Merative Micromedex

Shou Ray Information Service

2025

顏婕珉 | Jamie Yen

大綱

- Micromedex 內容簡介
- Micromedex 使用介紹
- 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：設定Proxy或VPN
- 有同時上線人數限制
  養成好習慣，用完要登出
- **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**

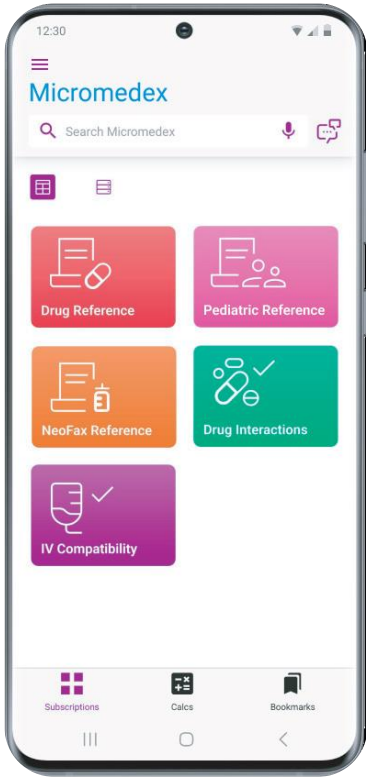
***更新資料時需有網路**

APP下載

Micromedex

Download on the App Store

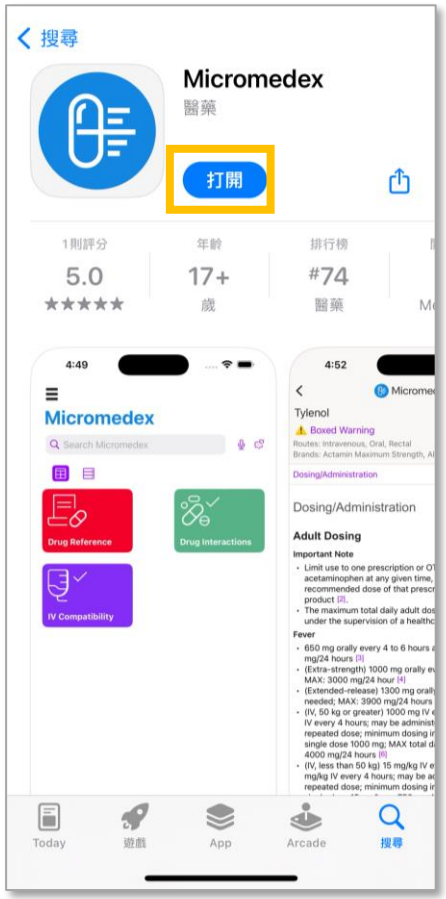
GET IT ON Google Play

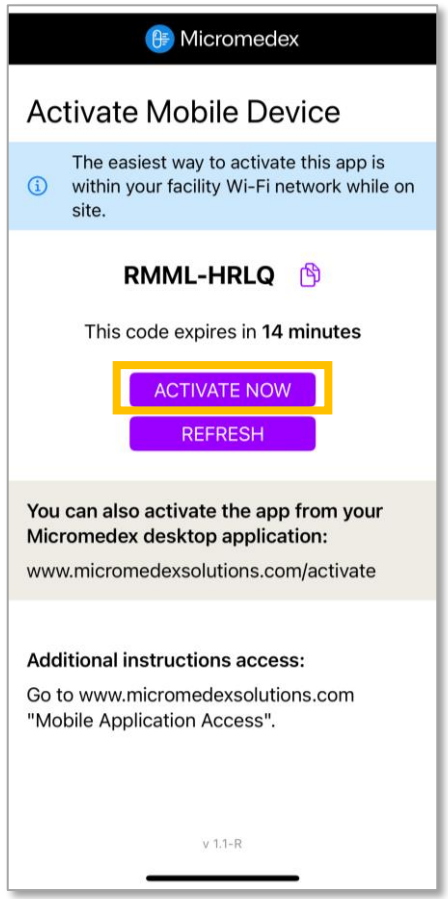


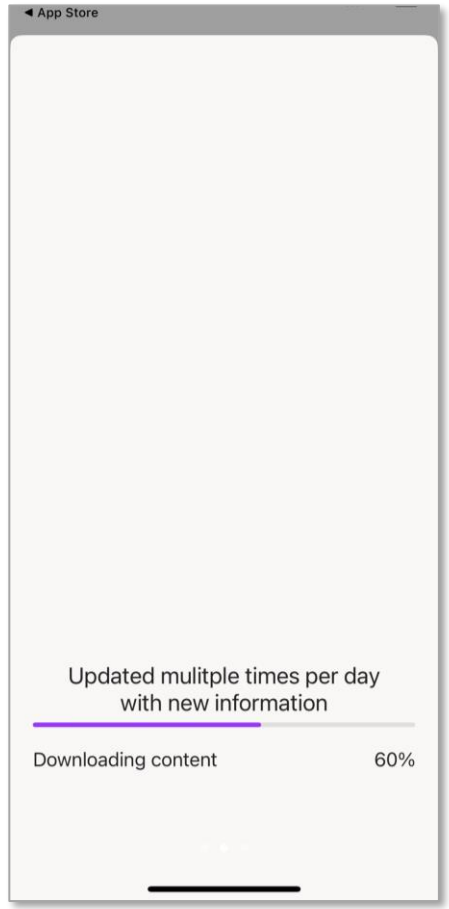
可離線使用，不受制於使用人數

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

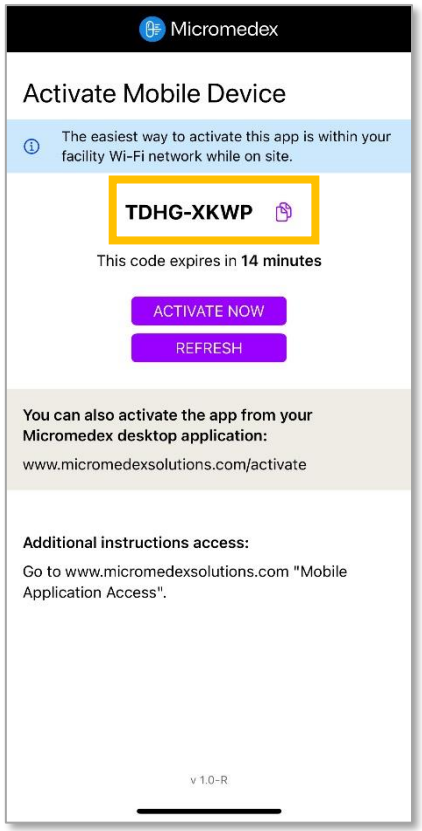




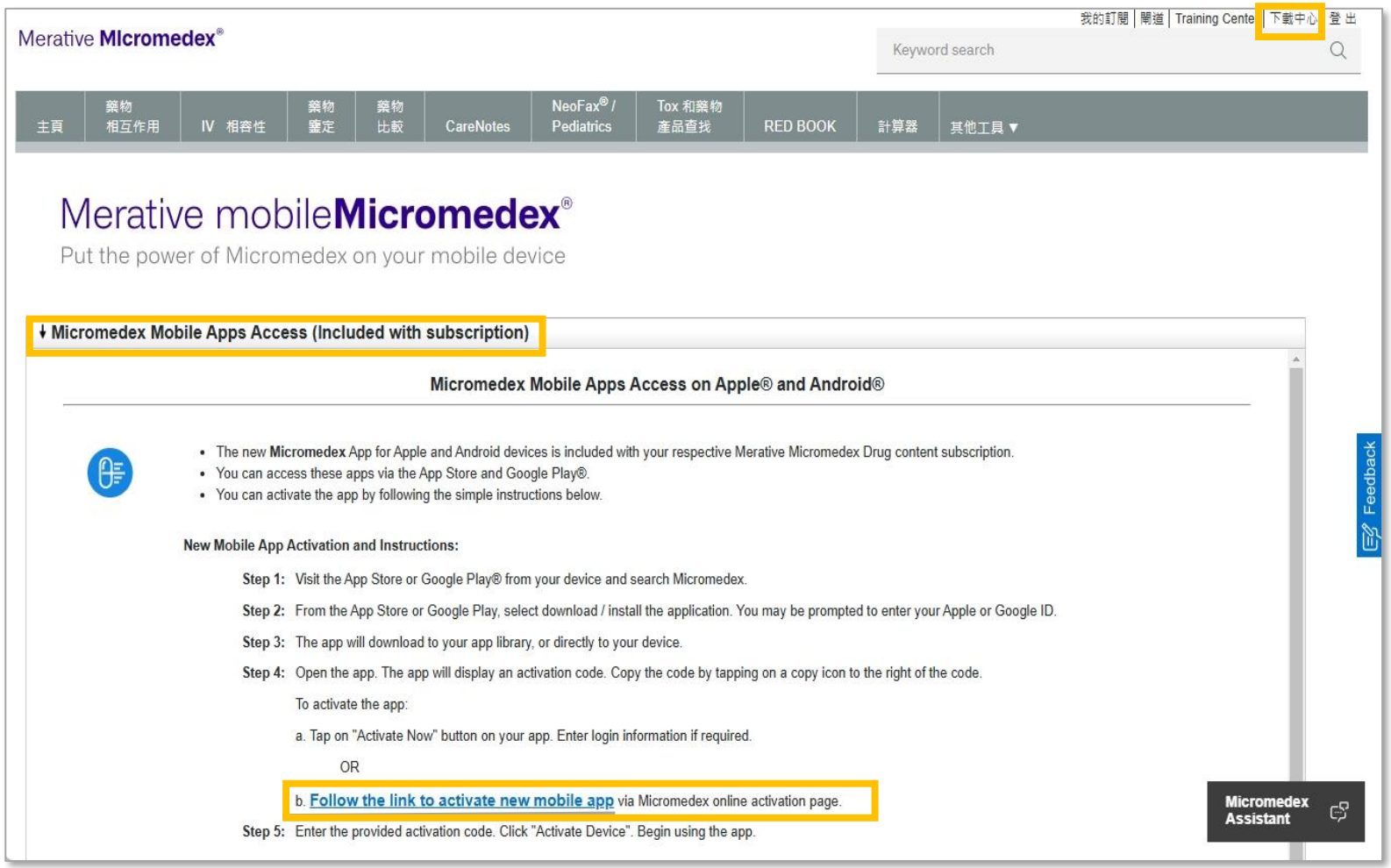


APP 啟用方式－手機非使用機構網域內Wi-Fi

(1)複製code

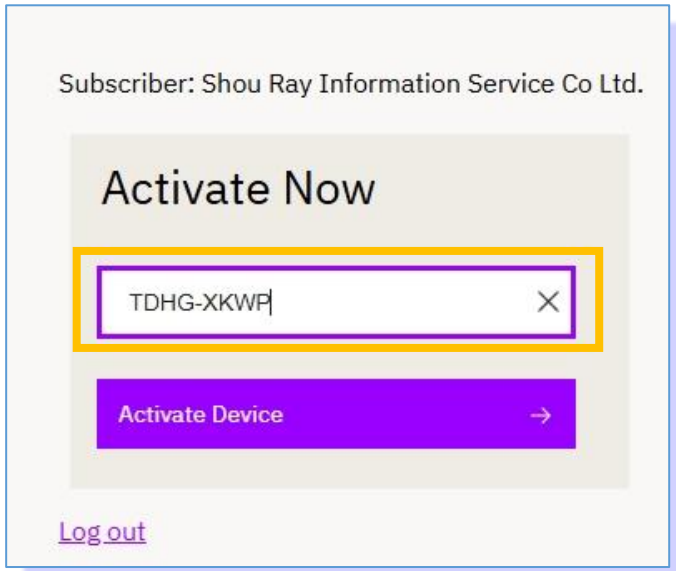


(2)開啟網頁版Micromedex資料庫下載中心點擊啟用網址



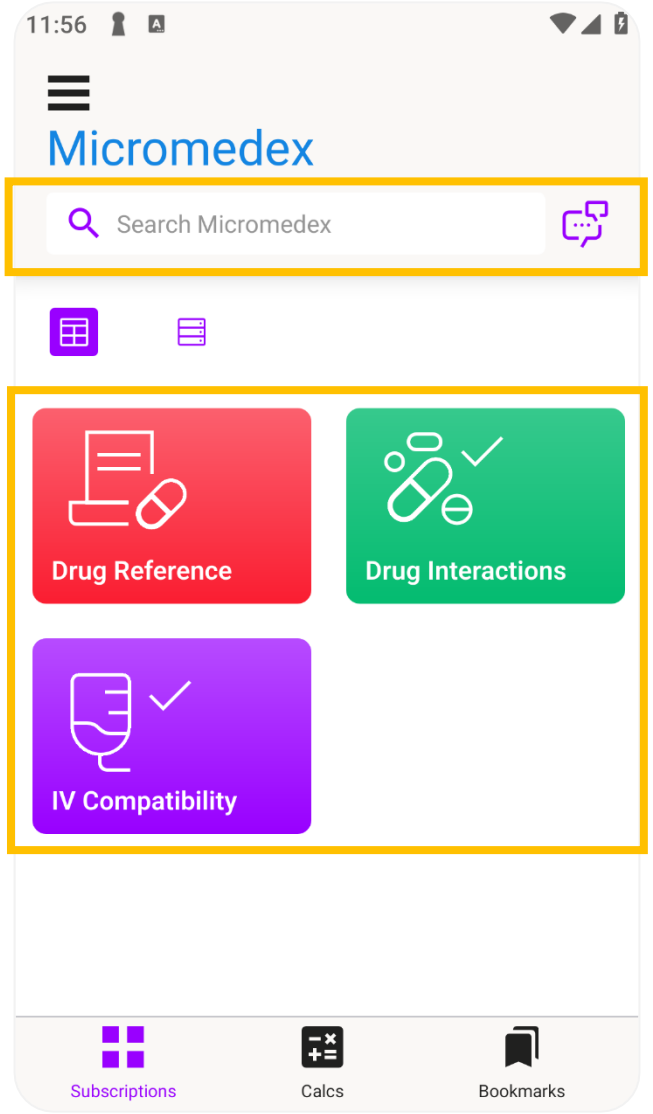
APP 啟用方式 – 手機非使用機構網域內Wi-Fi

(3) 輸入code



(4) 完成啟用

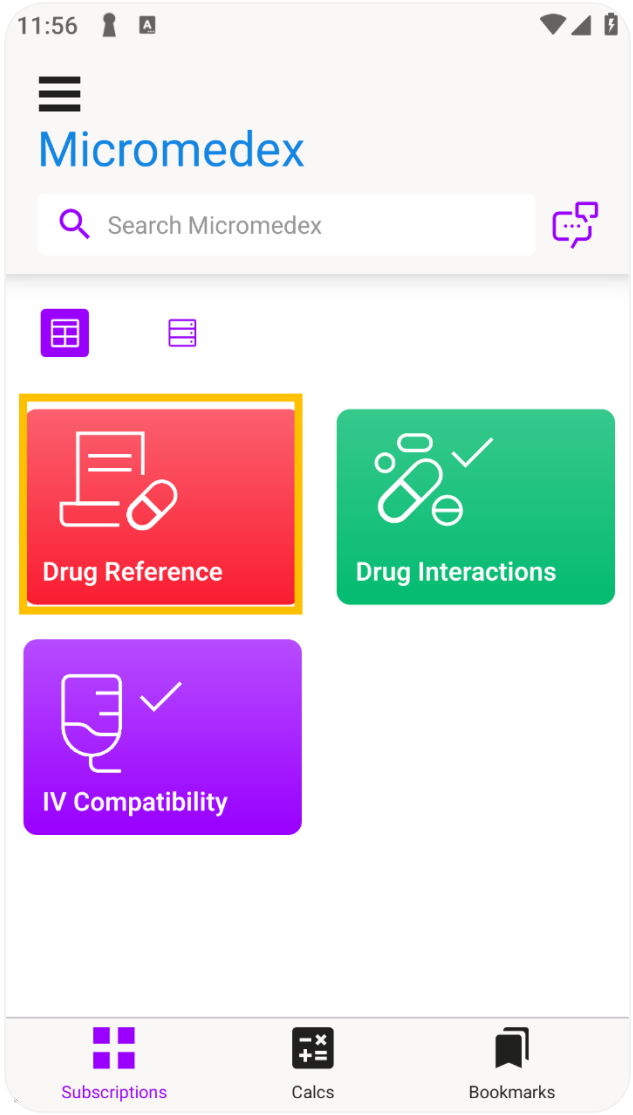
APP首頁

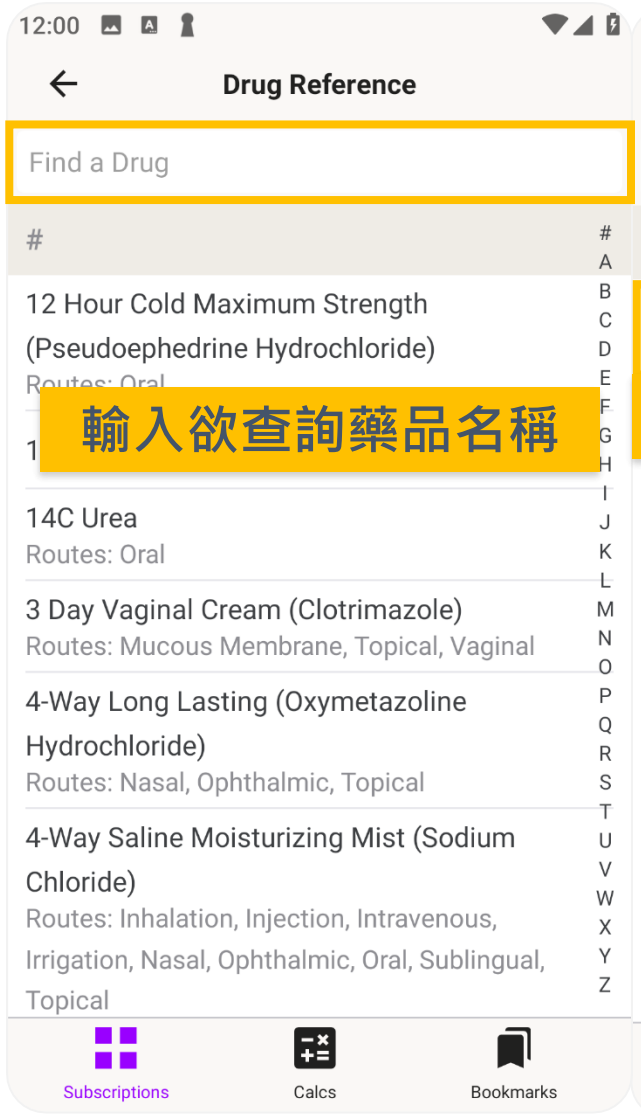


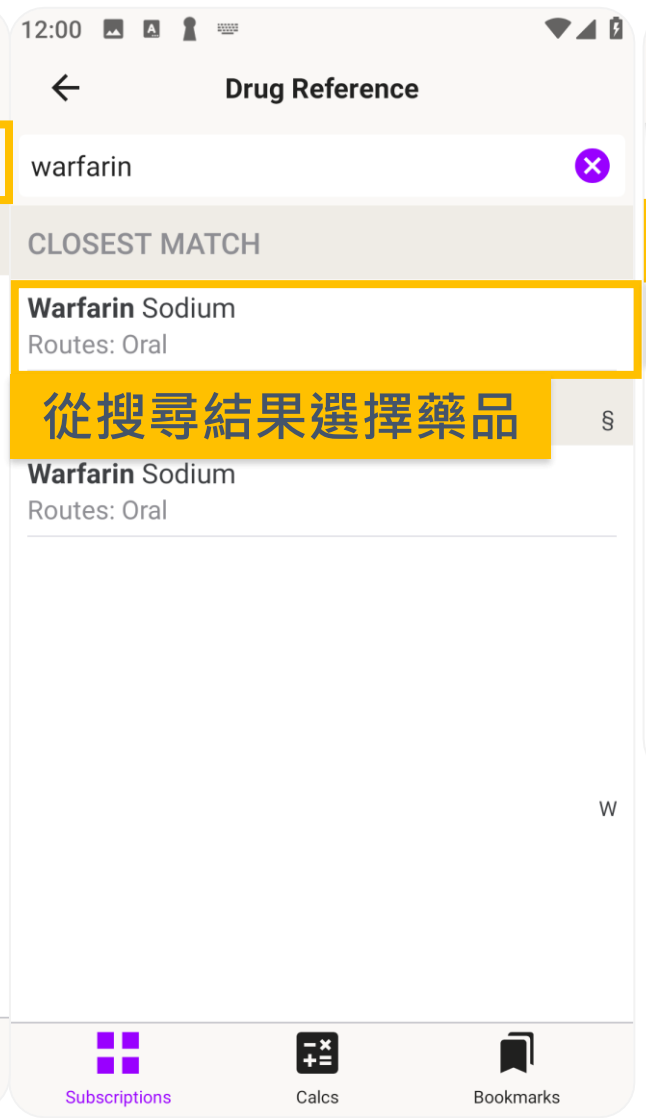
快速檢索

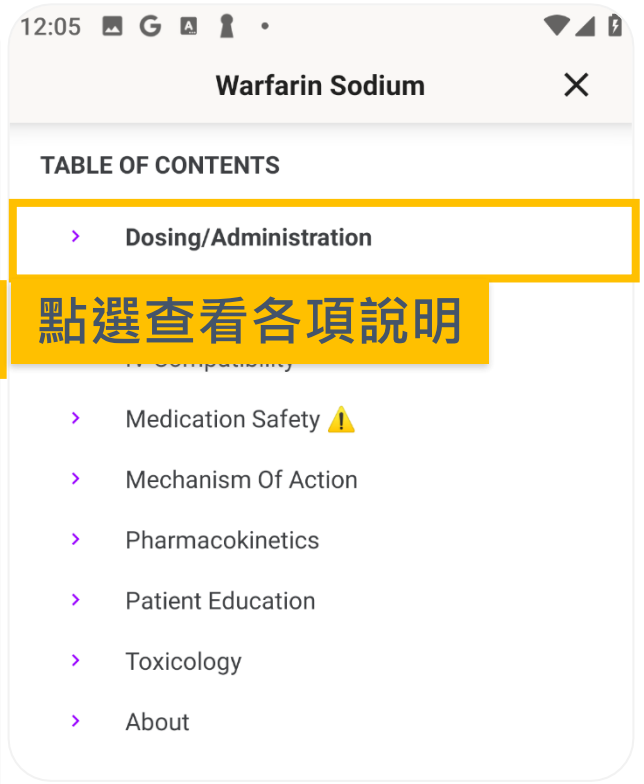
選擇使用工具

APP 使用畫面-Drug Reference 為例

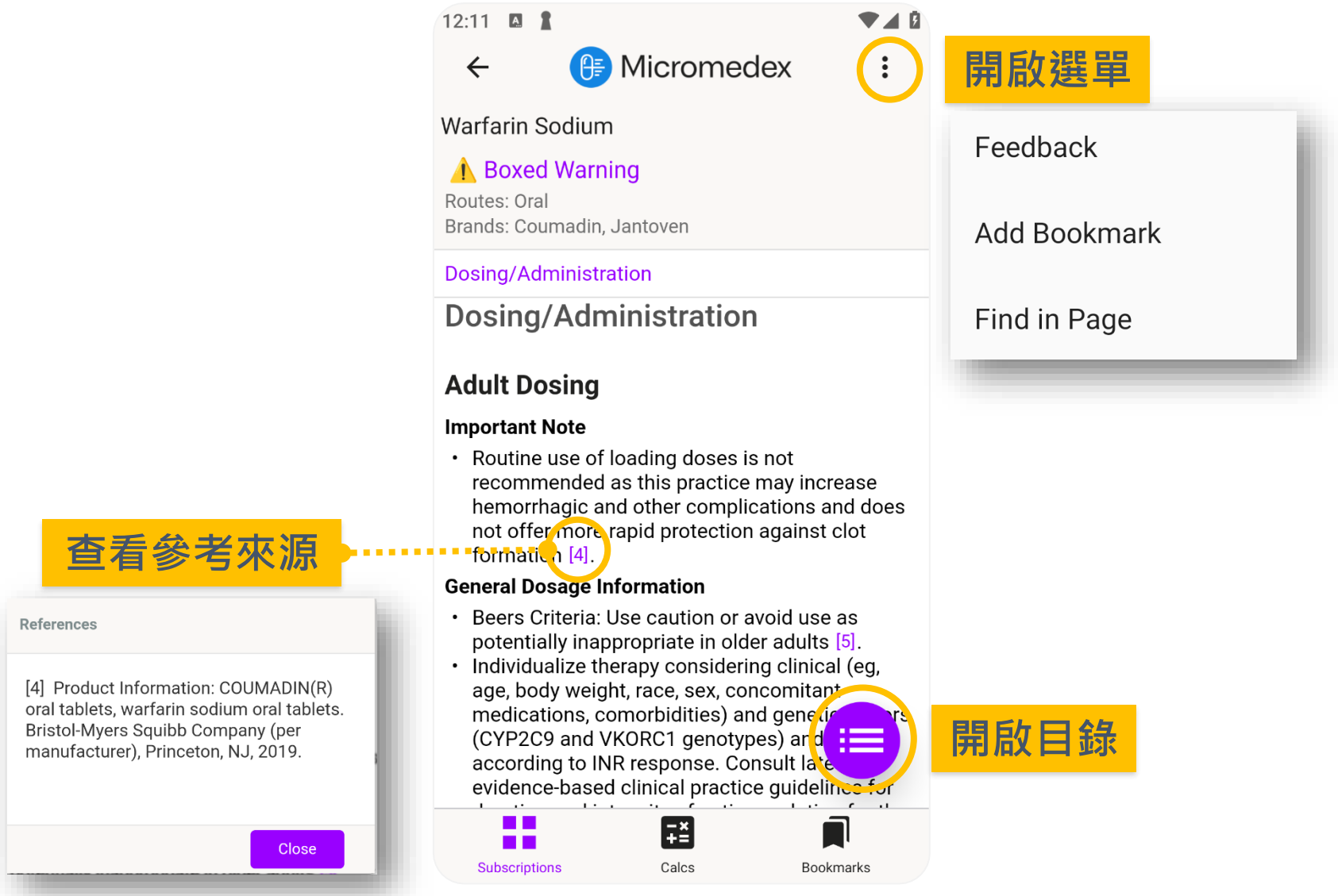




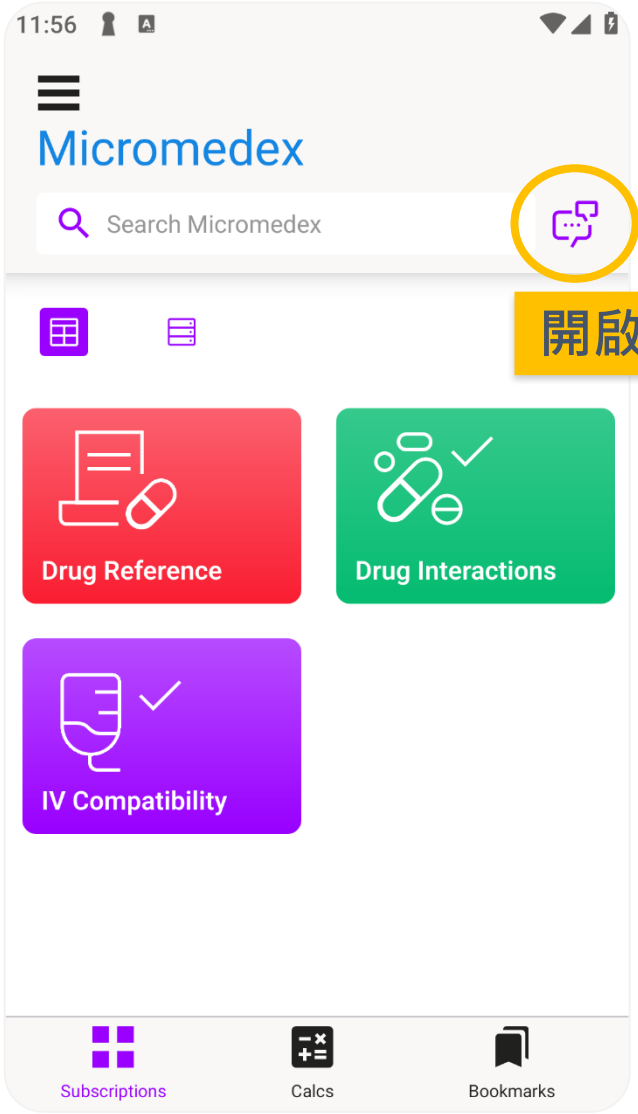




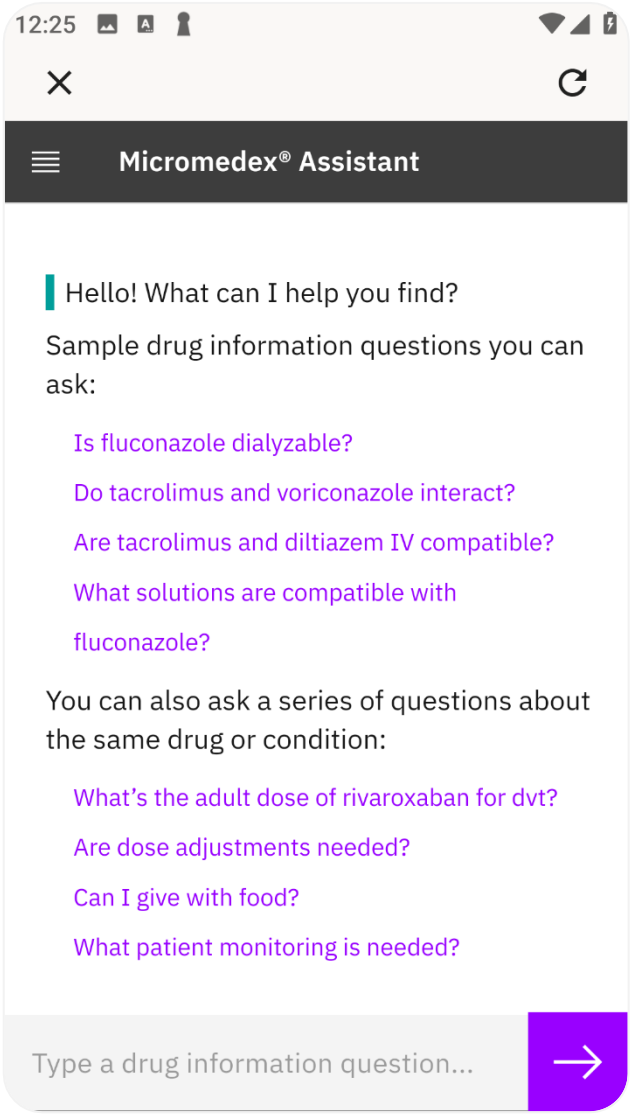
APP 使用畫面-Drug Reference 為例



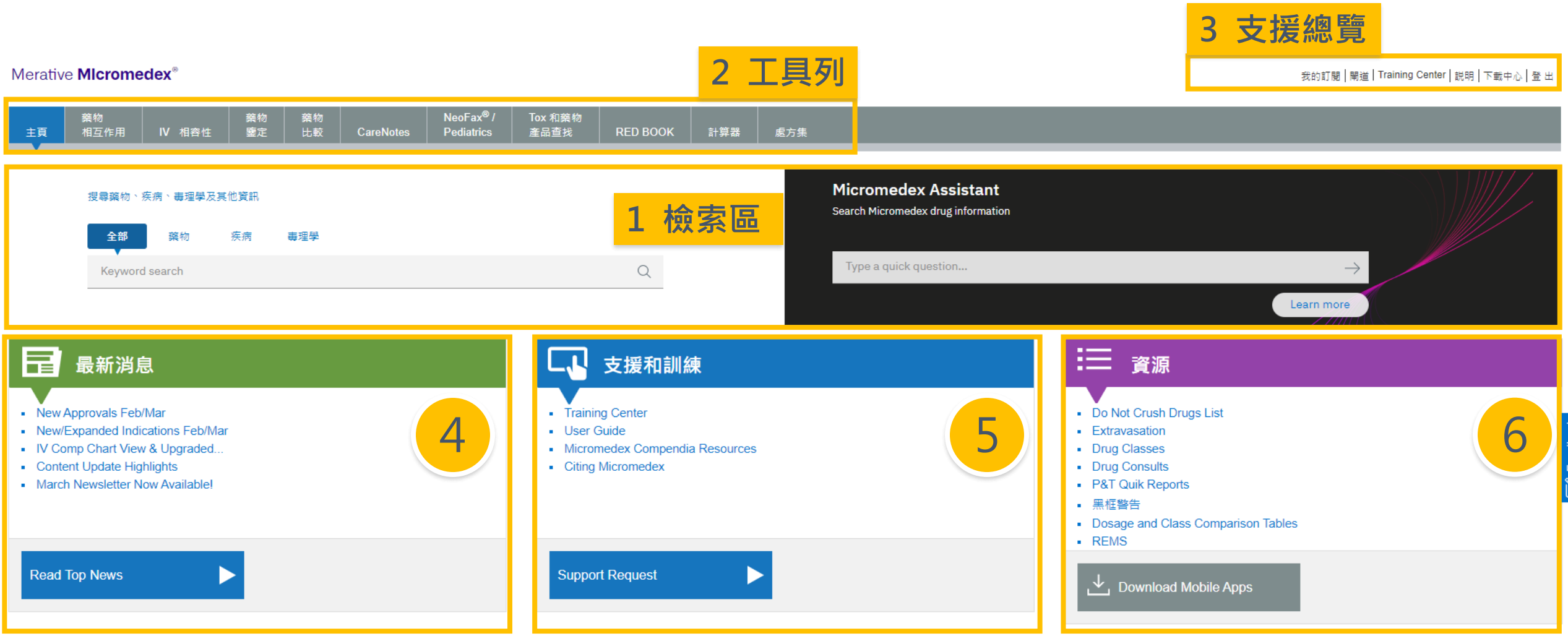
APP-Micromedex Assistant



開啟Micromedex Assistant



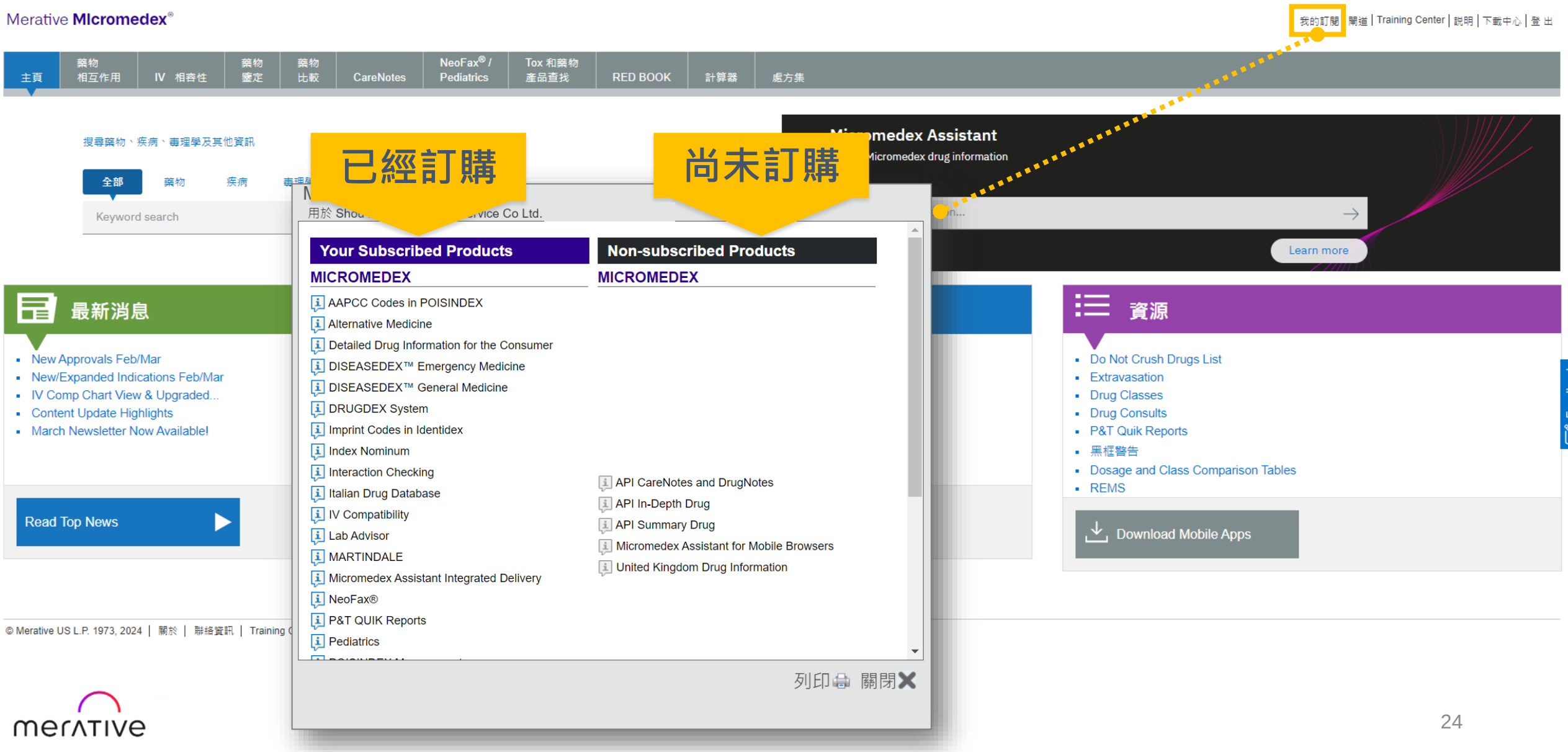
資料庫介面



merative

碩睿資訊有限公司

我的訂閱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我的訂閱
關道 | Training Center | 說明 | 下載中心 | 登出
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
處方集
搜尋藥物、疾病、毒理學及其他資訊
全部
藥物
疾病
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Index Nominum
Interaction Checking
Italian Drug Database
IV Compatibility
Lab Advisor
MARTINDALE
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NeoFax®
P&T QUIK Reports
Pediatrics
Non-subscribed Products
MICROMEDEX
API CareNotes and DrugNotes
API In-Depth Drug
API Summary Drug
Micromedex Assistant for Mobile Browsers
United Kingdom Drug Information
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IV Comp Chart View & Upgraded...
Content Update Highlights
March Newsletter Now Available!
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資源
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P&T Quik Reports
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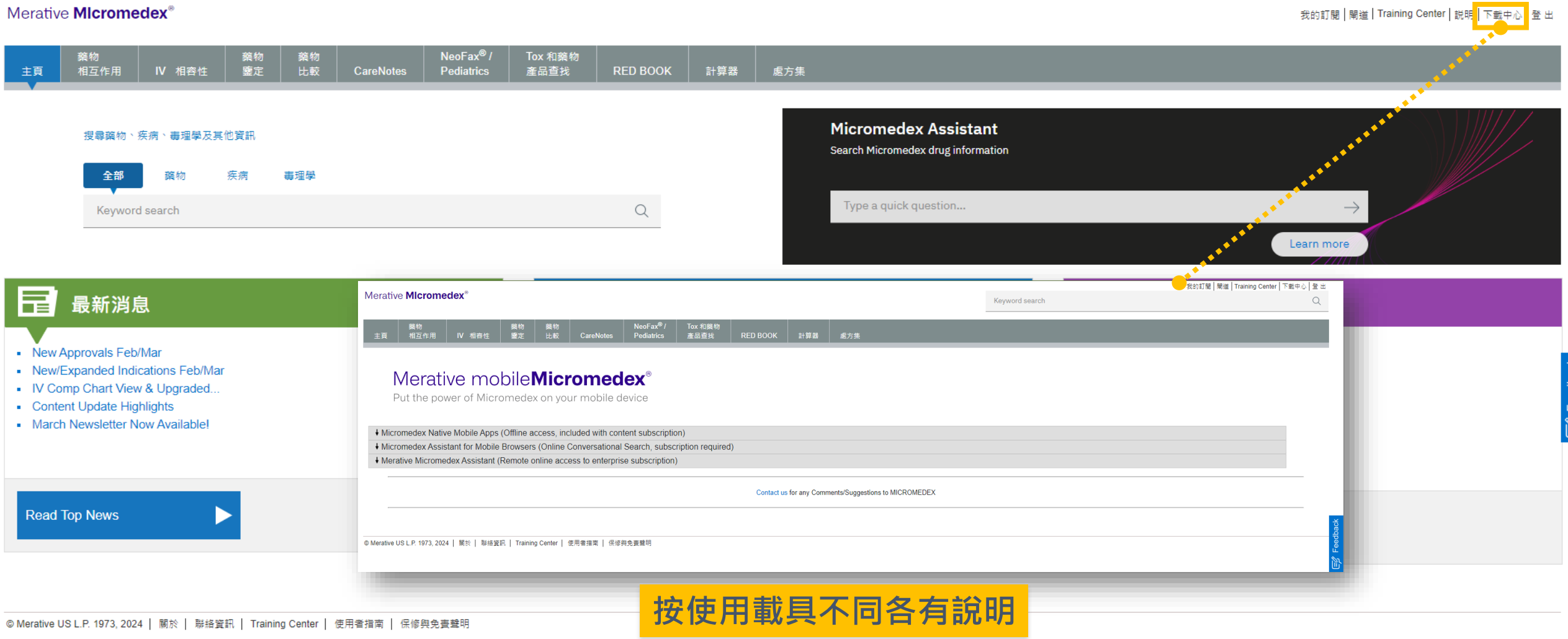
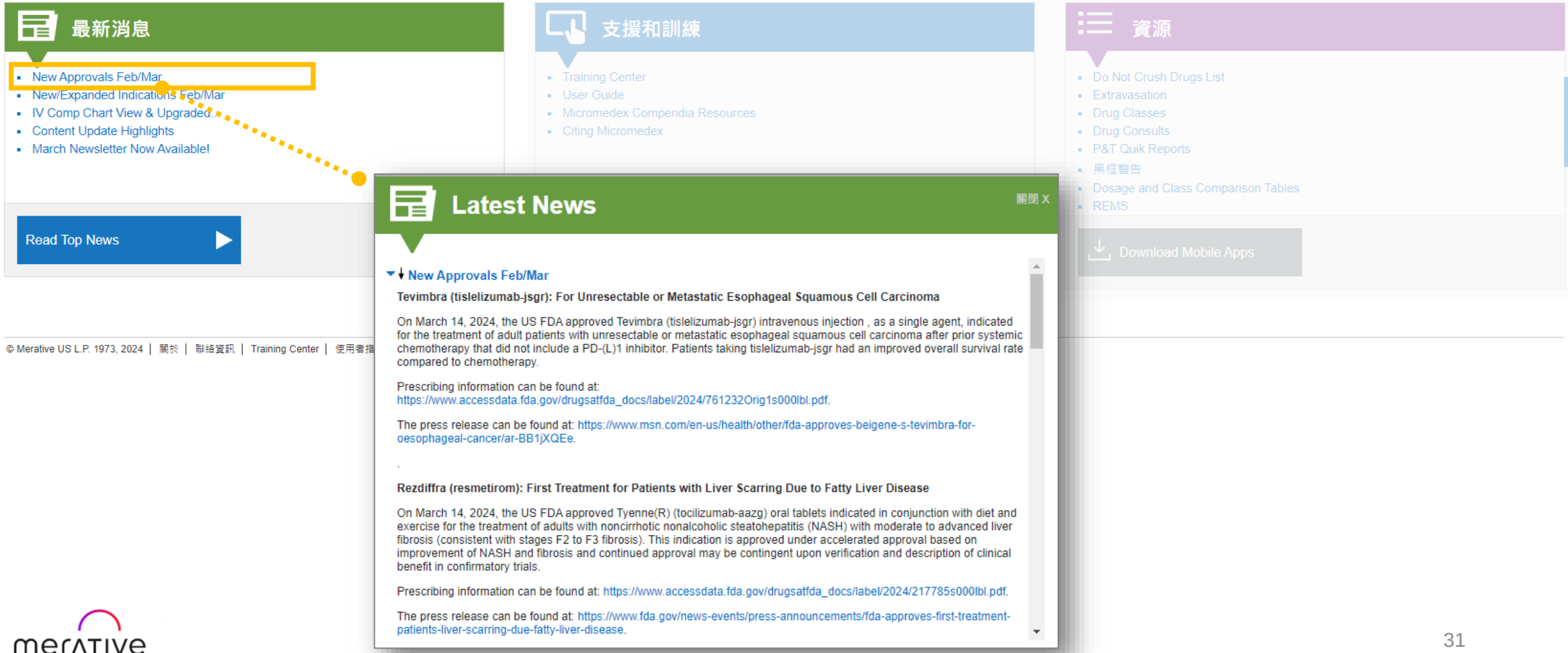
下載中心



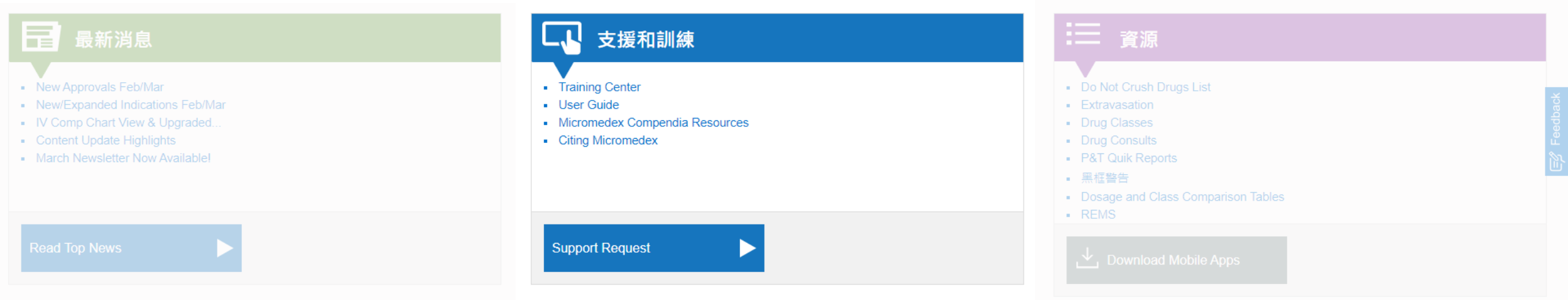
按使用載具不同各有說明

最新消息 Latest News

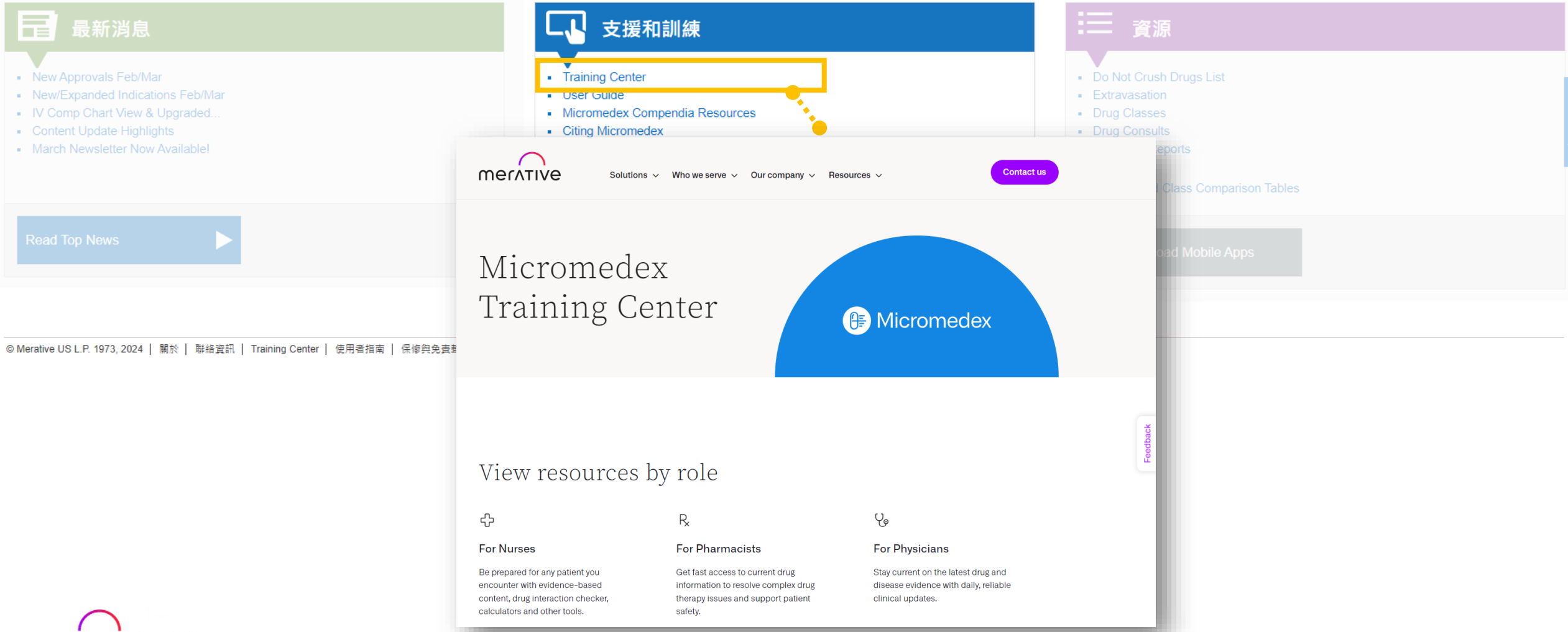
最新消息 Latest News



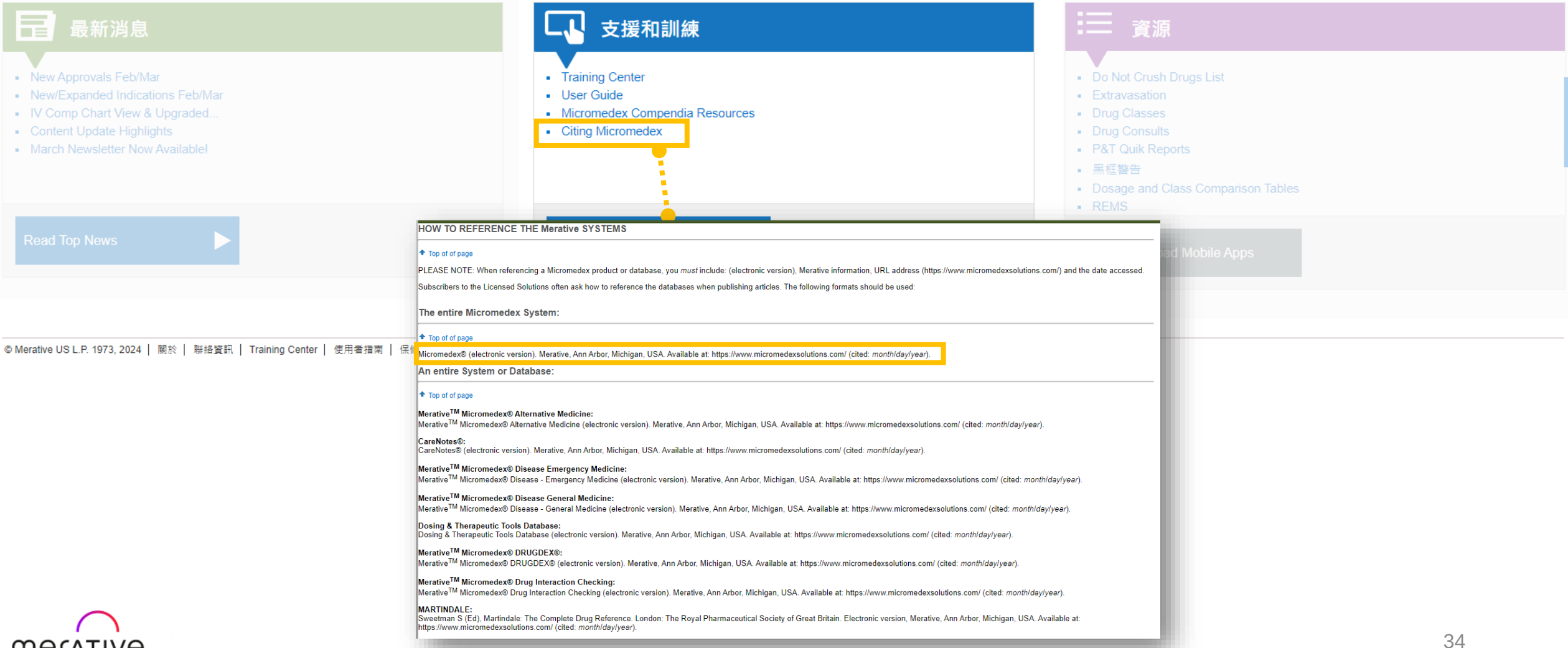
支援與訓練 Support & Training



Training Center



引用 Micromedex



常用資源 Resources

勿磨碎或咀嚼口服藥清單

外滲或浸潤處理流程

藥物類別

藥物諮詢

以藥物首字母序條列有黑框警告的藥物

針對各廠牌/藥理性質分類藥品，列出各種適應症及劑量範圍

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

Micromedex Assistant
有問題，MA來幫你！

Micromedex 為何需要MA?

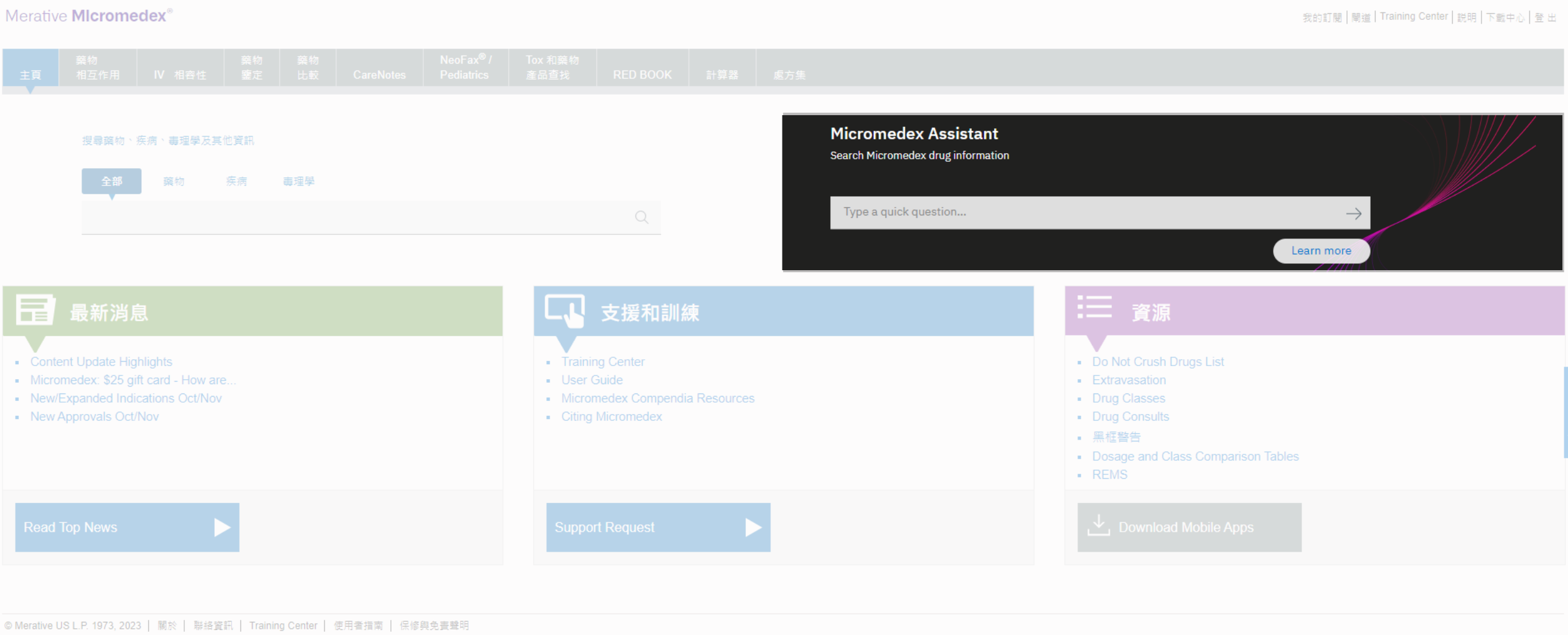
資料太多眼昏花

Micromedex 為何需要MA?

Micromedex Assistant

MA相助精準查

怎麼找MA?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毒理學
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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
Read Top News
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Drug Classes
Drug Consults
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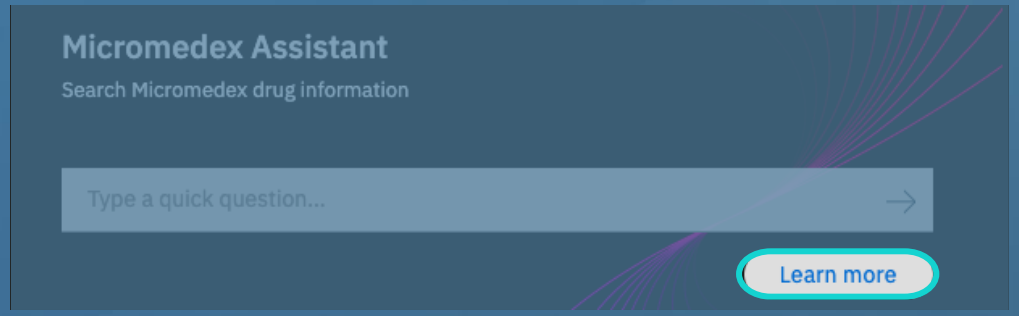
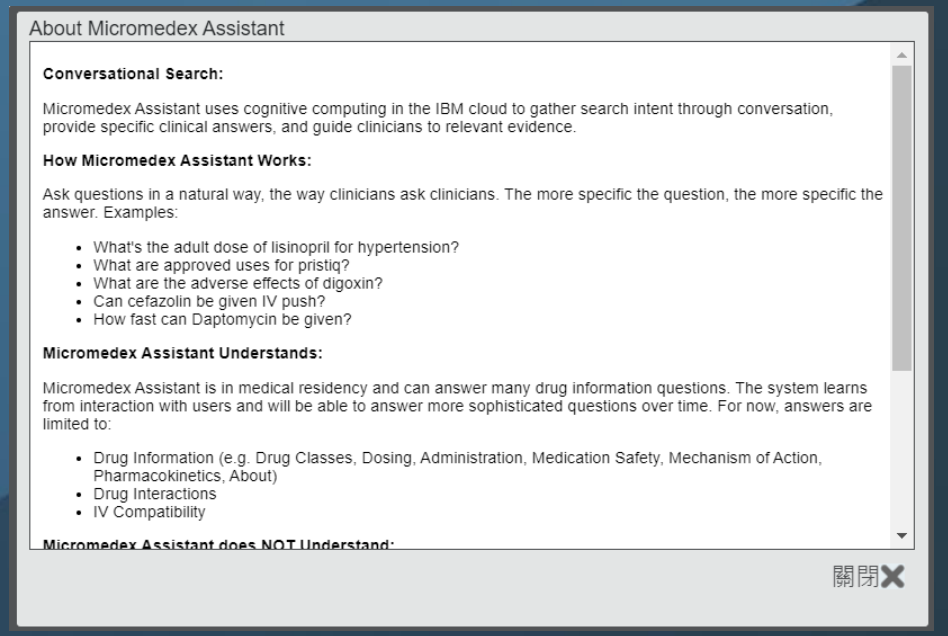
怎麼問MA?



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

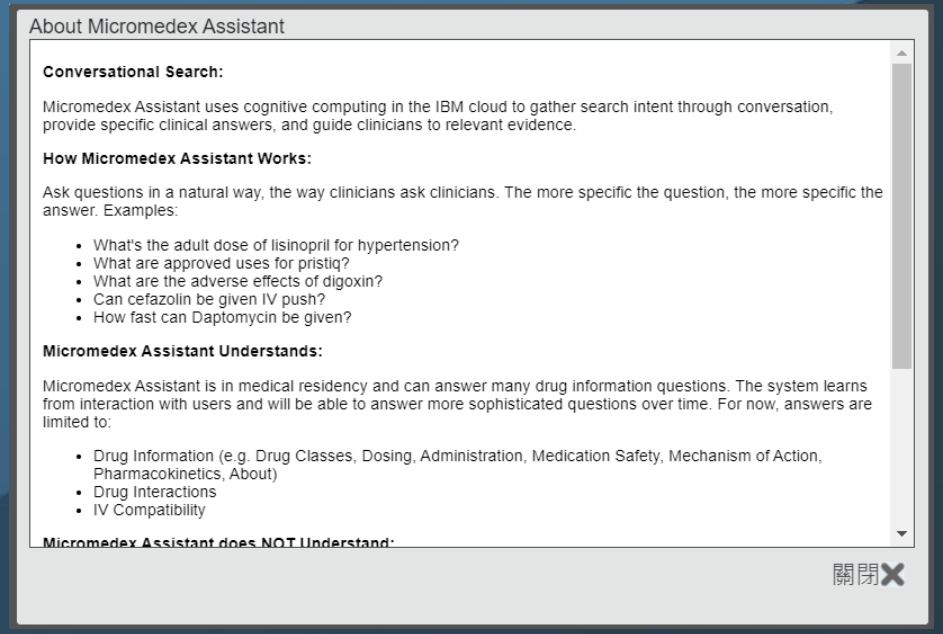
藥物交互作用

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）

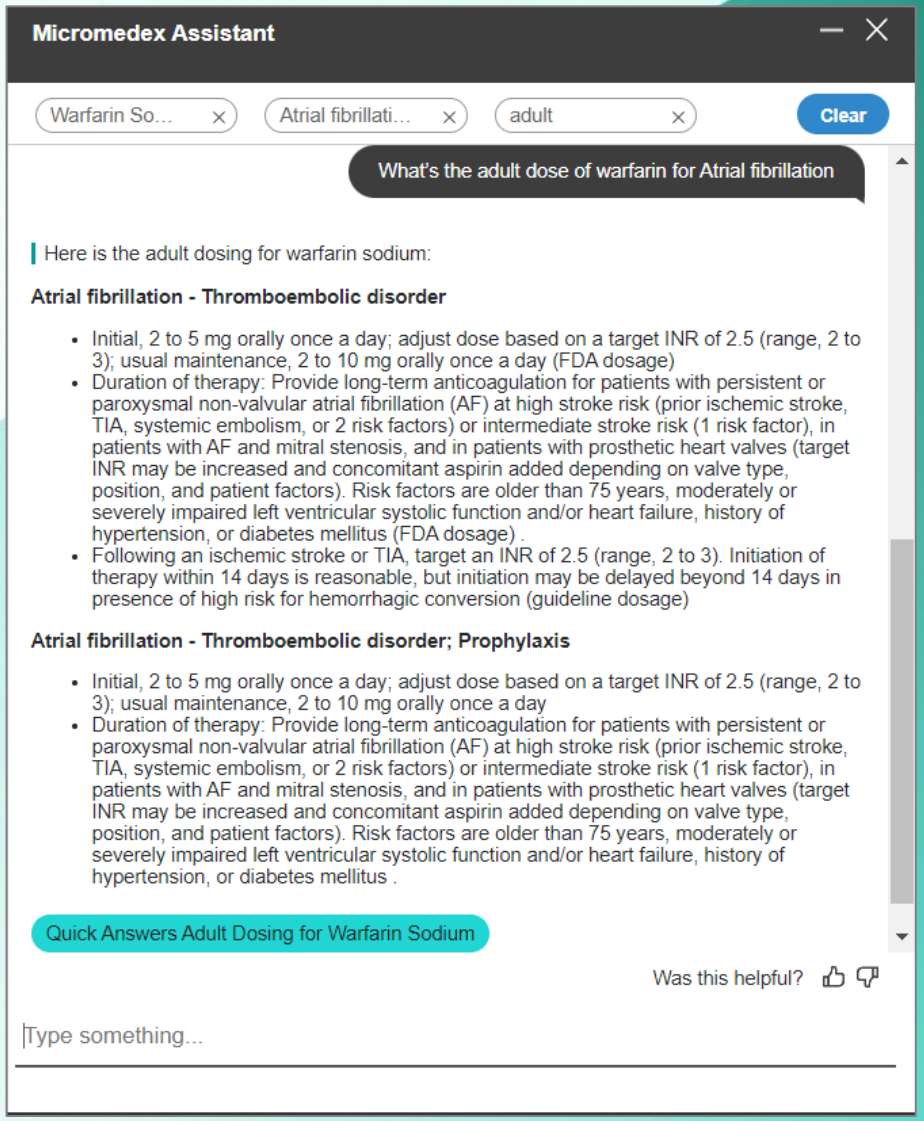


對話式檢索範例

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?”



對話式檢索介面

智能過濾器

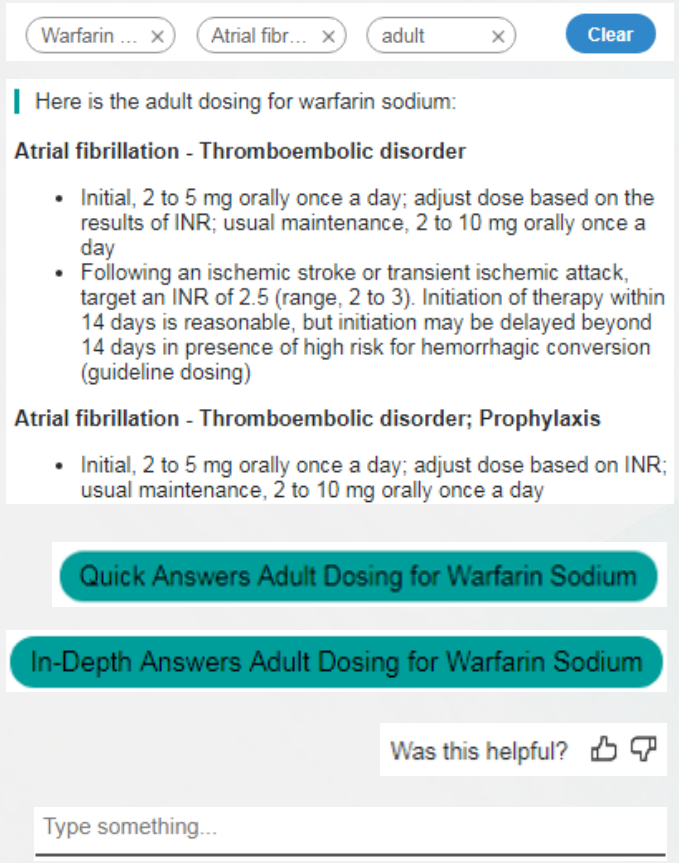
簡要解答內容

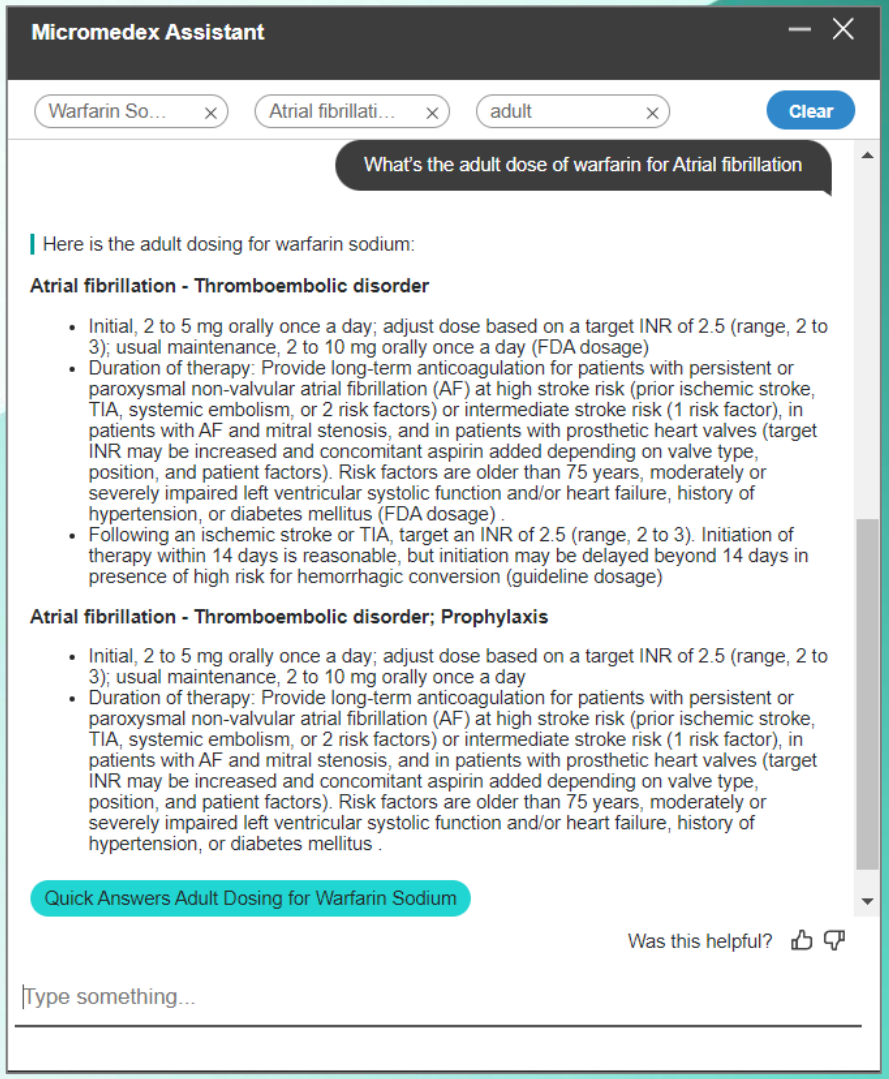
簡要解答連結

深入解答連結

意見回饋

對話檢索框





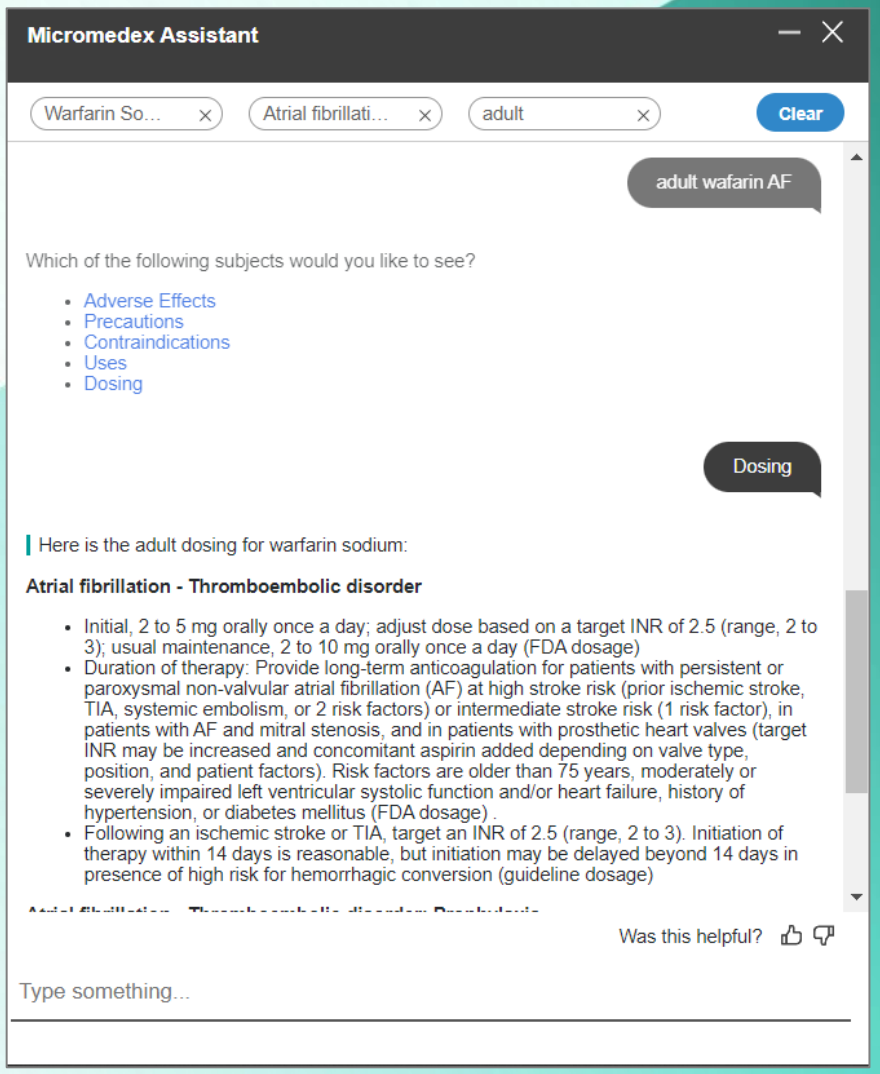
對話式檢索範例

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

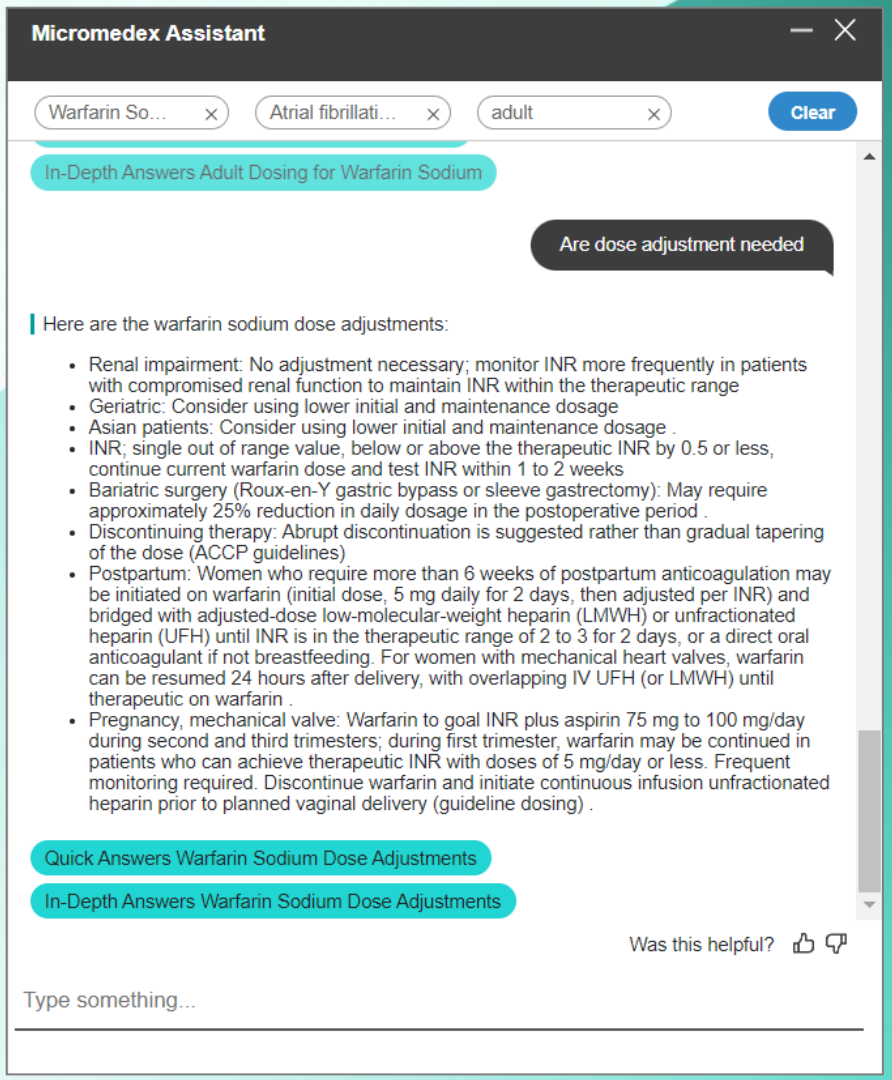


對話式檢索範例

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?



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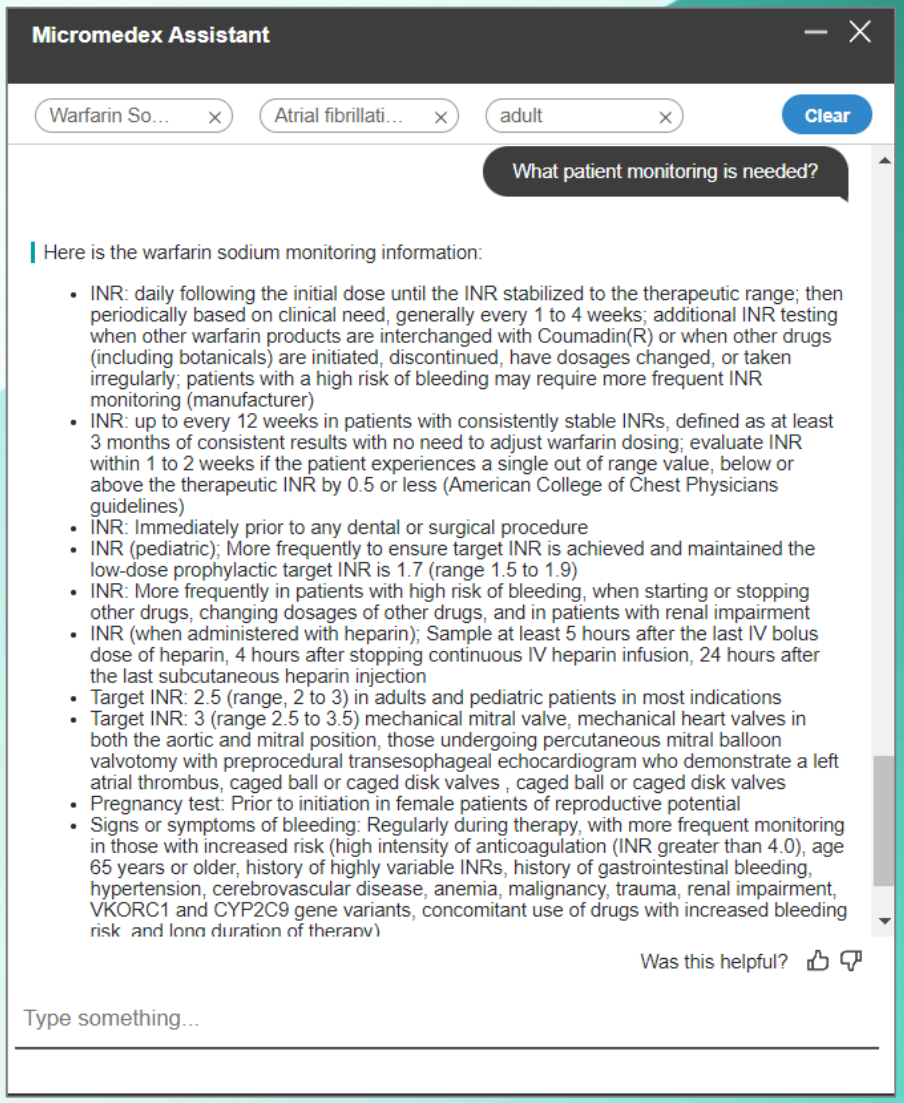
您可延續前面問題繼續發問，智慧過濾器將根據前面提出的問題，提供與前述病患相關背景的解答

提問範例：
What patient monitoring is needed?



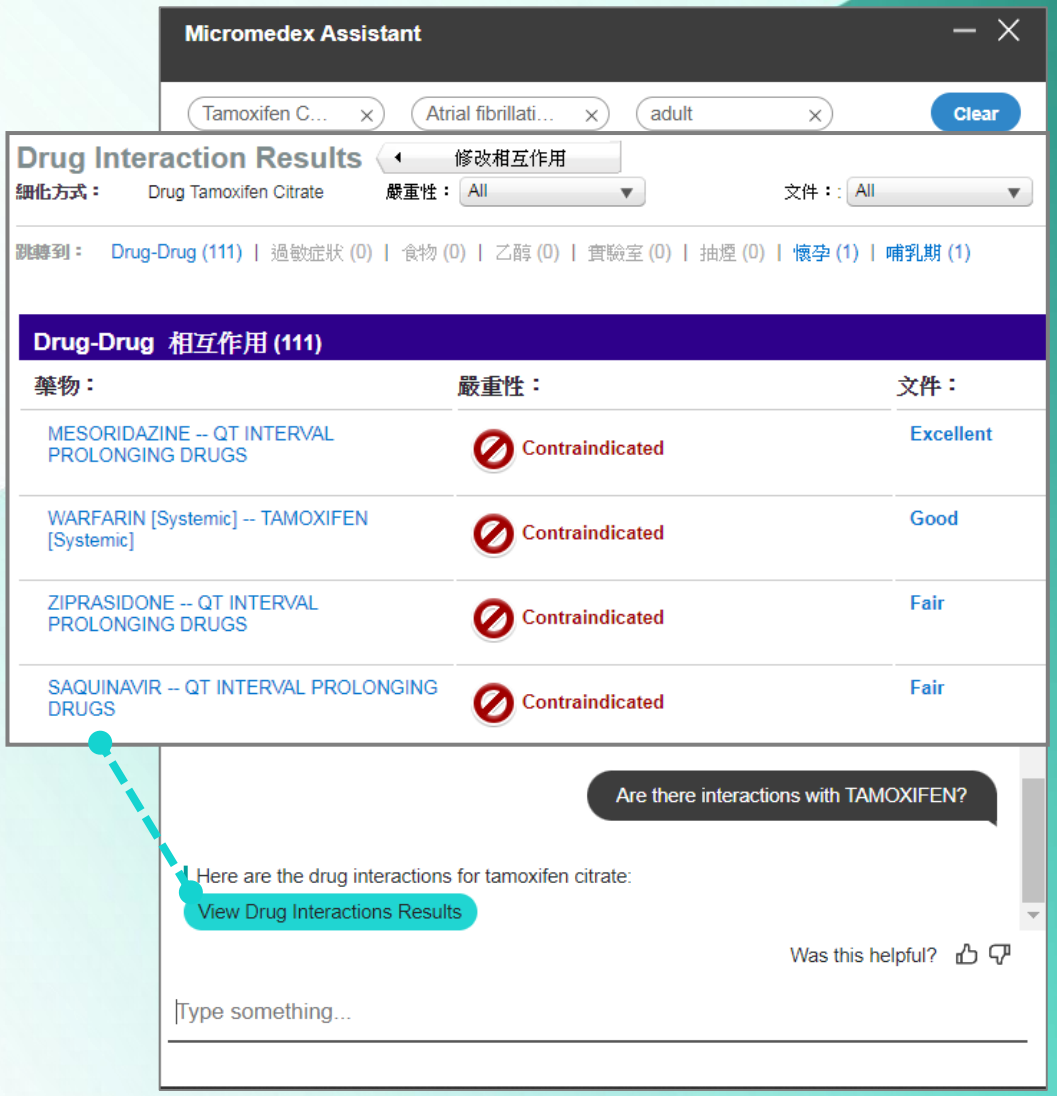
對話式檢索範例

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



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?

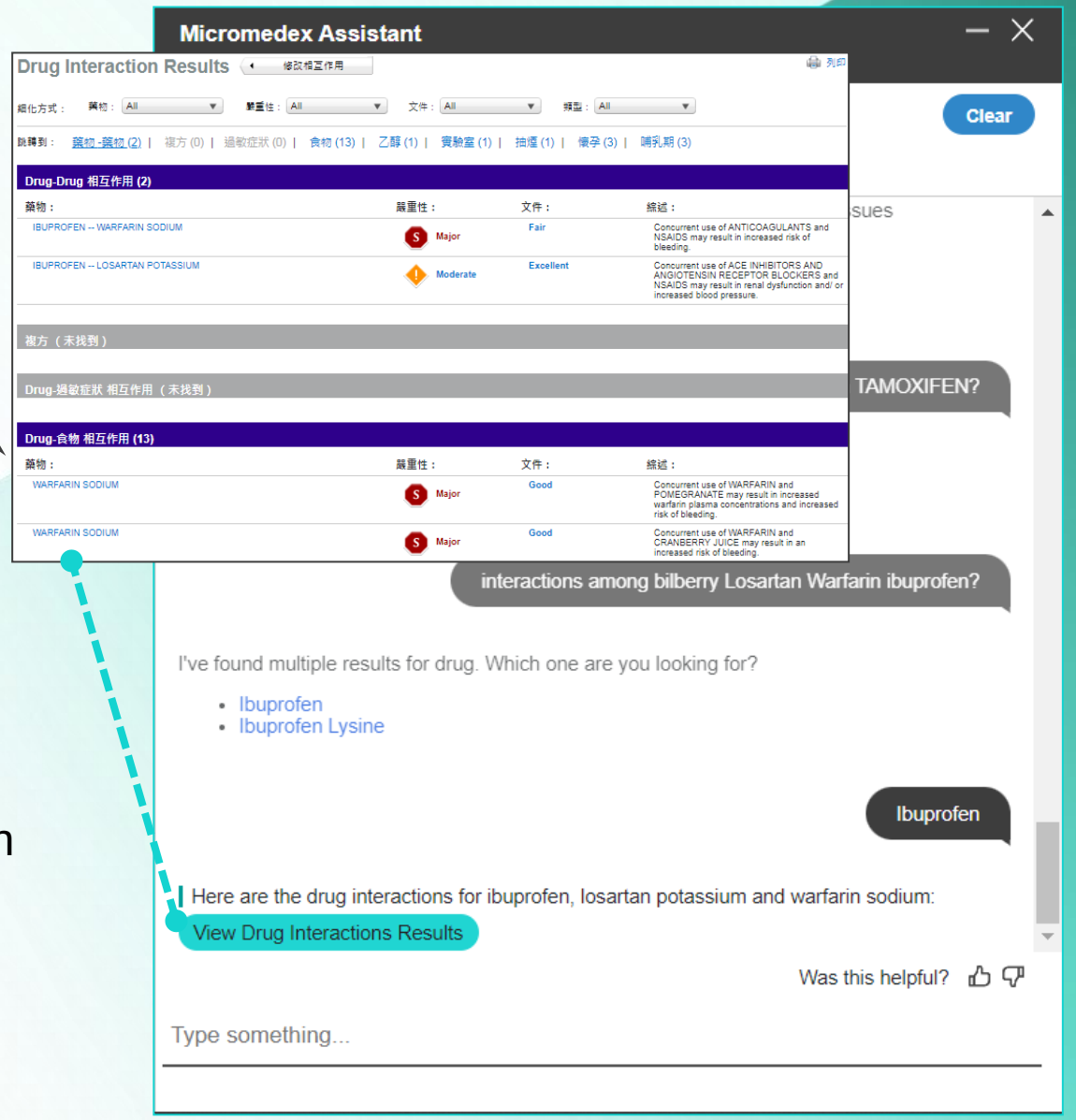
I've found multiple results for drug.
Which one are you looking for?

- Ibuprofen
- Ibuprofen Lysine

Ibuprofen

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

View Drug Interactions Results



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。

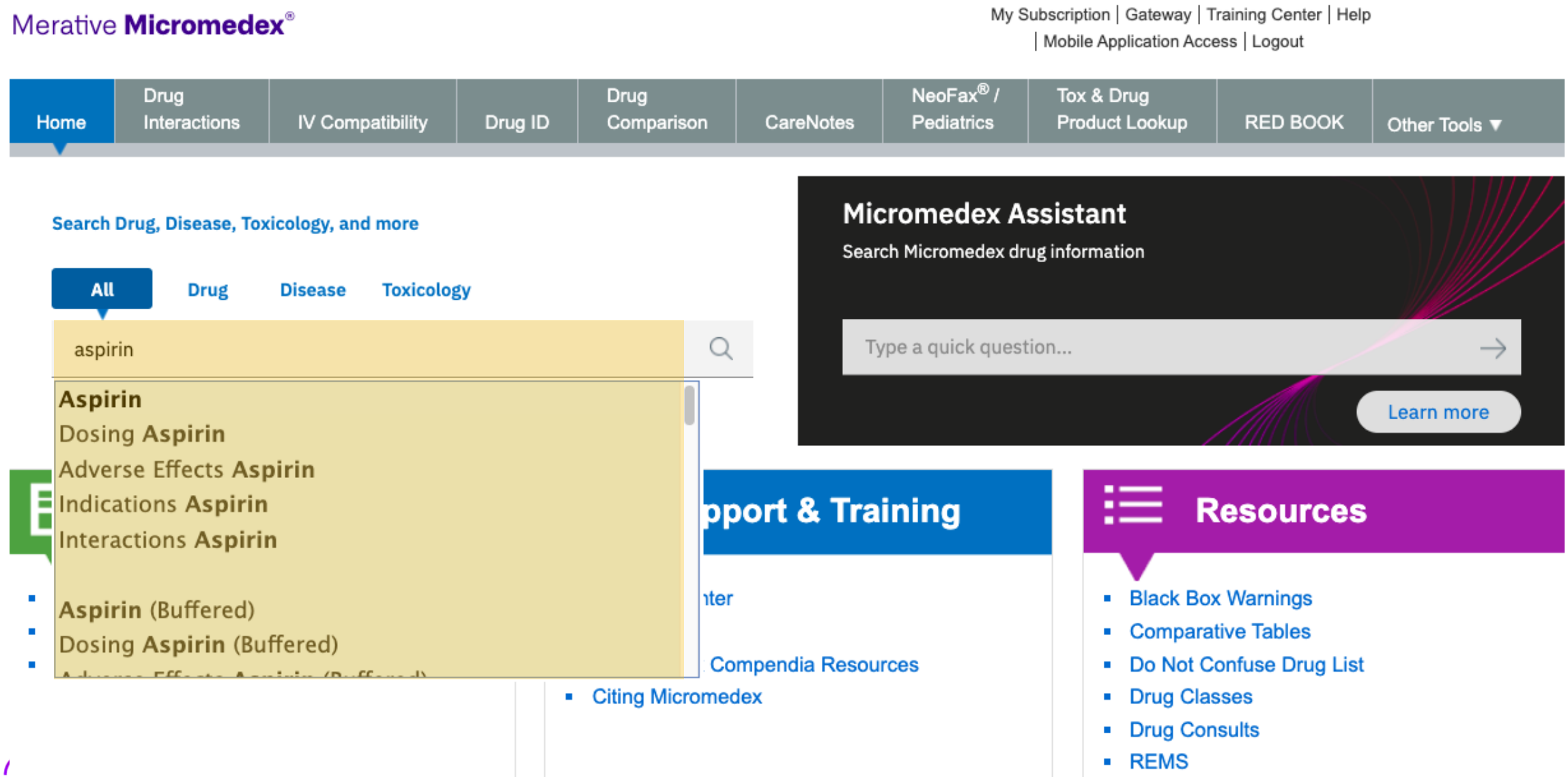
- **家屬關心**

  擔心使用抗凝血藥物預防中風，是否會增加出血風險？

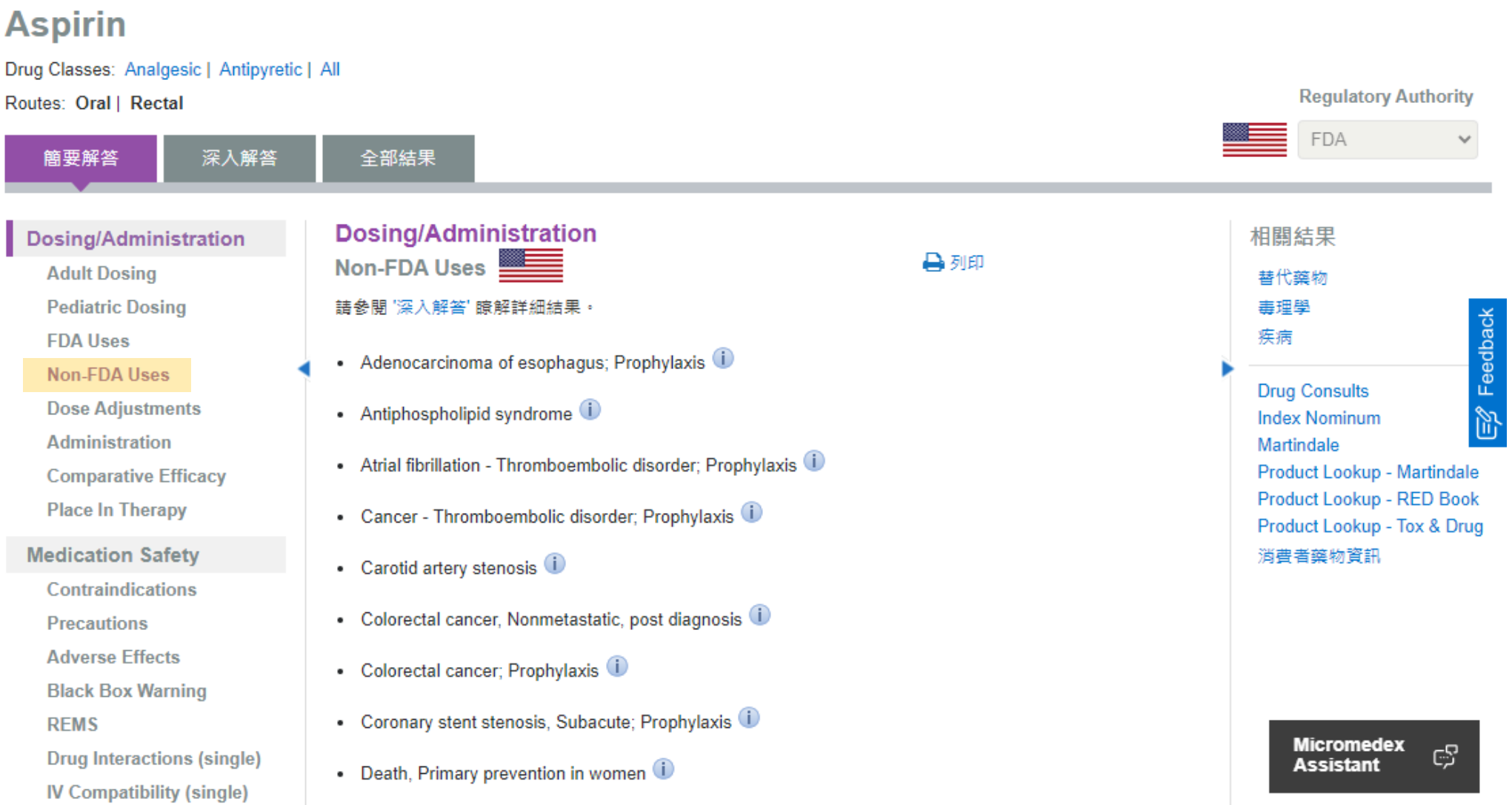
- **醫生考慮**

  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



Aspirin- Non-FDA Uses



Aspirin- Uses

ASPIRIN

Drug Classes: Analgesic | Antipyretic | All

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

簡要解答 | 深入解答 | 全部結果

Regulatory Authority: FDA

一次載入所有內容，以便快速跳轉

檢視完整文件

列印

- 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 Warning
  - REMS

Dosing/Administration

Non-FDA Uses

請參閱 '簡要解答' 瞭解綜述結果。

Adenocarcinoma of esophagus; Prophylaxis
Angina pectoris
Antiphospholipid syndrome
Atrial fibrillation
Atrial fibrillation
Atrial fibrillation
Atrial fibrillation
Atrial fibrillation - Thromboembolic disorder; Prophylaxis
Breast cancer; Prophylaxis
Cancer pain
Cancer - Thromboembolic disorder; Prophylaxis
Carotid artery stenosis
Carotid artery stenosis, Asymptomatic; primary or recurrent
Central aortopulmonary shunt operation - Postoperative care
Cerebrovascular accident; Prophylaxis
Cerebrovascular accident; Prophylaxis
Colorectal cancer, Nonmetastatic, post diagnosis
Colorectal cancer; Prophylaxis
Coronary arteriosclerosis; Prophylaxis
Coronary stent stenosis, Subacute; Prophylaxis

相關結果

替代藥物
毒理學
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Micromedex Assistant

Aspirin- Comparative Efficacy

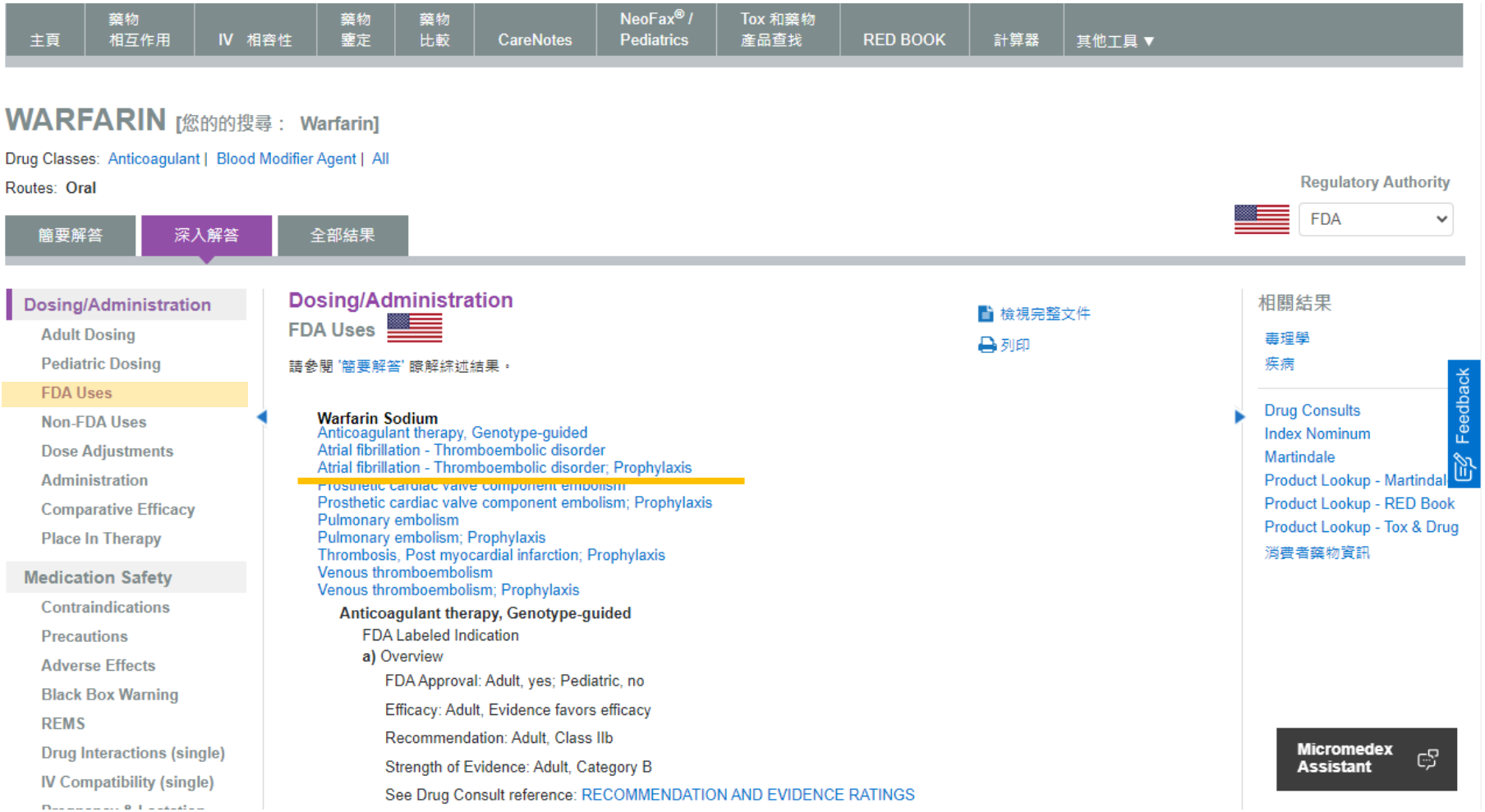
考量問題：是否有其他藥物可選擇？

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。**

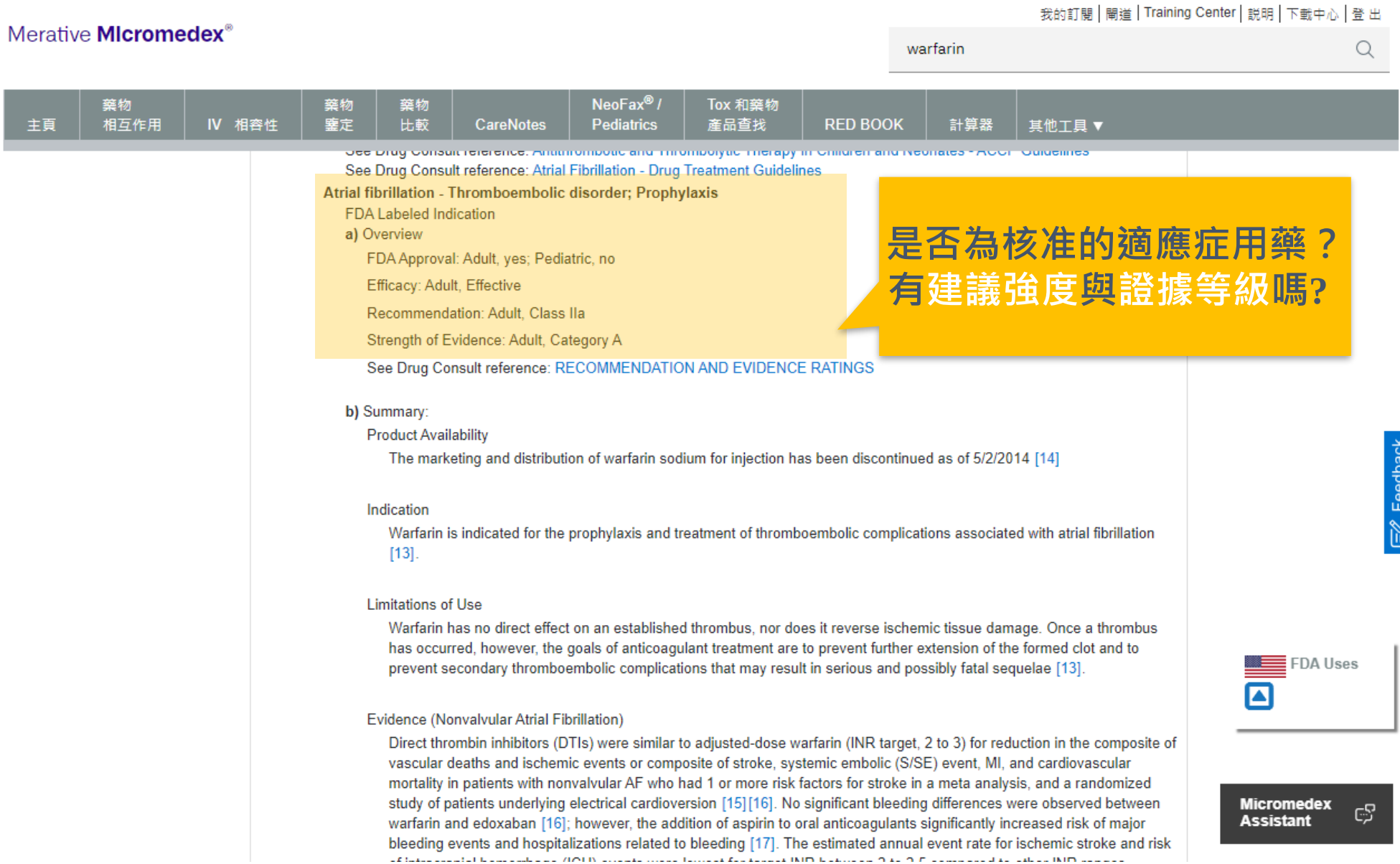
c) BAATAF（波士頓地區房顫抗凝試驗）研究：**Warfarin在預防非風濕性心房顫動患者中風方面優於Aspirin**。在這項研究中，Wafarin使用者的年中風發生率為 0.45%，而Aspirin使用者為 3.9%，未經治療的患者為 1.8%

Warfarin- FDA Uses

1.考量問題：此藥物的適應症為何？



FDA Uses


Merative Micromedex®
我的訂閱 | 簡道 | Training Center | 說明 | 下載中心 | 登 出
warfarin
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 ▼
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
See Drug Consult reference: RECOMMENDATION AND EVIDENCE RATINGS
是否為核准的適應症用藥？
有建議強度與證據等級嗎?
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
Feedback
FDA Uses
Micromedex Assistant

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:

Table 1. Strength Of Recommendation		
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	

Table 2. Strength Of Evidence	
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	

Table 3. Efficacy		
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

2.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或患有慢性心房顫動**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

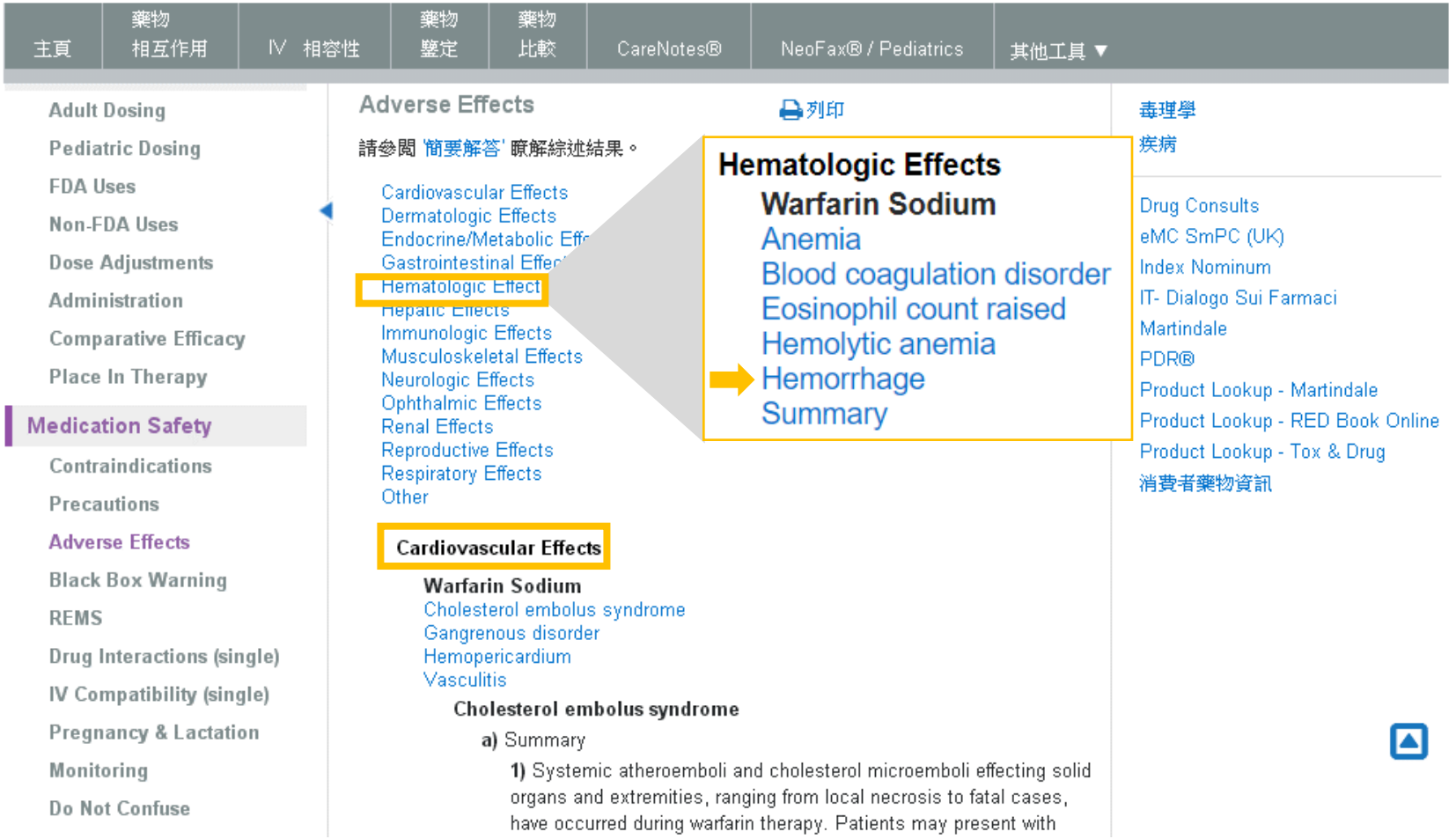
a) Guidelines from The American College of Chest Physicians (ACCP) recommends long-term aspirin 75 to 325 mg orally per day in patients with a low risk of stroke (CHADS(2) score of 0) if they choose to receive antithrombotic therapy, and in intermediate to high risk patients (CHADS(2) score of 1 or 2) 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/...

Adverse Reactions

3.考量問題：使用抗凝血藥物可能的不良反應？



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].

預防與管理：
針對不良反應之處理建議

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 2 ... ral or parenteral vitamin K(1) may be administered if ne...

9) If emergent (ie, within less t... . Consider high-dose phytonadione IV. Consider clo... entrates (eg, 4-factor prothrombin complex concentr... lex concentrate, activated prothrombin complex concentrate, 3-fa... rombin 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].

Monitoring

5.考量問題：使用抗凝血藥物須監測的項目/頻率？

WARFARIN [您的的搜尋： Warfarin]

Drug Classes: Anticoagulant | Blood Modifier Agent | All

Routes: Oral

簡要解答 | 深入解答 | 全部結果

- Dosing/Administration
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- Medication Safety
  - Contraindications
  - Precautions
  - Adverse Effects
  - Pregnancy & Lactatio
  - Monitoring

達到穩定狀態後的建議監測頻率

Medication Safety

Monitoring

請參閱 '簡要解答' 瞭解綜述結果。

檢視完整文件

列印

監測項目與監測頻率

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]

相關結果

毒理學

疾病

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Product Lookup - Martindale

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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

Merative **Micromedex**®

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

搜尋疾病

全部 | 藥物 | 疾病 | 毒理學

heart fa

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

Micromedex Assistant

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- 黑框警告
- Dosage and Class Comparison Tables
- REMS

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Feedback

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"

列印

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

Definition

列印

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]

相關結果

Disease Other Titles
臨床檢查表單

Feedback

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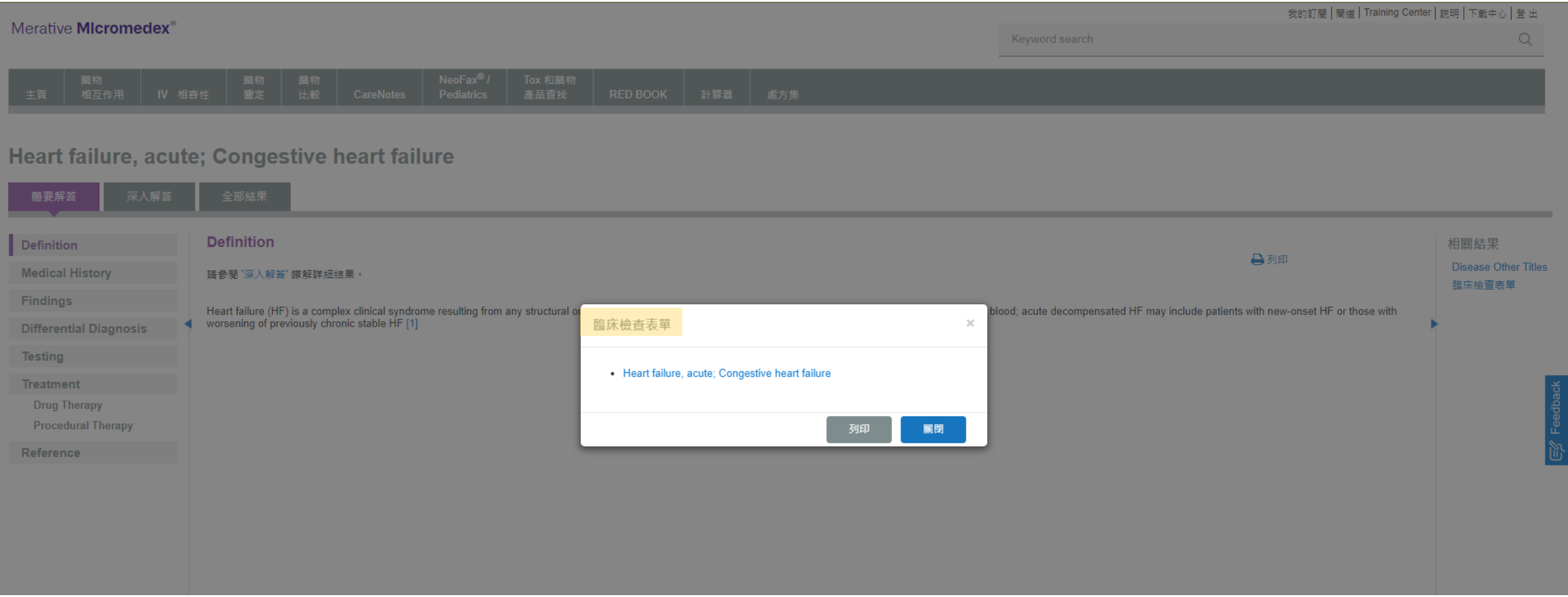
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Treatment
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Procedural Therapy
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請參閱 '深入解答' 瞭解詳細結果。
Heart failure (HF) is a complex clinical syndrome resulting from any structural o
blood; acute decompensated HF may include patients with new-onset HF or those with worsening of previously chronic stable HF [1]
相關結果
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Heart failure, acute; Congestive heart failure

Clinical Checklist

全部展開 | 全部折疊 | 頁首

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].	I C	
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].	I C	
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] .	I A	
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].	I C	

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].	I C	

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
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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)

Ask Watson

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歲女性因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。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


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
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
添加過敏
要檢查的藥物：
添加過敏
Bilberry
Ibuprofen
Warfarin
日常用藥：止痛藥
治療用藥：AF, 高血壓
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

Drug Interaction Results

修改相互作用

列印

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 ma result in increased risk of bleeding.

嚴重性等級不同

Warfarin分別和Ibuprofen、歐越莓併用皆會增加出血風險

複方 （未找到）

Drug-過敏症狀 相互作用 (1)

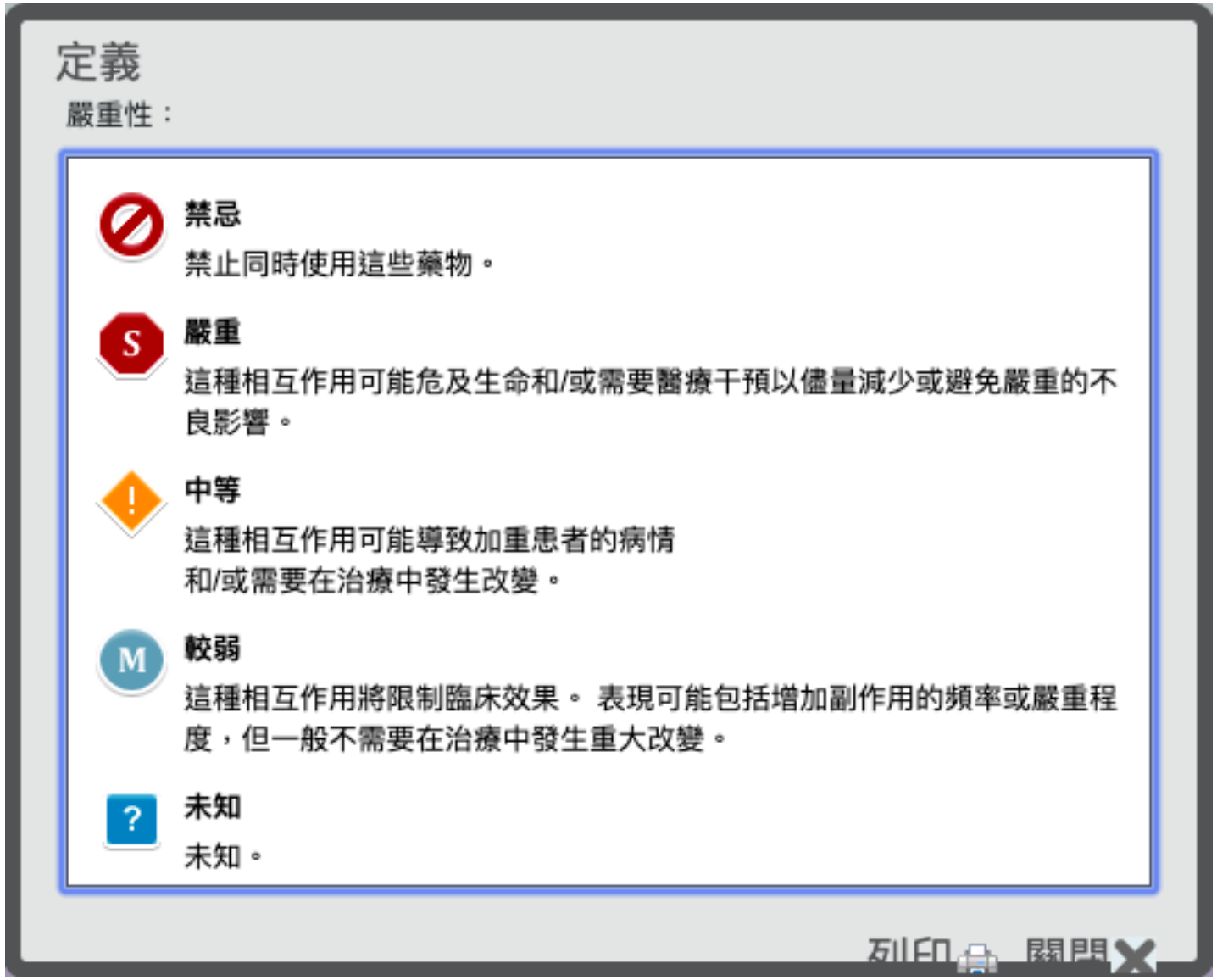
藥物：	嚴重性：	文件：	
IBUPROFEN -- ASPIRIN	Unknown	Unknown	CROSS-REACTIVITY MAY OCCUR AMONG NSAIDS, AND BETWEEN NSAIDS AND SALICYLATES (ASPIRIN).

Drug-食物 相互作用 (12)

藥物：	嚴重性：	文件：	綜述：

Feedback

Micromedex Assistant


定義
嚴重性：
禁忌
禁止同時使用這些藥物。
S
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。
M
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。
列印
關閉

Drug Interaction Results

修改相互作用

列印

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

Feedback

複方 （未找到）

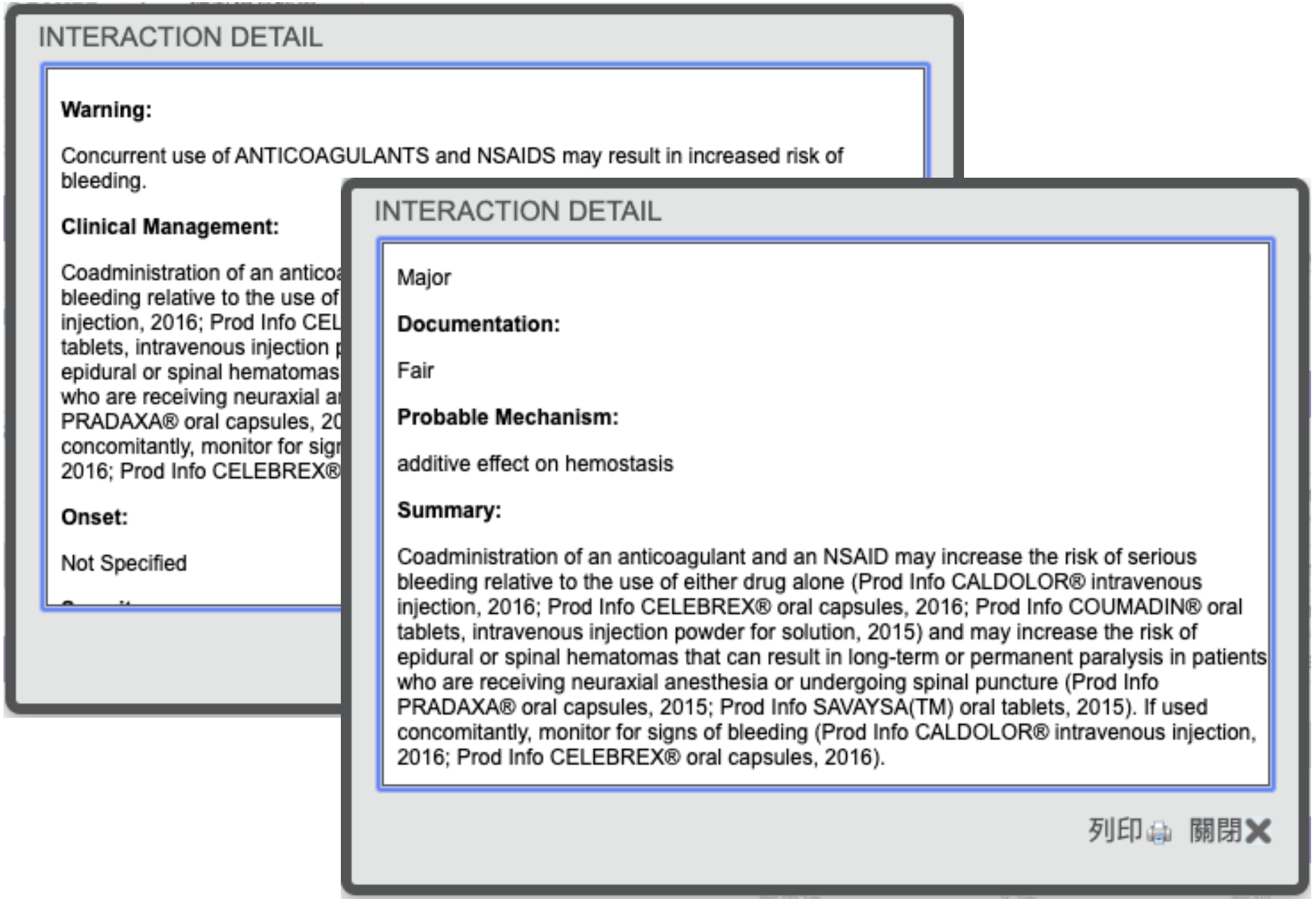
Drug-過敏症狀 相互作用 (1)

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：

Micromedex Assistant


INTERACTION DETAIL
Warning:
Concurrent use of ANTICOAGULANTS and NSAIDS may result in increased risk of bleeding.
Clinical Management:
Coadministration of an anticoa
bleeding relative to the use of
injection, 2016; Prod Info CEL
tablets, intravenous injection p
epidural or spinal hematomas
who are receiving neuraxial a
PRADAXA® oral capsules, 20
concomitantly, monitor for sign
2016; Prod Info CELEBREX®
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

Drug Interaction Results

修改相互作用

列印

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)

Drug-Drug 相互作用 (1)

藥物：	嚴重性：	文件：	綜述：
IBUPROFEN -- WARFARIN SODIUM	Major	Fair	Concurrent use of ANTICOAGU 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 a 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.

選中/取消選中以細化嚴重性設定。

全部選中 | 全部不選

- [x] Contraindicated
- [x] Major
- [ ] Moderate
- [ ] Minor
- [ ] Unknown

取消 更新

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	

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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

Preparation and Storage
Drugs:

- Anakinra
- ceFAZolin sodium
- Furosemide
- Heparin Sodium

Filter results

Administrative Method
- [x] Y-Site
- [x] Admixture
- [x] Syringe

Compatibility
- [x] Compatible
- [x] Incompatible
- [x] Uncertain
- [ ] Not Tested

Drugs
All (4)

Apply Filters

Reset Filters

Drug-Drug | Drug-Solution | TPN

切換呈現結果

Page View: Chart | List

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 Admixture: 3 Results Syringe: 2 Results
Furosemide		Y-Site: 4 Results		Y-Site: 11 Results Admixture: 1 Result, 2 Results Syringe: 2 Results
Heparin Sodium		Y-Site: 7 Results	Y-Site: 11 Results	

Feedback

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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%

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

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 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 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 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 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 1 Result

藥物比較

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

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

FDA-Labeled Indications

檢視 DRUGDEX 中的詳細資訊

Anticoagulant therapy, Genotype-guided
FDA Approval:
- Adult, yes
- Pediatric, no

Efficacy:
- Adult, Evidence favors efficacy

Strength of Recommendation:
- Adult, Class IIb

Strength of Evidence:
- Adult, Category B

Atrial fibrillation - Thromboembolic disorder
FDA Approval:
- Adult, yes
- Pediatric, no

Efficacy:
- Adult, Effective

FDA-Labeled Indications

檢視 DRUGDEX 中的詳細資訊

Atrial fibrillation, Nonvalvular - Cerebrovascular accident; Prophylaxis - Embolism, Systemic; Prophylaxis
FDA Approval:
- Adult, yes
- Pediatric, no

Efficacy:
- Adult, Effective

Strength of Recommendation:
- Adult, Class IIa

Strength of Evidence:
- Adult, Category B

Postoperative deep vein thrombosis; Prophylaxis - Total replacement of hip
FDA Approval:
- Adult, yes
- Pediatric, no

Efficacy:

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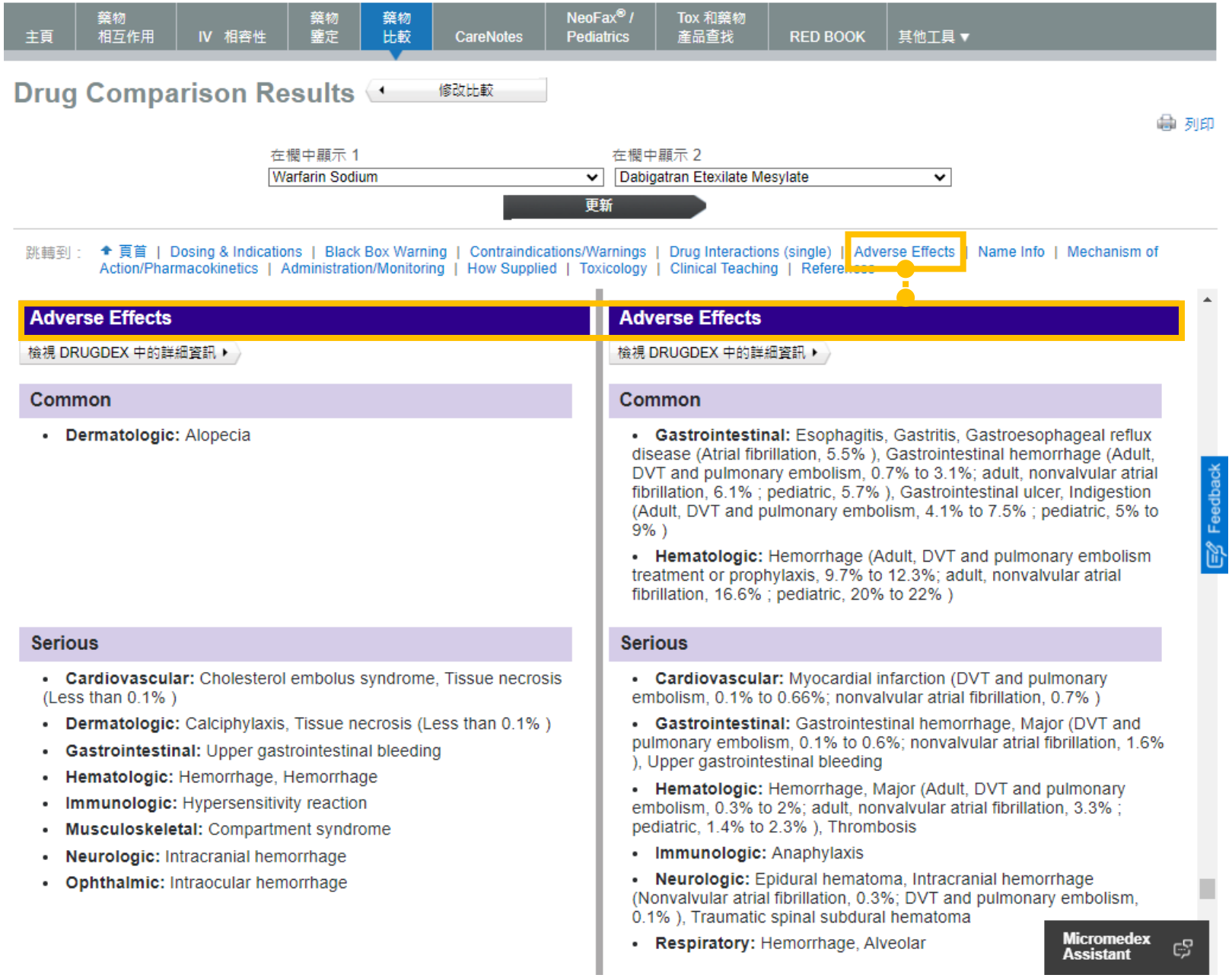
Feedback

藥物比較(不良反應)_一般/嚴重



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

在欄中顯示 2: Dabigatran Etexilate Mesylate

更新

Dabigatran Etexilate Mesylate
Rivaroxaban
Warfarin Sodium

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

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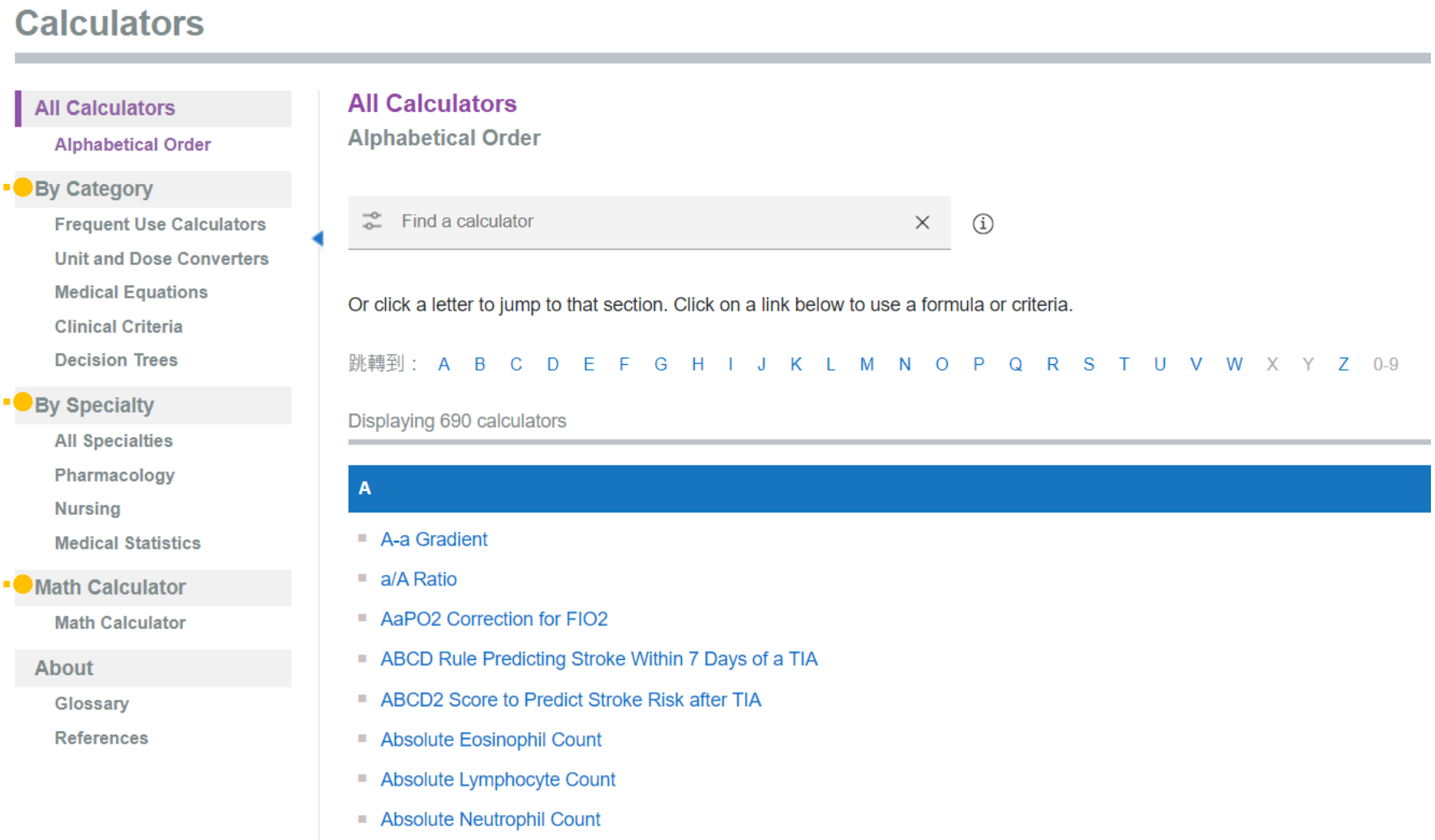
Calculators

依種類

依專業

數學計算



Calculators

By Category

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

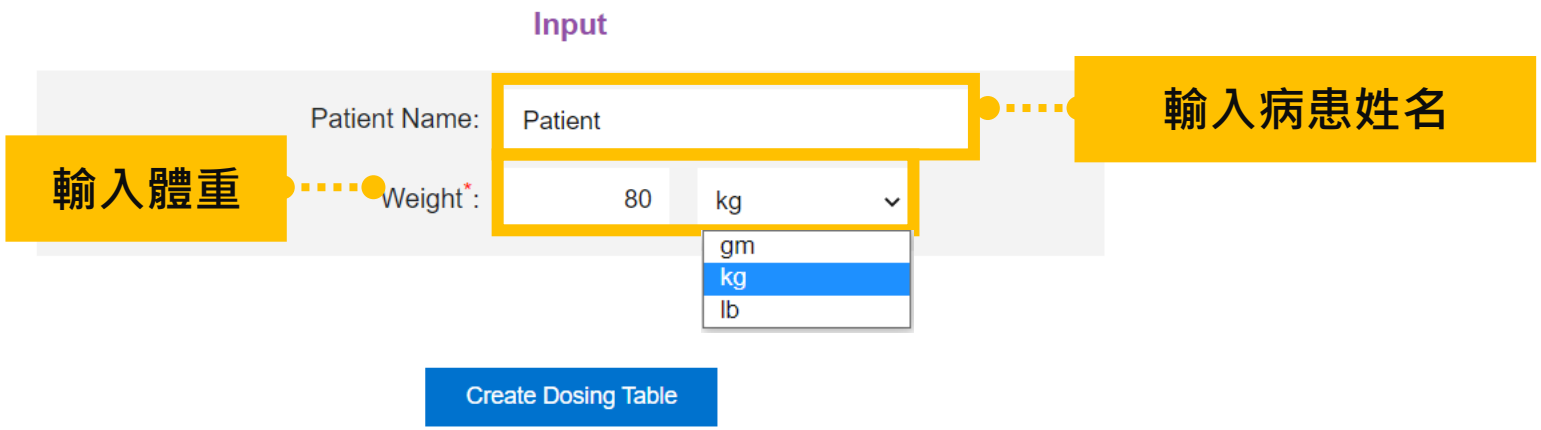
Measurement Calculators

- 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

Merative **Micromedex**®

All Calculators

ACLS: Adult Emergency Drug Dosing Calculator



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
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 MAX Cumulative Dose: 2.2 g over 24 hours	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
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 MAX Cumulative Dose: 3 mg	0.1 mg/mL	IV Push	May Repeat: 1 mg every 3 to 5 minutes
If manufacturer recommendation is unknown then use maximum available.			
Diltiazem			
15 to 20 mg May Repeat: 20 to 25 mg after 15 minutes	5 mg/mL	IV	Initial Dose: 20 mg (4 mL) over 2 minutes (min) 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			

客製化的ACLS清單

Q & A
Thank You!

客戶服務中心

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