

Micromedex

碩睿資訊有限公司

教育訓練部門

Jamie Yen | 顏婕珉



大綱

Micromedex 內容簡介

Micromedex 使用介面

Micromedex Assistant – Chatbot來幫你！

Micromedex 檢索運用範例

Micromedex 內容簡介

Micromedex 收錄內容範圍



藥物資訊



治療方式



藥物毒性



替代療法



病患衛教

Micromedex® Solutions Healthcare Series

內容特性



權威性

藥物、毒理、疾病與急診醫學內容受美國國務院採納為官方醫學百科



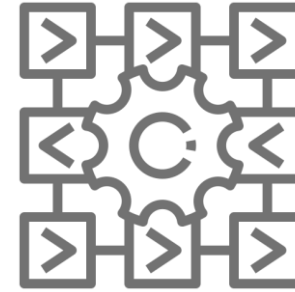
高品質

嚴謹的編輯過程



專業可靠

為學校、醫院及藥廠等提供實證內容服務超過50年



內容一致

呈現格式與內容標準皆維持一致



全文閱讀

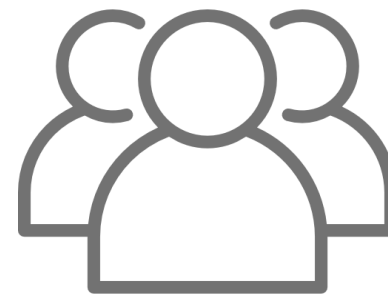
內容皆具完整參考文獻、經由同儕評審，並由臨床醫師撰寫

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 App



Micromedex 使用

資料庫登入與使用



IP認證機制

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



行動載具APP 訂戶專屬

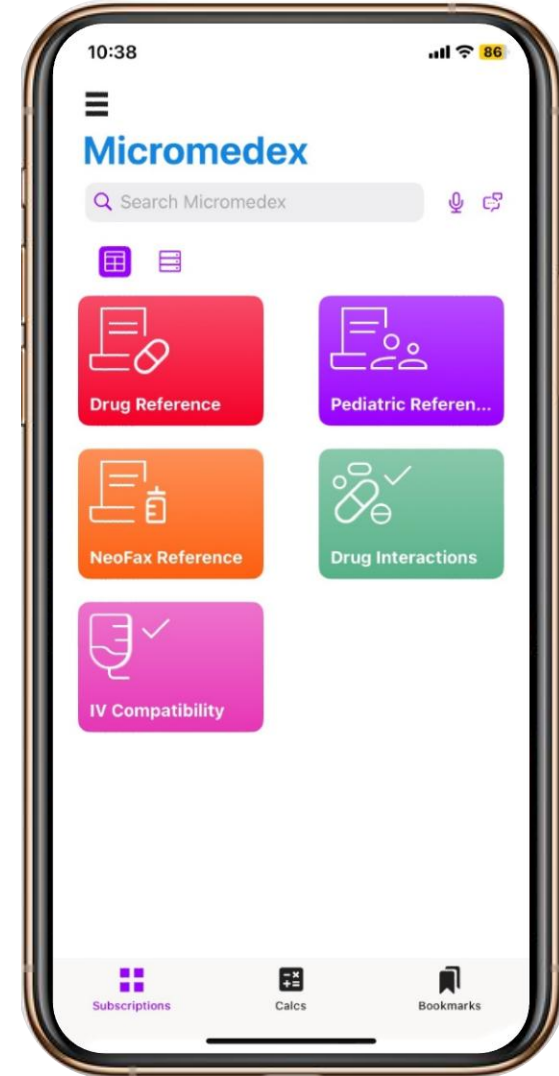
- 每次登入會自動更新資料
- **Drug Reference**可離線使用，不受網路死角影響
- 僅有簡要解答內容

*更新資料時需有網路

APP下載



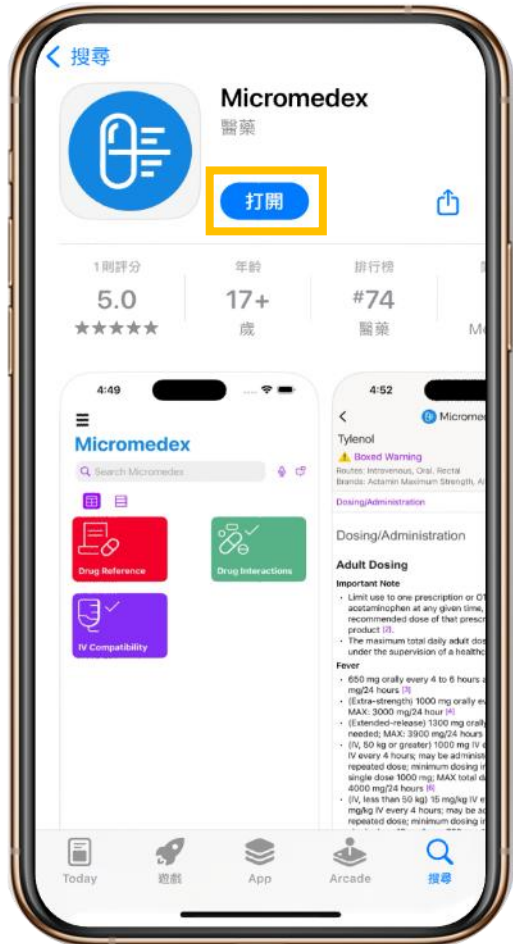
Micromedex



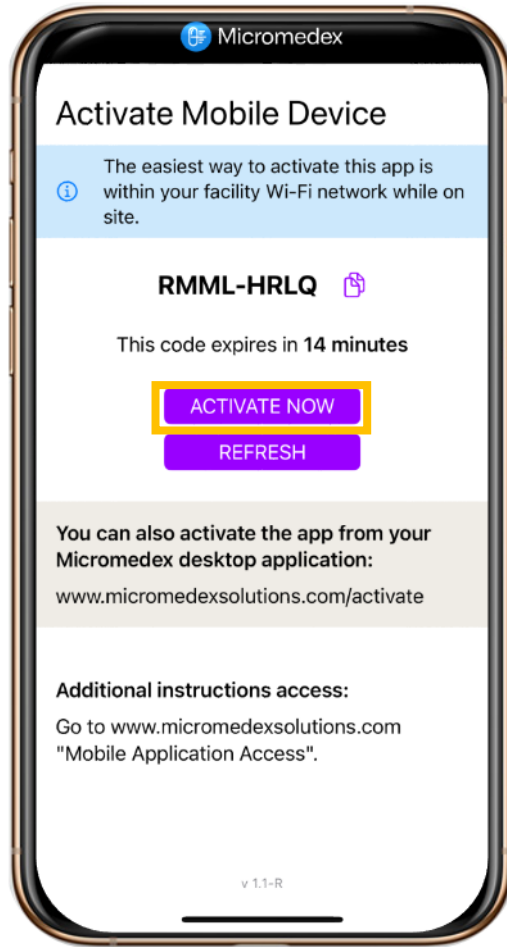
可離線使用，不受制於使用人數

APP 啟用方式 – 手機使用機構網域內 Wi-Fi

安裝開啟APP



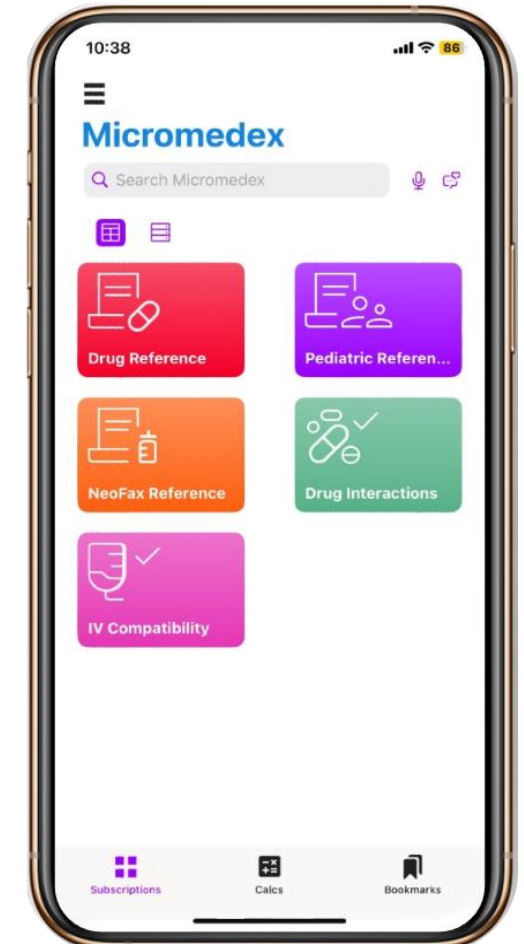
在IP網域內
登入啟用



下載更新資料

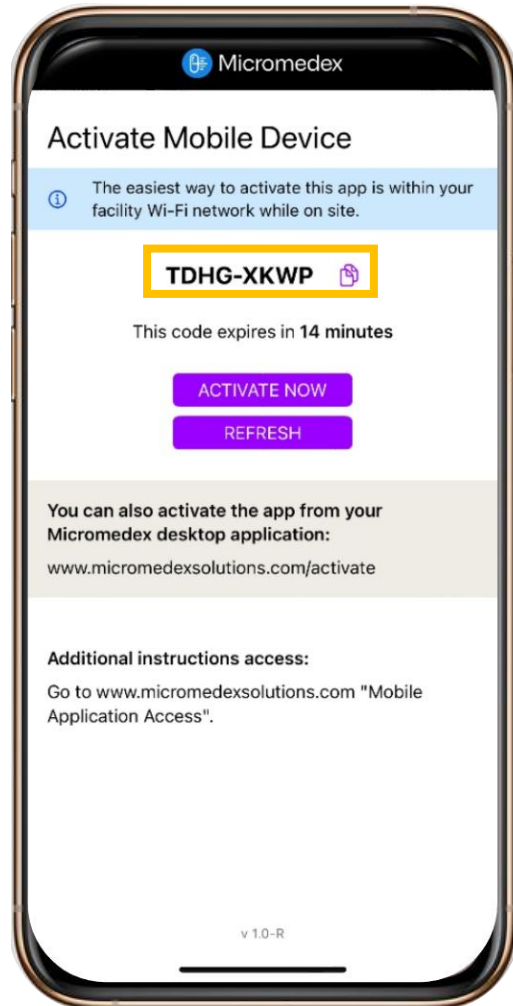


完成啟用



APP 啟用方式 – 手機非使用機構網域內Wi-Fi

(1) 複製code



(2) 開啟網頁版Micromedex資料庫下載中心點擊啟用網址

Micromedex

Monograph search Q Keyword search

Feedback Mobile access User account Logout

Home Drug Interactions IV Compatibility Drug ID Drug Comparison CareNotes NeoFax® / Pediatrics Tox & Drug Product Lookup RED BOOK Calculators Formulary

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

↓ Micromedex Mobile App Access (Included with subscription)

Micromedex Mobile App Access on Apple® and Android®

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

New Mobile App Activation and Instructions:

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

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

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

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

To activate the app:

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

OR

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

Step 5: Paste or enter the code in the "Activate Now" window on the mobile device or in the desktop application. Click "Activate Device". Begin using the app.

If you have issues with your login, please contact our support department:

Product Support:
U.S. and Canada: 1.877.843.6796 for Product Technical Support [24x7]
Global: +1.734.768.1510 for Product Technical Support [24x7]

Or file a case online via <https://merative.my.site.com/mysupport/s/micromedex-mobile-support-request>

Download on the App Store

GET IT ON Google Play

Micromedex Assistant

APP 啟用方式 — 手機非使用機構網域內Wi-Fi

(3) 輸入code

Subscriber: Shou Ray Information Service Co Ltd.

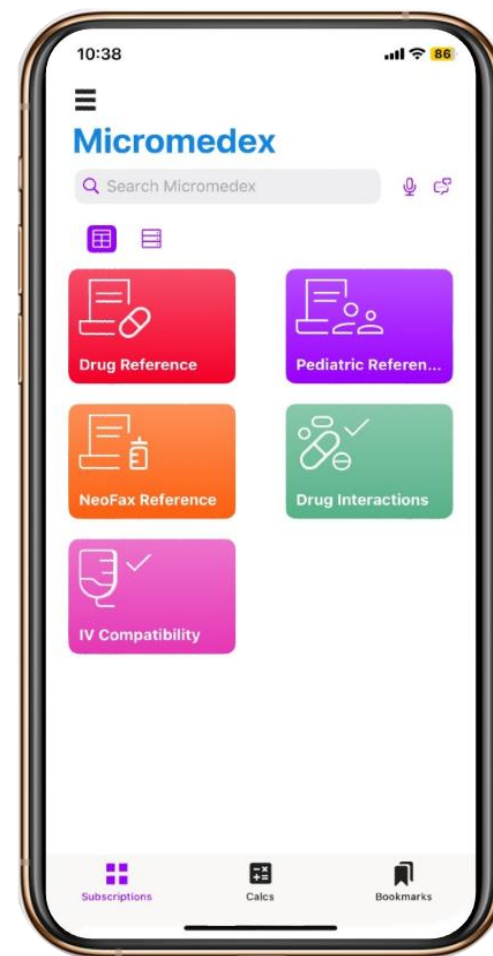
Activate Now

TDHG-XKWF

Activate Device →

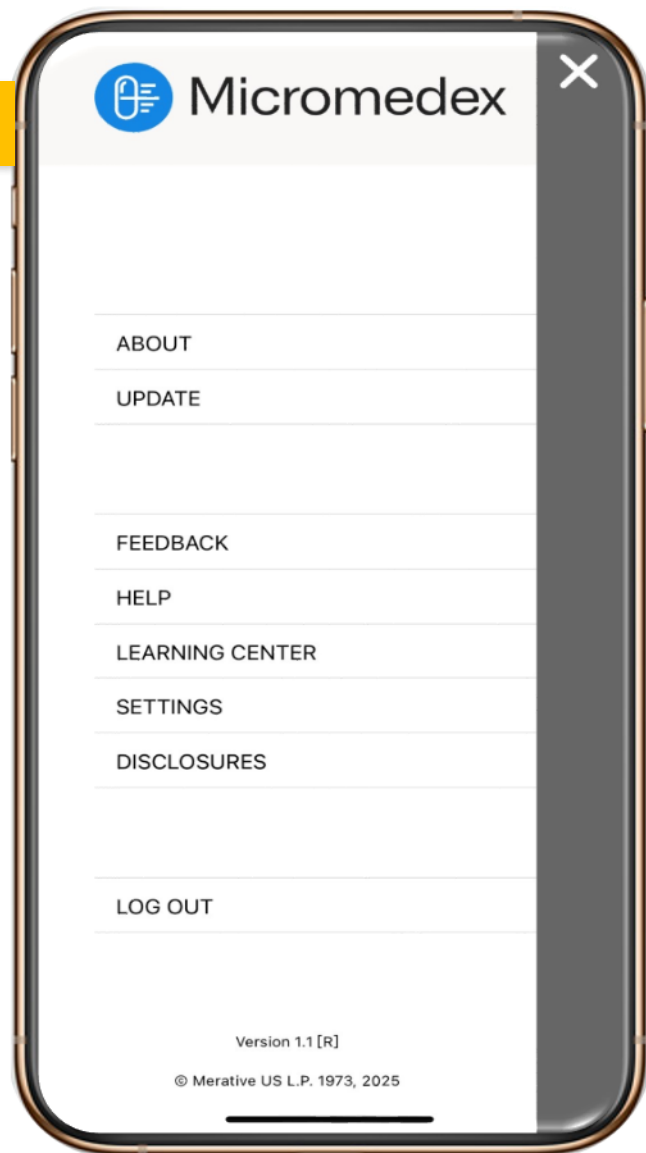
[Log out](#)

(4) 完成啟用



APP首頁

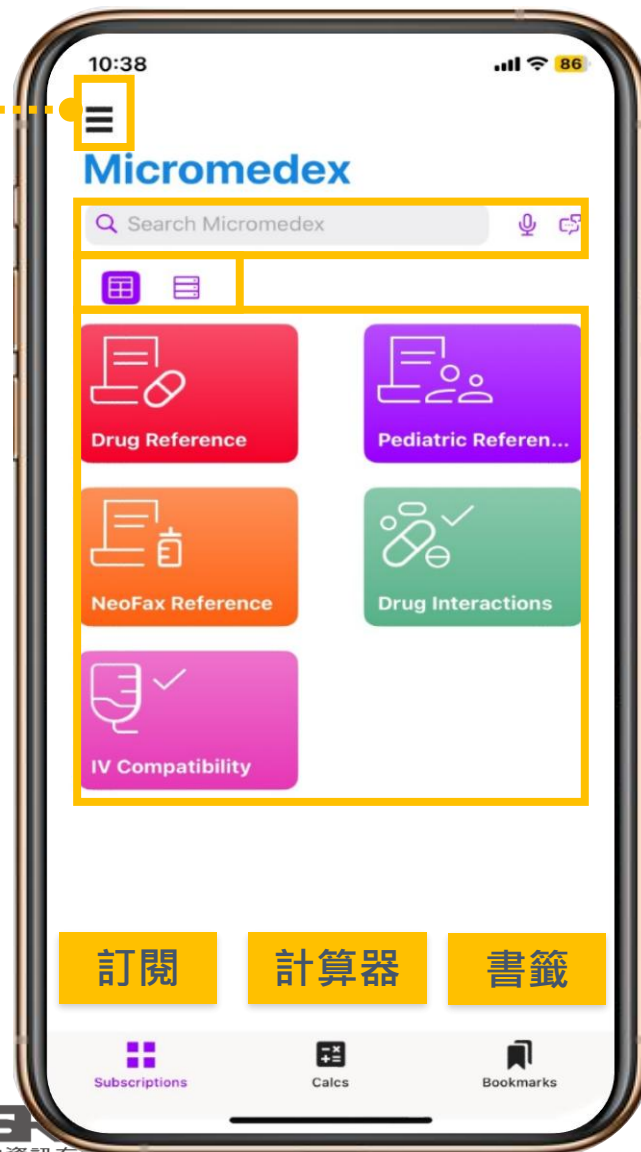
更新、版本與設定



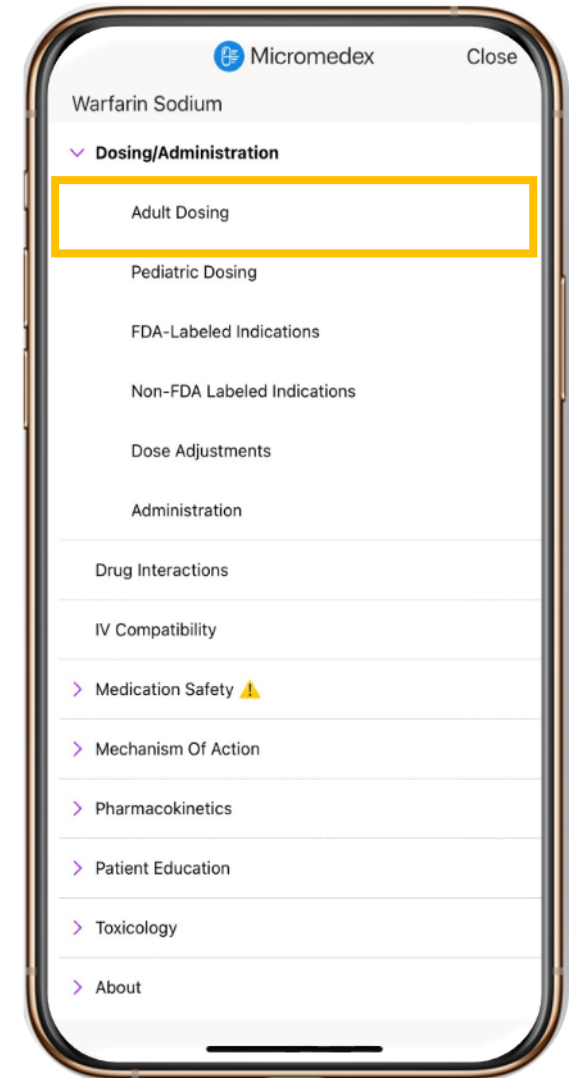
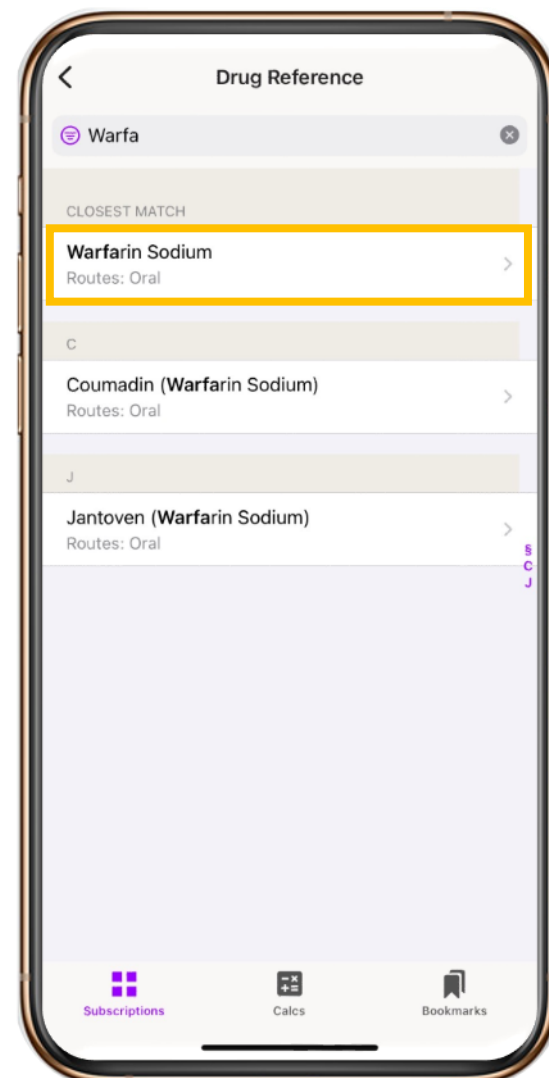
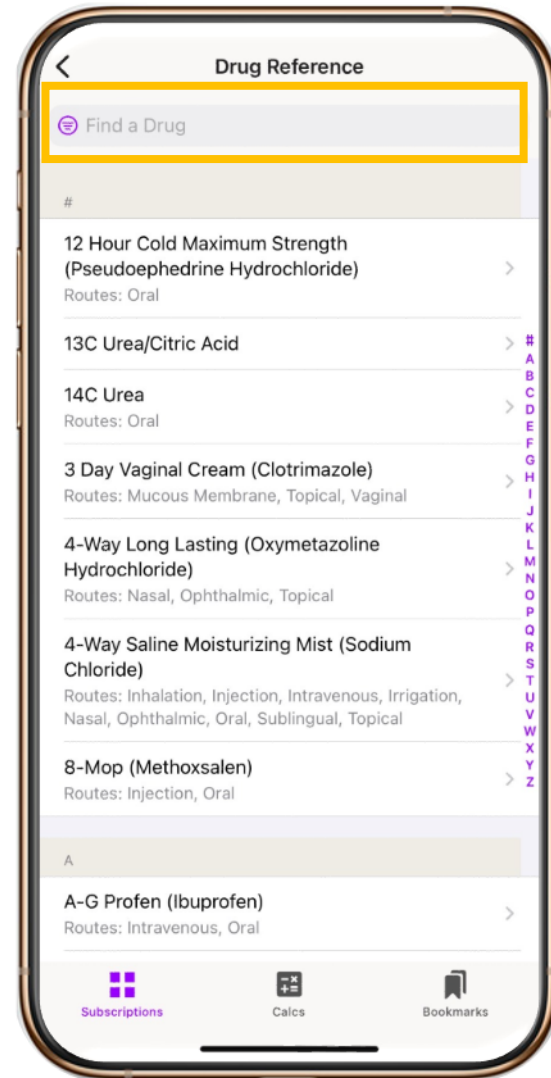
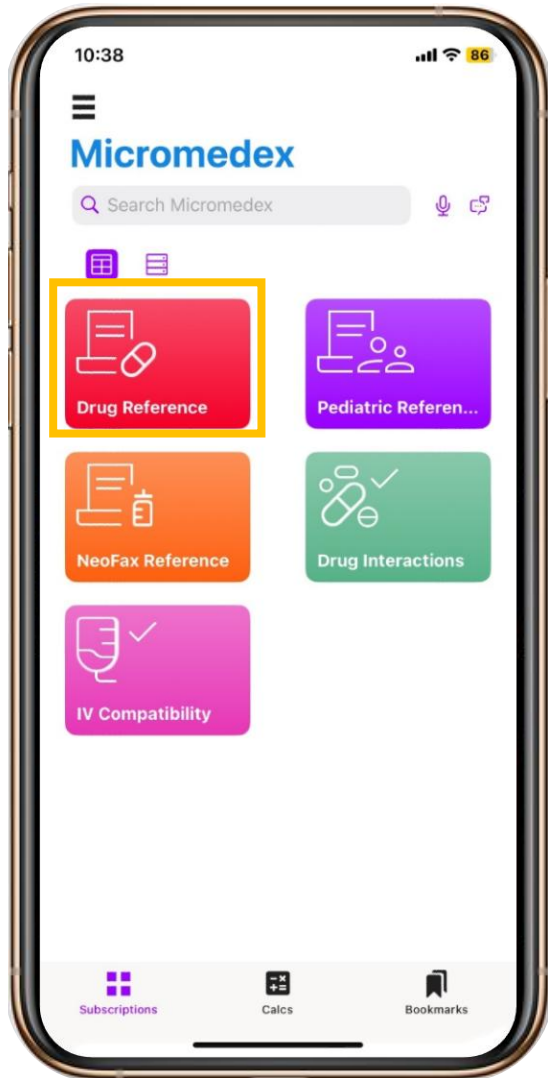
快速檢索

瀏覽工具方式

選擇使用工具



APP 使用畫面-以 Drug Reference 為例



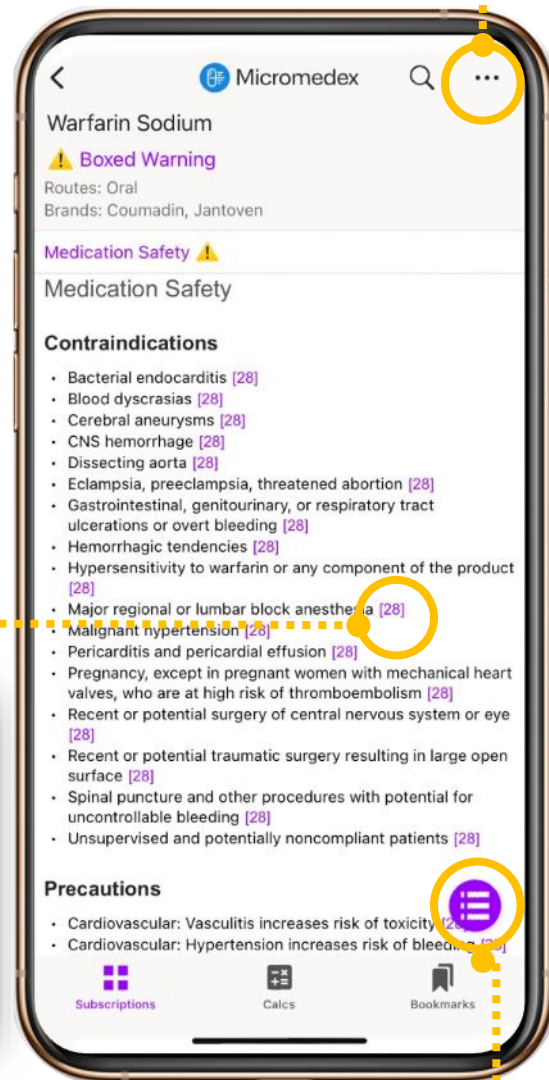
輸入欲查詢藥品名稱

從搜尋結果選擇藥品

點選查看各項說明

APP 使用畫面-以 Drug Reference 為例

開啟選單

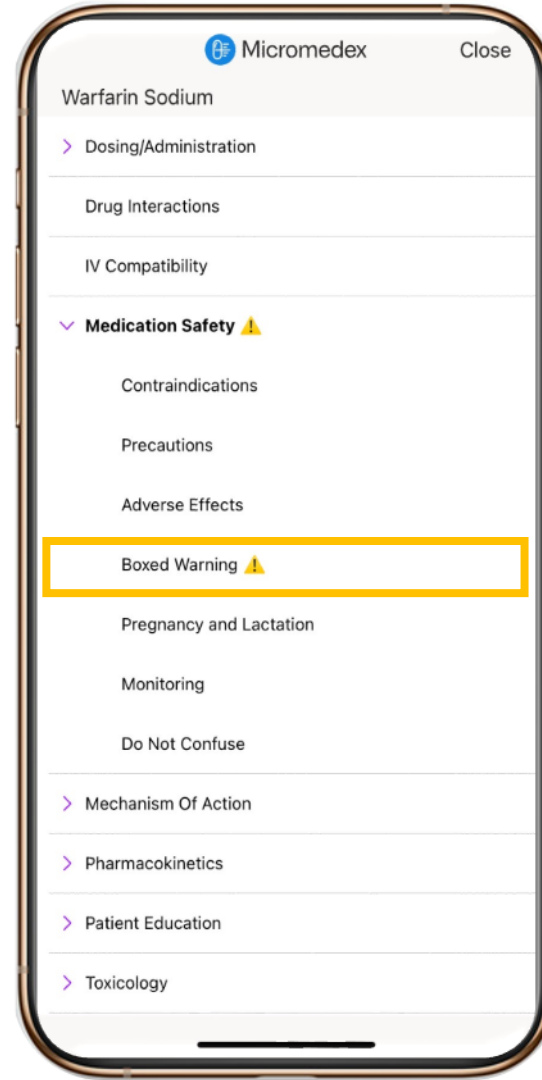


查看參考來源

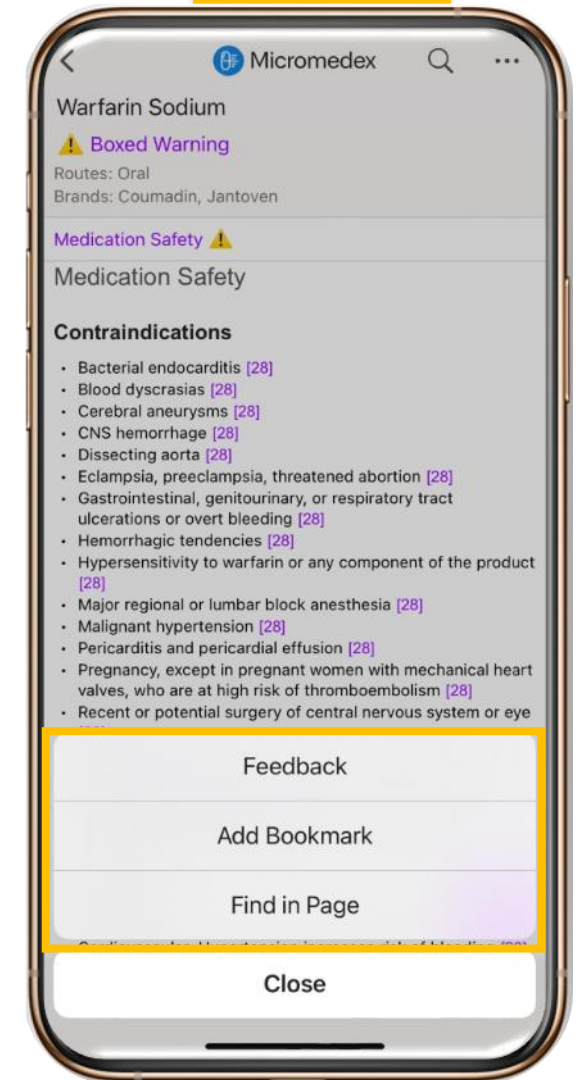
References

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

Close



開啟目錄



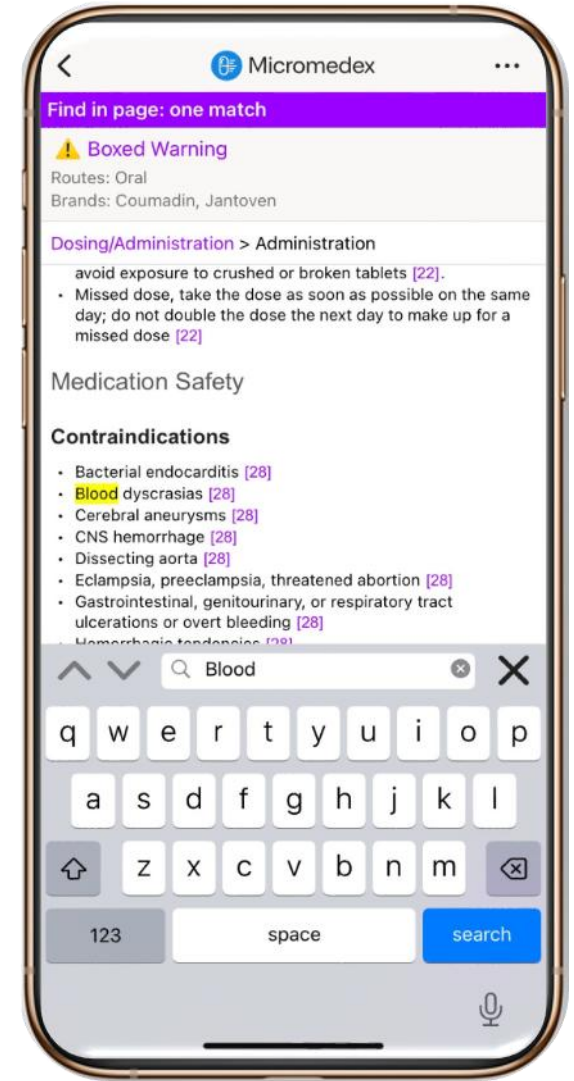
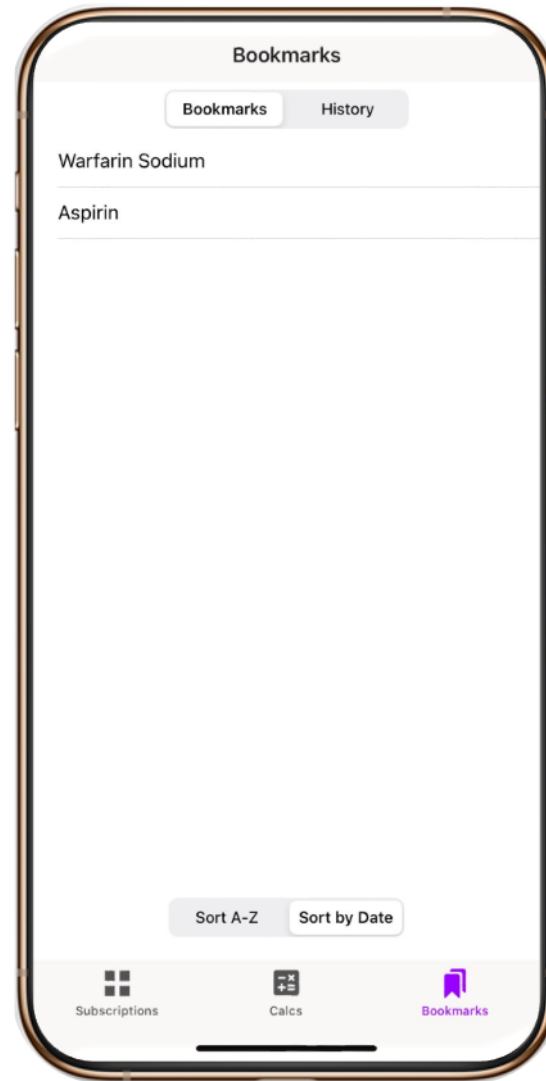
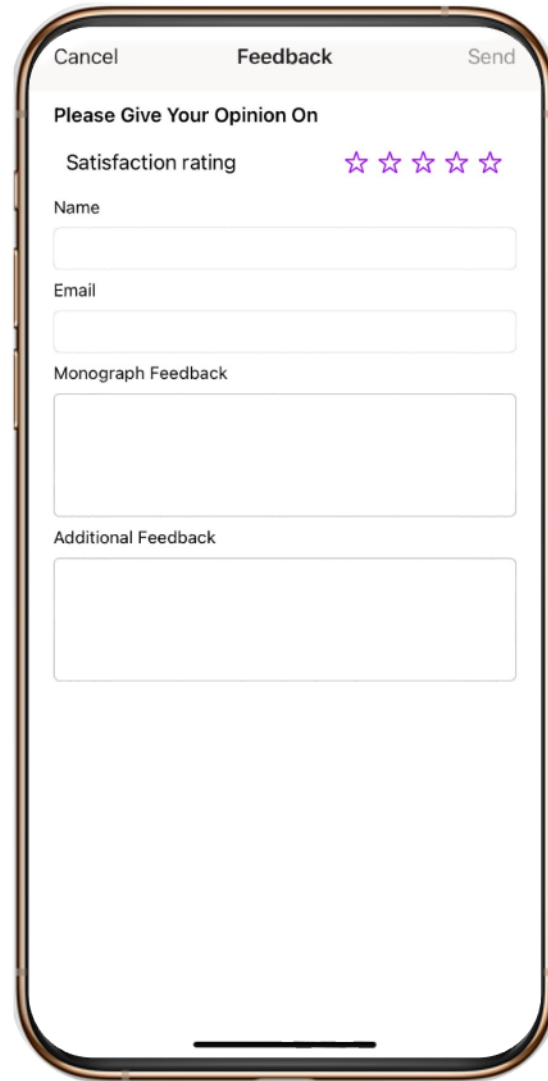
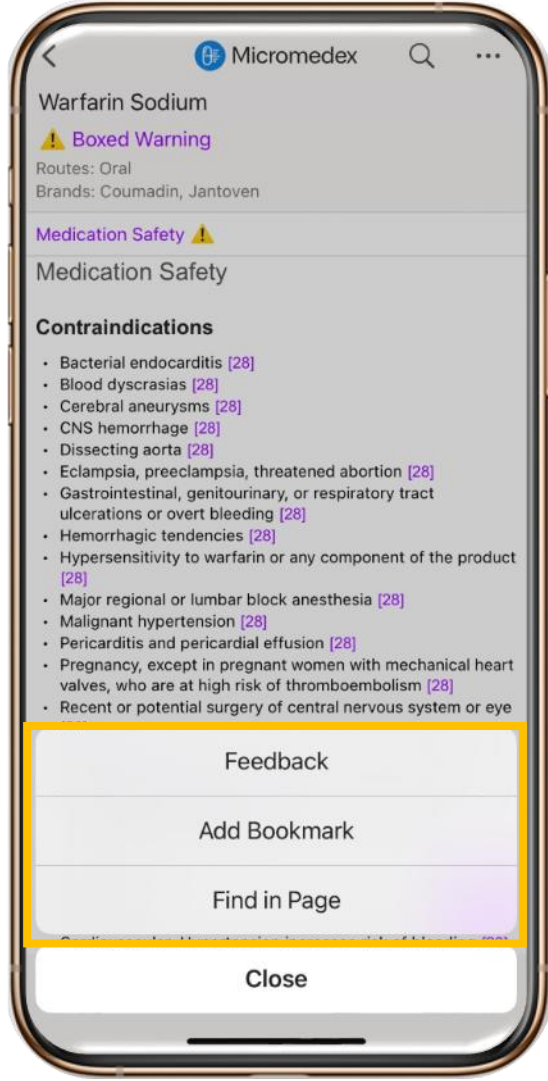
Feedback

Add Bookmark

Find in Page

Close

APP 使用畫面-以 選單功能 為例

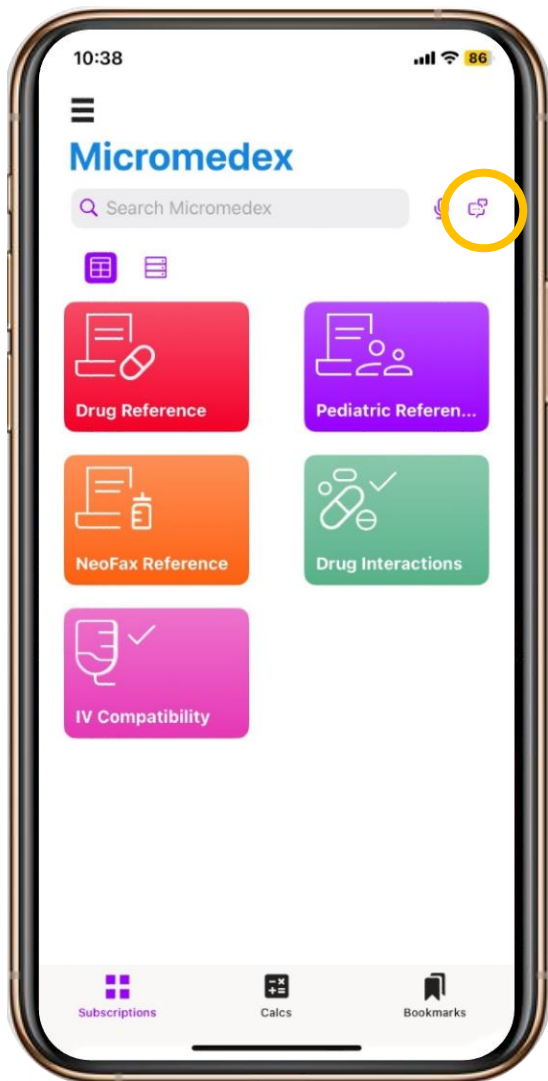


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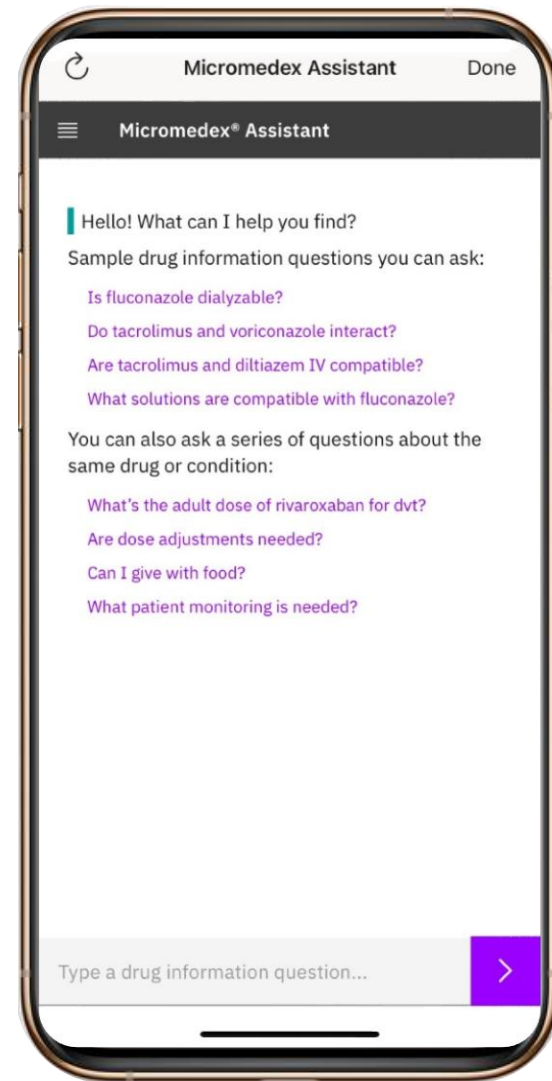
Bookmark

Find in Page

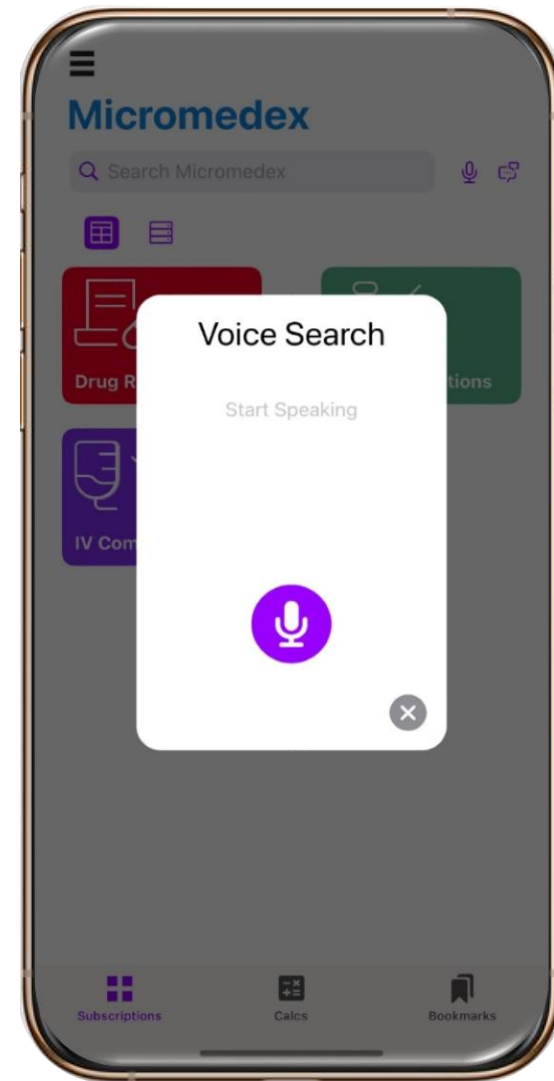
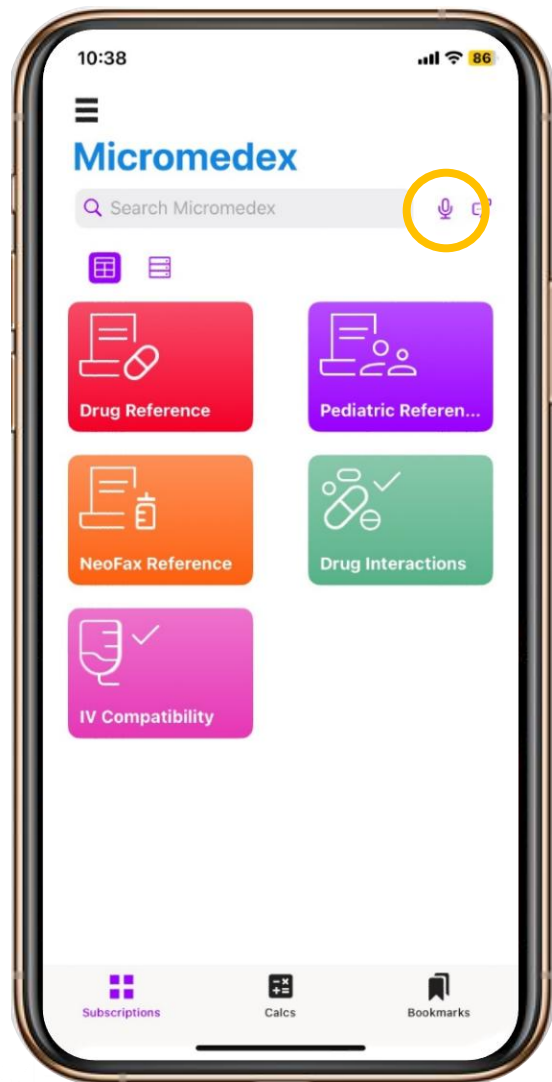
APP-Micromedex Assistant



開啟 Micromedex Assistant



APP-Voice Search



Micromedex Assistant



Hello! What can I help you find?

Sample drug information questions you can ask:

- Is fluconazole dialyzable?
- Do tacrolimus and voriconazole interact?
- Are tacrolimus and diltiazem IV compatible?
- What solutions are compatible with fluconazole?

You can also ask a series of questions about the same drug or condition:

- What's the adult dose of rivaroxaban for dvt?
- Are dose adjustments needed?
- Can I give with food?
- What patient monitoring is needed?

Was this helpful?  

Type something...

About Micromedex Assistant

Conversational Search:

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

How Micromedex Assistant Works:

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


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

Micromedex Assistant Understands:

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

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

Micromedex Assistant does NOT Understand:

關閉 

點按Learn more即顯示
智能檢索說明

怎麼問MA?

像同事之間一樣問問題

MA現在知道:

藥物資訊

藥物分類、劑量、給藥、藥物安全性、作用、藥物動力學、關於機制

藥物交互作用

IV相容性

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

MA不知道:

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

About Micromedex Assistant

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- What's the adult dose of lisinopril for hypertension?
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- What are the adverse effects of digoxin?
- Can cefazolin be given IV push?
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- Drug Information (e.g. Drug Classes, Dosing, Administration, Medication Safety, Mechanism of Action, Pharmacokinetics, About)
- Drug Interactions
- IV Compatibility

Micromedex Assistant does NOT Understand:

關閉 X

Demo Slides

對話式檢索範例

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

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

提問範例：

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

The screenshot shows the Micromedex Assistant interface. At the top, there are search filters for 'Warfarin So...', 'Atrial fibrillati...', and 'adult', with a 'Clear' button. The main content area displays the search results for 'What's the adult dose of warfarin for Atrial fibrillation'. The results are organized into sections: 'Here is the adult dosing for warfarin sodium:', 'Atrial fibrillation - Thromboembolic disorder', and 'Atrial fibrillation - Thromboembolic disorder; Prophylaxis'. Each section contains a list of bullet points detailing dosing and therapy. At the bottom, there is a 'Quick Answers Adult Dosing for Warfarin Sodium' button and a 'Was this helpful?' feedback prompt.

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...

對話式檢索介面

智能過濾器

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

簡要解答內容

Here is the adult dosing for warfarin sodium:

Atrial fibrillation - Thromboembolic disorder

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

Atrial fibrillation - Thromboembolic disorder; Prophylaxis

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

簡要解答連結

Quick Answers Adult Dosing for Warfarin Sodium

深入解答連結

In-Depth Answers Adult Dosing for Warfarin Sodium

意見回饋

Was this helpful?  

對話檢索框

Type something...

Micromedex Assistant

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

What's the adult dose of warfarin for Atrial fibrillation

Here is the adult dosing for warfarin sodium:



Atrial fibrillation - Thromboembolic disorder

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- 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 wafarin AF

Which of the following subjects would you like to see?

Dosing

The screenshot shows the Micromedex Assistant interface. At the top, there are search tabs for 'Warfarin So...', 'Atrial fibrillati...', and 'adult', with a 'Clear' button. A search input field contains 'adult wafarin AF'. Below the search bar, a list of subjects is displayed: 'Adverse Effects', 'Precautions', 'Contraindications', 'Uses', and 'Dosing'. A 'Dosing' button is visible. The main content area shows the following text: 'Which of the following subjects would you like to see?' followed by the list of subjects. Below this, it says 'Here is the adult dosing for warfarin sodium:' and 'Atrial fibrillation - Thromboembolic disorder'. The dosing information includes: '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?' feedback prompt 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?

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?

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](#)

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

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

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

對話式檢索範例

除單一藥物的交互作用清單外，亦可直接查詢多個藥物交互作用

提問範例：
interactions among bilberry
Losartan Warfarin ibuprofen?

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

- Ibuprofen
- Ibuprofen Lysine

Ibuprofen

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

[View Drug Interactions Results](#)

Micromedex Assistant

Drug Interaction Results

優化方式： 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) | 抽屜 (1) | 懷孕 (3) | 哺乳期 (3)

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

複方 (未找到)

Drug-過敏症狀 相互作用 (未找到)

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

interactions among bilberry Losartan Warfarin ibuprofen?

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

- Ibuprofen
- Ibuprofen Lysine

Ibuprofen

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

[View Drug Interactions Results](#)

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- Do not crush drugs list
- Extravasation
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Q Drug name or keyword search

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Do Not Crush Drug List

Do Not Crush List

勿磨碎或咀嚼口服藥清單

藥物諮詢

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頁首

RESPONSE

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

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

Occupational exposure to hazardous drugs (eg, antineoplastics, antivirals, biological modifiers, hormones) poses a risk to health care workers including acute health effects like rashes, chronic effects including cancer, and adverse reproductive effects. The 2024 NIOSH List of Hazardous Drugs in Healthcare Settings is an alphabetical listing of drugs that meet the criteria as a hazardous drug (Table 1 and Table 2), and drugs with only a developmental and/or reproductive risk. For more specific information, see Drug Consult: NIOSH--Handling Hazardous Drugs in Healthcare Settings [1].

- Table 1: Drugs with MSHI in the package insert and/or meet the NIOSH definition of a hazardous drug and one or more of the following criteria: are classified by the National Toxicology Program (NTP) as "known to be a human carcinogen," or are classified by International Agency for Research on Cancer (IARC) as Group 1 "carcinogenic to humans" or Group 2A "probably carcinogenic to humans" [1].
- Table 2: Drugs that meet the NIOSH definition of a hazardous drug and do not have MSHI, are not classified by the NTP as "known to be a human carcinogen," and are not classified by IARC as Group 1 "carcinogenic to humans" or Group 2A "probably carcinogenic to humans" [1].

Capsules/Tablets That Should Not Be Crushed List

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

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

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

Capsules/Tablets That Should Not Be Crushed*

Trade/Generic Drug Names	Dosage Form	Comments
abemaciclib	Tablet	
abiraterone acetate#	Tablet	
abiraterone acetate, micronized#	Tablet	
abrocitinib	Tablet	Swallow tablets whole with water; do not crush, split, or chew
acalabrutinib	Capsule; Tablet	

Extravasation

Extravasation

藥物諮詢

外滲或浸潤處理流程

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PATIENT DATA/BACKGROUND

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

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

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

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

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

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

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

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

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

藥物發生外滲處置流程及預防

RESPONSE

I. Risk Factors and Severity

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

- Agent-Related Factors:
 - cytotoxicity - DNA binding more likely than non-DNA binding
 - high osmolality

Drug Classes

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Drug Classes



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Displaying 184 of 761 results for "Drug Classes"

藥物類別

[ACE Inhibitor](#)

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

[ACE Inhibitor/Thiazide Combination](#)

[Acetaminophen Antidote](#)

[Acetaminophen Combination](#)

[Acetic Acid \(class\)](#)

[Acid-Base Disorder Agent](#)

[Adamantane](#)

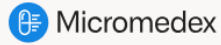
[Adenosine A2a Receptor Agonist](#)

[Adenosine Receptor Agonist](#)

[ADP-Induced Aggregation Inhibitor](#)

[Adrenal Glucocorticoid](#)

Drug Consults



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Drug Consults



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藥物諮詢

Abbreviations

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

Abuse-Deterrent Opioid Medications

治療霍奇金氏淋巴瘤的藥物

ABVD - Used for Hodgkin's Disease

AC - Used for Breast Cancer

AC FOLLOWED BY T WITH TRASTUZUMAB - Used for Breast Cancer

Accidental Awareness During General Anesthesia

ACE Inhibitor-Induced Acute Renal Failure

ACE Inhibitor-Induced Angioedema

ACE Inhibitor-Induced Cough

ACE Inhibitor-Induced Hepatotoxicity

ACE Inhibitor-Induced Hypotension

ABVD - Used for Hodgkin's Disease

Drug Consults

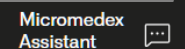
RESPONSE

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

Reference

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

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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？

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Aspirin

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

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Regulatory Authority

FDA

- 簡要解答
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Dosing/Administration

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請參閱 '簡要解答' 瞭解綜述結果。

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Angina pectoris

Antiphospholipid syndrome

Atrial fibrillation - Thromboembolic disorder; Prophylaxis

Cancer - Thromboembolic disorder; Prophylaxis

Carotid artery stenosis, Asymptomatic or symptomatic

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Aspirin- Comparative Efficacy

1. 考量問題：是否有其他藥物可選擇？

ASPIRIN

Drug Classes: Analgesic | Antipyretic | All

Routes: Oral | Rectal

Regulatory Authority

簡要解答 | 深入解答 | 全部結果

Atrial fibrillation - Thromboembolism -- Comparative Efficacy

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

every 12 hours of enoxaparin sodium 20 mg (n=55) daily in addition to low-dose heparin. The rate of thromboembolic complications between the heparin and enoxaparin groups was similar. There appears to be a

Atrial fibrillation - Thromboembolic disorder; Prophylaxis

1) Overview

FDA Approval: Adult, no; Pediatric, no

Efficacy: Adult, Evidence is inconclusive

Recommendation: Adult, Class III

Strength of Evidence: Adult, Category B

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

2) Summary:

Evidence

- An observational study in patients taking oral anticoagulation alone
- Aspirin and aspirin plus mini-d

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

respectively (p less than 0.0001 versus warfarin). Withdrawals due to adverse effects were statistically similar (4% and 3% in the warfarin and aspirin groups, respectively). Prior stroke and abnormal LV ejection fraction were significant prognostic risk factors for the development of stroke [897].

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 [90].

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 [898][899].

c) BAATAF (Boston Area Anticoagulation Trial for Atrial Fibrillation) Study: Warfarin was superior to aspirin for prevention of stroke in patients with nonrheumatic atrial fibrillation. In this study, the annual rate of stroke occurrence was 0.45% among warfarin users compared to 3.9% among aspirin users and 1.8% among untreated patients. After controlling for various risk factors, the relative stroke rate with warfarin over that of aspirin was 0.135 (95% CI 0.029 to 0.64). The relative stroke rate of warfarin over that of untreated patients was also low, however, the 95% CI was extremely wide and included unity, probably as a result of insufficient power of the study [900].

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%

Warfarin- FDA Uses

2. 考量問題：此藥物的適應症為何？

Micromedex

Monograph search

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Warfarin [您的的搜尋： Warfarin]

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

Routes: **Oral**

Regulatory Authority:

簡要解答 深入解答 全部結果

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- Adult Dosing
- Pediatric Dosing
- Dose Adjustments
- FDA Uses**
- Non-FDA Uses
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- Contraindications
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Dosing/Administration

FDA Uses

請參閱 '簡要解答' 瞭解綜述結果。

Expand All Expand All to view the entire section.

Warfarin Sodium

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

FDA Labeled Indication
a) Overview

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FDA Uses

Dosing/Administration

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Mechanism of Action

Expand All

← Expand All to view the entire section.

Warfarin Sodium

Anticoagulant therapy, Genotype-guided

Atrial fibrillation - Thromboembolic disorder; Treatment and Prophylaxis

FDA Labeled Indication

a) Overview

FDA Approval: Adult, yes; Pediatric, no

Efficacy: Adult, Effective

Recommendation: Adult, Class IIb

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 [18]

Indication

- Warfarin is indicated for the prophylaxis and treatment of thromboembolic complications associated with atrial fibrillation [17].

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

是否為核准的適應症用藥？
有建議強度與證據等級嗎？

疾病


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FDA Uses



檢視證據等級與建議強度

Recommendation, Evidence and Efficacy Ratings

藥物諮詢 

RESPONSE

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

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

Category 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	

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

Therapeutic Uses

3. 考量問題：使用抗凝血藥物是否可顯著降低中風危險？

Atrial fibrillation - Thromboembolic disorder; Treatment and Prophylaxis

FDA Labeled Indication

a) Overview

FDA Approval: Adult, yes; Pediatric, no

Efficacy: Adult, Effective

Recommendation: Adult, Class IIb

Strength of Evidence: Adult, Category A

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

4) Older Adults

a) Adjusted-dose warfarin reduced the incidence of the composite endpoint of fatal and nonfatal disabling stroke (ischemic or hemorrhagic), intracranial hemorrhage, and other clinically significant arterial embolism compared with aspirin 75 mg/day, among patients 75 years or older with chronic atrial fibrillation or atrial flutter, with no significant difference on major extracranial hemorrhage (BAFTA; N=973) [25].

心房顫動的老年人預防血栓療效

a) 對於 75 歲或以上的慢性心房顫動或心房撲動患者，調整劑量的華法林與每天 75 毫克的阿斯匹靈相比，降低了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的複合終點的發生率，但對主要顱外出血無顯著差異。

檢視資訊來源

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].

原始文獻
出處

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

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

Adverse Reactions

4. 考量問題：使用抗凝血藥物可能的不良反應？

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Warfarin [您的搜尋： Warfarin]

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

Routes: **Oral**

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- Contraindications
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Mechanism of Action

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請參閱 '簡要解答' 瞭解綜述結果。

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← Expand All to view the entire section.

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Dermatologic Effects

Endocrine/Metabolic Effects

Gastrointestinal Effects

Hematologic Effects

Hepatic Effects

Immunologic Effects

Hematologic Effects

Warfarin Sodium

- Anemia
- Blood coagulation disorder
- Eosinophil count raised
- Hemolytic anemia
- Hemorrhage
- Summary

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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 [107]. Other risk factors for a major bleed occurring during warfarin anticoagulation are comorbid conditions, atrial fibrillation, and the first 90 days of warfarin therapy [117][118][119]. 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 [107].

Summary

a) General Information

- 1) Bleeding is one of the most common and potentially serious adverse effects with treatment. May cause significant and potentially fatal bleeding [107]
- 2) Increased risk with high-intensity anticoagulation (ie, INR greater than 4), age of 65 years or older, history of highly variable INRs, history of gastrointestinal bleeding, hypertension, cerebrovascular disease, anemia, malignancy, trauma, renal impairment, certain genetic factors, concomitant use of drugs that affect hemostasis (eg, NSAIDs, other anticoagulants, antiplatelet agents, SSRIs), and long-term therapy [107]

b) Prevention and Management

- 1) Perform regular (ie, generally every 1 to 4 weeks) INR monitoring in all treated patients [107]
- 2) Consider more frequent INR monitoring, careful dose titration to desired INR, and shortest possible therapy duration in high-risk patients [107]
- 3) Monitor INR more frequently with treatment initiation, dose adjustment, or withdrawal of other drugs (including botanicals) [107]
- 4) Determine INR immediately before any dental or surgical procedure [107]
- 5) Adjust the dose to maintain INR on the low end of the therapeutic range to continue anticoagulation in patients undergoing minimally invasive procedures [107]
- 6) Do not routinely base vitamin K antagonist (ie, warfarin) therapy interruption solely on clinical prediction rules for bleeding [83].
- 7) If the timeline for anticoagulant reversal is more than 24 hours, interrupt therapy. Oral or parenteral vitamin K may be administered if necessary [107] based on INR [142].
- 8) If expedited (ie, within 1 to 24 hours) anticoagulant reversal is needed, withhold drug. Oral or parenteral vitamin K(1) may be administered if necessary [107]
- 9) If emergent (ie, within less than 1 hour) anticoagulant reversal is required, withhold drug. Consider high-dose phytonadione IV. Consider clotting factor supplementation with prothrombin complex concentrates (eg, 4-factor prothrombin complex concentrate, recombinant factor VIIA plus 3-factor prothrombin complex concentrate, activated prothrombin complex concentrate, 3-factor prothrombin complex concentrate, recombinant factor VIIA, or fresh frozen plasma) [107][142]
- 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 [83].
 - b) INR greater than 10 with no evidence of bleeding:
 - 1) Administer oral vitamin K [83].
 - 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 [83].

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](#)

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Monitoring

達到穩定狀態後的
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Medication Safety

Monitoring

請參閱 '簡要解答' 瞭解綜述結果。

A) Warfarin Sodium

1) Therapeutic

a) Laboratory Parameters

1) INR

a) Monitor INR daily following the initial warfarin dose until the INR stabilized to the therapeutic range; then periodically based on clinical need, generally every 1 to 4 weeks. Perform additional INR testing when other warfarin products are interchanged with Coumadin(R) or when other drugs (including botanicals) are initiated, discontinued, have dosages changed, or taken irregularly. patients with a high risk of bleeding may require more frequent INR monitoring (manufacturer) [109].

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) [83]

In general, the recommended target INR is 2.5 (range, 2 to 3) in adults and pediatric patients in most indications [91][83], except in the following situations:

Target INR is 3 (range 2.5 to 3.5):

mechanical mitral valve [81]mechanical heart valves in both the aortic and mitral position [81]those undergoing percutaneous mitral balloon valvotomy with preprocedural transesophageal echocardiogram who demonstrate a left atrial thrombus [81]caged ball or caged disk valves [109]

c) Evaluate the INR immediately prior to any dental or surgical procedure [109]

d) Monitor INR more frequently in pediatric patients to ensure target INR is achieved and maintained [109] In pediatric patients, the low-dose prophylactic target INR is 1.7 (range 1.5 to 1.9) [91].

1) Coadministration with Heparin

a) Heparin may affect INR, monitor INR at least [109]:

5 hours after the last IV bolus dose of heparin4 hours after stopping continuous IV heparin infusion24 hours after the last subcutaneous heparin injection

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6. 考量問題：如何進行用藥指導？

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A) Warfarin (By mouth)

Warfarin

Prevents and treats blood clots. May lower the risk of serious complications after a heart attack. This medicine is a blood thinner.

When This Medicine Should Not Be Used:

This medicine is not right for everyone. Do not use it if you had an allergic reaction to warfarin, if you are pregnant, or if you have health problems that could cause bleeding.

How to Use This Medicine:

Tablet

Take your medicine as directed. Your dose may need to be changed several times to find what works best for you.

This medicine should come with a Medication Guide. Ask your pharmacist for a copy if you do not have one.

Missed dose: Take a dose as soon as you remember. If it is almost time for your next dose, wait until then and take a regular dose. Do not take extra medicine to make up for a missed dose.

Store the medicine in a closed container at room temperature, away from heat, moisture, and direct light.

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

Warfarin works best if you eat about the same amount of vitamin K every day. Foods high in vitamin K include asparagus, broccoli, brussels sprouts, cabbage, green leafy vegetables, plums, rhubarb, and canola oil. Talk to your doctor before you make changes to your normal diet.

Do not eat grapefruit or drink grapefruit juice while you are using this medicine.

Warnings While Using This Medicine:


It is not safe to take this medicine during pregnancy. It could harm an unborn baby. Tell your doctor right away if you become pregnant. Use an effective form of birth control to keep from getting pregnant during treatment and for at least 1 month after your last dose.



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Micromedex Assistant 

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Heart failure, acute; Congestive heart failure

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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]

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Heart failure, acute; Congestive heart failure

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Definition

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. HF may include patients with new-onset HF or those with worsening of previously diagnosed HF.

Medical History

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Heart failure, acute; Congestive heart failure

Clinical Checklist

Always Do

Diagnosis

Diagnostic Testing

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

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

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Tox & Drug Product Lookup

RED BOOK

Calculators

Formulary

用來治療頭痛的藥

Search drug, disease, toxicology and more

🔍 Drugs that treat headache

✕ →

Headache

Drugs that treat Headache


Drugs that cause Headache

Headache & Migraine

Headache & Migraine L77

Headache and Nausea Remedy

Headache associated with sexual activity

Micromedex Assistant 

- Home
- Drug Interactions
- IV Compatibility
- Drug ID
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Drugs That Treat Headache

顯示： [Effective \(7\)](#) | [Evidence Favors Efficacy \(38\)](#) | [Evidence is Inconclusive \(3\)](#) | [Ineffective \(0\)](#) | [Not Rated \(0\)](#)

將檢索結果，依證據等級分類

Displaying 48 results for "Drugs That Treat Headache"

▼ Effective (7 results)


藥物名稱	Indication	年齡組別
Amitriptyline Hydrochloride	Tension-type headache; Prophylaxis	Adult
Aspirin	Headache	Adult, Pediatric
Caffeine	Headache; Adjunct	Adult
Galcanezumab-gnlm	Episodic cluster headache	Adult
Ibuprofen	Headache	Adult
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 (38 results)


▶ Evidence is Inconclusive (3 results)

工具好幫手

Home 	Drug Interactions	IV Compatibility	Drug ID	Drug Comparison	CareNotes	NeoFax® / Pediatrics	Tox & Drug Product Lookup	RED BOOK	Calculators	Formulary	
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Search drug, disease, toxicology and more

Micromedex Assistant 



案例參考

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

藥物相互作用

- Home
- Drug Interactions**
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藥物相互作用

在搜尋欄位鍵入藥物名稱 (包括商品名稱) 選擇藥物後按一下 (新增) 按鈕。

輸入搜尋詞:

相符的藥物名稱: (3)

- Warfarin
- Warfarin Sod
- Warfarin Sodium

保健食品：
歐越莓/
山桑子/
覆盆子

要檢查的藥物：

- Bilberry
- Ibuprofen
- Warfarin

日常用藥：
止痛藥

治療用藥：
AF, 高血壓

添加過敏

添加過敏

帶有星號 (*) 的字母大寫項目表示過敏。

清除 提交

新增過敏症狀。

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

輸入過敏症狀:

asp

相符的過敏症狀: (7)

ASPARAGINASE
ASPARAGINE
ASPARAGUS
ASPARTIC ACID
ASPERGILLUS FUMIGATUS
ASPIRIN INTOLERANCE
ASPIRIN

要檢查的過敏症狀:

ASPIRIN
SEAFOOD

取消 更新

選擇藥物並按一下 (新增) 按鈕。

添加過敏

要檢查的藥物:

添加過敏

Bilberry
Ibuprofen
Warfarin
ASPIRIN*
SEAFOOD*

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

帶有星號 (*) 的字母大寫項目表示過敏。

清除

提交

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Drug Interaction Results ← 修改相互作用



細化方式： 藥物： 嚴重性： 文件： 類型：

跳轉到： [藥物-藥物 \(2\)](#) | [複方 \(0\)](#) | [過敏症狀 \(1\)](#) | [食物 \(14\)](#) | [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.

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

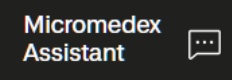
複方 (未找到)

Drug-過敏症狀 相互作用 (1)

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

Drug-食物 相互作用 (14)

藥物：	嚴重性：	文件：	綜述：
WARFARIN SODIUM	Major	Excellent	Concurrent use of WARFARIN and VITAMIN K may result in altered anticoagulant effectiveness.



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。

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← 修改相互作用



細化方式：

藥物：

All

嚴重性：

All

文件：

All

類型：

All

跳轉到：[藥物-藥物 \(2\)](#) | [複方 \(0\)](#) | [過敏症狀 \(1\)](#) | [食物 \(14\)](#) | [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



Moderate

文件：

Fair

Fair

綜述：

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

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

複方 (未找到)

查看細節的臨床處置與案例

Drug-過敏症狀 相互作用 (1)

藥物：

[IBUPROFEN -- ASPIRIN](#)

嚴重性：



Unavailable

文件：

Unavailable

綜述：

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

Drug-食物 相互作用 (14)

藥物：

[WARFARIN SODIUM](#)

嚴重性：



Major

文件：

Excellent

綜述：

Concurrent use of WARFARIN and VITAMIN K may result in altered anticoagulant effectiveness.

Micromedex Assistant



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).

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Drug Interaction Results

修改相互作用

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 (5) | 乙醇 (1) | 抽煙 (2) | 懷孕 (2)

選中/取消選中以細化嚴重性設定。

全部選中 | 全部不選

- Contraindicated
- Major
- Moderate
- Minor
- Unknown

取消 更新

藥物：	嚴重性：	文件：	綜述：
Drug-Drug 相互作用 (1)			
IBUPROFEN – WARFARIN SODIUM	S Major	Fair	Concurrent use of ANTICOAGULANTS and NSAIDS may result in an increased risk of bleeding.
Drug-食物 相互作用 (5)			
WARFARIN SODIUM	S Major	Excellent	Concurrent use of WARFARIN and VITAMIN K FOODS may result in altered anticoagulant effectiveness.
WARFARIN SODIUM	S Major	Fair	Concurrent use of WARFARIN and GRAPEFRUIT JUICE may result in increased warfarin exposure and an increased INR.
WARFARIN SODIUM	S Major	Good	Concurrent use of WARFARIN and CRANBERRY JUICE may result in an increased risk of bleeding.
WARFARIN SODIUM	S Major	Fair	Concurrent use of WARFARIN and CAFFEINE may result in increased warfarin exposure and an increased INR.
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)			
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)			
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	Excellent	Concurrent use of WARFARIN and TOBACCO may result in reduced warfarin exposure and reduced INR.
Drug-懷孕 相互作用 (2)			

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

The screenshot shows the Micromedex IV Compatibility tool interface. At the top, the Micromedex logo is visible. Below it is a navigation menu with options: Home, Drug Interactions, IV Compatibility (highlighted with a yellow box), Drug ID, and Drug Comparison. The main heading is "IV Compatibility". Below the heading, there is a prompt: "Add at least one drug and press View Compatibility". Underneath, it says "Drugs (2345)". There is a search bar labeled "Find a Drug" with an information icon (i) to its right. Below the search bar, four drug names are listed in dark grey buttons with 'x' icons: Anakinra, ceFAZolin sodium, Furosemide, and Heparin Sodium. Below these buttons, there is another search bar labeled "Find a Solution" with an information icon (i) to its right. At the bottom, there are two buttons: "View Compatibility" (highlighted with a yellow box and a right-pointing arrow) and "Clear All".

輸入至少一種藥品

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

需要時輸入溶液

切換呈現結果

- Preparation and Storage**
- Drugs:
- [Anakinra](#)
 - [ceFAZolin sodium](#)
 - [Furosemide](#)
 - [Heparin Sodium](#)

- Filter results**
- Administration Method
- Y-Site
 - Admixture
 - Syringe

- Compatibility
- Compatible
 - Incompatible
 - Uncertain
 - No Data

Drugs

All (4)

Apply Filters

Reset Filters

Drug-Drug Drug-Solution TPN

Drug	Anakinra	ceFAZolin sodium	Furosemide	Heparin Sodium
Anakinra		Y-Site 2 Results	Y-Site No Data	Y-Site No Data
ceFAZolin sodium	Y-Site 2 Results		Y-Site 4 Results	Y-Site 7 Results
Furosemide	Y-Site No Data	Y-Site 4 Results		Y-Site 11 Results
Heparin Sodium	Y-Site No Data	Y-Site 7 Results	Y-Site 11 Results	

Page View: **Chart** List

Powered by Trissel's™ 2 Clinical Pharmaceutics Database (Parenteral Compatibility).

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IV Compatibility Results Detail

Drug-Drug Y-Site Test Results

✔ Heparin Sodium - Furosemide

Results: 11

^ Collapse All

✔ 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

Filter results Key

✔ Study 2

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

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Drugs:

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

Filter results

Administration Method

- Y-Site
- Admixture
- Syringe

Compatibility

- Compatible
- Incompatible
- Uncertain
- No Data

Drugs

All (4) ▼

Apply Filters

Reset 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 No Data Y-Site No Data	Solution No Data Y-Site No Data	Solution No Data Y-Site No Data	Solution 2 Results Y-Site No Data
D10W Dextrose 10% in water	Solution No Data Y-Site No Data	Solution 2 Results Y-Site No Data	Solution 1 Result Y-Site No Data	Solution 2 Results 1 Result Y-Site No Data
D5LR Dextrose 5% in lactated Ringers	Solution No Data Y-Site No Data	Solution 3 Results Y-Site No Data	Solution 1 Result Y-Site No Data	Solution 3 Results Y-Site No Data
D5NS Dextrose 5% in sodium chloride 0.9%	Solution No Data	Solution 2 Results	Solution No Data	Solution 7 Results 1 Result

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- Preparation and Storage**
- Drugs:**
- [Anakinra](#)
 - [ceFAZolin sodium](#)
 - [Furosemide](#)
 - [Heparin Sodium](#)

Filter results

Administration Method

- Y-Site
- Admixture
- Syringe

Compatibility

- Compatible
- Incompatible
- Uncertain
- No Data

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	Notes	Results
ceFAZolin sodium 1 mg/mL	One simple TPN admixture was used in this testing having the following composition per liter: FreAmine® II 4.25% Dextrose 25%	Admixture 1 Result
ceFAZolin sodium 1 mg/mL	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	Admixture 1 Result
ceFAZolin sodium 1.2 g/5.3 mL	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	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	Admixture 1 Result

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藥物鑒定 用印碼查詢

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藥物鑒定

搜尋：按照印碼 | [無印碼? 按一下此處按以下條件搜尋說明](#)

側面 1： 部分印記

側面 2： 部分印記

清除

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藥物鑒定結果

修改鑒定

搜尋圖像

列印

2 以下項的相符項: "mrk, 74"

按以下項排序所有結果: 印記

2 藥物相符 用於 'M'

1 - 2 (2 相符的藥物) << 第一個 < 前面 | 後面 > 最後一個 >>

顯示: ALL | 0-9 | A | B | C | D | E | F | G | H | I | J | K | L | **M** | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

印記	藥物名稱	製造商	可用性	AAPCC	Poisindex 管理
Mrk; 74; Vioxx	Vioxx	Merck Frosst	Canada	201065	COX-2 INHIBITORS
Mrk; 74; Vioxx	Vioxx	Merck & Company	United States	201065	COX-2 INHIBITORS

藥物鑒定 印碼查找結果

藥物資訊

執行 Tox 和藥物產品查找: [Hyzaar 100-25](#) ▶
 執行 Martindale 藥物產品查找: [Hyzaar 100-25](#) ▶

藥物名稱: HYZAAR 100-25
 成分: HYDROCHLOROTHIAZIDE -- 25 MG
 LOSARTAN -- 100 MG

相關文件: [POISINDEX MANAGERMENTS - ANGIOTENSIN II ANTAGONISTS](#)
[POISINDEX MANAGERMENTS - DIURETICS](#)
[DRUGDEX EVALUATIONS - LOSARTAN](#)
[DRUGDEX EVALUATIONS - HYDROCHLOROTHIAZIDE](#)

顏色: LIGHT YELLOW	NDC: 00006-0747-81
形狀: TEARDROP-SHAPE	00006-0747-31
印記: MRK 747 ; HYZAAR	00006-0747-82
劑型: ORAL TABLET	00006-0747-54
	00006-0747-28
可用容器大小: BOTTLE OF 1000 , BOTTLE OF 90 , STRIP OF 100 , BOTTLE OF 4000 , BOTTLE OF 30	輔料: D&C YELLOW NO. 10 ALUMINUM LAKE ; HYDROXYPROPYL CELLULOSE ; HYPROMELLOSE ; LACTOSE, HYDROUS ; MAGNESIUM STEARATE ; MICROCRYSTALLINE CELLULOSE ; PREGELATINIZED STARCH
AAPCC 代碼: 310109 - ANGIOTENSIN RECEPTOR BLOCKER IN COMBINATION WITH DIURETIC	監管狀態: RX

列印 關閉

藥物資訊

RECEPTOR BLOCKER IN COMBINATION WITH
 DIURETIC

監管狀態: RX
 可用性: UNITED STATES
 產品 ID 5724722
 聯絡資訊: MERCK SHARP & DOHME LLC



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搜尋：按照說明 [按一下此處按以下條件搜尋印碼](#)

- Black
- Blue
- Brown
- Clear
- Gold
- Gray
- Green
- Off-White
- Orange
- Pink
- Purple
- Red
- Tan
- White
- Yellow

形狀：

圖譜：

顯示帶結果的圖像

清除

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Micromedex

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藥物鑒定結果

← 修改鑒定 列印

4 以下項的相符項： "Egg-shape, All Patterns, Pink" 按以下項排序所有結果：

4 藥物相符 用於 'A' 1 - 4 (4 相符的藥物) 第一個 前面 | 後面 最後一個

顯示： ALL | 0-9 | **A** | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

隱藏圖像

圖像 (US)	印記	藥物名稱
	a ET	Erythrocin Stearate Filmtab
	a ET	Erythrocin Stearate Filmtab
	a PCE	PCE Dispertab
	a PCE	PCE Dispertab

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藥物比較



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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：

相符的藥物名稱: (1)

Warfarin Sodium

要檢查的藥物：

Dabigatran Etexilate Mesylate
Rivaroxaban
Warfarin Sodium

清除

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Drug Comparison Results

修改比較

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Dabigatran Etexilate Mesylate

Rivaroxaban

更新

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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

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](#)

Congenital heart disease - Fontan operation, Recent history of - Thrombosis;

FDA Approval:

- Adult, no

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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

Adverse Effects

檢視 DRUGDEX 中的詳細資訊

Common

- **Gastrointestinal:** Gastroenteritis (12.5%), Vomiting (10.6% to 14.1%)
- **Hematologic:** Hemorrhage (DVT prophylaxis following hip or knee replacement, 5.8%; treatment of DVT or pulmonary embolism, 28.3%; reduction in risk of recurrence of DVT or pulmonary embolism, 13.4%; prophylaxis of VTE in acutely ill medical patients, 2.9%; VTE treatment and reduction in risk of recurrent VTE, 36.2%)
- **Respiratory:** Cough (15.6%)

Serious

- **Gastrointestinal:** Gastrointestinal hemorrhage (0.7% to 2%), Upper gastrointestinal bleeding
- **Hematologic:** Hematoma, Epidural or spinal, Hemorrhage, Major (Stroke prevention in nonvalvular atrial fibrillation, 3.6%; DVT prophylaxis following hip or knee replacement, 0.3%; treatment of DVT or pulmonary embolism, 1%; reduction in risk of recurrence of DVT or pulmonary embolism, 0.4%; prophylaxis of VTE in acutely ill medical patients, 0.7%; thromboprophylaxis in patients with congenital heart disease, 1.6%; risk reduction of major cardiovascular events in peripheral artery disease, 1.9%; risk reduction of major cardiovascular events in chronic coronary artery disease, 1.6%)
- **Immunologic:** Angioedema
- **Other:** Substance withdrawal, Stroke and non-CNS embolism

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Dabigatran Etexilate Mesylate

更新

在欄中顯示 2

Rivaroxaban

Dabigatran Etexilate Mesylate

Rivaroxaban

Warfarin Sodium

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Dabigatran Etexilate Mesylate

檢視 DRUGDEX 中的詳細資訊 ▶

Dosing & Indications

Adult Dosing

檢視 DRUGDEX 中的詳細資訊 ▶

Important Note

- Dabigatran etexilate mesylate is available in 2 dosage forms (oral capsules and oral pediatric pellets) that vary in approved indications and age groups. These dosage forms cannot be used interchangeably due to differences in bioavailability. Do not substitute dosage forms on a milligram-to-milligram basis and do not combine more than one dosage form to achieve the total dose [1][2].
- Evaluate renal function prior to therapy [3].

General Dosage Information

- If anticoagulation activity needs to be assessed, may use activated partial thromboplastin time (aPTT) or ecarin clotting time (ECT), but not INR [4]
- Switching to dabigatran from another direct oral anticoagulant (DOAC), low molecular weight heparin (LMWH), or fondaparinux: Initiate dabigatran 0 to 2 hours prior to the next scheduled

Rivaroxaban

檢視 DRUGDEX 中的詳細資訊 ▶

Dosing & Indications

Adult Dosing

檢視 DRUGDEX 中的詳細資訊 ▶

General Dosage Information

- Switching to rivaroxaban from another direct oral anticoagulant (DOAC) [1], low molecular weight heparin (LMWH), or fondaparinux [2]: Initiate rivaroxaban 0 to 2 hours prior to the next scheduled dose of the original anticoagulant, then discontinue the original anticoagulant [1][2].
- Switching to rivaroxaban from unfractionated heparin: From IV unfractionated heparin, discontinue IV unfractionated heparin infusion and initiate rivaroxaban immediately [3] or within 30 minutes. From subQ unfractionated heparin, discontinue subQ unfractionated heparin and initiate rivaroxaban about 4 to 5 hours after the last dose of subQ unfractionated heparin [2] or from intermittent IV administration of heparin, start rivaroxaban 0 to 2 hours before the time that the next dose of heparin was to have been administered [4].
- Switching to rivaroxaban from warfarin: Discontinue warfarin and initiate rivaroxaban when INR is less than 3 [1][2]. As a general rule, start DOAC when INR drops below 2.5; if INR is 2.5 to 3.5 or higher, initiate when INR is close to lower end of target range [2].

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Displaying 739 calculators

A

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

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Antidote Dosing And Nomograms

- Blood Level Concentration Estimates of Various Alcohols
- Acetaminophen (Paracetamol) Toxicity Assessment (Revised 2023) ^{New!}
- 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

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)
- Benzodiazepine Dosing Conversions
- Adult Vancomycin AUC Continuous Infusion Dosing Adjustment ^{New!}
- Adult Vancomycin AUC Continuous Infusion Initial Dosing ^{New!}
- Adult Vancomycin AUC Intermittent Infusion Dosing Adjustment ^{New!}
- Adult Vancomycin AUC Intermittent Infusion Initial

Clinical Calculators

- A-a Gradient
- Calcium Correction in Hypoalbuminemia
- Anion Gap
- Morphine Milligram Equivalent (MME) Dosing Estimate

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
- Ideal Body Weight
- Ideal Body Weight (method of Devine) and adjusted body weight for adults

Calculators

Merative **Micromedex**[®]

< All Calculators

ACLS: Adult Emergency Drug Dosing Calculator

Input

Patient Name:

Weight*: kg ▼

gm

kg

lb

輸入病患姓名

Create Dosing Table

輸入體重

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: 2025/10/20 上午10:51:49

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			

客製化的ACLS清單

150 mg	1.5 mg/mL	Slow IV Push	150 mg (10 mL/min) over 10 minutes
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 10 mg/mL vial in 200 mL of D5W for a 1000 mcg/mL solution.			

Q & A Thank You!

客戶服務中心

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專人服務時間：週一～週五 09:00~12:00、13:30~17:30

系統服務時間：全年無休

