults

藥物諮詢

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Abbreviations

ABFM (Augmented Berlin-Frankfurt-Muenster) +/- Nelarabine - Used for T-cell Acute Lymphoblastic Leukemia

Abuse-Deterrent Opioid Medications


ABVD - Hodgkin Lymphoma

ABVD - Used for Hodgkin's Disease

AC - Used for Breast Cancer

治療霍奇金氏淋巴瘤的藥物

ABVD - Used for Hodgkin's Disease

Drug Consults 

RESPONSE

- DOXOrubicin 25 mg/m(2) IV, days 1 and 15
- Bleomycin 10 mg/m(2) IV, days 1 and 15
- VinBLAStine 6 mg/m(2) IV, days 1 and 15
- Dacarbazine 375 mg/m(2) IV, days 1 and 15 [1]
- Repeat cycle every 28 days

Reference

1. Bonadonna G & Santoro A: ABVD chemotherapy in the treatment of Hodgkin's disease. Cancer Treat Rev 1982; 9(1):21-35.
PubMed Abstract: [http://www.ncbi.nlm.nih.gov/...](http://www.ncbi.nlm.nih.gov/)

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P&T Quik Reports

Preparing for Pharmacy and Therapeutics Committee meetings

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Abecma®

Abrocitinib tablets (Aug 2022) - Also known as: CIBINQO™

ADBRY™

Anifrolumab-fnia injection (Jan 2022) - Also known as: SAPHNELO™

Atogepant (Mar 2022) - Also known as: QULIPTA™

Avacopan capsules (Mar 2022) - Also known as: TAVNEOS™

Azstarys

需有採購 Formulary 模組才可使用

以藥物首字母序條列有黑框警告的藥物

研究表明該藥物具有嚴重、甚至危及生命的不良反應風險，是美國食品藥品監督管理局（FDA）對上市藥物採取的最嚴厲警告形式

黑框警告

跳轉到： 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 0-9

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Obeticholic Acid

Obiltoximab

Obinutuzumab

Ofatumumab

Ofloxacin

Olanzapine

Ofloxacin

Drug Classes: [Antibacterial](#) | [Antibiotic](#) | [All](#)

Routes: [Ophthalmic](#) | [Oral](#) | [Otic](#)

Regulatory Authority
FDA

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Medication Safety

Black Box Warning

請參閱 [“深入解答”](#) 瞭解詳細結果。

Oral (Tablet)

- Fluoroquinolones, including ofloxacin, are associated with disabling and potentially irreversible serious adverse reactions that have occurred together, including tendinitis and tendon rupture, peripheral neuropathy, and CNS effects. Discontinue ofloxacin and avoid use of fluoroquinolones in patients with these serious adverse reactions. Reserve use of ofloxacin for patients with no alternative treatment options for acute exacerbation of chronic bronchitis or uncomplicated cystitis. Fluoroquinolones, including ofloxacin, may exacerbate muscle weakness in persons with myasthenia gravis. Avoid in patients with known history of myasthenia gravis [3].

相關結果

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- [疾病](#)

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Dosage and Class Comparison Tables

- Dosage
- Class

針對各廠牌的藥品，列出各種適應症及有效劑量範圍

▶ Corticosteroids (Selected) Properties and Potencies

▶ Inhaled Corticosteroids Relative Potency

▶ NSAID (Nonsteroidal Antiinflammatory Agents) (Selected)

▶ Oral Analgesics for Acute Postoperative Pain

Response			
The following charts provide selected nonsteroidal antiinflammatory agents and the usual adult dosage ranges for primary therapeutic indications. In general, use lowest effective dose for shortest possible duration [1][2][3][4][5][6][7][8][9][10][11][12][13][14][15][16][17][18][19][20][21][22]			
Oral NSAIDs			
Generic Name	Brand Name (US)	Indications	Effective Dosage Range
Diclofenac	Cataflam (diclofenac potassium immediate-release tablets)	Pain	50 mg 3 times daily
		Dysmenorrhea	50 mg 3 times daily
		Osteoarthritis	50 mg 2 to 3 times daily
		Rheumatoid Arthritis	50 mg 3 to 4 times daily
	Voltaren (diclofenac sodium enteric-coated tablets)	Ankylosing Spondylitis	25 mg 4 times daily, with an extra 25 mg at bedtime if needed
		Osteoarthritis, Rheumatoid Arthritis	50 mg 2 to 3 times daily, or 75 mg twice daily
Voltaren XR (diclofenac sodium extended-release tablets)		Osteoarthritis	100 mg every day
		Rheumatoid Arthritis	75 to 100 mg once or twice daily
Cambia (diclofenac potassium powder for oral solution)		Migraine Headache with or without Aura	Single dose of 50 mg; efficacy of repeated dose not established
Zorvolex (diclofenac capsules)		Acute Pain	18 or 35 mg 3 times daily
		Osteoarthritis Pain	35 mg 3 times daily
Etodolac	Lodine (immediate-release)	Acute Pain	200 to 400 mg every 6 to 8 hours, not to exceed 1200 mg daily
		Osteoarthritis, Rheumatoid Arthritis	300 mg 2 to 3 times daily, or 400 mg twice daily, or 500 mg twice daily
	Lodine XL (extended-release)	Osteoarthritis	400 to 1000 mg once daily

Dosage and Class Comparison Tables

Dosage

Class

▶ ACE Inhibitors and Angiotensin Receptor Blockers

針對各廠牌藥品的降血糖藥，列出常用劑量範圍、最大劑量、低血糖風險、重量變化、胃腸症狀

▶ Antidiabetic Agents

Response

The following tables provide comparative information that may be helpful in selecting among various antidiabetic agents:

- Table 1 - Oral and Noninsulin Injectable Antidiabetic Agents
- Table 2 - Available Combination Products
- Table 3 - Time to Onset and Peak Action and the Effective Duration of Human Insulin and Insulin Analogs

The information in table 1 is derived from the manufacturer's product information as well as recent guidelines on the treatment of hyperglycemia in patients with type 2 diabetes. HbA1c reduction varies between approximately 0.5% and 1.5%, tending to be on the higher end of that range for metformin, sulfonylureas, thiazolidinediones, and glucagon-like peptide-1 receptor agonists; however, in comparative studies, actual differences between agents has been small. A patient-centered approach considering efficacy, risk of hypoglycemia, impact on weight, potential side effects, costs, and patient preferences should be used to guide choice of pharmacologic therapy [1][2][3][4][5].

Table 1: Comparison of Oral and Noninsulin or Noninsulin/Insulin Combination Injectable Antidiabetic Agents

Generic and Brand Name	Efficacy	Hypoglycemia Risk	Weight Change	GI Symptoms	Effect on ASCVD	Effect on heart failure	Effect on Progression of DKD
Alpha-glucosidase inhibitors							
Acarbose (Precose(R))	Intermediate	not significant	not significant	diarrhea, flatulence	--	--	--
Miglitol (Glyset(R))	Intermediate	not significant	not significant	diarrhea, flatulence	--	--	--
Amylin Analogues							
Pramlintide (Symlin(R), Symlinpen(R))	Intermediate	not significant	reduction	nausea, vomiting	--	--	--
Biguanides							
Metformin immediate-release (Glucophage(R))	High	not significant	no gain; possible reduction	diarrhea, abdominal cramping	potential benefit	neutral	neutral
Metformin extended-release (Glucophage(R) XR, Glumetza(R), Fortamet(R))							
DPP-4 Inhibitors							
Alogliptin benzoate (Nesina)	Intermediate	not significant	not significant	not significant	neutral	potential risk	neutral

▶ Antipsychotic Agents

▶ Benzodiazepines

▶ Beta Blockers

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REMS (Risk Evaluation & Mitigation Strategy) 藥物風險評估暨管控計畫

REMS

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Fenfluramine

Communication Plan, Elements to Assure Safe Use, Implementation System

Fentanyl 類鴉片止痛劑

Fentanyl

Drug Classes: [Analgesic](#) | [Central Nervous System Agent](#) | [All](#)
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Substance
Fentanyl

連結到藥品安全訊息和用藥指南

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Medication Safety →

REMS 🖨️ 列印

Summary

- Duragesic(R) (Opioid Analgesic REMS): To make a REMS-compliant education program available to healthcare professionals (including nurses and pharmacists) regarding the treatment and monitoring of patients with pain.
- To counsel patients and/or their caregivers, with every prescription, on safe use, serious risks, storage, and disposal of these products.
- To emphasize to patients and their caregivers the importance of reading the Medication Guide every time it is provided by their pharmacist,
- To consider other tools to improve patient, household, and community safety.
- lonsys(R) (lonsys REMS): To reduce serious adverse outcomes (eg, addiction, unintentional overdose, death) resulting from inappropriate prescribing, misuse, and abuse of extended-release or long-acting opioid analgesics while maintaining patient access to pain medications
- To mitigate the risk of misuse, abuse, addiction, overdose and serious complications due to medication errors by: prescribing and dispensing transmucosal immediate release fentanyl medicines only to appropriate patients, which includes use only in opioid-tolerant patients; preventing inappropriate conversion between transmucosal immediate release fentanyl medicines; preventing accidental exposure to children and others for whom it was not prescribed
- To educate prescribers, pharmacists, and patients on the potential for misuse, abuse, addiction, and

Feedback

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Fentanyl

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簡要解答

深入解答

全部結果

1.減少不良的後果 (成癮、無心過量、死亡)
2.減輕誤用、濫用、過量、成癮的風險

Substance

Fentanyl



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Mechanism of Action

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Pharmacokinetics

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Summary

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- To educate prescribers, pharmacists, and patients on the potential for misuse, abuse, addiction, and overdose of transmucosal immediate release fentanyl medicines
- To inform patients or caregivers about the serious risks associated with transmucosal immediate release and extended-release or long-acting fentanyl treatment
- Subsys(R), Fentanyl buccal (Actavis) (Transmucosal Immediate-Release Fentanyl (TIRF) Products REMS): To mitigate the risk of overdose by requiring documentation of opioid tolerance with every TIRF prescription for outpatient use and requiring inpatient pharmacies to develop policies and procedures to verify opioid tolerance in inpatients who require TIRF medicines while hospitalized as well as educating prescribers, pharmacists and patients that the safe use of TIRF medicines requires patients to be opioid-tolerant throughout treatment
- To mitigate the risk of accidental exposure by educating prescribers, pharmacists and patients about proper storage and disposal of TIRF medicines.
- To monitor for accidental exposure, misuse, abuse, addiction, and overdose by enrolling all patients who receive a TIRF medicine for outpatient use into a registry and using surveillance systems and other data sources

REMS Components

- Medication Guide
- Elements to Assure Safe Use
- Implementation System

Drug Safety Information

- Duragesic(R)

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Micromedex 為何需要MA?



資料太多眼昏花

Micromedex 為何需要MA?



**Micromedex
Assistant**



MA相助精準查

主頁

藥物
相互作用

IV 相容性

藥物
鑒定

藥物
比較

CareNotes

NeoFax[®] /
Pediatrics

Tox 和藥物
產品查找

RED BOOK

計算器

處方集

搜尋藥物、疾病、毒理學及其他資訊

全部

藥物

疾病

毒理學



Micromedex Assistant

Search Micromedex drug information

Type a quick question... →

[Learn more](#)



最新消息

- Content Update Highlights
- Micromedex: \$25 gift card - How are...
- New/Expanded Indications Oct/Nov
- New Approvals Oct/Nov

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支援和訓練

- [Training Center](#)
- [User Guide](#)
- [Micromedex Compendia Resources](#)
- [Citing Micromedex](#)

[Support Request](#)



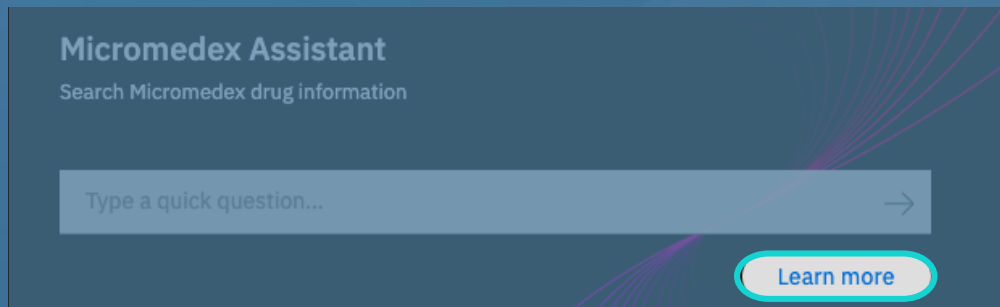
資源

- [Do Not Crush Drugs List](#)
- [Extravasation](#)
- [Drug Classes](#)
- [Drug Consults](#)
- [黑框警告](#)
- [Dosage and Class Comparison Tables](#)
- [REMS](#)

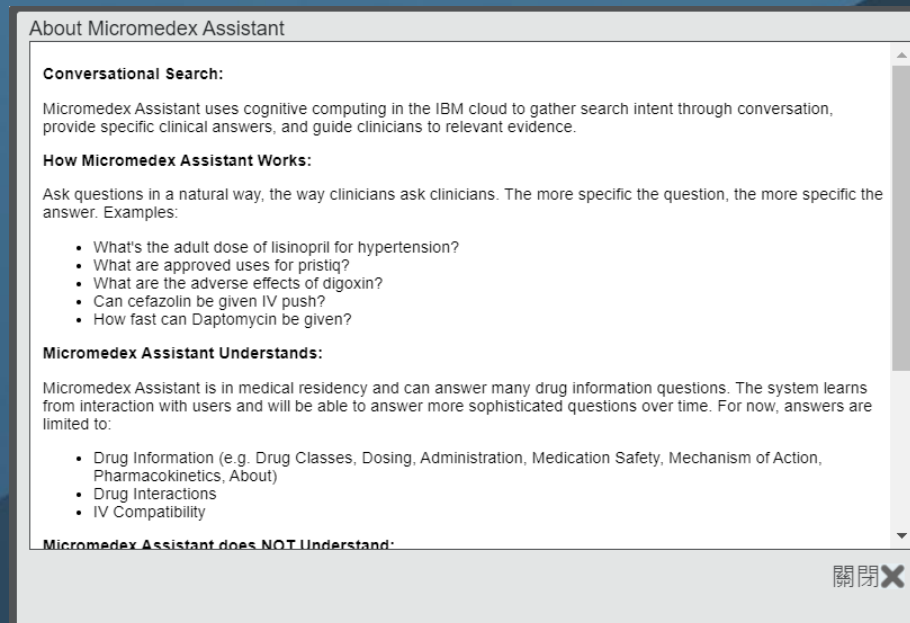
[Download Mobile Apps](#)

[Feedback](#)

怎麼問MA?



點按Learn more即顯示
智能檢索說明



怎麼問MA?

像同事之間一樣問問題

MA現在知道:

藥物資訊

藥物分類、劑量、給藥、藥物安全性、作用、藥物動力學、關於機制

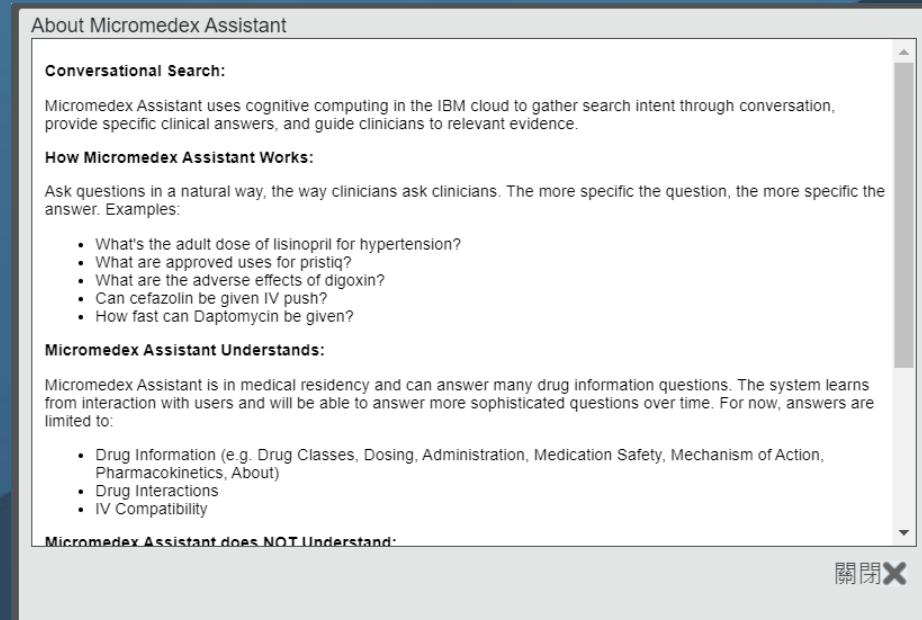
藥物交互作用

IV相容性

Solution, Y site, Admixture, Syringe, TPN / TNA

MA不知道:

NeoFax / Pediatrics, Toxicology, Disease, Lab, Alternative Medicine, Reproductive Risk
第三方內容 (例如Martindale, Index Nominum)



About Micromedex Assistant

Conversational Search:

Micromedex Assistant uses cognitive computing in the IBM cloud to gather search intent through conversation, provide specific clinical answers, and guide clinicians to relevant evidence.

How Micromedex Assistant Works:

Ask questions in a natural way, the way clinicians ask clinicians. The more specific the question, the more specific the answer. Examples:

- What's the adult dose of lisinopril for hypertension?
- What are approved uses for priligy?
- What are the adverse effects of digoxin?
- Can cefazolin be given IV push?
- How fast can Daptomycin be given?

Micromedex Assistant Understands:

Micromedex Assistant is in medical residency and can answer many drug information questions. The system learns from interaction with users and will be able to answer more sophisticated questions over time. For now, answers are limited to:

- Drug Information (e.g. Drug Classes, Dosing, Administration, Medication Safety, Mechanism of Action, Pharmacokinetics, About)
- Drug Interactions
- IV Compatibility

Micromedex Assistant does NOT Understand:

關閉 X

Demo Slides

對話式檢索範例

就像跟你的同事問問題一樣，
對話將提供簡要解答內容、簡要解答連結、深入解答連結

- Dosing and adjustments 劑量與調整
- Adverse effects 不良反應
- Contraindications 禁忌症
- Precautions 注意事項
- Administration 管理
- More 更多

提問範例：

“What’s the adult dose of warfarin for Atrial fibrillation?”

The screenshot shows the Micromedex Assistant interface. At the top, there are search filters: "Warfarin So...", "Atrial fibrillati...", and "adult". A "Clear" button is on the right. Below the filters, a search bar contains the query: "What's the adult dose of warfarin for Atrial fibrillation". The results section is titled "Here is the adult dosing for warfarin sodium:" and lists two categories: "Atrial fibrillation - Thromboembolic disorder" and "Atrial fibrillation - Thromboembolic disorder; Prophylaxis". Each category contains a list of bullet points detailing dosing and duration of therapy. At the bottom, there is a "Quick Answers Adult Dosing for Warfarin Sodium" button and a "Was this helpful?" feedback prompt with thumbs up/down icons. A text input field at the very bottom contains the placeholder text "[Type something...]".

對話式檢索介面

智能過濾器

Warfarin ... x Atrial fibr... x adult x Clear

簡要解答內容

Here is the adult dosing for warfarin sodium:

Atrial fibrillation - Thromboembolic disorder

- Initial, 2 to 5 mg orally once a day; adjust dose based on the results of INR; usual maintenance, 2 to 10 mg orally once a day
- Following an ischemic stroke or transient ischemic attack, target an INR of 2.5 (range, 2 to 3). Initiation of therapy within 14 days is reasonable, but initiation may be delayed beyond 14 days in presence of high risk for hemorrhagic conversion (guideline dosing)

Atrial fibrillation - Thromboembolic disorder; Prophylaxis

- Initial, 2 to 5 mg orally once a day; adjust dose based on INR; usual maintenance, 2 to 10 mg orally once a day


簡要解答連結

Quick Answers Adult Dosing for Warfarin Sodium

深入解答連結

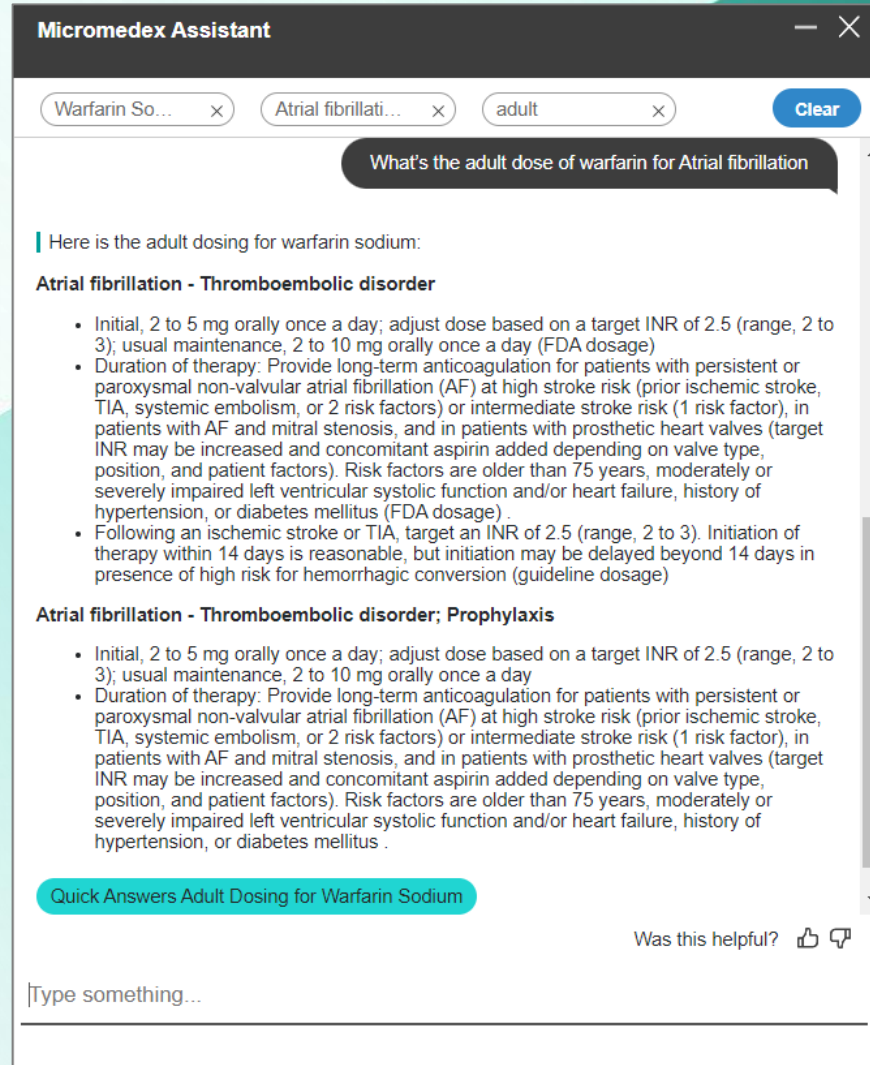
In-Depth Answers Adult Dosing for Warfarin Sodium

意見回饋

Was this helpful?  

對話檢索框

Type something...



Micromedex Assistant

Warfarin So... x Atrial fibrillati... x adult x Clear

What's the adult dose of warfarin for Atrial fibrillation

Here is the adult dosing for warfarin sodium:



Atrial fibrillation - Thromboembolic disorder

- Initial, 2 to 5 mg orally once a day; adjust dose based on a target INR of 2.5 (range, 2 to 3); usual maintenance, 2 to 10 mg orally once a day (FDA dosage)
- Duration of therapy: Provide long-term anticoagulation for patients with persistent or paroxysmal non-valvular atrial fibrillation (AF) at high stroke risk (prior ischemic stroke, TIA, systemic embolism, or 2 risk factors) or intermediate stroke risk (1 risk factor), in patients with AF and mitral stenosis, and in patients with prosthetic heart valves (target INR may be increased and concomitant aspirin added depending on valve type, position, and patient factors). Risk factors are older than 75 years, moderately or severely impaired left ventricular systolic function and/or heart failure, history of hypertension, or diabetes mellitus (FDA dosage)
- Following an ischemic stroke or TIA, target an INR of 2.5 (range, 2 to 3). Initiation of therapy within 14 days is reasonable, but initiation may be delayed beyond 14 days in presence of high risk for hemorrhagic conversion (guideline dosage)

Atrial fibrillation - Thromboembolic disorder; Prophylaxis

- Initial, 2 to 5 mg orally once a day; adjust dose based on a target INR of 2.5 (range, 2 to 3); usual maintenance, 2 to 10 mg orally once a day
- Duration of therapy: Provide long-term anticoagulation for patients with persistent or paroxysmal non-valvular atrial fibrillation (AF) at high stroke risk (prior ischemic stroke, TIA, systemic embolism, or 2 risk factors) or intermediate stroke risk (1 risk factor), in patients with AF and mitral stenosis, and in patients with prosthetic heart valves (target INR may be increased and concomitant aspirin added depending on valve type, position, and patient factors). Risk factors are older than 75 years, moderately or severely impaired left ventricular systolic function and/or heart failure, history of hypertension, or diabetes mellitus

Quick Answers Adult Dosing for Warfarin Sodium

Was this helpful?  

Type something...

對話式檢索範例

無論是手滑打錯、語意不明、病名縮寫都沒關係，MA會再次確認，提供你正確答案

提問範例：
adult warfarin AF

Which of the following subjects would you like to see?

Dosing

The screenshot shows the Micromedex Assistant interface. At the top, there are search tabs for 'Warfarin So...', 'Atrial fibrillati...', and 'adult', with a 'Clear' button. A search input field contains 'adult warfarin AF'. Below the search bar, a list of subjects is displayed: 'Adverse Effects', 'Precautions', 'Contraindications', 'Uses', and 'Dosing'. A 'Dosing' button is visible. The main content area shows the following text: 'Here is the adult dosing for warfarin sodium: Atrial fibrillation - Thromboembolic disorder'. Below this, there are three bullet points detailing dosing and therapy. At the bottom, there is a 'Type something...' input field and a 'Was this helpful?' feedback prompt.

Micromedex Assistant

Warfarin So... x Atrial fibrillati... x adult x Clear

adult warfarin AF

Which of the following subjects would you like to see?

- Adverse Effects
- Precautions
- Contraindications
- Uses
- Dosing

Dosing

Here is the adult dosing for warfarin sodium:

Atrial fibrillation - Thromboembolic disorder

- Initial, 2 to 5 mg orally once a day; adjust dose based on a target INR of 2.5 (range, 2 to 3); usual maintenance, 2 to 10 mg orally once a day (FDA dosage)
- Duration of therapy: Provide long-term anticoagulation for patients with persistent or paroxysmal non-valvular atrial fibrillation (AF) at high stroke risk (prior ischemic stroke, TIA, systemic embolism, or 2 risk factors) or intermediate stroke risk (1 risk factor), in patients with AF and mitral stenosis, and in patients with prosthetic heart valves (target INR may be increased and concomitant aspirin added depending on valve type, position, and patient factors). Risk factors are older than 75 years, moderately or severely impaired left ventricular systolic function and/or heart failure, history of hypertension, or diabetes mellitus (FDA dosage).
- Following an ischemic stroke or TIA, target an INR of 2.5 (range, 2 to 3). Initiation of therapy within 14 days is reasonable, but initiation may be delayed beyond 14 days in presence of high risk for hemorrhagic conversion (guideline dosage)

Was this helpful? 👍 🗨

Type something...

對話式檢索範例

您可延續前面問題繼續發問，智慧過濾器將根據前面提出的問題，提供與前述病患相關背景的解答

提問範例：

Are dose adjustment needed?

The screenshot shows the Micromedex Assistant interface. At the top, there are search filters: "Warfarin So...", "Atrial fibrillati...", and "adult". A "Clear" button is on the right. Below the filters, a teal button reads "In-Depth Answers Adult Dosing for Warfarin Sodium". A dark grey speech bubble contains the question "Are dose adjustment needed". Below this, the text says "Here are the warfarin sodium dose adjustments:" followed by a bulleted list of clinical guidelines. At the bottom, there are two teal buttons: "Quick Answers Warfarin Sodium Dose Adjustments" and "In-Depth Answers Warfarin Sodium Dose Adjustments". A feedback prompt "Was this helpful?" with thumbs up/down icons is visible. A text input field at the bottom contains the placeholder "Type something..."

Micromedex Assistant

Warfarin So... × Atrial fibrillati... × adult × Clear

In-Depth Answers Adult Dosing for Warfarin Sodium

Are dose adjustment needed

Here are the warfarin sodium dose adjustments:

- Renal impairment: No adjustment necessary; monitor INR more frequently in patients with compromised renal function to maintain INR within the therapeutic range
- Geriatric: Consider using lower initial and maintenance dosage
- Asian patients: Consider using lower initial and maintenance dosage .
- INR: single out of range value, below or above the therapeutic INR by 0.5 or less, continue current warfarin dose and test INR within 1 to 2 weeks
- Bariatric surgery (Roux-en-Y gastric bypass or sleeve gastrectomy): May require approximately 25% reduction in daily dosage in the postoperative period .
- Discontinuing therapy: Abrupt discontinuation is suggested rather than gradual tapering of the dose (ACCP guidelines)
- Postpartum: Women who require more than 6 weeks of postpartum anticoagulation may be initiated on warfarin (initial dose, 5 mg daily for 2 days, then adjusted per INR) and bridged with adjusted-dose low-molecular-weight heparin (LMWH) or unfractionated heparin (UFH) until INR is in the therapeutic range of 2 to 3 for 2 days, or a direct oral anticoagulant if not breastfeeding. For women with mechanical heart valves, warfarin can be resumed 24 hours after delivery, with overlapping IV UFH (or LMWH) until therapeutic on warfarin .
- Pregnancy, mechanical valve: Warfarin to goal INR plus aspirin 75 mg to 100 mg/day during second and third trimesters; during first trimester, warfarin may be continued in patients who can achieve therapeutic INR with doses of 5 mg/day or less. Frequent monitoring required. Discontinue warfarin and initiate continuous infusion unfractionated heparin prior to planned vaginal delivery (guideline dosing) .

Quick Answers Warfarin Sodium Dose Adjustments

In-Depth Answers Warfarin Sodium Dose Adjustments

Was this helpful? 👍 🗨

Type something...

對話式檢索範例

您可延續前面問題繼續發問，智慧過濾器將根據前面提出的問題，提供與前述病患相關背景的解答

提問範例：

What patient monitoring is needed?

The screenshot shows the Micromedex Assistant interface. At the top, there are search filters: "Warfarin So...", "Atrial fibrillati...", and "adult". A "Clear" button is on the right. Below the filters, a search bar contains the question "What patient monitoring is needed?". The main content area displays the following information:

Here is the warfarin sodium monitoring information:

- INR: daily following the initial dose until the INR stabilized to the therapeutic range; then periodically based on clinical need, generally every 1 to 4 weeks; additional INR testing when other warfarin products are interchanged with Coumadin(R) or when other drugs (including botanicals) are initiated, discontinued, have dosages changed, or taken irregularly; patients with a high risk of bleeding may require more frequent INR monitoring (manufacturer)
- INR: up to every 12 weeks in patients with consistently stable INRs, defined as at least 3 months of consistent results with no need to adjust warfarin dosing; evaluate INR within 1 to 2 weeks if the patient experiences a single out of range value, below or above the therapeutic INR by 0.5 or less (American College of Chest Physicians guidelines)
- INR: Immediately prior to any dental or surgical procedure
- INR (pediatric): More frequently to ensure target INR is achieved and maintained the low-dose prophylactic target INR is 1.7 (range 1.5 to 1.9)
- INR: More frequently in patients with high risk of bleeding, when starting or stopping other drugs, changing dosages of other drugs, and in patients with renal impairment
- INR (when administered with heparin): Sample at least 5 hours after the last IV bolus dose of heparin, 4 hours after stopping continuous IV heparin infusion, 24 hours after the last subcutaneous heparin injection
- Target INR: 2.5 (range, 2 to 3) in adults and pediatric patients in most indications
- Target INR: 3 (range 2.5 to 3.5) mechanical mitral valve, mechanical heart valves in both the aortic and mitral position, those undergoing percutaneous mitral balloon valvotomy with preprocedural transesophageal echocardiogram who demonstrate a left atrial thrombus, caged ball or caged disk valves, caged ball or caged disk valves
- Pregnancy test: Prior to initiation in female patients of reproductive potential
- Signs or symptoms of bleeding: Regularly during therapy, with more frequent monitoring in those with increased risk (high intensity of anticoagulation (INR greater than 4.0), age 65 years or older, history of highly variable INRs, history of gastrointestinal bleeding, hypertension, cerebrovascular disease, anemia, malignancy, trauma, renal impairment, VKORC1 and CYP2C9 gene variants, concomitant use of drugs with increased bleeding risk and long duration of therapy)

At the bottom right of the content area, there is a "Was this helpful?" prompt with thumbs up and thumbs down icons. Below the content area is a text input field labeled "Type something..."

對話式檢索範例

如在前述問題下接續詢問前述藥物與特定藥物的交互作用，結果將提供連結引導您到藥物交互作用的頁面

提問範例：

Are there interactions with TAMOXIFEN?

Here are the drug interactions for tamoxifen citrate:

[View Drug Interactions Results](#)

The screenshot shows the Micromedex Assistant interface. At the top, there are search filters for 'Tamoxifen C...', 'Atrial fibrillati...', and 'adult'. Below this, the 'Drug Interaction Results' section is displayed. It includes a '修改相互作用' (Modify Interaction) button, a '細化方式' (Refinement Method) dropdown set to 'Drug Tamoxifen Citrate', a '嚴重性' (Severity) dropdown set to 'All', and a '文件' (File) dropdown set to 'All'. A navigation bar shows links to various categories: 'Drug-Drug (111)', '過敏症狀 (0)', '食物 (0)', '乙醇 (0)', '實驗室 (0)', '抽煙 (0)', '懷孕 (1)', and '哺乳期 (1)'. The main content area is titled 'Drug-Drug 相互作用 (111)' and contains a table of interactions.

藥物：	嚴重性：	文件：
MESORIDAZINE -- QT INTERVAL PROLONGING DRUGS	Contraindicated	Excellent
WARFARIN [Systemic] -- TAMOXIFEN [Systemic]	Contraindicated	Good
ZIPRASIDONE -- QT INTERVAL PROLONGING DRUGS	Contraindicated	Fair
SAQUINAVIR -- QT INTERVAL PROLONGING DRUGS	Contraindicated	Fair

Below the table, a chat interface is visible. It contains the question 'Are there interactions with TAMOXIFEN?', the answer 'Here are the drug interactions for tamoxifen citrate:', and a button 'View Drug Interactions Results'. At the bottom of the chat, there is a 'Was this helpful?' prompt with thumbs up/down icons and a text input field with the placeholder '[Type something...]'.

對話式檢索範例

除單一藥物的交互作用清單外，亦可直接查詢多個藥物交互作用

提問範例：
interactions among bilberry
Losartan Warfarin ibuprofen?

I've found multiple results for drug.
Which one are you looking for?

- Ibuprofen
- Ibuprofen Lysine

Ibuprofen

Here are the drug interactions for ibuprofen, losartan potassium and warfarin sodium:

[View Drug Interactions Results](#)

Micromedex Assistant

Drug Interaction Results

優化方式: 劑型: All 嚴重性: All 文件: All 類型: All

篩選到: 藥物-藥物 (2) | 複方 (0) | 過敏症狀 (0) | 食物 (13) | 乙醇 (1) | 實驗室 (1) | 抽屜 (1) | 懷孕 (3) | 哺乳期 (3)

藥物:	嚴重性:	文件:	描述:
IBUPROFEN -- WARFARIN SODIUM	Major	Fair	Concurrent use of ANTICOAGULANTS and NSAIDS may result in increased risk of bleeding.
IBUPROFEN -- LOSARTAN POTASSIUM	Moderate	Excellent	Concurrent use of ACE INHIBITORS AND ANGIOTENSIN RECEPTOR BLOCKERS and NSAIDS may result in renal dysfunction and/or increased blood pressure.

複方 (未找到)

Drug-過敏症狀 相互作用 (未找到)

藥物:	嚴重性:	文件:	描述:
WARFARIN SODIUM	Major	Good	Concurrent use of WARFARIN and POMEGRANATE may result in increased warfarin plasma concentrations and increased risk of bleeding.
WARFARIN SODIUM	Major	Good	Concurrent use of WARFARIN and CRANBERRY JUICE may result in an increased risk of bleeding.

interactions among bilberry Losartan Warfarin ibuprofen?

I've found multiple results for drug. Which one are you looking for?

- Ibuprofen
- Ibuprofen Lysine

Ibuprofen

Here are the drug interactions for ibuprofen, losartan potassium and warfarin sodium:

[View Drug Interactions Results](#)

Was this helpful?

Type something...

檢索與工具運用案例

案例參考

- 病人

一位75歲女性有心房顫動合併高血壓的病人，為高中風風險族群，過去曾使用Aspirin預防中風，但因腸胃道不適而停藥

- 家屬關心

擔心使用抗凝血藥物預防中風，是否會增加出血風險？

- 醫生考慮

應該使用抗凝血藥物預防中風嗎？如必須使用該如何調整？



利用Micromedex尋求支持的證據

Merative **Micromedex**[®]

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| Mobile Application Access | Logout

- Home
- Drug Interactions
- IV Compatibility
- Drug ID
- Drug Comparison
- CareNotes
- NeoFax[®] / Pediatrics
- Tox & Drug Product Lookup
- RED BOOK
- Other Tools ▾

Search Drug, Disease, Toxicology, and more

All Drug Disease Toxicology

aspirin

Aspirin
 Dosing Aspirin
 Adverse Effects Aspirin
 Indications Aspirin
 Interactions Aspirin

Aspirin (Buffered)
 Dosing Aspirin (Buffered)
 Adverse Effects Aspirin (Buffered)

Micromedex Assistant
 Search Micromedex drug information

Type a quick question... →

[Learn more](#)

Support & Training

- Center
- Compendia Resources
- Citing Micromedex

Resources

- Black Box Warnings
- Comparative Tables
- Do Not Confuse Drug List
- Drug Classes
- Drug Consults
- REMS

Aspirin- Non-FDA Uses

Merative **Micromedex**[®]

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Keyword search

- 主頁
- 藥物相互作用
- IV 相容性
- 藥物鑑定
- 藥物比較
- CareNotes
- NeoFax[®] / Pediatrics
- Tox 和藥物產品查找
- RED BOOK
- 計算器
- 處方集

ASPIRIN

Drug Classes: [Analgesic](#) | [Antipyretic](#) | [All](#)

Routes: **Oral** | **Rectal**

Regulatory Authority

FDA

- 簡要解答
- 深入解答**
- 全部結果

一次載入所有內容，以便快速跳轉

- Dosing/Administration**
 - Adult Dosing
 - Pediatric Dosing
 - Dose Adjustments
 - FDA Uses
 - Non-FDA Uses**
 - Administration
 - Comparative Efficacy
 - Place In Therapy
- Medication Safety**
 - Contraindications
 - Precautions
 - Adverse Effects
 - Boxed Warning
 - REMS
 - Drug Interactions (single)
 - IV Compatibility (single)
 - Pregnancy & Lactation
 - Monitoring
 - Do Not Confuse

Dosing/Administration Non-FDA Uses

請參閱 '簡要解答' 瞭解綜述結果。

Expand All

- Angina pectoris
- Antiphospholipid syndrome
- Atrial fibrillation - Thromboembolic disorder; Prophylaxis**
- Cancer pain
- Cancer - Thromboembolic disorder; Prophylaxis
- Carotid artery stenosis, Asymptomatic or symptomatic
- Central aortopulmonary shunt operation - Postoperative care
- Colorectal cancer, Nonmetastatic, post diagnosis

- 相關結果
- 替代藥物
 - 毒理學
 - 疾病
 - Drug Consults
 - Index Nominum
 - Martindale
 - Product Lookup - Martindale
 - Product Lookup - RED Book
 - Product Lookup - Tox & Drug
 - 消費者藥物資訊

Feedback

Aspirin- Comparative Efficacy

1. 考量問題：是否有其他藥物可選擇？

ASPIRIN

Drug Classes: Analgesic | Antipyretic | All

Routes: Oral | Rectal

Regulatory Authority

簡要解答 | 深入解答 | 全部結果

b) 在一項 1,007 名門診患者的對照研究中，Warfarin 在預防慢性非風濕性心房顫動的血栓栓塞併發症和血管死亡方面優於 Aspirin。... 只要不存在禁忌症，慢性心房顫動患者應考慮使用 Warfarin 進行抗凝治療。

c) BAATAF (波士頓地區房顫抗凝試驗) 研究：Warfarin 在預防非風濕性心房顫動患者中風方面優於 Aspirin。在這項研究中，Warfarin 使用者的年中風發生率為 0.45%，而 Aspirin 使用者為 3.9%，未經治療的患者為 1.8%

Atrial fibrillation - Thromboembolism -- Comparative Efficacy

1 / 2 results 用於 atrial fibrillation - thromboembolic disorder; ...

every 12 hours of enoxaparin sodium 20 mg (n=50) daily in addition to low-dose aspirin. Therapy was discontinued at the time of the first major bleeding. The difference in the proportion of patients with major bleeding between the heparin and enoxaparin groups was similar. There appears to be a temporal relationship between the discontinuation of therapy and the occurrence of major bleeding.

Atrial fibrillation - Thromboembolic disorder; Prophylaxis

1) Overview

FDA Approval: Adult, no; Pediatric, no

Efficacy: Adult, Evidence is inconclusive

Recommendation: Adult, Class III

Strength of Evidence: Adult, Category B

See Drug Consult reference: [RECOMMENDATION AND EVIDENCE](#)

2) Summary:

Evidence

- An observational study in patients in the ORBIT-AF registry taking oral anticoagulation alone (n=4239) [94].
- Aspirin and aspirin plus mini-dose warfarin (INR less than 1.5) [99].

Atrial fibrillation - Thromboembolism -- Comparative Efficacy

2 / 2 results 用於 atrial fibrillation - thromboembolic disorder; ...

fraction and normal LV ejection fraction were 42%, 25%, 47% and 20%, respectively. Corresponding figures for aspirin recipients were 82%, 56%, 92% and 56%, respectively (p less than 0.0001 versus warfarin). Withdrawals due to adverse effects were statistically similar (4% and 3% in the warfarin and aspirin groups, respectively). Prior stroke and abnormal LV ejection fraction were significant prognostic risk factors for the development of stroke [891].

Atrial fibrillation - Thromboembolic disorder; Prophylaxis

a) The second Stroke Prevention in Atrial Fibrillation (SPAF-II) study demonstrated an increase in stroke rate in older compared to younger patients regardless of warfarin or aspirin therapy for non-rheumatic atrial fibrillation. Patients received dose-adjusted warfarin (INR 2.0 to 4.5) or aspirin 325 mg daily. Primary events were defined as ischemic stroke and systemic embolism. In patients 75 years or less (n=715) the rate of primary events in the aspirin group were 1.9% per year compared to 1.3% in the warfarin group (p=0.24). In patients older than 75 years (n=385) the rate of primary events in the aspirin group were 4.8% per year compared to 3.6% per year in the warfarin group (p=0.39). Patients (older than 75) in both the warfarin and aspirin group had similar stroke rates per year with residual deficit (hemorrhagic and ischemic), 4.6% and 4.3% respectively. With regard to all patients (ages combined), annual primary events were lower in the warfarin versus aspirin-treated group (1.9% and 2.7%, respectively; p=0.15). Selecting safe antithrombotic therapy for atrial fibrillation in older patients remains a challenge [99].

b) Warfarin was superior to aspirin in preventing thromboembolic complications and vascular deaths in chronic, non-rheumatic atrial fibrillation in a controlled study involving 1007 outpatients. In this study, warfarin was given in an open fashion, with the aspirin and placebo arms being double-blind. Warfarin was given in doses to achieve a therapeutic range of 4.2 to 2.8 INR (international normalized ratio); aspirin was given as 75 mg once daily. Anticoagulation with warfarin should be considered in patients with chronic atrial fibrillation as long as contraindications are not present. In a follow-up report of the subjects in this study who received placebo, thromboembolic complications occurred significantly more frequently in those that had a previous myocardial infarction [892][893].

c) BAATAF (Boston Area Anticoagulation Trial for Atrial Fibrillation) Study: Warfarin was superior to aspirin for prevention of stroke in patients with nonrheumatic atrial fibrillation. In this study, the annual rate of stroke occurrence was 0.45% among warfarin users compared to 3.9% among aspirin users and 1.8% among untreated patients. After controlling for various risk factors, the relative stroke rate with warfarin over that of aspirin was 0.135 (95% CI 0.029 to 0.64). The relative stroke rate of warfarin over that of untreated patients was also low, however, the 95% CI was extremely wide and included unity, probably as a result of insufficient power of the study [894].

Atrial fibrillation - Thrombosis; Prophylaxis

a) In a non-inferiority trial, combination therapy (clopidogrel plus aspirin) was inferior to oral anticoagulation therapy in preventing vascular events in patients with atrial fibrillation (AFIB) at high risk for stroke. A multicenter, open-label, randomized, intention-to-treat study (ACTIVE W) was performed to determine if clopidogrel plus aspirin therapy was non-inferior to oral anticoagulation therapy in the prevention of vascular events in patients with AFIB at high risk for stroke. Patients were randomized to oral anticoagulation therapy (n=3371) or combination therapy (clopidogrel 75 milligrams (mg) plus aspirin 75 to 100 mg daily) (n=3335) with a median follow-up duration of 1.28 years. Patients in the oral anticoagulation group were given an unspecified anticoagulant (vitamin K antagonist) with a target international normalized ratio (INR) of 2 to 3. Patients had a mean age of 70.2 years, had AFIB and had one or more risk factors for stroke. Prior to the study, a total of 5153 patients (77%) were taking oral anticoagulation, 1889 patients (28%) were on aspirin therapy, and 165 patients (2.5%) were taking clopidogrel. The primary outcome of the study was first occurrence of stroke, non-CNS systemic embolus, myocardial infarction, or vascular death. Bleeding risk associated with both therapies was also assessed. The study was stopped early due to superiority of oral anticoagulation therapy to combination [99].

Warfarin- FDA Uses

2. 考量問題：此藥物的適應症為何？

我的訂閱 | 簡道 | Training Center | 說明 | 下載中心 | 登出

Merative Micromedex®

Keyword search



- 主頁
- 藥物相互作用
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- CareNotes
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WARFARIN [您的的搜尋： warfarin]

Drug Classes: [Anticoagulant](#) | [Blood Modifier Agent](#) | All

Routes: **Oral**

Regulatory Authority

FDA

- 簡要解答
- 深入解答**
- 全部結果

- Dosing/Administration**
 - Adult Dosing
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 - FDA Uses**
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 - Contraindications
 - Precautions
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 - Boxed Warning
 - REMS
 - Drug Interactions (single)
 - IV Compatibility (single)

Dosing/Administration

FDA Uses

請參閱 '簡要解答' 瞭解綜述結果。

Expand All

← Expand All to view the entire section.

Warfarin Sodium

- Anticoagulant therapy, Genotype-guided
- Atrial fibrillation - Thromboembolic disorder
- Atrial fibrillation - Thromboembolic disorder; Prophylaxis**

FDA Labeled Indication

a) Overview

FDA Approval: Adult, yes; Pediatric, no

Efficacy: Adult, Effective

Recommendation: Adult, Class IIa

檢視完整文件

列印

相關結果

- 替代藥物
- 毒理學
- 疾病

- Drug Consults
- Index Nominum
- Martindale
- Product Lookup - Martindale
- Product Lookup - RED Book
- Product Lookup - Tox & Drug
- 消費者藥物資訊

Feedback

FDA Uses

Merative **Micromedex**[®]

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warfarin

- 主頁
- 藥物相互作用
- IV 相容性
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- 藥物比較
- CareNotes
- NeoFax[®] / Pediatrics
- Tox 和藥物產品查找
- RED BOOK
- 計算器
- 其他工具 ▾

See Drug Consult reference: [Antithrombotic and Thrombolytic Therapy in Children and Neonates - ACCP Guidelines](#)

See Drug Consult reference: [Atrial Fibrillation - Drug Treatment Guidelines](#)

Atrial fibrillation - Thromboembolic disorder; Prophylaxis
 FDA Labeled Indication
 a) Overview
 FDA Approval: Adult, yes; Pediatric, no
 Efficacy: Adult, Effective
 Recommendation: Adult, Class IIa
 Strength of Evidence: Adult, Category A

是否為核准的適應症用藥？
 有建議強度與證據等級嗎？

See Drug Consult reference: [RECOMMENDATION AND EVIDENCE RATINGS](#)

b) Summary:

Product Availability

The marketing and distribution of warfarin sodium for injection has been discontinued as of 5/2/2014 [14]

Indication

Warfarin is indicated for the prophylaxis and treatment of thromboembolic complications associated with atrial fibrillation [13].

Limitations of Use

Warfarin has no direct effect on an established thrombus, nor does it reverse ischemic tissue damage. Once a thrombus has occurred, however, the goals of anticoagulant treatment are to prevent further extension of the formed clot and to prevent secondary thromboembolic complications that may result in serious and possibly fatal sequelae [13].

Evidence (Nonvalvular Atrial Fibrillation)

Direct thrombin inhibitors (DTIs) were similar to adjusted-dose warfarin (INR target, 2 to 3) for reduction in the composite of vascular deaths and ischemic events or composite of stroke, systemic embolic (S/SE) event, MI, and cardiovascular mortality in patients with nonvalvular AF who had 1 or more risk factors for stroke in a meta analysis, and a randomized study of patients underlying electrical cardioversion [15][16]. No significant bleeding differences were observed between warfarin and edoxaban [16]; however, the addition of aspirin to oral anticoagulants significantly increased risk of major bleeding events and hospitalizations related to bleeding [17]. The estimated annual event rate for ischemic stroke and risk of intracranial hemorrhage (ICH) were lower for target INR between 2 to 2.5 compared to other INR ranges.

Feedback



檢視證據等級與建議強度

RESPONSE

The Micromedex Efficacy, Strength of Evidence and Strength of Recommendation definitions are outlined below:

Class	Recommendation	Definition
Class I	Recommended	The given test or treatment has been proven to be useful, and should be performed or administered.
Class IIa	Recommended, In Most Cases	The given test, or treatment is generally considered to be useful, and is indicated in most cases.
Class IIb	Recommended, In Some Cases	The given test, or treatment may be useful, and is indicated in some, but not most, cases.
Class III	Not Recommended	The given test, or treatment is not useful, and should be avoided.
Class Indeterminate	Evidence Inconclusive	

Category	Definition
Category A	Category A evidence is based on data derived from: Meta-analyses of randomized controlled trials with homogeneity with regard to the directions and degrees of results between individual studies. Multiple, well-done randomized clinical trials involving large numbers of patients.
Category B	Category B evidence is based on data derived from: Meta-analyses of randomized controlled trials with conflicting conclusions with regard to the directions and degrees of results between individual studies. Randomized controlled trials that involved small numbers of patients or had significant methodological flaws (e.g., bias, drop-out rate, flawed analysis, etc.). Nonrandomized studies (e.g., cohort studies, case-control studies, observational studies).
Category C	Category C evidence is based on data derived from: Expert opinion or consensus, case reports or case series.
No Evidence	

Feedback

Class	Efficacy	Definition
Class I	Effective	Evidence and/or expert opinion suggests that a given drug treatment for a specific indication is effective
Class IIa	Evidence Favors Efficacy	Evidence and/or expert opinion is conflicting as to whether a given drug treatment for a specific indication is effective, but the weight of evidence and/or expert opinion favors efficacy.
Class IIb	Evidence is Inconclusive	Evidence and/or expert opinion is conflicting as to whether a given drug treatment for a specific indication is effective, but the weight of evidence and/or expert opinion argues against efficacy.
Class III	Ineffective	Evidence and/or expert opinion suggests that a given drug treatment for a specific indication is ineffective.

Therapeutic Uses

3. 考量問題：使用抗凝血藥物是否可顯著降低中風危險？

Atrial fibrillation - Thromboembolic disorder; Prophylaxis

FDA Labeled Indication

a) Overview

FDA Approval: Adult, yes; Pediatric, no

Efficacy: Adult, Effective

Recommendation: Adult, Class I

Strength of Evidence: Adult, Category A

See Drug Consult reference: [RECOMMENDATION AND EVIDENCE RATINGS](#)

Atrial fibrillation, In elderly - Thromboembolic disorder; Prophylaxis

a) The use of adjusted-dose warfarin was effective in reducing the incidence of composite primary events of fatal and nonfatal disabling stroke (ischemic or hemorrhagic), intracranial hemorrhage, and other clinically significant arterial embolism among patients aged 75 years or over with chronic atrial fibrillation or atrial flutter.

心房顫動的老年人預防血栓療效

a) 使用調整劑量的Warfarin可有效降低 75 歲或以上患有慢性心房顫動的患者的致命性和非致命性致殘性中風（缺血性或出血性）、顱內出血和其他臨床上顯著的動脈栓塞等複合原發事件的發生率。

Atrial fibrillation - Thromboembolic disorder; Prophylaxis

a) Guidelines from The American College of Chest Physicians (ACCP) recommends long-term aspirin 75 to 325 mg orally per day in patients with a low risk of stroke (CHADS(2) score of 0) if they choose to receive antithrombotic therapy, and in intermediate to high risk patients (CHADS(2) score of 1 or 2) who are unsuitable for oral anticoagulant therapy or who choose not to receive anticoagulants [53].

檢視
資訊來源

53. You JJ, Singer DE, Howard PA, et al: Antithrombotic therapy for atrial fibrillation: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. Chest 2012; 141(2 suppl):e531S-e575S.

[PubMed Abstract: http://www.ncbi.nlm.nih.gov/...](http://www.ncbi.nlm.nih.gov/...)

Adverse Reactions

4. 考量問題：使用抗凝血藥物可能的不良反應？

The screenshot displays a web-based medical database interface. At the top, there is a navigation bar with links for '主頁', '藥物相互作用', 'IV 相容性', '藥物鑒定', '藥物比較', 'CareNotes@', 'NeoFax@ / Pediatrics', and '其他工具'. The main content area is divided into three columns. The left column contains a sidebar menu with categories like 'Adult Dosing', 'Pediatric Dosing', 'FDA Uses', 'Non-FDA Uses', 'Dose Adjustments', 'Administration', 'Comparative Efficacy', 'Place In Therapy', 'Medication Safety', 'Contraindications', 'Precautions', 'Adverse Effects', 'Black Box Warning', 'REMS', 'Drug Interactions (single)', 'IV Compatibility (single)', 'Pregnancy & Lactation', 'Monitoring', and 'Do Not Confuse'. The middle column is titled 'Adverse Effects' and includes a '列印' (Print) icon. It lists various effect categories: 'Cardiovascular Effects', 'Dermatologic Effects', 'Endocrine/Metabolic Effects', 'Gastrointestinal Effects', 'Hematologic Effect' (highlighted with a yellow box), 'Hepatic Effects', 'Immunologic Effects', 'Musculoskeletal Effects', 'Neurologic Effects', 'Ophthalmic Effects', 'Renal Effects', 'Reproductive Effects', 'Respiratory Effects', and 'Other'. Below this list, 'Cardiovascular Effects' is also highlighted with a yellow box, showing 'Warfarin Sodium' and its associated conditions: 'Cholesterol embolus syndrome', 'Gangrenous disorder', 'Hemopericardium', and 'Vasculitis'. A yellow arrow points from the 'Hematologic Effect' category to a detailed view of 'Hematologic Effects' for 'Warfarin Sodium', which lists 'Anemia', 'Blood coagulation disorder', 'Eosinophil count raised', 'Hemolytic anemia', and 'Hemorrhage Summary'. The right column contains a '毒理學 疾病' (Toxicology Diseases) section with links to 'Drug Consults', 'eMC SmPC (UK)', 'Index Nominum', 'IT- Dialogo Sui Farmaci', 'Martindale', 'PDR@', 'Product Lookup - Martindale', 'Product Lookup - RED Book Online', 'Product Lookup - Tox & Drug', and '消費者藥物資訊'. A small blue square icon with a white triangle is located at the bottom right of the interface.

Adverse Reactions

Hemorrhage

出血的危險因子

c) Summary

1) Risk factors for major or fatal bleeding in patients taking warfarin sodium include a higher starting INR, age 65 years or older, variable INRs, history of gastrointestinal bleeding, hypertension, cerebrovascular disease, serious heart disease, anemia, malignancy, trauma, renal insufficiency, concomitant drugs, and long duration of warfarin therapy [116]. Other risk factors for a major bleed occurring during warfarin anticoagulation are comorbid conditions, atrial fibrillation, and the first 90 days of warfarin therapy [123][124][125]. Regular monitoring of INR should be performed on all patients. More frequent monitoring, careful dose adjustment, and a shorter duration of therapy may be warranted in patients at high risk for bleeding [116].

b) Prevention and Management

- 1) Perform regular (ie, generally every 1 to 4 weeks) INR monitoring in all treated patients [116]
- 2) Consider more frequent INR monitoring, careful dose titration to desired INR, and shortest possible therapy duration in high-risk patients [116]
- 3) Monitor INR more frequently with treatment initiation, dose adjustment, or withdrawal of other drugs (including botanicals) [116]
- 4) Determine INR immediately before any dental or surgical procedure [116]
- 5) Adjust the dose to maintain INR on the low end of the therapeutic range to continue anticoagulation in patients undergoing minimally invasive procedures [116]
- 6) Do not routinely base vitamin K antagonist (ie, warfarin) therapy interruption solely on clinical prediction rules for bleeding [3].
- 7) If the timeline for anticoagulant reversal is more than 24 hours, interrupt therapy. Oral or parenteral vitamin K may be administered if necessary [116] based on INR [147]
- 8) If expedited (ie, within 1 to 24 hours), oral or parenteral vitamin K(1) may be administered if necessary [116]
- 9) If emergent (ie, within less than 1 hour), oral or parenteral vitamin K(1) may be administered if necessary [116]. Consider high-dose concentrates (eg, 4-factor prothrombin complex concentrate, 3-factor prothrombin complex concentrate, activated prothrombin complex concentrate, recombinant factor VIIa, or fresh frozen plasma) [116][147]
- 10) The following are evidence-based guidelines from the American College of Chest Physicians for managing elevated INR or bleeding in patients on vitamin K antagonist (ie, warfarin) therapy:
 - a) INR between 4.5 and 10 with no evidence of bleeding:
 - 1) Routine use of vitamin K is not recommended [3].
 - b) INR greater than 10 with no evidence of bleeding:
 - 1) Administer oral vitamin K [3].
 - c) Vitamin K antagonist-associated major bleeding:
 - 1) Instead of plasma use, achieve rapid anticoagulation reversal with 4-factor prothrombin complex concentrate. Coadminister with vitamin K 5 to 10 mg via slow IV injection rather than attempting reversal with coagulation factor alone [3].

預防與管理： 針對不良反應之處理建議

Monitoring

5. 考量問題：使用抗凝血藥物須監測的項目/頻率？

WARFARIN [您的搜尋： Warfarin]

Drug Classes: [Anticoagulant](#) | [Blood Modifier Agent](#) | [All](#)

Routes: [Oral](#)

簡要解答

深入解答

全部結果

Dosing/Administration

Adult Dosing
Pediatric Dosing
FDA Uses
Non-FDA Uses
Dose Adjustments
Administration
Comparative Efficacy
Place In Therapy

Medication Safety

Contraindications
Precautions
Adverse Effects
Black Box Warnings
Pregnancy & Lactation

Monitoring

Medication Safety

Monitoring

請參閱「簡要解答」瞭解綜述結果。

A) Warfarin Sodium

1) Therapeutic

a) Laboratory Parameters

1) INR

a) Monitor INR daily following the initial warfarin dose until the INR stabilized to the therapeutic range; then periodically based on clinical need, generally every 1 to 4 weeks. Perform additional INR testing when other warfarin products are interchanged with Coumadin(R) or when other drugs (including botanicals) are initiated, discontinued, have dosages changed, or taken irregularly. patients with a high risk of bleeding may require more frequent INR monitoring (manufacturer) [111].

b) Monitor INR up to every 12 weeks in patients with consistently stable INRs, defined as at least 3 months of consistent results with no need to adjust warfarin dosing. Evaluate the INR within 1 to 2 weeks if the patient experiences a single out of range value, below or above the therapeutic INR by 0.5 or less (American College of Chest Physicians guidelines) [93]

In general, the recommended target INR is 2.5 (range, 2 to 3) in adults and pediatric patients in most indications [91][93], except in the following situations:

Target INR is 3 (range 2.5 to 3.5):

- mechanical mitral valve [85]
- mechanical heart valves in both the aortic and mitral position [85]
- those undergoing percutaneous mitral balloon valvotomy with preprocedural transesophageal echocardiogram who demonstrate a left atrial thrombus [85]
- caged ball or caged disk valves [111]

檢視完整文件

列印

監測項目與
監測頻率

達到穩定狀態後的
建議監測頻率

相關結果

毒理學
疾病

Drug Consults
Index Nominum
Martindale
Product Lookup - Martindale
Product Lookup - RED Book
Product Lookup - Tox & Drug
消費者藥物資訊

Feedback

Micromedex
Assistant

Patient Handouts

6. 考量問題：如何進行用藥指導？

Monitoring

Do Not Confuse

Mechanism of Action

Mechanism of Action

Pharmacokinetics

Pharmacokinetics

Patient Education

Medication Counseling

Patient Handouts

Toxicology

Clinical Effects

Drugs and Foods to Avoid:

Ask your doctor or pharmacist before using any other medicine, including over-the-counter medicines, vitamins, and herbal products.

Many medicines and foods can affect how warfarin works and may affect the PT/INR test results. Tell your doctor before you start or stop any medicine, especially the following:

Co-enzyme Q10, echinacea, garlic, ginkgo, ginseng, goldenseal, or St John's wort
Another blood thinner, including apixaban, argatroban, bivalirudin, cilostazol, clopidogrel, dabigatran, desirudin, dipyridamole, heparin, lepirudin, prasugrel, rivaroxaban, ticlopidine
Medicine to treat depression or anxiety, including citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, milnacipran, paroxetine, sertraline, venlafaxine, vilazodone
Medicine to treat an infection
NSAID pain or arthritis medicine, including aspirin, celecoxib, diclofenac, diflunisal, fenoprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, mefenamic acid, naproxen, oxaprozin, piroxicam, sulindac. Check labels for over-the-counter medicines to find out if they contain an NSAID.
Steroid medicine, including dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone

查找疾病資訊

輸入症狀或疾病名

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搜尋疾病

[全部](#) |
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heart fa

- Heart failure
- Heart failure, acute
- Heart failure, acute; Congestive heart failure
- Heart failure, chronic
- Heart failure, chronic; Congestive heart failure
- Acute congestive heart failure
- Acute exacerbation of chronic congestive heart failure
- Acute heart failure
- Acute heart failure; Congestive heart failure

- New App
- New/Exp
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- Do Not Crush Drugs List
- Extravasation
- Drug Classes
- Drug Consults
- P&T Quik Reports
- 黑框警告
- Dosage and Class Comparison Tables
- REMS

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295 疾病 找到以下項的結果 : "Heart failure"

全部結果


篩選依據
疾病 (295)

- 1-15 / 295 以下項目的結果 "Heart failure"
- [Heart failure, acute; Congestive heart failure](#)
Disease: List of essential care interventions (*Clinical Checklist*)
 - [Heart failure, chronic; Congestive heart failure](#)
Disease: List of essential care interventions (*Clinical Checklist*)
 - [Heart failure, acute; Congestive heart failure](#)
Disease: Detailed evidence-based information
 - [Heart failure, chronic; Congestive heart failure](#)
Disease: Detailed evidence-based information
 - [Heart failure, acute; Congestive heart failure](#)
Disease: Summary topic
 - [Heart failure, chronic; Congestive heart failure](#)
Disease: Summary topic
 - [Heart failure, acute; Congestive heart failure - Prevention & Screening](#)

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Feedback 

Micromedex Assistant 

Keyword search| 

- 主頁
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- 其他工具 ▼

- 簡要解答
- 深入解答
- 全部結果

- Definition
- Medical History
- Findings
- Differential Diagnosis
- Testing
- Treatment
 - Drug Therapy
 - Procedural Therapy
- Reference

Definition

請參閱 '深入解答' 瞭解詳細結果。

Heart failure (HF) is a complex clinical syndrome resulting from any structural or functional cardiac abnormality that impairs the ability of the ventricle to fill with or eject blood; acute decompensated HF may include patients with new-onset HF or those with worsening of previously chronic stable HF [1]

 列印

相關結果

- Disease Other Titles
- 臨床檢查表單

Feedback 

Micromedex Assistant 



Heart failure, acute; Congestive heart failure

簡要解答 | 深入解答 | 全部結果

Definition

Medical History

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Procedural Therapy

Reference

Definition

請參閱 '深入解答' 瞭解詳細結果。

Heart failure (HF) is a complex clinical syndrome resulting from any structural or functional abnormality of the heart that leads to a failure of the heart to pump blood; acute decompensated HF may include patients with new-onset HF or those with worsening of previously chronic stable HF [1]



相關結果

Disease Other Titles
臨床檢查表單

臨床檢查表單

- Heart failure, acute; Congestive heart failure

列印

關閉

ALWAYS DO

- Diagnosis
- Treatment
- Disposition

RELATED INFORMATION

- Conditions
- Tests & Procedures

REFERENCES

Heart failure, acute; Congestive heart failure

Clinical Checklist

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▼ Always Do

Diagnosis

Diagnostic Testing

	建議/證據強度	效能測量
Obtain a 12-lead ECG and chest radiographs (posteroanterior and lateral) in all patients presenting with heart failure [1].		
In a patient presenting with heart failure, obtain a 2-dimensional echocardiogram with Doppler to assess left ventricular ejection fraction, left ventricular size, wall thickness, and valve function [1].		
In patients who present with dyspnea, measure blood levels of B-type natriuretic peptide (BNP) or N-terminal-proBNP (NT-proBNP) to support or exclude a diagnosis of heart failure *142[2].		
In the initial evaluation of patients with acute heart failure, include CBC, urinalysis, serum electrolytes with calcium and magnesium, BUN, serum creatinine, fasting blood glucose or HbA1C, fasting lipid profile, liver function test panel, and TSH assay [1].		

Clinical Examination

	建議/證據強度	效能測量
Perform a thorough history and physical examination in patients presenting with heart failure (HF) to identify cardiac and noncardiac disorders or behaviors that might cause or accelerate the progression of HF [1].		

Feedback

搭配專業術語查詢

主頁	藥物 相互作用	IV 相容性	藥物 鑒定	藥物 比較	CareNotes	NeoFax® / Pediatrics	其他工具 ▼
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搜尋藥物、疾病、毒理學及其他資訊

全部

藥物

疾病

毒理學

Drugs that treat headache



Drugs that treat **headache**

Drugs that treat **headaches**

Drugs That Treat Headache

顯示： [Effective \(7\)](#) | [Evidence Favors Efficacy \(31\)](#) | [Evidence is Inconclusive \(2\)](#) | [Ineffective \(0\)](#) | [Not Rated \(0\)](#)

Displaying 40 results for "Drugs That Treat Headache"

將檢索結果，依證據等級分類

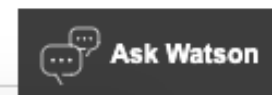
▼ [Effective \(7 results\)](#)

藥物名稱	Indication	年齡組別
Aspirin	Headache	Adult, Pediatric
Caffeine	Headache; Adjunct	Adult
Dihydroergotamine Mesylate	Cluster headache	Adult
Galcanezumab-gnlm	Episodic cluster headache	Adult
Ibuprofen	Headache	
Naproxen Sodium	Headache	Adult, Pediatric
Sumatriptan Succinate	Cluster headache	Adult

點擊藥品名稱，可進入藥品資訊

▶ [Evidence Favors Efficacy \(31 results\)](#)

▶ [Evidence is Inconclusive \(2 results\)](#)



工具好幫手

主頁

藥物
相互作用

IV 相容性

藥物
鑒定

藥物
比較

CareNotes

NeoFax® /
Pediatrics

Tox 和藥物
產品查找

RED BOOK

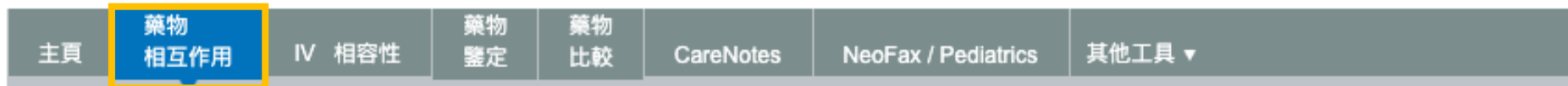
計算器

處方集

案例參考

- 張女士是一位75歲女性患有心房顫動合併高血壓的病人，目前服用5mg/day 的Warfarin作為中風的預防，因年歲高視力不佳，家人購買藍莓的營養補充品，希望改善視力、保護老人家心血管健康。後來又因背痛請家人幫忙購買止痛藥，由於服用Aspirin會導致胃部不適，張女士的家人改購買了200mg Ibuprofen；該病患在回診時前來醫院藥局詢問可以同時服用Warfarin、Ibuprofen及藍莓營養補充品嗎？

藥物相互作用



藥物相互作用

在搜尋欄位鍵入藥物名稱（品牌或學名藥）。選擇藥物並按一下 **+**（新增）按鈕。

輸入搜尋詞:

相符的藥物名稱: (21)

- Bilberry**
- Bilberry (Bilberry Extract)
- Bilberry (Bilberry/Vitamin A/Vitamin E...
- Bilberry (Homeopathic Substance)
- Bilberry (Whortleberry)
- Bilberry Extra Strength
- Bilberry Extract
- Bilberry Extract (Beta Carotene/Bilber...
- Bilberry Extract (Bilberry Extract/Bio...
- Bilberry Extract (Bilberry)
- Bilberry Extract/Bioflavonoid/Querceti...

保健食品：
歐越莓/
山桑子/
覆盆子

要檢查的藥物：

- Bilberry
- Ibuprofen
- Warfarin

日常用藥：
止痛藥

治療用藥：
AF, 高血壓

添加過敏

添加過敏

帶有星號 (*) 的字母大寫項目表示過敏。

清除 提交

新增過敏症狀。

在搜尋欄位中鍵入過敏症狀。選擇過敏症狀並按一下 (新增) 按鈕。
按一下「更新」將您的選擇加入至「藥物相互作用」中「要檢查的藥物」表單。

輸入過敏症狀:

asp

相符的過敏症狀: (7)

ASPARAGINASE
ASPARAGINE
ASPARAGUS
ASPARTIC ACID
ASPERGILLUS FUMIGATUS
ASPIRIN INTOLERANCE
ASPIRIN

要檢查的過敏症狀:

ASPIRIN
SEAFOOD

取消

更新

選擇藥物並按一下 (新增) 按鈕。

添加過敏

要檢查的藥物:

添加過敏

Bilberry
Ibuprofen
Warfarin
ASPIRIN*
SEAFOOD*

Bilberry Extra Strength
Bilberry Extract
Bilberry Extract (Beta Carotene/Bilber...
Bilberry Extract (Bilberry Extract/Bio...
Bilberry Extract (Bilberry)
Bilberry Extract/Bioflavonoid/Querceti...

帶有星號 (*) 的字母大寫項目表示過敏。

清除

提交



- 主頁
- 藥物相互作用
- IV 相容性
- 藥物鑒定
- 藥物比較
- CareNotes
- NeoFax[®] / Pediatrics
- Tox 和藥物產品查找
- RED BOOK
- 計算器
- 處方集

Drug Interaction Results

← 修改相互作用



細化方式： 藥物： All 嚴重性： All 文件： All 類型： All

跳轉到： 藥物-藥物 (2) | 複方 (0) | 過敏症狀 (1) | 食物 (12) | 乙醇 (2) | 實驗室 (1) | 抽煙 (2) | 懷孕 (2) | 哺乳期 (2)

Drug-Drug 相互作用 (2)

藥物：

IBUPROFEN -- WARFARIN SODIUM

BILBERRY -- WARFARIN SODIUM

嚴重性
等級不同

嚴重性：



Major



Moderate

文件：

Fair

Fair

綜述：

Concurrent use of ANTICOAGULANTS and NSAIDS may result in an increased risk of bleeding.

Concurrent use of BILBERRY and ANTICOAGULANTS may result in increased risk of bleeding.



複方 (未找到)

Drug-過敏症狀 相互作用 (1)

藥物：

IBUPROFEN -- ASPIRIN

嚴重性：



Unknown

文件：

Unknown

CROSS-REACTIVITY MAY OCCUR AMONG NSAIDS, AND BETWEEN NSAIDS AND SALICYLATES (ASPIRIN).

Warfarin分別和Ibuprofen、歐越莓併用皆會增加出血風險

Drug-食物 相互作用 (12)

藥物：

嚴重性：

文件：

綜述：

定義

嚴重性：



禁忌

禁止同時使用這些藥物。



嚴重

這種相互作用可能危及生命和/或需要醫療干預以儘量減少或避免嚴重的不良影響。



中等

這種相互作用可能導致加重患者的病情和/或需要在治療中發生改變。



較弱

這種相互作用將限制臨床效果。表現可能包括增加副作用的頻率或嚴重程度，但一般不需要在治療中發生重大改變。



未知

未知。



- 主頁
- 藥物相互作用
- IV 相容性
- 藥物鑒定
- 藥物比較
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- RED BOOK
- 計算器
- 處方集

Drug Interaction Results

← 修改相互作用



細化方式： 藥物： All 嚴重性： All 文件： All 類型： All

跳轉到： [藥物-藥物 \(2\)](#) | [複方 \(0\)](#) | [過敏症狀 \(1\)](#) | [食物 \(12\)](#) | [乙醇 \(2\)](#) | [實驗室 \(1\)](#) | [抽煙 \(2\)](#) | [懷孕 \(2\)](#) | [哺乳期 \(2\)](#)

Drug-Drug 相互作用 (2)

藥物：	嚴重性：	文件：	綜述：
IBUPROFEN -- WARFARIN SODIUM	Major	Fair	Concurrent use of ANTICOAGULANTS and NSAIDS may result in an increased risk of bleeding.
BILBERRY -- WARFARIN SODIUM	Moderate	Fair	Concurrent use of BILBERRY and ANTICOAGULANTS may result in increased risk of bleeding.

查看細節的臨床處置與案例



複方 (未找到)

Drug-過敏症狀 相互作用 (1)

藥物：	嚴重性：	文件：	綜述：
IBUPROFEN -- ASPIRIN	Unknown	Unknown	CROSS-REACTIVITY MAY OCCUR AMONG NSAIDS, AND BETWEEN NSAIDS AND SALICYLATES (ASPIRIN).

Drug-食物 相互作用 (12)

藥物： 嚴重性： 文件： 綜述：



INTERACTION DETAIL

Warning:

Concurrent use of ANTICOAGULANTS and NSAIDS may result in increased risk of bleeding.

Clinical Management:

Coadministration of an anticoagulant and an NSAID may increase the risk of serious bleeding relative to the use of either drug alone (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016; Prod Info COUMADIN® oral tablets, intravenous injection powder for solution, 2015) and may increase the risk of epidural or spinal hematomas that can result in long-term or permanent paralysis in patients who are receiving neuraxial anesthesia or undergoing spinal puncture (Prod Info PRADAXA® oral capsules, 2015; Prod Info SAVAYSA(TM) oral tablets, 2015). If used concomitantly, monitor for signs of bleeding (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016).

Onset:

Not Specified

INTERACTION DETAIL

Major

Documentation:

Fair

Probable Mechanism:

additive effect on hemostasis

Summary:

Coadministration of an anticoagulant and an NSAID may increase the risk of serious bleeding relative to the use of either drug alone (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016; Prod Info COUMADIN® oral tablets, intravenous injection powder for solution, 2015) and may increase the risk of epidural or spinal hematomas that can result in long-term or permanent paralysis in patients who are receiving neuraxial anesthesia or undergoing spinal puncture (Prod Info PRADAXA® oral capsules, 2015; Prod Info SAVAYSA(TM) oral tablets, 2015). If used concomitantly, monitor for signs of bleeding (Prod Info CALDOLOR® intravenous injection, 2016; Prod Info CELEBREX® oral capsules, 2016).

列印  關閉 

細化方式： 藥物： All

嚴重性： 2 (Selected)

文件： All

類型： All

跳轉到： 藥物-藥物 (1) | 食物 (2) | 乙醇 (1) | 抽煙 (2) | 懷孕 (2)

選中/取消選中以細化嚴重性設定。

全部選中 | 全部不選

- Contraindicated
- Major
- Moderate
- Minor
- Unknown

取消

更新

Drug-Drug 相互作用 (1)			
藥物：	嚴重性：	文件：	綜述：
IBUPROFEN -- WARFARIN SODIUM	Major	Fair	Concurrent use of ANTICOAGULANTS and IBUPROFEN may result in increased risk of bleeding.
Drug-食物 相互作用 (2)			
藥物：	嚴重性：	文件：	綜述：
WARFARIN SODIUM	Major	Good	Concurrent use of WARFARIN and ALCOHOL may result in increased risk of bleeding.
WARFARIN SODIUM	Major	Good	Concurrent use of WARFARIN and POMEGRANATE may result in increased warfarin plasma concentrations and increased risk of bleeding.
Drug-乙醇 相互作用 (1)			
藥物：	嚴重性：	文件：	綜述：
IBUPROFEN	Major	Fair	Concurrent use of IBUPROFEN and ETHANOL may result in an increased risk of serious gastrointestinal (GI) adverse events including inflammation, bleeding, ulceration, and perforation.
Drug-抽煙 相互作用 (2)			
藥物：	嚴重性：	文件：	綜述：
IBUPROFEN	Major	Fair	Concurrent use of IBUPROFEN and TOBACCO may result in an increased risk of serious gastrointestinal (GI) adverse events including inflammation, bleeding, ulceration, and perforation.
WARFARIN SODIUM	Major	Fair	Concurrent use of CYP1A2 SUBSTRATES and TOBACCO may result in decreased CYP1A2 substrates exposure.
Drug-懷孕 相互作用 (2)			
藥物：	嚴重性：	文件：	綜述：
WARFARIN SODIUM	Contraindicated	Unknown	Avoid use of this drug during pregnancy and prescribe an alternative. Evidence has demonstrated fetal abnormalities or risks when used during pregnancy. Advise women of childbearing potential of fetal risk.
IBUPROFEN	Major	Unknown	Evidence has demonstrated fetal abnormalities or risks when used during pregnancy. Prescribe an alternative, if possible. Advise women of childbearing potential of possible fetal risk.

定義

嚴重性：	禁忌	嚴重	中等	較弱	未知
文件：	卓越	良好	一般	未知	

案例參考

- 王先生，退休教師，有以下病史：類風濕性關節炎 (Rheumatoid Arthritis, RA)、慢性腎臟病 (Chronic Kidney Disease, CKD)、心臟衰竭 (Heart Failure)、深層靜脈栓塞 (Deep Vein Thrombosis, DVT)，一日，王先生突然感到胸部劇痛，呼吸困難，立刻緊急送醫。



案例參考

- 急診室評估在急診室，醫療團隊立即對王先生進行了詳細評估。根據他的病史和症狀，醫師懷疑他可能患上了肺栓塞（ Pulmonary Embolism ），這是一種由深層靜脈栓塞引起的危及生命的併發症，經過檢查確診為肺栓塞。

多個藥物的IV相容性

IV Compatibility

Add at least one drug and press View Compatibility

Drugs (2136)



Select Drug(s) to view Drug-Drug IV Compatibility



輸入至少一種藥品

Anakinra ×

ceFAZolin sodium ×

Furosemide ×

Heparin Sodium ×

治療類風濕性關節炎

治療多種病原細菌的抗細菌藥

治療因心臟衰竭引起的水腫

自然抗凝血劑

Solutions (286) *optional



Select Solution(s) to view Drug-Solution IV Compatibility



需要時輸入溶液

Clear All

View Compatibility

多個藥物的IV相容性

切換呈現結果

Page View: Chart List

- Preparation and Storage
Drugs:
- Anakinra
 - ceFAZolin sodium
 - Furosemide
 - Heparin Sodium

- Filter results
- Administrative Method
- Y-Site
 - Admixture
 - Syringe

- Compatibility
- Compatible
 - Incompatible
 - Uncertain
 - Not Tested

Drugs

All (4)

Apply Filters

Reset Filters

Drug	Anakinra	ceFAZolin sodium	Furosemide	Heparin Sodium
Anakinra		Y-Site 2 Results		
ceFAZolin sodium	Y-Site 2 Results		Y-Site 4 Results	Y-Site 7 Results
Furosemide		Y-Site 4 Results		Admixture 3 Results Syringe 2 Results
Heparin Sodium		Y-Site 7 Results	Y-Site 11 Results	Admixture 1 Result 2 Results Syringe 2 Results

Feedback

[Results summary](#)

Print

IV Compatibility Results Detail

Drug-Drug Y-Site Test Results

✓ Heparin Sodium - Furosemide

Results: 11

[Collapse All](#)

Filter results [Key](#)

✓ Study 1

Drug 1:	Furosemide 0.16 mg/mL 'in' Dextrose 5% in Water Manufacturer Unspecified
Drug 2:	Heparin Sodium 40 units/mL 'in' Dextrose 5% in Water British Pharmacopoeia formulation tested
Status:	✓
Information:	Physical Compatibility: Physically compatible. No visible haze or particulate formation, color change, or gas evolution. Storage: Room temperature of 20 °C.
Test Parameters:	Container: The test sample container was not cited. Study Period: 3 hours. Method: Visual observation. Reference: 1168

提供藥物與溶液泡製、存放的細節資訊

✓ Study 2

Drug 1:	Furosemide 5 mg/mL 'in' Normal saline- Sodium chloride 0.9%
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Micromedex Assistant

Feedback

多個藥物的IV相容性

Preparation and Storage

Drugs:

- [Anakinra](#)
- [ceFAZolin sodium](#)
- [Furosemide](#)
- [Heparin Sodium](#)

Filter results

Administrative Method

- Y-Site
- Admixture
- Syringe

Compatibility

- Compatible
- Incompatible
- Uncertain
- Not Tested

Drugs

All (4) v

Apply Filters

Drug-Drug **Drug-Solution** TPN

Page View: **Chart** List

Relevant Common Solution(s) Results

IV Solution	Anakinra	ceFAZolin sodium	Furosemide	Heparin Sodium
1/2 NS Sodium chloride 0.45%				Solution ✓ 2 Results
D10W Dextrose 10% in water		Solution ✓ 1 Result	Solution ✓ 1 Result	Solution ✓ 2 Results ? 1 Result
D5LR Dextrose 5% in lactated Ringers		Solution ✓ 2 Results	Solution ✓ 1 Result	Solution ✓ 3 Results
D5NS Dextrose 5% in sodium chloride 0.9%		Solution ✓ 1 Result		Solution ✓ 7 Results ? 1 Result
D5W Dextrose 5% in water		Solution ✓ 16 Results	Solution ✓ 3 Results	Solution ✓ 17 Results ✗ 2 Results ? 2 Results

Feedback

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多個藥物的IV相容性

Preparation and Storage

Drugs:

- [Anakinra](#)
- [ceFAZolin sodium](#)
- [Furosemide](#)
- [Heparin Sodium](#)

Filter results

Administrative Method

- Y-Site
- Admixture
- Syringe

Compatibility

- Compatible
- Incompatible
- Uncertain
- Not Tested

Drugs

All (4) ▾

Apply Filters

Reset Filters

Drug-Drug

Drug-Solution

TPN

Page View: Chart List

TPN (2-in-1) Results Summary

[TPN Information](#)

Drug	Method or Solution
ceFAZolin sodium 1 mg/mL Notes: One neonatal TPN admixture was used in this testing having the following composition per liter: Amino acids 1.5% (Baxter) Dextrose 15% Unspecified electrolytes and vitamins	Solution <input checked="" type="checkbox"/> 1 Result
ceFAZolin sodium 1 mg/mL Notes: Variable compatibility results with aminophylline in TPN admixtures may occur due to its relative alkalinity depending on drug concentration and TPN composition. One simple TPN admixture was used in this testing having the following composition per liter: FreAmine II 4.25% Dextrose 25%	Solution <input checked="" type="checkbox"/> 1 Result
ceFAZolin sodium 1.2 g/5.3 mL Notes: One TPN admixture was used in this testing having the following composition per liter: Aminosyn 3% Dextrose 20% Sodium chloride 30 mEq Potassium chloride 25 mEq Calcium gluconate 15 mEq Potassium phosphates 15 mmol Magnesium sulfate 10 mEq M.V.I. 2 mL Trace elements	Y-Site <input checked="" type="checkbox"/> 1 Result
ceFAZolin sodium 10 mg/mL Notes: One TPN admixture was used in this testing having the following composition: Travasol 4.25% (with electrolytes) Dextrose 16.65% Sodium chloride 55 mEq Potassium chloride 70 mEq Potassium phosphates 30 mmol Calcium chloride 7.2 mEq Calcium gluconate 9 mEq Trace elements (Totals: acetate 67.5 mEq, chloride 97.7 mEq)	Solution <input checked="" type="checkbox"/> 1 Result
ceFAZolin sodium 20 mg/mL Notes: Variable compatibility results have been reported for this drug with parenteral nutrition admixtures probably due to differences in drug concentration and admixture composition. Two TPN formulas (peripheral-line and central-line formulas) based on Aminosyn II were evaluated for compatibility with the test drug. (1) The peripheral-line formula had the following composition per liter: Aminosyn II 3.5% Dextrose 5% Sterile water for injection 517 mL Sodium chloride 25 mEq Potassium chloride 35 mEq Potassium phosphates 3.5 mmol Magnesium sulfate 8 mEq Calcium gluconate 9.3 mEq M.V.I.-12 10 mL Trace elements (2) The central-line formula had the following composition per liter: Aminosyn II 4.25% Dextrose 25% Sterile water for injection 161 mL Sodium chloride 25 mEq Potassium chloride 18 mEq Potassium phosphates 15 mmol Magnesium sulfate 8 mEq Calcium gluconate 9.15	Y-Site <input checked="" type="checkbox"/> 1 Result

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Feedback

藥物比較

[我的訂閱](#) | [開道](#) | [Training Center](#) | [說明](#) | [下載中心](#) | [登出](#)Merative **Micromedex**[®]

Keyword search



主頁	藥物 相互作用	IV 相容性	藥物 鑒定	藥物 比較	CareNotes	NeoFax [®] / Pediatrics	Tox 和藥物 產品查找	RED BOOK	計算器	其他工具 ▼
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藥物比較

在搜尋欄位鍵入藥物名稱 (品牌或學名藥) 。 選擇藥物並按一下 > (新增) 按鈕。

輸入搜尋詞:

war

相符的藥物名稱: (2)

Warfarin Na

Warfarin Sodium

要檢查的藥物:

Dabigatran Etexilate Mesylate

Rivaroxaban

Warfarin Sodium

清除

提交

Feedback



藥物比較(適應症)_證據等級

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 [藥物相互作用](#) |
 [IV 相容性](#) |
 [藥物鑒定](#) |
 [藥物比較](#) |
 [CareNotes](#) |
 [NeoFax® / Pediatrics](#) |
 [其他工具 ▾](#)

Drug Comparison Results ◀ 修改比較

列印

在欄中顯示 1:
 在欄中顯示 2:
更新

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 [Dosing & Indications](#) |
 [Black Box Warning](#) |
 [Contraindications/Warnings](#) |
 [Drug Interactions \(single\)](#) |
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 [Name Info](#) |
 [Mechanism of Action/Pharmacokinetics](#) |
 [Administration/Monitoring](#) |
 [How Supplied](#) |
 [Toxicology](#) |
 [Clinical Teaching](#) |
 [References](#)

FDA-Labeled Indications	FDA-Labeled Indications
<p>檢視 DRUGDEX 中的詳細資訊 ▶</p> <p>Anticoagulant therapy, Genotype-guided FDA Approval:</p> <ul style="list-style-type: none"> Adult, yes Pediatric, no <p>Efficacy:</p> <ul style="list-style-type: none"> Adult, Evidence favors efficacy <p>Strength of Recommendation:</p> <ul style="list-style-type: none"> Adult, Class IIb <p>Strength of Evidence:</p> <ul style="list-style-type: none"> Adult, Category B 	<p>檢視 DRUGDEX 中的詳細資訊 ▶</p> <p>Atrial fibrillation, Nonvalvular - Cerebrovascular accident; Prophylaxis - Embolism, Systemic; Prophylaxis FDA Approval:</p> <ul style="list-style-type: none"> Adult, yes Pediatric, no <p>Efficacy:</p> <ul style="list-style-type: none"> Adult, Effective <p>Strength of Recommendation:</p> <ul style="list-style-type: none"> Adult, Class IIa <p>Strength of Evidence:</p> <ul style="list-style-type: none"> Adult, Category B
<p>Atrial fibrillation - Thromboembolic disorder FDA Approval:</p> <ul style="list-style-type: none"> Adult, yes Pediatric, no <p>Efficacy:</p> <ul style="list-style-type: none"> Adult, Effective 	<p>Postoperative deep vein thrombosis; Prophylaxis - Total replacement of hip FDA Approval:</p> <ul style="list-style-type: none"> Adult, yes Pediatric, no <p>Efficacy:</p>

Feedback

藥物比較(不良反應)_一般/嚴重

主頁 | 藥物相互作用 | IV 相容性 | 藥物鑒定 | **藥物比較** | CareNotes | NeoFax® / Pediatrics | Tox 和藥物產品查找 | RED BOOK | 其他工具 ▾

Drug Comparison Results ← 修改比較

列印

在欄中顯示 1

Warfarin Sodium

在欄中顯示 2

Dabigatran Etexilate Mesylate

更新

跳轉到: [+ 頁首](#) | [Dosing & Indications](#) | [Black Box Warning](#) | [Contraindications/Warnings](#) | [Drug Interactions \(single\)](#) | **[Adverse Effects](#)** | [Name Info](#) | [Mechanism of Action/Pharmacokinetics](#) | [Administration/Monitoring](#) | [How Supplied](#) | [Toxicology](#) | [Clinical Teaching](#) | [References](#)

Adverse Effects

檢視 DRUGDEX 中的詳細資訊 ▶

Common

- **Dermatologic:** Alopecia

Serious

- **Cardiovascular:** Cholesterol embolus syndrome, Tissue necrosis (Less than 0.1%)
- **Dermatologic:** Calciphylaxis, Tissue necrosis (Less than 0.1%)
- **Gastrointestinal:** Upper gastrointestinal bleeding
- **Hematologic:** Hemorrhage, Hemorrhage
- **Immunologic:** Hypersensitivity reaction
- **Musculoskeletal:** Compartment syndrome
- **Neurologic:** Intracranial hemorrhage
- **Ophthalmic:** Intraocular hemorrhage

Adverse Effects

檢視 DRUGDEX 中的詳細資訊 ▶

Common

- **Gastrointestinal:** Esophagitis, Gastritis, Gastroesophageal reflux disease (Atrial fibrillation, 5.5%), Gastrointestinal hemorrhage (Adult, DVT and pulmonary embolism, 0.7% to 3.1%; adult, nonvalvular atrial fibrillation, 6.1% ; pediatric, 5.7%), Gastrointestinal ulcer, Indigestion (Adult, DVT and pulmonary embolism, 4.1% to 7.5% ; pediatric, 5% to 9%)
- **Hematologic:** Hemorrhage (Adult, DVT and pulmonary embolism treatment or prophylaxis, 9.7% to 12.3%; adult, nonvalvular atrial fibrillation, 16.6% ; pediatric, 20% to 22%)

Serious

- **Cardiovascular:** Myocardial infarction (DVT and pulmonary embolism, 0.1% to 0.66%; nonvalvular atrial fibrillation, 0.7%)
- **Gastrointestinal:** Gastrointestinal hemorrhage, Major (DVT and pulmonary embolism, 0.1% to 0.6%; nonvalvular atrial fibrillation, 1.6%), Upper gastrointestinal bleeding
- **Hematologic:** Hemorrhage, Major (Adult, DVT and pulmonary embolism, 0.3% to 2%; adult, nonvalvular atrial fibrillation, 3.3% ; pediatric, 1.4% to 2.3%), Thrombosis
- **Immunologic:** Anaphylaxis
- **Neurologic:** Epidural hematoma, Intracranial hemorrhage (Nonvalvular atrial fibrillation, 0.3%; DVT and pulmonary embolism, 0.1%), Traumatic spinal subdural hematoma
- **Respiratory:** Hemorrhage, Alveolar

Feedback

Micromedex Assistant

藥物比較-切換另一藥物

Drug Comparison Results ← 修改比較

列印

在欄中顯示 1

Warfarin Sodium

更新



在欄中顯示 2

Dabigatran Etexilate Mesylate

Dabigatran Etexilate Mesylate

Rivaroxaban

Warfarin Sodium

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Adverse Effects

檢視 DRUGDEX 中的詳細資訊 ▶

Common

- **Dermatologic:** Alopecia

Serious

- **Cardiovascular:** Cholesterol embolus syndrome, Tissue necrosis (Less than 0.1%)
- **Dermatologic:** Calciphylaxis, Tissue necrosis (Less than 0.1%)
- **Gastrointestinal:** Upper gastrointestinal bleeding
- **Hematologic:** Hemorrhage, Hemorrhage
- **Immunologic:** Hypersensitivity reaction
- **Musculoskeletal:** Compartment syndrome
- **Neurologic:** Intracranial hemorrhage
- **Ophthalmic:** Intraocular hemorrhage

Adverse Effects

檢視 DRUGDEX 中的詳細資訊 ▶

Common

- **Gastrointestinal:** Esophagitis, Gastritis, Gastroesophageal reflux disease (Atrial fibrillation, 5.5%), Gastrointestinal hemorrhage (Adult, DVT and pulmonary embolism, 0.7% to 3.1%; adult, nonvalvular atrial fibrillation, 6.1% ; pediatric, 5.7%), Gastrointestinal ulcer, Indigestion (Adult, DVT and pulmonary embolism, 4.1% to 7.5% ; pediatric, 5% to 9%)
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Feedback

Calculators

Calculators

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All Calculators

Alphabetical Order

Find a calculator

Or click a letter to jump to that section. Click on a link below to use a formula or criteria.

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Displaying 690 calculators

A

- A-a Gradient
- a/A Ratio
- AaPO2 Correction for FIO2
- ABCD Rule Predicting Stroke Within 7 Days of a TIA
- ABCD2 Score to Predict Stroke Risk after TIA
- Absolute Eosinophil Count
- Absolute Lymphocyte Count
- Absolute Neutrophil Count

Calculators

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Frequent Use Calculators

Antidote Dosing And Nomograms

- Blood Level Concentration Estimates of Various Alcohols
- Acetaminophen (Paracetamol) Toxicity Assessment
- NAC Dosing for Acetaminophen Overdose
- Ethanol - Initial IV Dosing for Methanol/Ethylene Glycol Overdose
- Ethanol - IV Dosing Adjustment for Methanol/Ethylene Glycol Overdose

Laboratory Values

- Creatinine Clearance Estimate by Cockcroft-Gault Equation
- Creatinine Clearance Estimate by Cockcroft-Gault Equation (SI units)
- Creatinine Clearance Estimate by Cockcroft-Gault Equation with Ideal Body Weight
- Glomerular Filtration Rate Estimation (eGFR) by CKD-EPI Equation (2009)
- Glomerular Filtration Rate Estimation (eGFR) by Updated Schwartz Formula
- Glomerular Filtration Rate Estimation (eGFR) by CKD-EPI Equation with Creatinine, without Race (2021)
- Phenytoin Free (Unbound) Drug Level (Adjusted for Hypoalbuminemia)

Dosing Tools

- **ACLS: Adult Emergency Drug Dosing Calculator**
- PALS: Pediatric Emergency Drug Dosing Calculator
- Heparin Dosing Calculator
- IV Drip Maintenance Rate Calculator
- Maintenance Fluid Calculation for Children Based on Hourly Fluid Requirements
- Maintenance fluid calculation for children based on daily fluid requirements
- Carboplatin AUC Dosing in Adults (Calvert formula) ^{New!}
- Morphine Milligram Equivalent (MME) Dosing Estimate ^{New!}
- Benzodiazepine Dosing Conversions ^{New!}

Clinical Calculators

- A-a Gradient
- a/A Ratio
- Anion Gap

Measurement Calculators

- Body Mass Index (BMI) Quetelet's index
- Body Surface Area (BSA Du Bois Method)
- Body Surface Area (BSA, Mosteller, square root method)
- Ideal body weight (method of Devine) and adjusted body weight for adults
- SI Unit Conversions: Drugs ^{New!}
- Conventional unit to SI unit conversions: Chemistry tests
- Weight Unit Conversions

Feedback

ACLS: Adult Emergency Drug Dosing Calculator

Input

輸入體重

Patient Name:

Weight*: kg ▼

gm

kg

lb

輸入病患姓名

Create Dosing Table

Notes

- Use this calculator to generate a weight based dosing sheet for commonly used emergency medications.
- **Weight*** is a mandatory input.
- You must have *pop-ups* enabled to see and print the customized dosing sheet.
- Once you have entered the patient **Weight**, and any optional information, click the **Create Dosing Table** button and the customized sheet will appear in a new window. A print prompt will appear automatically.

ACLS: Adult Emergency Drug Dosing Calculator

80 kg

Date: 2023/11/7 下午 4:33:42

Patient Name: Patient

Recommendations according to AHA guidelines ACLS resuscitation.

*Attention - Institutionally dispensed drug concentrations may vary.

Drug	Concentration	Route	Dose
Adenosine			
6 mg	3 mg/mL	Rapid IV Push	6 mg (2 mL) over 1 to 3 seconds
May Repeat: 12 mg X 2 MAX: 30 mg	3 mg/mL	Rapid IV Push	May Repeat: after 1 to 2 minutes, 12 mg (4 mL) over 1 to 3 seconds; may repeat another 12 mg after 1 to 2 minutes MAX: 30 mg
Follow adenosine IV push with 20 mL saline flush. Higher doses may be required in patients taking theophylline.			
Amiodarone: Cardiac Arrest			
300 mg	50 mg/mL	IV Push/IO	300 mg (6 mL)
May Repeat: 150 mg X 1	50 mg/mL	IV Push/IO	May Repeat: 150 mg (3 mL) x 1

客製化的ACLS清單

May Repeat: 150 mg	1.5 mg/mL	Slow IV Push	May Repeat: 150 mg
Mix 3 mL from a 50 mg/mL vial in 100 mL D5W for a 1.5 mg/mL solution.			
1 mg/min	1.8 mg/mL	Infusion	1 mg/min (33 mL/hr) for 6 hours, then 0.5 mg/min (16 mL/hr)
MAX Cumulative Dose: 2.2 g over 24 hours			MAX Cumulative Dose: 2.2 g over 24 hours
Mix 18 mL of 50 mg/mL vial in 500 mL D5W for a 1.8 mg/mL solution.			
Atropine sulfate: Bradycardia			
1 mg	0.1 mg/mL	IV Push	1 mg (10 mL)
May Repeat: 1 mg	0.1 mg/mL	IV Push	May Repeat: 1 mg every 3 to 5 minutes
MAX Cumulative Dose: 3 mg			
If manufacturer recommendation is unknown then use maximum available.			
Diltiazem			
15 to 20 mg	5 mg/mL	IV	Initial Dose: 20 mg (4 mL) over 2 minutes (min)
May Repeat: 20 to 25 mg after 15 minutes			May repeat after 15 min: 25 mg (5 mL)
5 to 15 mg/hr	1 mg/mL	Infusion	Starting Rate: 10 mg/hr (10 mL/hr)
Mix 25 mL from a 5 mg/mL vial in 100 mL D5W for a 1 mg/mL solution. Titrate infusion to atrial fibrillation heart rate.			
DOBUTamine hydrochloride			
5 to 10 mcg/kg/min	1000 mcg/mL	Infusion	Starting Rate: 400 mcg/min (24 mL/hr)
			Dose based on 5 mcg/kg/min
Mix 20 mL of a 12.5 mg/mL vial in 250 mL of D5W for a 1000 mcg/mL solution.			
DOPamine hydrochloride			

Q & A Thank You!

客戶服務中心

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系統服務時間：全年無休