

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



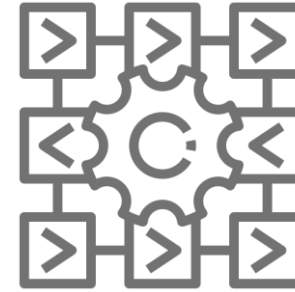
高品質

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

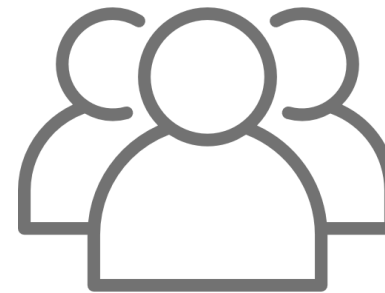


檢閱全球的醫療文獻

>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



可離線使用，不受制於使用人數

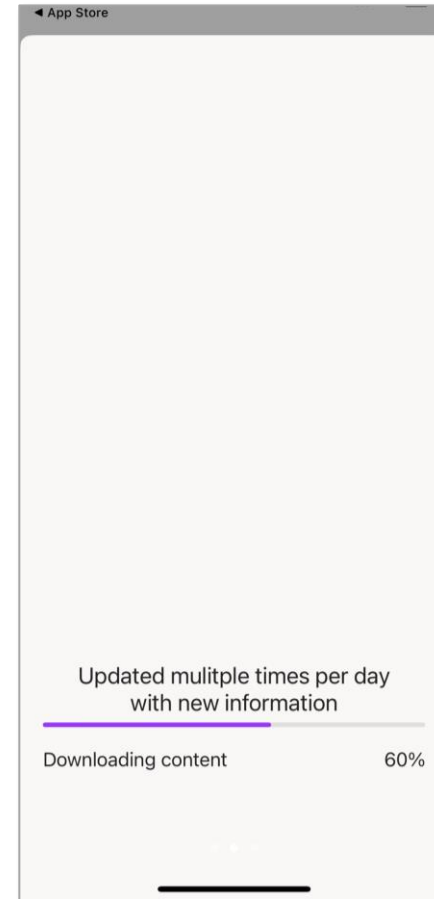
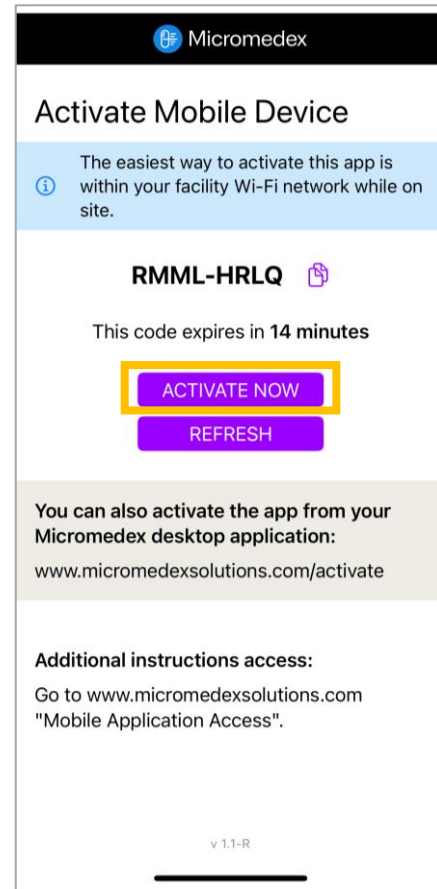
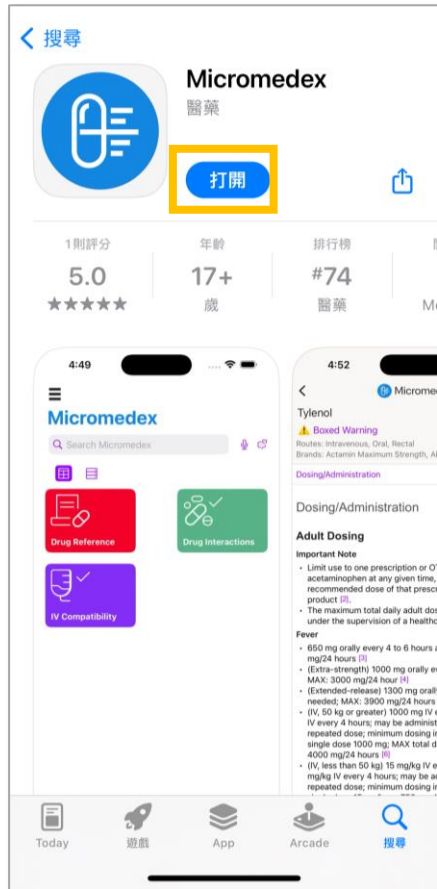
APP 啟用方式 — 手機使用機構網域內 Wi-Fi

安裝開啟APP

在IP網域內
登入啟用

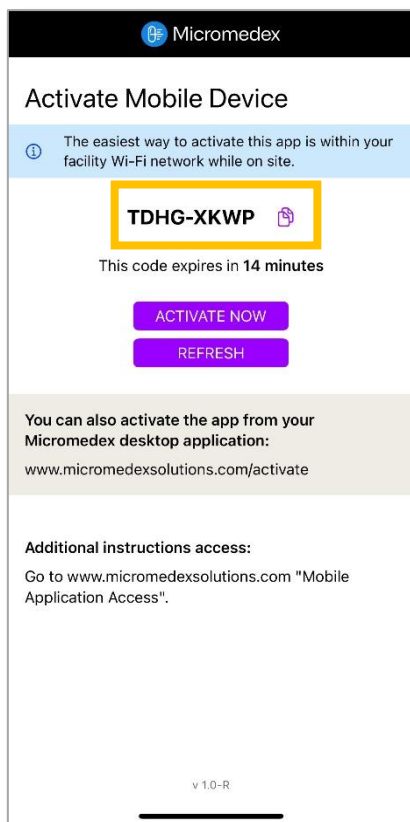
下載更新資料

完成啟用

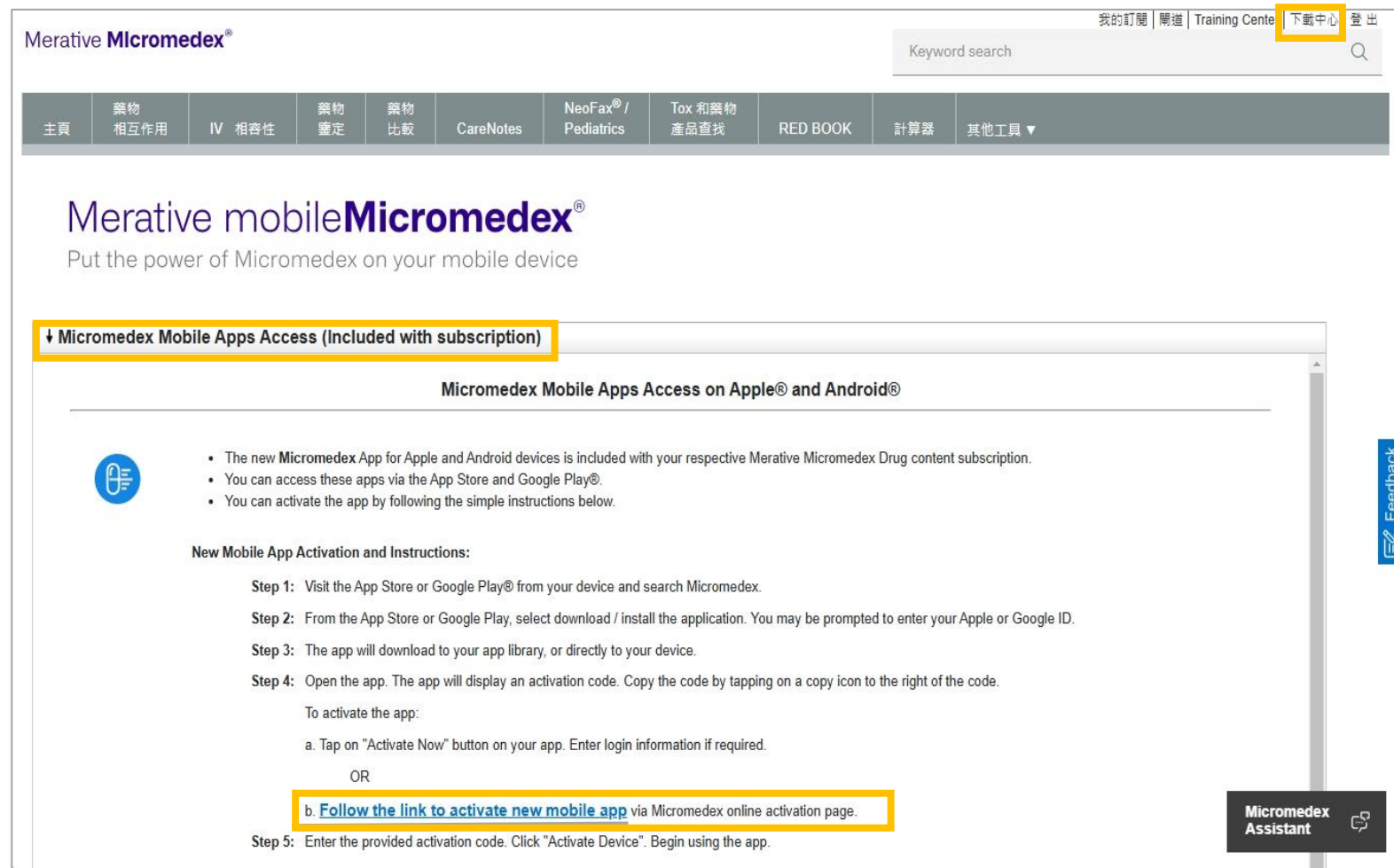


APP 啟用方式 — 手機非使用機構網域內Wi-Fi

(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

Subscriber: Shou Ray Information Service Co Ltd.

Activate Now

TDHG-XKWP

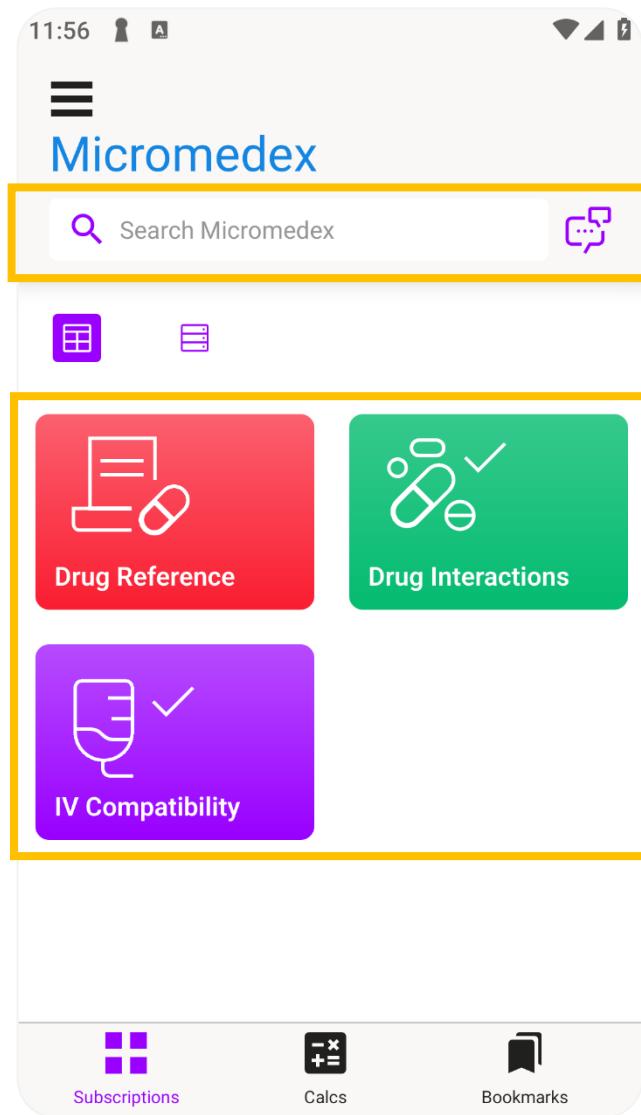
Activate Device →

[Log out](#)

(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

The screenshots illustrate the steps to access drug reference information in the Micromedex app:

- Home Screen:** The 'Drug Reference' button is highlighted in the main menu.
- Drug Reference Search:** The 'Find a Drug' search bar is highlighted. Below it, a list of drugs is shown, with '12 Hour Cold Maximum Strength (Pseudoephedrine Hydrochloride)' highlighted.
- Search Results:** The search results for 'warfarin' are shown. The 'CLOSEST MATCH' section highlights 'Warfarin Sodium' with 'Routes: Oral'.
- Warfarin Sodium Details:** The 'Dosing/Administration' section is highlighted in the 'TABLE OF CONTENTS'.

點選查看各項說明

APP 使用畫面-Drug Reference 為例

12:11 Micromedex

Warfarin Sodium

⚠ Boxed Warning

Routes: Oral

Brands: Coumadin, Jantoven

Dosing/Administration

Dosing/Administration

Adult Dosing

Important Note

- Routine use of loading doses is not recommended as this practice may increase hemorrhagic and other complications and does not offer more rapid protection against clot formation [4].

General Dosage Information

- Beers Criteria: Use caution or avoid use as potentially inappropriate in older adults [5].
- Individualize therapy considering clinical (eg, age, body weight, race, sex, concomitant medications, comorbidities) and genetic factors (CYP2C9 and VKORC1 genotypes) and according to INR response. Consult latest evidence-based clinical practice guidelines for...

References

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

Close

Subscriptions Calcs Bookmarks

開啟選單

Feedback

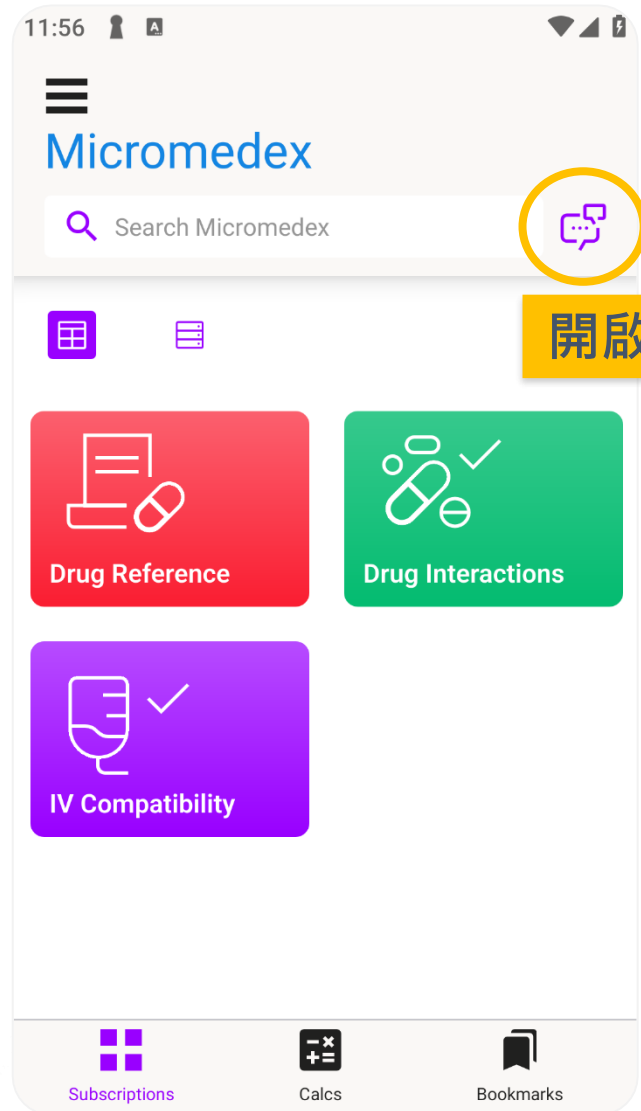
Add Bookmark

Find in Page

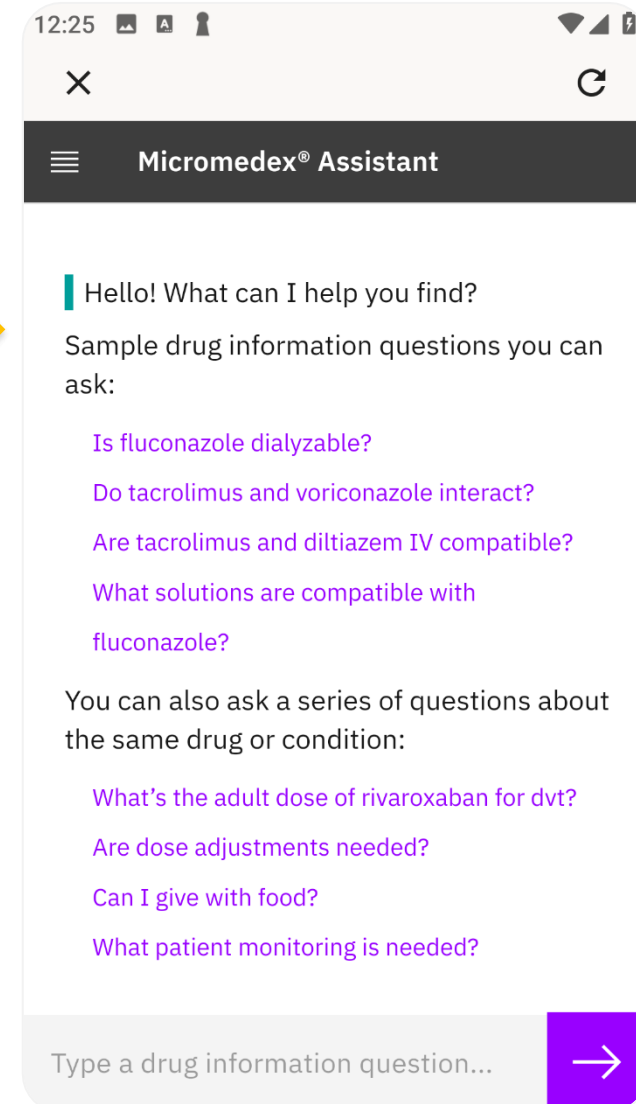
查看參考來源

開啟目錄

APP-Micromedex Assistant



開啟Micromedex Assistant



資料庫介面

3 支援總覽

2 工具列

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IV 相容性

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藥物

疾病

毒理學

Keyword search

1 檢索區

Micromedex Assistant

Search Micromedex drug information

Type a quick question...

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- AAPCC Codes in POISINDEX
- Alternative Medicine
- Detailed Drug Information for the Consumer
- DISEASEDEX™ Emergency Medicine
- DISEASEDEX™ General Medicine
- DRUGDEX System
- Imprint Codes in Identidex
- Index Nominum
- Interaction Checking
- Italian Drug Database
- IV Compatibility
- Lab Advisor
- MARTINDALE
- Micromedex Assistant Integrated Delivery
- 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

Micromedex Assistant

Micromedex drug information

Learn more



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Keyword search

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Merative mobile**Micromedex**®

Put the power of Micromedex on your mobile device

- ↓ Micromedex Native Mobile Apps (Offline access, included with content subscription)
- ↓ Micromedex Assistant for Mobile Browsers (Online Conversational Search, subscription required)
- ↓ Merative Micromedex Assistant (Remote online access to enterprise subscription)

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按使用載具不同各有說明

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Latest News

關閉 X

↓ New Approvals Feb/Mar

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

On March 14, 2024, the US FDA approved Tevimbra (tislelizumab-jsgf) 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-jsgf 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>.

支援與訓練 Support & Training



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Micromedex Training Center



View resources by role



For Nurses

Be prepared for any patient you encounter with evidence-based content, drug interaction checker, calculators and other tools.



For Pharmacists

Get fast access to current drug information to resolve complex drug therapy issues and support patient safety.



For Physicians

Stay current on the latest drug and disease evidence with daily, reliable clinical updates.

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HOW TO REFERENCE THE Merative SYSTEMS

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PLEASE NOTE: When referencing a Micromedex product or database, you *must* include: (electronic version), Merative information, URL address (<https://www.micromedexsolutions.com/>) and the date accessed. Subscribers to the Licensed Solutions often ask how to reference the databases when publishing articles. The following formats should be used:

The entire Micromedex System:

↑ Top of page

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

An entire System or Database:

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

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

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

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

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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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

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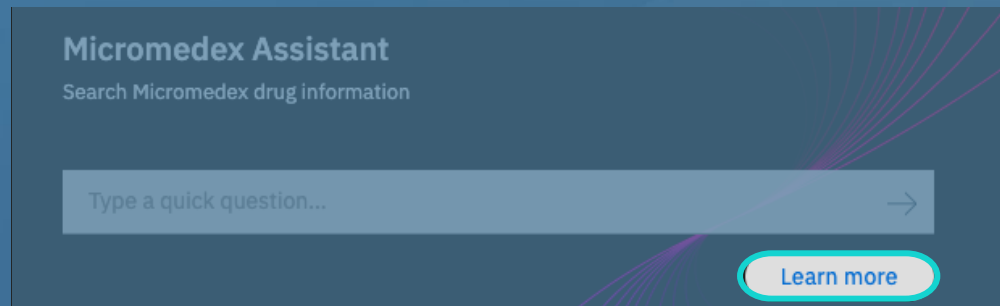
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資源

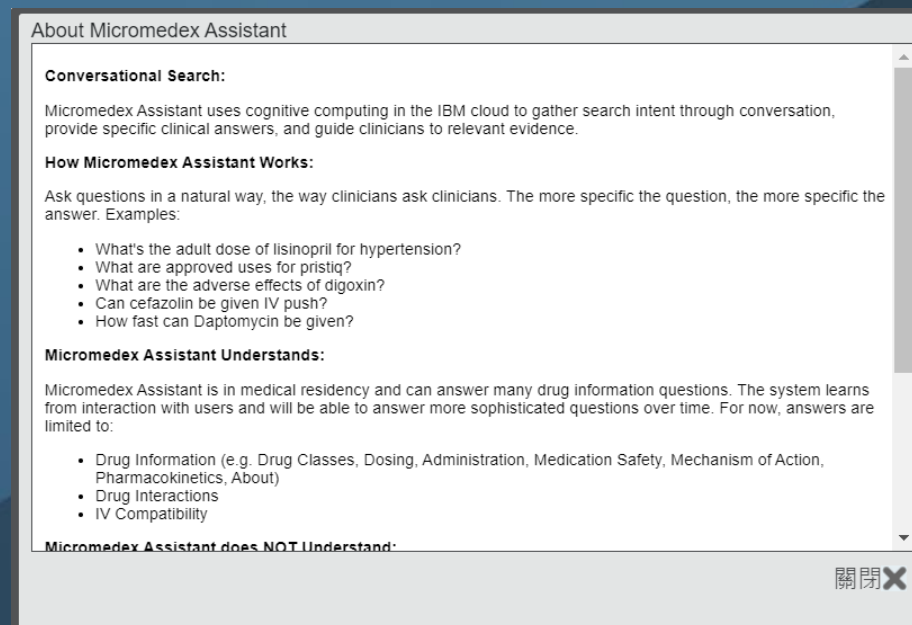
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怎麼問MA?



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

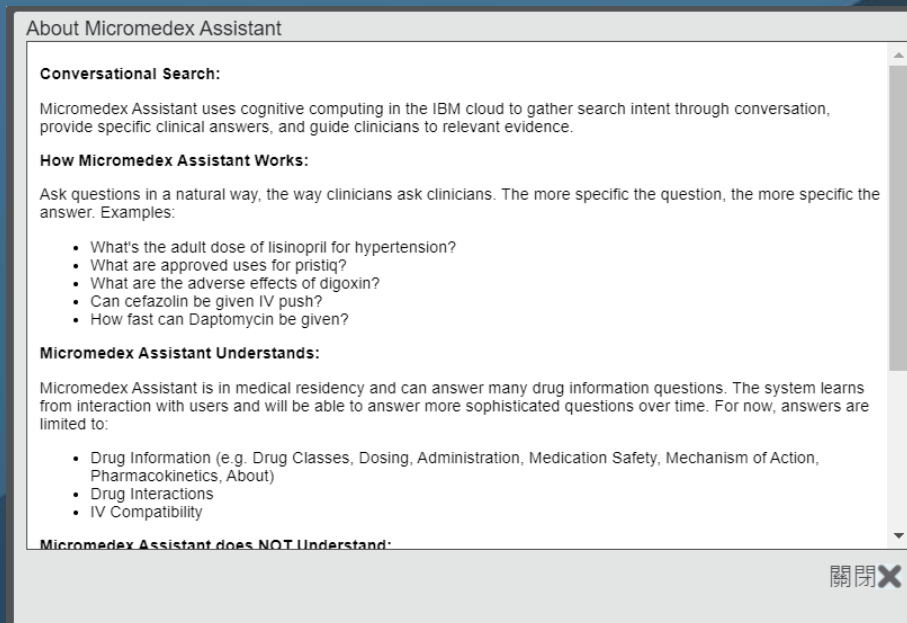
藥物交互作用

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?”

The screenshot shows the Micromedex Assistant web application. At the top, there's a search bar with three input fields: "Warfarin So...", "Atrial fibrillati...", and "adult". A "Clear" button is on the right. Below the search bar, a dark grey box contains the query: "What's the adult dose of warfarin for Atrial fibrillation". The main content area displays the results for "Atrial fibrillation - Thromboembolic disorder". It includes a summary of adult dosing for warfarin sodium, followed by two detailed sections: "Atrial fibrillation - Thromboembolic disorder" and "Atrial fibrillation - Thromboembolic disorder; Prophylaxis". Each section contains bullet points detailing initial dosing, maintenance dosing, and duration of therapy based on stroke risk and patient factors. At the bottom, there's a teal button labeled "Quick Answers Adult Dosing for Warfarin Sodium", a "Was this helpful?" feedback prompt with thumbs up/down icons, and a text input field with the placeholder "Type something..."

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

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

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

Quick Answers Adult Dosing for Warfarin Sodium

In-Depth Answers Adult Dosing for Warfarin Sodium

Was this helpful?  

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

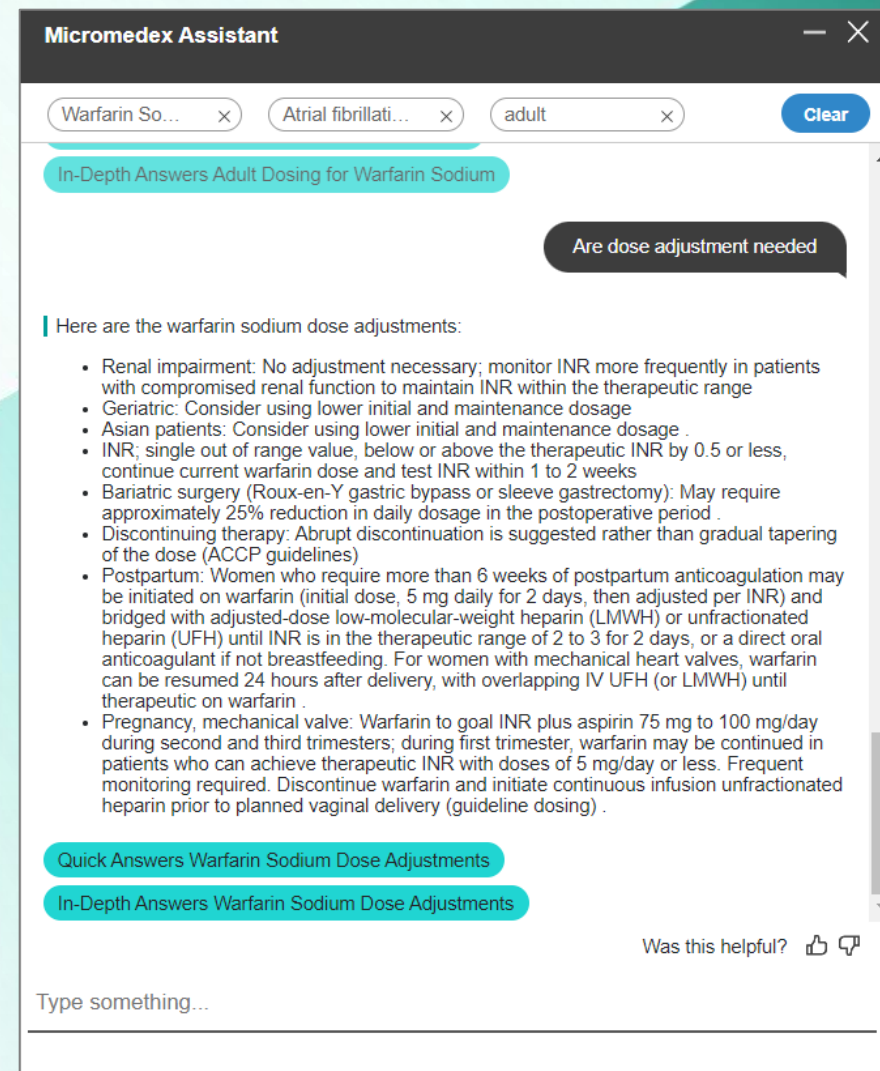
The screenshot shows the Micromedex Assistant web application. At the top, there is a search bar with three input fields: 'Warfarin So...', 'Atrial fibrillati...', and 'adult'. A 'Clear' button is to the right. Below the search bar, a dropdown menu shows 'adult warfarin AF'. The main content area asks 'Which of the following subjects would you like to see?' and lists four options: 'Adverse Effects', 'Precautions', 'Contraindications', 'Uses', and 'Dosing'. The 'Dosing' option is selected, and a 'Dosing' button is visible. Below this, the text reads 'Here is the adult dosing for warfarin sodium:'. The section title is 'Atrial fibrillation - Thromboembolic disorder'. The content includes three bullet points: '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).', and '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)'. At the bottom, there is a 'Was this helpful?' section with a thumbs up icon and a 'Type something...' input field.

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 displays the Micromedex Assistant web application. At the top, the title bar reads "Micromedex Assistant". Below it, a search bar contains three filters: "Warfarin So...", "Atrial fibrillati...", and "adult", with a "Clear" button to the right. A teal button labeled "In-Depth Answers Adult Dosing for Warfarin Sodium" is visible. A dark grey speech bubble contains the text "Are dose adjustment needed". Below this, a section titled "Here are the warfarin sodium dose adjustments:" lists several 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 section asks "Was this helpful?" with thumbs up/down icons. A text input field at the very bottom is labeled "Type something...".

Micromedex Assistant

Warfarin So... x Atrial fibrillati... x adult x 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?  

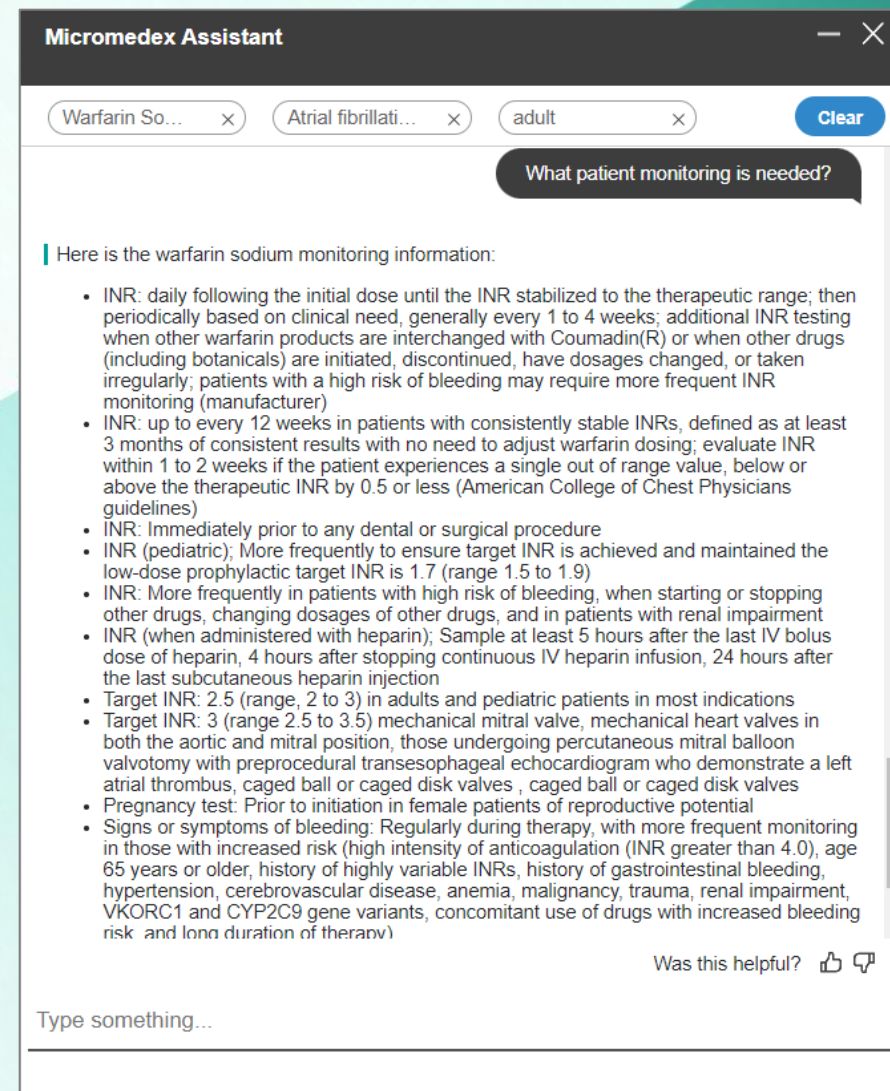
Type something...

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 web application. At the top, there is a search bar with three filters: "Warfarin So...", "Atrial fibrillati...", and "adult". A "Clear" button is on the right. Below the search bar, a dark grey box contains the question "What patient monitoring is needed?". The main content area displays the response: "Here is the warfarin sodium monitoring information:" followed by a bulleted list of monitoring guidelines. At the bottom right of the content area, there is a link "Was this helpful?" with thumbs up and down icons. A text input field at the very bottom is labeled "Type something...".

Micromedex Assistant

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

What patient monitoring is needed?

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)

Was this helpful? 👍 👎

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](#)

Micromedex Assistant

Tamoxifen C... x Atrial fibrillati... x adult x [Clear](#)

Drug Interaction Results [← 修改相互作用](#)

細化方式： Drug Tamoxifen Citrate 嚴重性： All 文件： All

跳轉到： [Drug-Drug \(111\)](#) | [過敏症狀 \(0\)](#) | [食物 \(0\)](#) | [乙醇 \(0\)](#) | [實驗室 \(0\)](#) | [抽煙 \(0\)](#) | [懷孕 \(1\)](#) | [哺乳期 \(1\)](#)

Drug-Drug 相互作用 (111)

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

Are there interactions with TAMOXIFEN?

Here are the drug interactions for tamoxifen citrate:

[View Drug Interactions Results](#)

Was this helpful?

[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

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 (0) | 食物 (13) | 乙醇 (1) | 實驗室 (1) | 接種 (1) | 懷孕 (3) | 哺乳 (3)

Drug-Drug 相互作用 (2)

藥物:	嚴重性:	文件:	描述:
IBUPROFEN -- WARFARIN SODIUM	S 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)

Drug-食物 相互作用 (13)

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

Clear

sues

TAMOXIFEN?

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？



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aspirin



Aspirin

Dosing Aspirin

Adverse Effects Aspirin

Indications Aspirin

Interactions Aspirin

Aspirin (Buffered)

Dosing Aspirin (Buffered)

Adverse Effects Aspirin (Buffered)

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- [Comparative Tables](#)
- [Do Not Confuse Drug List](#)
- [Drug Classes](#)
- [Drug Consults](#)
- [REMS](#)

Aspirin- Non-FDA Uses

Aspirin

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

Routes: [Oral](#) | [Rectal](#)

Regulatory Authority



FDA

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[Drug Interactions \(single\)](#)

[IV Compatibility \(single\)](#)

Dosing/Administration

Non-FDA Uses

列印

請參閱 '深入解答' 瞭解詳細結果。

- Adenocarcinoma of esophagus; Prophylaxis
- Antiphospholipid syndrome
- Atrial fibrillation - Thromboembolic disorder; Prophylaxis
- Cancer - Thromboembolic disorder; Prophylaxis
- Carotid artery stenosis
- Colorectal cancer, Nonmetastatic, post diagnosis
- Colorectal cancer; Prophylaxis
- Coronary stent stenosis, Subacute; Prophylaxis
- Death, Primary prevention in women

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](#)

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Micromedex
Assistant



Aspirin- Uses

ASPIRIN

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

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

簡要解答

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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

一次載入所有內容，
以便快速跳轉

 檢視完整文件

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Micromedex
Assistant



Aspirin- Comparative Efficacy

考量問題：是否有其他藥物可選擇？

ASPIRIN

Drug Classes: Analgesic | Antipyretic | All

Routes: Oral | Rectal

簡要解答

深入解答

全部結果

Atrial fibrillation - Thromboembolic disorder

-- Comparative Efficacy

1 / 4 results 用於 atrial fibrillation - thromboembolic disorder; ...

2) Usual dosage for pregnant women with a high-risk atrial fibrillation but no history of thrombosis or pregnancy

3) Usual dosage in obstetric antiphospholipid syndrome: 75 to 100 mg orally daily in combination with heparin

Atrial fibrillation - Thromboembolic disorder; Prophylaxis

a) Guidelines from The American College of Chest Physicians (ACCP) recommend that patients with atrial fibrillation choose to receive antithrombotic therapy, and that aspirin is not recommended for patients with atrial fibrillation receiving intravenous anticoagulants [55].

b) Patient With Atrial Fibrillation Receiving Intravenous Anticoagulation

1) Guidelines from The American College of Chest Physicians (ACCP) recommend that patients with atrial fibrillation at high risk of stroke should receive anticoagulation with warfarin or direct oral anticoagulants (DOACs) [55].

Patients with atrial fibrillation at intermediate risk of stroke

ASPIRIN

Drug Classes: Analgesic | Antipyretic | All

Routes: Oral | Rectal

簡要解答

深入解答

全部結果

Atrial fibrillation - Thromboembolic disorder

-- Comparative Efficacy

4 / 4 results 用於 atrial fibrillation - thromboembolic disorder; ...

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 [97].

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 [905][906].

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, 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 [905][906].

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%

檢視文件章節

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Warfarin- FDA Uses

1. 考量問題：此藥物的適應症為何？

[主頁](#)
[藥物相互作用](#)
[IV 相容性](#)
[藥物鑒定](#)
[藥物比較](#)
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WARFARIN [您的搜尋： Warfarin]

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

Routes: [Oral](#)

[簡要解答](#)
[深入解答](#)
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Regulatory Authority

FDA ▾

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- Dose Adjustments
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Medication Safety

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- Precautions
- Adverse Effects
- Black Box 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。

Warfarin Sodium
[Anticoagulant therapy, Genotype-guided](#)
[Atrial fibrillation - Thromboembolic disorder](#)
[Atrial fibrillation - Thromboembolic disorder; Prophylaxis](#)
[Prosthetic cardiac valve component embolism](#)
[Prosthetic cardiac valve component embolism; Prophylaxis](#)
[Pulmonary embolism](#)
[Pulmonary embolism; Prophylaxis](#)
[Thrombosis, Post myocardial infarction; Prophylaxis](#)
[Venous thromboembolism](#)
[Venous thromboembolism; Prophylaxis](#)

Anticoagulant therapy, Genotype-guided
 FDA Labeled Indication
 a) Overview
 FDA Approval: Adult, yes; Pediatric, no
 Efficacy: Adult, Evidence favors efficacy
 Recommendation: Adult, Class IIb
 Strength of Evidence: Adult, Category B
 See Drug Consult reference: [RECOMMENDATION AND EVIDENCE RATINGS](#)

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Micromedex Assistant

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warfarin



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[See Drug Consult reference: Antithrombotic and Thrombolytic Therapy in Children and Neonates - ACOG 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

[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) events was lowest for target INR between 2 to 2.5 compared to either INR ranges

是否為核准的適應症用藥？
有建議強度與證據等級嗎？

Feedback



FDA Uses

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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	

Feedback

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/...](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？

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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Pediatric Dosing

FDA Uses

Non-FDA Uses

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Drug Interactions (single)

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Do Not Confuse

Adverse Effects

請參閱 '簡要解答' 瞭解綜述結果。

Cardiovascular Effects

Dermatologic Effects

Endocrine/Metabolic Effects

Gastrointestinal Effects

Hematologic Effects

Hepatic Effects

Immunologic Effects

Musculoskeletal Effects

Neurologic Effects

Ophthalmic Effects

Renal Effects

Reproductive Effects

Respiratory Effects

Other

Cardiovascular Effects

Warfarin Sodium

Cholesterol embolus syndrome

Gangrenous disorder

Hemopericardium

Vasculitis

Cholesterol embolus syndrome

a) Summary

1) Systemic atheroemboli and cholesterol microemboli effecting solid organs and extremities, ranging from local necrosis to fatal cases, have occurred during warfarin therapy. Patients may present with

列印

Hematologic Effects

Warfarin Sodium

Anemia

Blood coagulation disorder

Eosinophil count raised

Hemolytic anemia

Hemorrhage

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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] based on INR [147]
- 9) If emergent (ie, within less than 1 hour), oral or parenteral vitamin K(1) may be administered if necessary [116] based on INR [147]. Consider high-dose concentrates (eg, 4-factor prothrombin complex concentrate, 3-factor 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

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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]

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達到穩定狀態後的
建議監測頻率

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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

搜尋疾病

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疾病

毒理學

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

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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"

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Keyword search|

🔍

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- 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

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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 impairs its ability to pump blood; acute decompensated HF may include patients with new-onset HF or those with worsening of previously chronic stable HF [1]

臨床檢查表單

- Heart failure, acute; Congestive heart failure

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關閉

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相關結果

Disease Other Titles

臨床檢查表單

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ALWAYS DO

Diagnosis
Treatment
Disposition

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Conditions
Tests & Procedures

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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].

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	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

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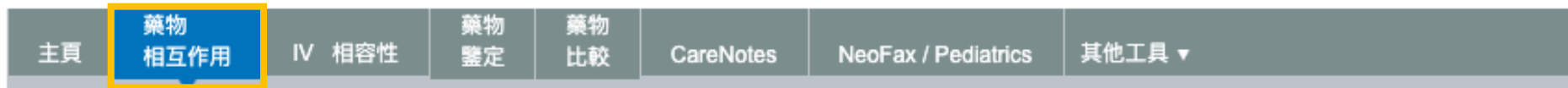
計算器

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



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

添加過敏

日常用藥：
止痛藥

治療用藥：
AF, 高血壓

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...

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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：

[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.

[Feedback](#)

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).

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](#)[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](#)[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：

[IBUPROFEN -- WARFARIN SODIUM](#)[BILBERRY -- WARFARIN SODIUM](#)

嚴重性：



Major

文件：

Fair

綜述：

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



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：

[IBUPROFEN -- ASPIRIN](#)

嚴重性：



Unknown

文件：

Unknown

綜述：

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

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

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	S 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	S Major	Good	Concurrent use of WARFARIN and POMEGRANATE may result in increased risk of bleeding.	
WARFARIN SODIUM	S 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	S 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	S 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	S 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	S 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	

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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

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-Drug

Drug-Solution

TPN

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

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處方集

[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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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

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

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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

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藥物比較

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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	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

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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Drug Comparison Results

[← 修改比較](#)

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Warfarin Sodium ▾

Dabigatran Etexilate Mesylate ▾

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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

Drug Comparison Results

← 修改比較

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Dabigatran Etexilate Mesylate

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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%)
- **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



藥物比較-切換另一藥物

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 ▾
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Drug Comparison Results ← 修改比較

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Warfarin Sodium

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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%)
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- **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

Calculators

依種類

All Calculators

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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](#)
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Calculators

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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

ACLS: Adult Emergency Drug Dosing Calculator

Input

Patient Name:

Weight*:

kg

gm
kg
 lb

輸入病患姓名

輸入體重

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!

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系統服務時間：全年無休