

In the name of God



How to interact with Physicians
about scientific issues and
prescriptions?

Dr.Naser Seydbagian



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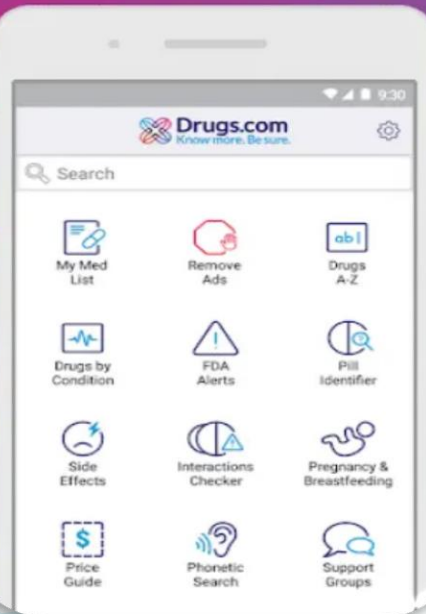
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Drugs.com



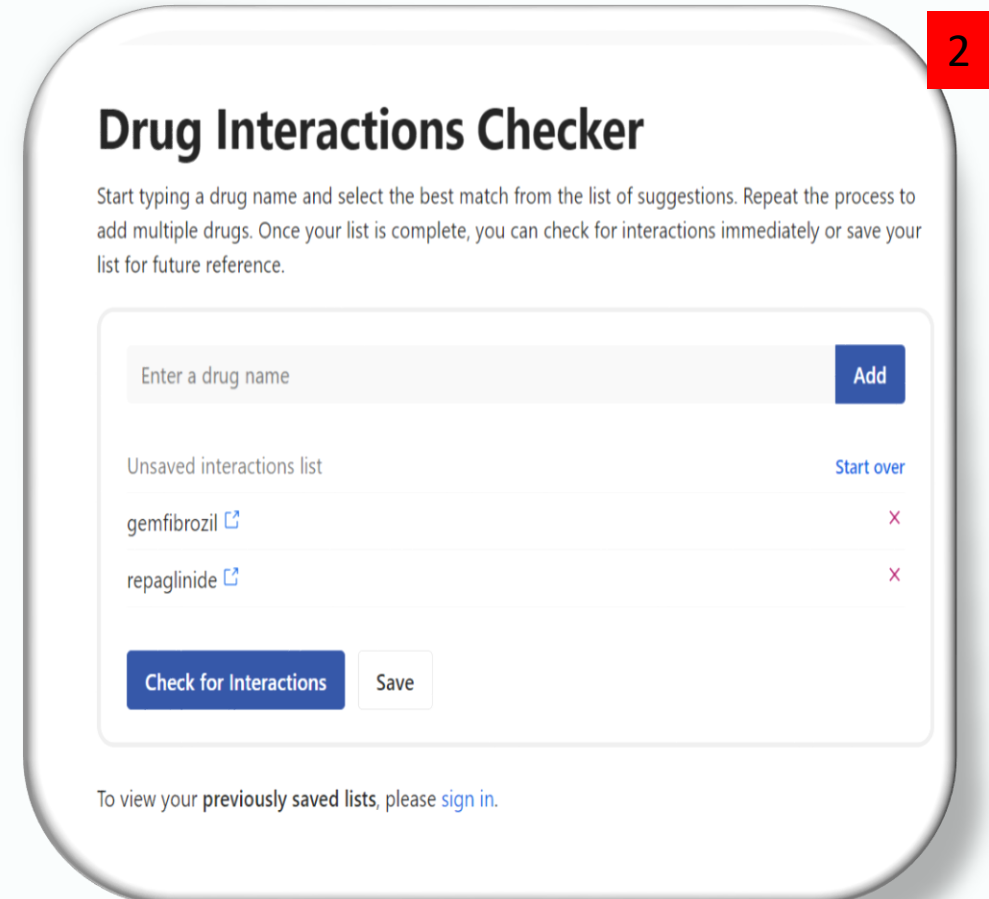
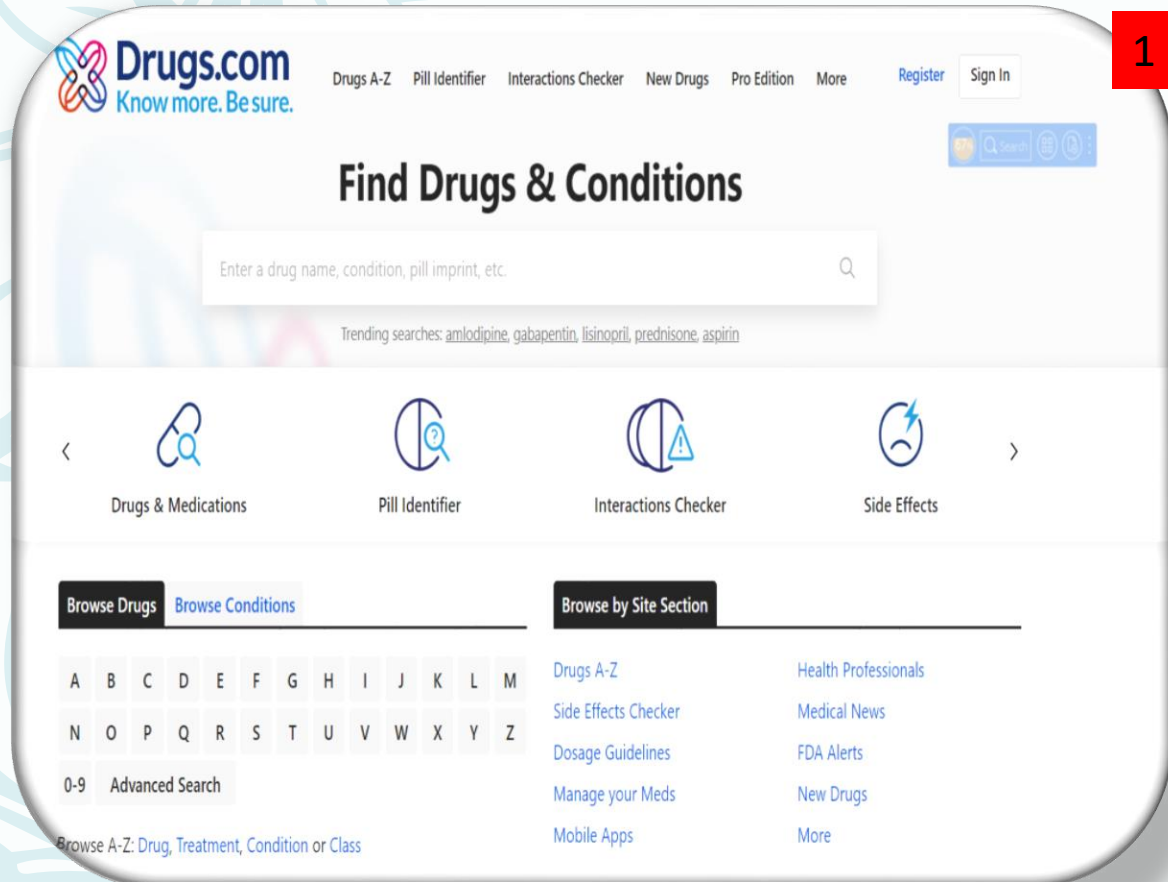
Browse drug information, identify pills, check interactions and more



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- ☐ بررسی اختلالات دارویی
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- ✓ متخصصین سلامت: دسترسی سریع به تمام ابزارهای قابل اعتماد

Drug Interaction Checker (Drugs.com) Gemfibrozil and Repaglinide



Drug Interaction Checker (Drugs.com)

Gemfibrozil and Repaglinide

3

Another drug

Consumer Professional

☒ Major (1) ☒ Moderate (0) ☒ Minor (0) ☒ Food (1) ☒ Therapeutic Duplication (0)

Interactions between your drugs

Major gemfibrozil \rightleftharpoons repaglinide
Applies to: gemfibrozil, repaglinide

CONTRAINDICATED: Coadministration with gemfibrozil may significantly increase the plasma concentrations of repaglinide. Rare cases of severe hypoglycemia have been reported in patients taking this combination during postmarketing surveillance. The proposed mechanism is gemfibrozil inhibition of OATP 1B1-mediated hepatic uptake and CYP450 2C8-mediated metabolism of repaglinide. In 12 healthy volunteers given gemfibrozil 600 mg twice daily for two days prior to coadministration with a single 0.25 mg dose of repaglinide on day 3, mean repaglinide systemic exposure (AUC) increased by 8.1-fold and elimination half-life from 1.3 to 3.7 hours. The magnitude of interaction is even greater with the addition of a CYP450 3A4 inhibitor. In the same study, gemfibrozil plus itraconazole (200 mg initially, then 100 mg twice a day for 3 days) increased repaglinide AUC 19.4-fold and half-life to 6.1 hours. Plasma repaglinide concentration at 7 hours was increased 28.6-fold by gemfibrozil and 70.4-fold by gemfibrozil plus itraconazole. Gemfibrozil alone and with itraconazole considerably enhanced and prolonged the blood glucose-lowering effect of repaglinide as indicated by serum insulin and C-peptide concentrations measured for 3 hours postdose. In contrast, gemfibrozil and itraconazole increased the peak plasma concentration (C_{max}) and AUC of a single 30 mg dose of nateglinide by just 30% and 47%, respectively, and had no significant effects on the blood glucose response to nateglinide.

4

MANAGEMENT: Concomitant use of repaglinide and gemfibrozil is considered contraindicated. Alternatives to gemfibrozil in patients taking repaglinide include bezafibrate and fenofibrate, which have been shown not to interact pharmacokinetically with repaglinide. In patients treated with gemfibrozil with or without itraconazole, nateglinide may be an appropriate substitution for repaglinide.

References

1. Niemi M, Backman JT, Neuvonen M, Neuvonen PJ "Effects of gemfibrozil, itraconazole, and their combination on the pharmacokinetics and pharmacodynamics of repaglinide: potentially hazardous interaction between gemfibrozil and repaglinide." *Diabetologia* 46 (2003): 347-51
2. "Product Information. Prandin (repaglinide)." Novo Nordisk Pharmaceuticals Inc, Princeton, NJ.
3. Kajosaari LI, Laitila J, Neuvonen PJ, Backman JT "Metabolism of repaglinide by CYP2C8 and CYP3A4 in vitro: effect of fibrates and rifampicin." *Basic Clin Pharmacol Toxicol* 97 (2005): 249-56

[View all 7 references](#)

[Switch to consumer interaction data](#)

Drug and food interactions

Moderate repaglinide \rightleftharpoons food
Applies to: repaglinide

MONITOR: Grapefruit juice may increase the plasma concentrations of orally administered drugs that are substrates of the CYP450 3A4 isoenzyme. The proposed mechanism is inhibition of CYP450 3A4-mediated first-pass metabolism in the gut wall by certain compounds present in grapefruit. Because grapefruit juice inhibits primarily intestinal rather than hepatic CYP450 3A4, the magnitude of interaction is greatest for those drugs that undergo significant presystemic metabolism by CYP450 3A4 (i.e., drugs

Drug Interactions Checker

Start typing a drug name and select the best match from the list of suggestions. Repeat the process to add multiple drugs. Once your list is complete, you can check for interactions immediately or save your list for future reference.

Add

Unsaved interactions list

[Start over](#)

gemfibrozil [✕](#)

atorvastatin [✕](#)

Check for InteractionsSave

To view your previously saved lists, please [sign in](#).

☒ Major (1) ☒ Moderate (0) ☒ Minor (0) ☒ Food (1) ☒ Therapeutic Duplication (0)

Interactions between your drugs

Major gemfibrozil ↔ atorvastatin
Applies to: gemfibrozil, atorvastatin

GENERALLY AVOID: Severe myopathy and rhabdomyolysis have been reported during concomitant use of HMG-CoA reductase inhibitors and fibric acid derivatives, especially gemfibrozil. Gemfibrozil has been reported to significantly increase the plasma concentrations of some HMG-CoA reductase inhibitors and/or their active metabolites, including lovastatin, simvastatin, pravastatin, cerivastatin, and rosuvastatin (but not fluvastatin). High levels of HMG-CoA reductase inhibitory activity in plasma is associated with an increased risk of musculoskeletal toxicity. Myopathy manifested as muscle pain and/or weakness associated with grossly elevated creatine kinase exceeding ten times the upper limit of normal has been reported occasionally. Rhabdomyolysis has also occurred rarely, which may be accompanied by acute renal failure secondary to myoglobinuria and may result in death. Other fibrates have not been shown to significantly affect the pharmacokinetics of HMG-CoA reductase inhibitors. However, the use of fibrates alone has also been associated with development of myopathy, thus a pharmacodynamic interaction could conceivably occur.

Drug Intraction Checker (Drugs.com) Gemfibrozil and Atorvastatin

MANAGEMENT: Concurrent use of fibric acid derivatives and HMG-CoA reductase inhibitors should generally be avoided unless the benefit of further alterations in lipid levels is anticipated to outweigh the potential risks. Addition of fibrates to HMG-CoA reductase inhibitor therapy typically provides little additional reduction in LDL cholesterol, but further reductions of triglycerides and increases in HDL cholesterol may be attained. If the combination is prescribed, a fibrate other than gemfibrozil may be preferable, along with lower initial dosages of the HMG-CoA reductase inhibitor. If gemfibrozil is used, rosuvastatin daily dosage should not exceed 10 mg. Lovastatin labeling recommends that the dosage not exceed 20 mg daily when prescribed with gemfibrozil or other fibrates. All patients treated with HMG-CoA reductase inhibitors and/or fibrates should be advised to promptly report any unexplained muscle pain, tenderness or weakness, particularly if accompanied by fever, malaise and/or dark colored urine. Therapy should be discontinued if creatine kinase is markedly elevated in the absence of strenuous exercise or if myopathy is otherwise suspected or diagnosed. In addition, patients should be closely monitored for hepatotoxicity.

References

1. Backman JT, Kyrklund C, Neuvonen M, Neuvonen PJ "Gemfibrozil greatly increases plasma concentrations of cerivastatin." Clin Pharmacol Ther 72 (2002): 685-91
2. "Product Information. Crestor (rosuvastatin)." AstraZeneca Pharma Inc, Mississauga, ON.
3. Duell PB, Connor WE, Illingworth DR "Rhabdomyolysis after taking atorvastatin with gemfibrozil." Am J Cardiol 81 (1998): 368-9

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[Switch to consumer interaction data](#)



Medscape

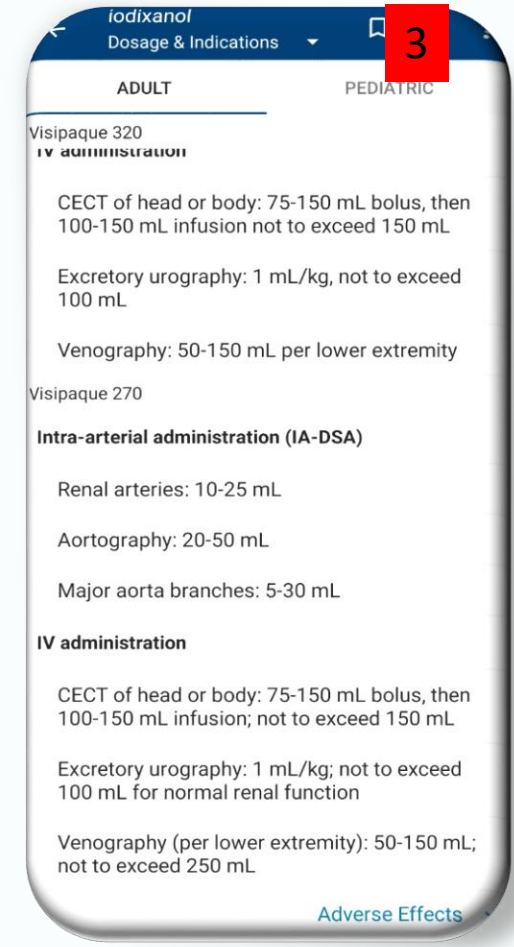
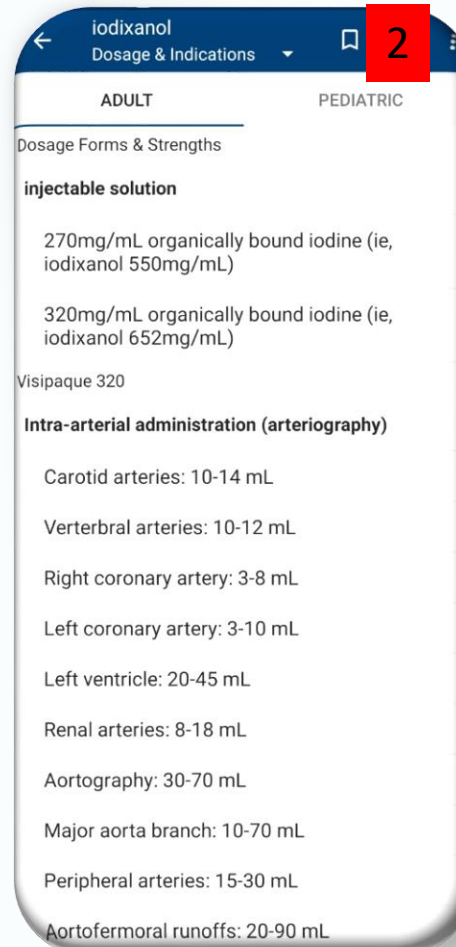
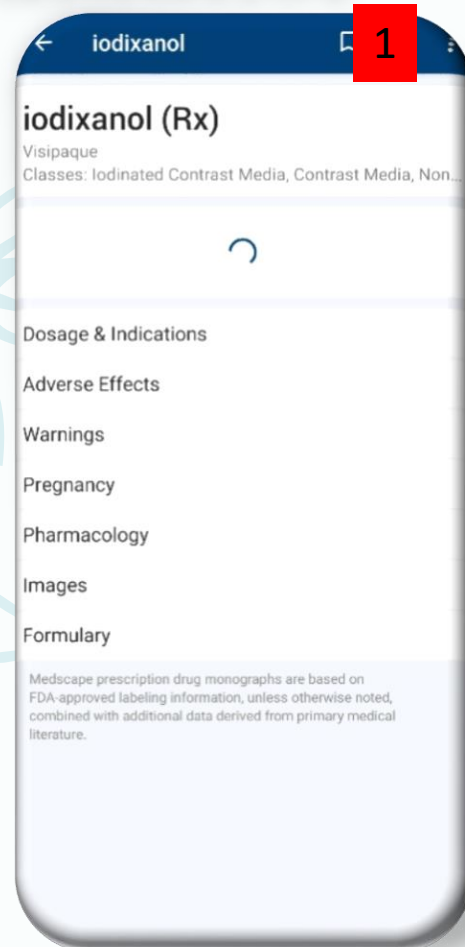
- ✓ اطلاعات درباره انواع داروهای طبی، گیاهی
- ✓ چک کننده اختلالات دارویی هم می تواند در بالین بیماران بسیار مفید باشد
- ✓ مشاوره پزشکی
- ✓ اخبار پزشکی
- ✓ اطلاعات دارویی و وسایل پزشکی : این بخش از اپلیکیشن توضیحات جامع و کاملی درباره انواع داروهای شیمیایی، گیاهی، مکمل و همچنین اسباب و وسایل علم پزشکی ارائه می دهد.
- ✓ بیماری ها و اطلاعات وضعیت : در این بخش اطلاعاتی جامع درباره بیش از ۴۴۰۰ نوع بیماری وجود دارد.
- ✓ ماشین حساب پزشکی : این ماشین حساب به ۱۲۹ مدل از انواع محاسبات پزشکی مانند فرمول ها، مقیاس ها و ... دسترسی دارد. همچنین محاسبه دوزهای بیش از ۶۰۰ نوع دارو در این بخش وجود دارد.
- ✓ دوره های آموزش پزشکی : دانشجویان می توانند برای تکمیل اطلاعات خود از دوره های آموزشی بیش از هزار موضوع در بیش از ۳۰ تخصص بهره ببرند.

نقاط قوت

- ◆ دارای بهترین، کامل ترین و به روزترین اطلاعات پزشک
- ◆ ماشین حساب پزشکی دقیق
- ◆ دوره های آموزشی معتبر
- ◆ می توان به صورت آفلاین نیز از بخش هایی چون قسمت دارو، وضعیت و دوره و نحوه درمان بهره برد.



Dosing of drug (Mrdscape) Idixanol



How to preparation drug (Medscape) Remdesivir

1

Medscape

Search Medscape

Drugs

Interaction Checker

Conditions

Procedures

Decision Point

Calculators

Pill Identifier

More

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NEWS

Patient Engagement and COVID-19 Vaccine Advocacy at the Pharmacy

Ruth, 54

COVID and Diabetes

SHARE

SAVE

Education

Events

2

remdesivir (Rx)

Veklury

Classes: Antivirals, Other

Medscape Calculators

Browse or search over 100 medical calculators for quick clinical decision support.

Dosage & Indications

Interactions

Adverse Effects

Warnings

Pregnancy

Pharmacology

Administration

Images

Formulary

Medscape prescription drug monographs are based on FDA-approved labeling information, unless otherwise noted, combined with additional data derived from primary medical literature.

3

Preparation

Pediatric patients weighing 3.5 kg to <40 kg: Prepare dose with only lyophilized powder product

Do not use concentrated solution 100 mg/20 mL (5 mg/mL) for pediatric patients <40 kg or patients with eGFR <30 mL/min owing to the higher amount of sulfobutylether-beta-cyclodextrin sodium salt (SBECD) present and resulting higher tonicity compared with the lyophilized powder formulation

Reconstitution of lyophilized powder

Aseptically reconstitute lyophilized powder by adding 19 mL of sterile water for injection (SWI) into the vial

Discard vial if a vacuum does not pull the SWI into the vial

Immediately shake vial for 30 seconds

Allow vial contents to settle for 2-3 minutes; resulting solution should appear clear

If not completely dissolved, shake vial again for 30 seconds and allow the contents to settle for 2-3 minutes; repeat this procedure as necessary until the contents of the vial are completely dissolved

Following reconstitution, resulting concentration/vial is 100 mg/20 mL (5 mg/mL)

4

remdesivir Administration

IV Preparation

Following reconstitution, resulting concentration/vial is 100 mg/20 mL (5 mg/mL)

Inspected visually for particulate matter and discoloration

Use reconstituted product immediately to prepare diluted solution

Further dilution required

Adults and pediatric patients weighing ≥40 kg

Dilute further by adding reconstituted solution or concentrated solution to 0.9% NaCl infusion bag (100-mL or 250-mL volume) to reconstituted solution or concentrated solution

Withdraw 20 mL (for 100-mg dose) or 40 mL (for 200-mg dose) of saline from the IV bag using an appropriately sized syringe and needle; discard the saline withdrawn from bag

Withdraw required dosage volume of reconstituted or concentrated remdesivir solution from vial; discard any unused portion remaining in the vial

Transfer required dosage volume to selected infusion bag

Gently invert the bag 20 times to mix the solution in the bag; do not shake

5

remdesivir Administration

IV Preparation

Pediatric patients weighing <40 kg

Prepare an IV bag or infusion syringe of 0.9% NaCl with volume equal to the total infusion volume minus the volume of reconstituted remdesivir solution to achieve a 1.25-mg/mL solution

Gently invert IV bag or infusion syringe 20 times to mix; do not shake

IV Administration

Do not administer simultaneously in IV line with any other medication

Infuse IV over 30-120 minutes

Also see prescribing information for infusion rate charts

Rate of infusion may be adjusted based on total volume infused

Storage

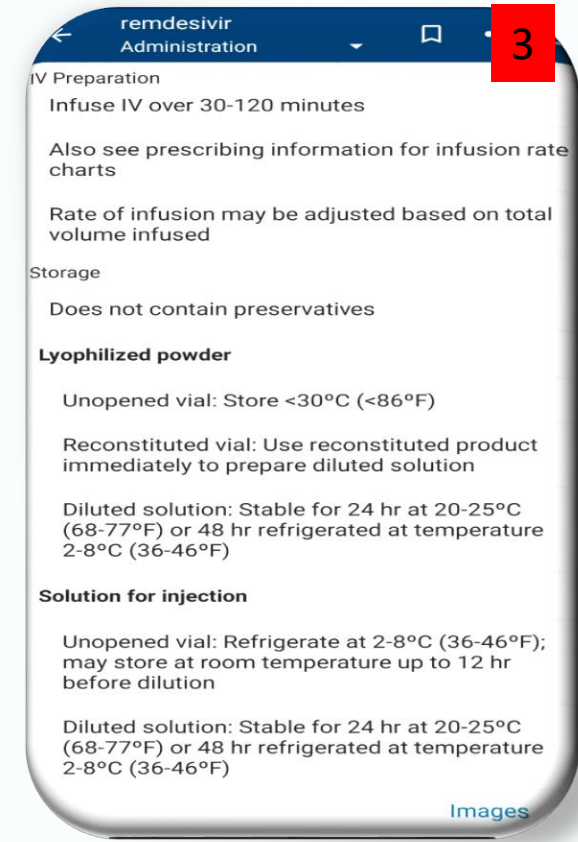
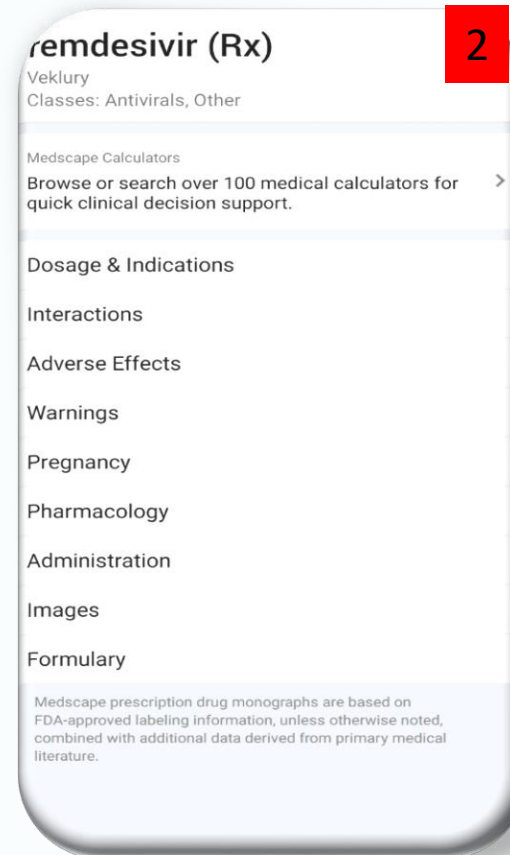
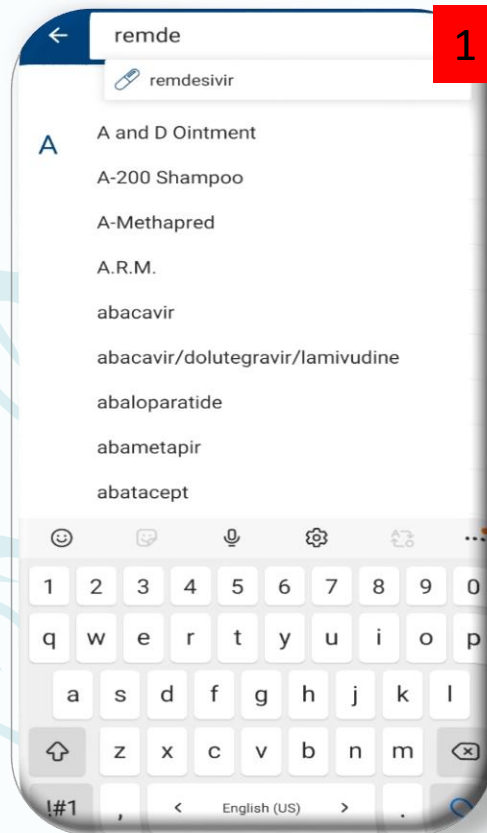
Does not contain preservatives

Lyophilized powder

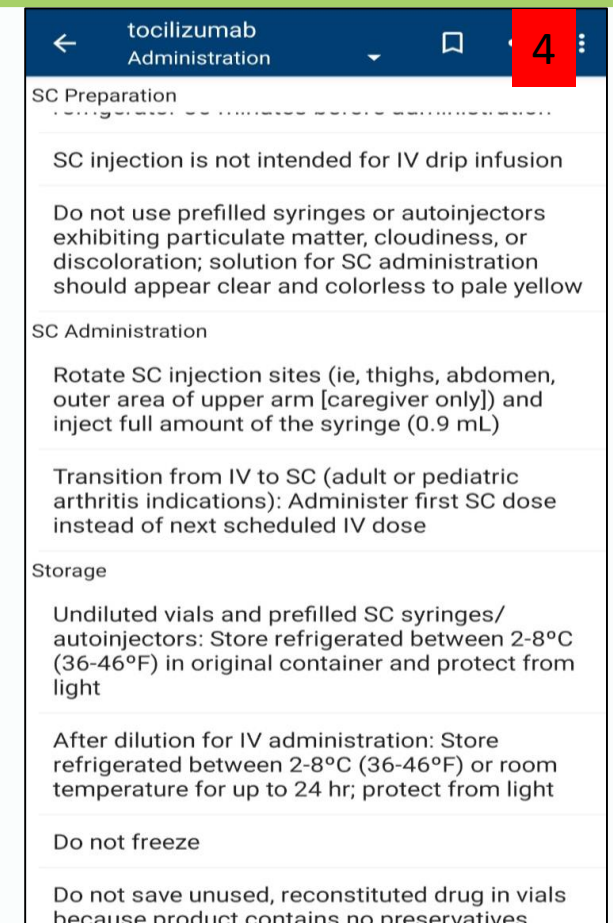
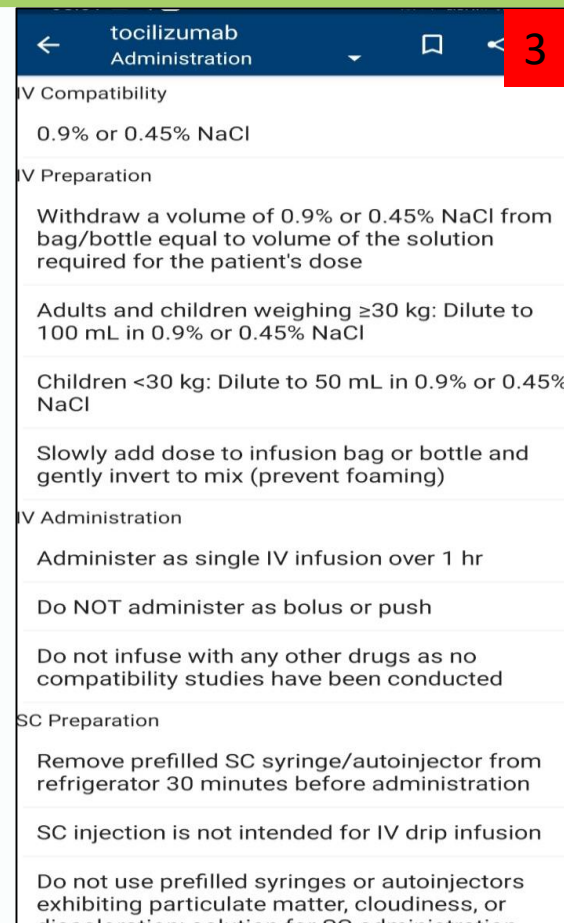
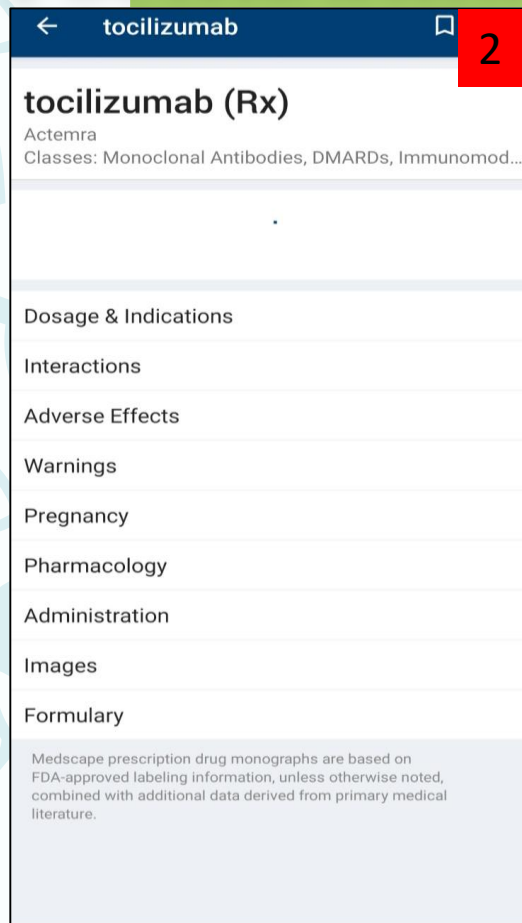
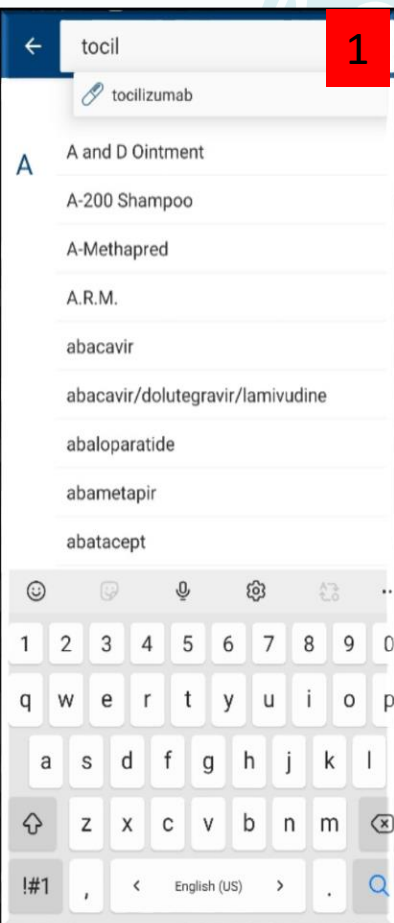
Unopened vial: Store <30°C (<86°F)

Reconstituted vial: Use reconstituted product immediately to prepare diluted solution

How to store drugs (Medscape) Remdesivir



Compatibility of the Drug with serums (Medscape) Tocilizumab



Compatibility of drug each other (Medscape)

← vancomycin

1

vancomycin (Rx)
Vancocin, Firvanq
Classes: Glycopeptides

Dosage & Indications

Interactions

Adverse Effects

Warnings

Pregnancy

Pharmacology

Administration

Images

Formulary

Medscape prescription drug monographs are based on FDA-approved labeling information, unless otherwise noted, combined with additional data derived from primary medical literature.

← vancomycin Administration

2

IV Compatibilities

Solution: D5W/0.9% NaCl, D5W, D10W, LR, sodium bicarbonate 3.75%, 0.9% NaCl, D5W and LR, Normosol and D5W, 0.9% NaCl, Isolyte

Additive: Amikacin, atracurium, calcium gluconate, cefepime, cimetidine, corticotropin, dimenhydrinate, erythromycin, famotidine, hydrocortisone, meropenem, ofloxacin, potassium chloride, ranitidine, verapamil, vitamins B and C

Syringe: Caffeine

Y-site (partial list): Acyclovir, alatrofloxacin, aldesleukin, allopurinol, amifostine, amiodarone, ampicillin, ampicillin-sulbactam, ceftazidime, ceftazidime, clarithromycin, diltiazem, esmolol, fluconazole, insulin, labetalol, lorazepam, linezolid, magnesium sulfate, midazolam, morphine, nifedipine, ondansetron, paclitaxel, pancuronium, perphenazine, remifentanyl, sargramostim, sodium bicarbonate, tacrolimus, teniposide

IV Incompatibilities

Vancomycin solution has a low pH and may cause chemical or physical instability when it is mixed with other compounds

Mixtures of solutions of vancomycin and beta-lactam antibacterial drugs have been shown to be physically incompatible

Likelihood of precipitation increases with higher

Time of take drugs (Medscape) Rivaroxaban

← rivaroxaban 1

rivaroxaban (Rx)
Xarelto
Classes: Anticoagulants, Cardiovascular, Anticoagulant...

⌋

Dosage & Indications

Interactions

Adverse Effects

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Pregnancy

Pharmacology

Administration

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← rivaroxaban Administration 2

Oral Administration

2.5 mg or 10 mg tablets: May take with or without food (bioavailability not significantly affected in fasted state)

15 mg or 20 mg tablets: Take with food (bioavailability improves when taken with food)

Patients unable to swallow whole tablets

Crush tablets and mix with applesauce immediately before use

Crushed 2.5-mg or 10-mg tablet: May take with or without food

Crushed 15-mg or 20-mg tablet: Administer dose immediately followed with food

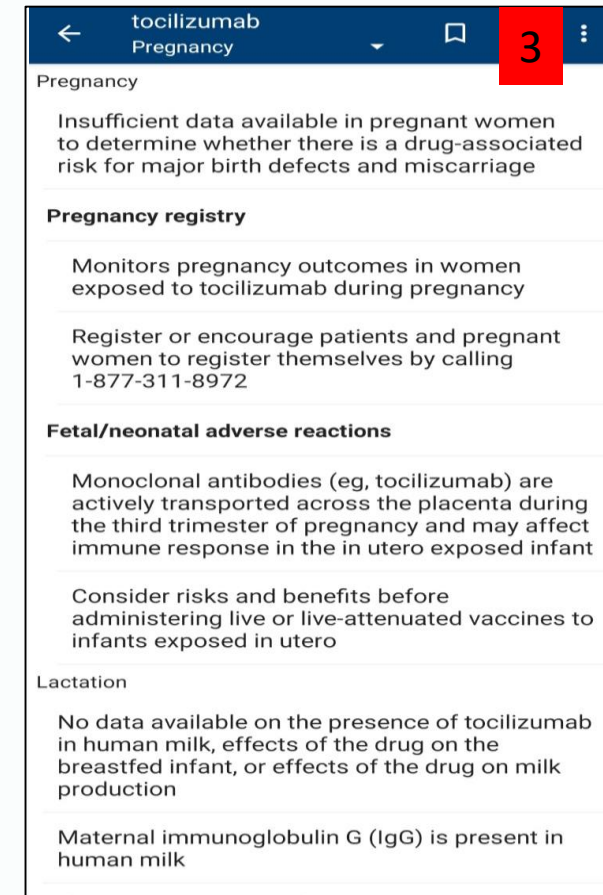
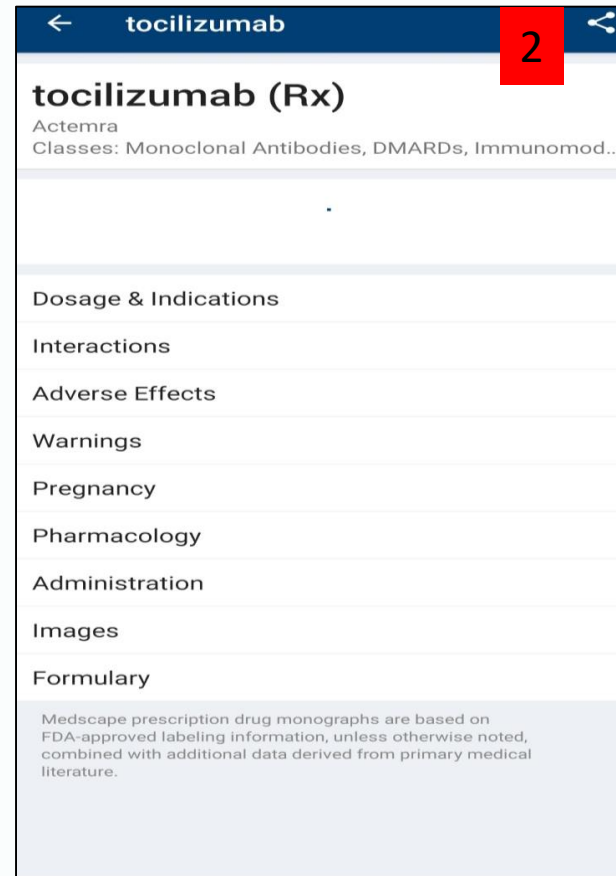
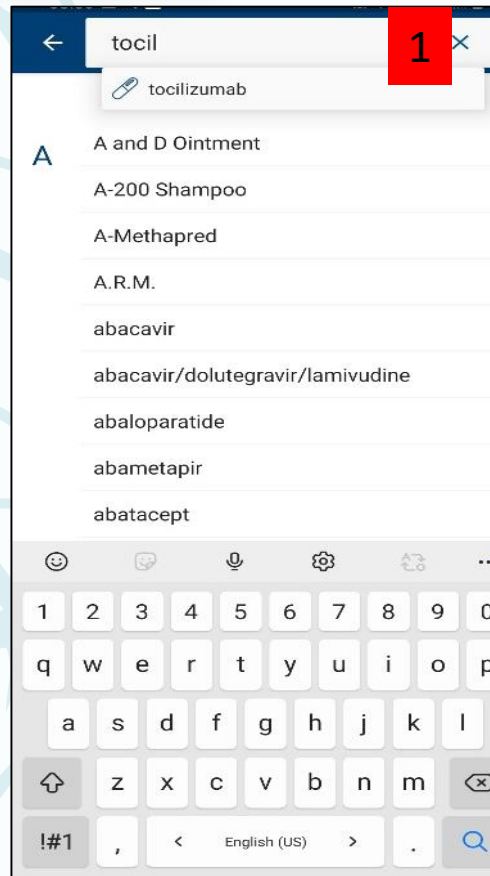
Feeding tube administration

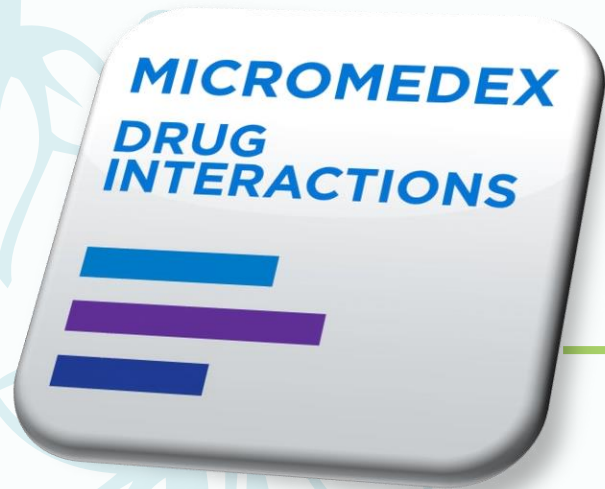
Crush tablets and suspend in 50 mL of water and administered via NG or gastric feeding tube

Absorption dependent on site of drug release in the gastrointestinal tract (gastric vs small intestine); avoid administering distal to the stomach which can result in reduced absorption and thereby, reduced drug exposure

When administering as a crushed tablet via a feeding tube, confirm gastric placement of tube

Teratogenicity / effects in pregnancy /Breastfeeding (Medscape) Tocilizumab





MICROMEDEX

- در حال حاضر ۳۵۰۰ بیمارستان در آمریکا و نیز ۸۳ کشور از سراسر دنیا از این نرم افزار استفاده میکنند.
- نویسندگان این مجموعه بیش از نود نفر هستند که شامل پزشکان، متخصصین داروسازی بالینی، پرستاران و کتابداران کتب پزشکی هستند. این افراد ۷۰۰۰ مجله را مورد جستجو قرار میدهند و سالانه بالغ بر ۵۰۰۰۰۰ مقاله توسط این افراد بازبینی شده و هر سه ماه بیش از ۱۰۰۰ منبع از پایگاه اطلاعاتی به این نرم افزار اضافه می شود.
- بسته اطلاعاتی میکرومدکس دارای شش مجموعه اطلاعاتی وسیع است که با وارد نمودن نام دارو در قسمت search، شش سرتیتر نمایش داده میشود. این تیتورها شامل موارد ذیل هستند:
 - ۱- Summary Documents
 - ۲- Drug Information
 - ۳- Disease Information
 - ۴- Toxicology Information
 - ۵- Complementary and Alternative Medicine
 - ۶- Reproductive Risk

How to search about toxicity of drug (MIROMEDEX) zolpidem

Zolpidem Tartrate	1
▼ Dosing and Indications	
Adult Dosing	▶
Insomnia, Characterized by difficulty returning to sleep after middle-of-the-night awakening;; SL tablet, Intermezzo(R), 1.75 mg...	
Pediatric Dosing	▶
safety and efficacy in pediatric patients have not been established	
Dose Adjustments	▶
concomitant CNS depressants;; 1.75 mg SL taken once at night as needed (SL tablets Intermezzo(R)); use of other sedative-hypnoti...	
Indications	▶
FDA-Labeled Indications; Insomnia, Characterized by difficulty returning to sleep after middle-of-the-night awakening; Insomnia,...	
▶ Contraindications/Warnings	
▶ Drug Interactions	
▶ Adverse Effects	
▶ Drug Name Info	
▶ Mechanism Of Action	
▶ Pharmacokinetics	
▶ Administration	
▶ Monitoring	
▶ How Supplied	
▶ Toxicology	
▶ Clinical Teaching	

Zolpidem Tartrate	2
▼ Dosing and Indications	
Adult Dosing	
Insomnia, Characterized by difficulty returning to sleep after middle-of-the-night awakening;; SL tablet, Intermezzo(R), 1.75 mg...	
Pediatric Dosing	
safety and efficacy in pediatric patients have not been established	
Dose Adjustments	
concomitant CNS depressants;; 1.75 mg SL taken once at night as needed (SL tablets Intermezzo(R)); use of other sedative-hypnoti...	
Indications	
FDA-Labeled Indications; Insomnia, Characterized by difficulty returning to sleep after middle-of-the-night awakening; Insomnia,...	
▶ Contraindications/Warnings	
▶ Drug Interactions	
▶ Adverse Effects	
▶ Drug Name Info	
▶ Mechanism Of Action	
▶ Pharmacokinetics	
▶ Administration	
▶ Monitoring	
▶ How Supplied	
▼ Toxicology	
Clinical Effects	
ZOLPIDEM AND RELATED AGENTS ; USES: Zolpidem and zaleplon are sedative hypnotics used for the treatment of insomnia. They have ...	
Treatment	
ZOLPIDEM AND RELATED AGENTS ; Support: MANAGEMENT OF MILD TO MODERATE TOXICITY: The majority of patients develop mild to moderate...	
Range of Toxicity	
ZOLPIDEM AND RELATED AGENTS ; TOXICITY: Patients that co-ingest these medications with other sedatives may manifest symptoms at m...	
▶ Clinical Teaching	

Range of Toxicity	3
ZOLPIDEM AND RELATED AGENTS	
TOXICITY: Patients that co-ingest these medications with other sedatives may manifest symptoms at much lower amounts than those ingesting these medications alone. In adults, ingestion of 70 to 600 mg zolpidem resulted in mild toxicity and ingestion of 2 g resulted in coma. Children with inadvertent zolpidem ingestions ranging from 2.5 to 30 mg developed mild toxicity (drowsiness) which resolved in 4 hours. THERAPEUTIC DOSE: ZALEPLON: 5 to 20 mg; ZOLPIDEM: 5 to 12.5 mg.	

Treatment	4
ZOLPIDEM AND RELATED AGENTS	
<ul style="list-style-type: none">Support: MANAGEMENT OF MILD TO MODERATE TOXICITY: The majority of patients develop mild to moderate toxicity, and only require supportive care. MANAGEMENT OF SEVERE TOXICITY: Severe toxicity generally occurs if other sedating agents are also ingested. Administer activated charcoal if the ingestion is recent and the patient is alert or the airway is protected. Orotracheal intubation for airway protection should be performed if the patient is increasingly drowsy or comatose.Decontamination: PREHOSPITAL: Prehospital decontamination is not recommended because of potential for somnolence and loss of airway protection. HOSPITAL: In general, decontamination is not indicated for this overdose, but may be considered for large overdoses that present early. Activated charcoal could be considered if the patient is awake and cooperative and if the ingestion was large and relatively recent. There is no evidence for the use of whole bowel irrigation or multiple doses of charcoal. Gastric lavage is not indicated as overdose is not life-threatening.Airway management: Perform early in patients with severe intoxication (coma, respiratory depression).Antidote: There is no antidote for these drugs. Flumazenil has been used with varying success but has not been well-studied. Routine use of flumazenil is NOT recommended. Flumazenil may be useful in establishing a diagnosis in a patient with CNS depression and possibly in preventing the	

How to search about toxicity of drug (MIROMEDEx) Acetaminophen

Acetaminophen

1

> Dosing and Indications

> Black Box Warning !

> Contraindications/Warnings

> Drug Interactions

> Adverse Effects

> Drug Name Info

> Mechanism Of Action

> Pharmacokinetics

> Administration

> Monitoring

> How Supplied

> Toxicology

> Clinical Teaching

Range of Toxicity

2

• ACETAMINOPHEN-ACUTE

TOXICITY: ORAL: Ingestions of 200 mg/kg or 10 g, whichever is less, are considered potentially toxic. IV: A 10 fold overdose caused hepatotoxicity in a chronically malnourished child.. THERAPEUTIC DOSE: ADULT: Oral: 650 to 1000 mg every 4 hours up to 4 g/day. IV: (50 kg or greater): 650 to 1000 mg every 4 to 6 hours, up to 4 g/day; (less than 50 kg): 12.5 mg/kg to 15 mg/kg every 4 to 6 hours, up to 3750 mg/day (75 mg/kg/day). PEDIATRIC: Oral: 10 to 15 mg/kg every 4 hours up to 60 mg/kg/day. IV: 12.5 mg/kg to 15 mg/kg every 4 to 6 hours, up to 75 mg/kg/day.

• ACETAMINOPHEN-REPEATED SUPRATHERAPEUTIC

TOXICITY: Hepatic injury following repeated supratherapeutic ingestions may occur at any dose above the daily recommended dose. A repeated supratherapeutic ingestion of acetaminophen occurs when the following doses are ingested: ADULTS: More than one ingestion during a period exceeding 8 hours, resulting in a cumulative dose of greater than 4 g per 24 hours. PEDIATRIC: Patients under 6 years of age: 200 mg/kg or more over a single 24-hour period, OR 150 mg/kg or more per 24-hour period for the preceding 48 hours OR 100 mg/kg or more per 24-hour period for the preceding 72 hours or longer. Patients older than 6 years of age: At least 10 g or 200 mg/kg, whichever is less, over a single 24 hour period OR at least 6 g or 150 mg/kg, whichever is less, per 24-hour period for the preceding 48 hours or longer. THERAPEUTIC DOSE: ADULT: Oral: 650 to 1000 mg every 4 hours up to 4 g/day. IV: (50 kg or greater):

Treatment

3

• ACETAMINOPHEN-ACUTE

- Support: MANAGEMENT OF MILD TO MODERATE TOXICITY: ORAL: Obtain an acetaminophen concentration, 4 hours after ingestion or as soon as possible thereafter. If the time of ingestion is known and the acetaminophen concentration is measured between 4 and 20 hours postingestion, the patient can be risk stratified using the Rumack-Matthew Nomogram. If it is not possible to measure the serum acetaminophen concentration in a timely manner (results available within 2 hours), and the amount ingested is either 200 mg/kg or more, or 10 g or more, whichever is less, start treatment with acetylcysteine. Patients who have an acetaminophen above the possible toxicity line (the line starting at 150 mcg/mL at 4 hours) should be treated with acetylcysteine. Patients who present with a history suggestive of acetaminophen exposure and an unknown time of ingestion should be treated with acetylcysteine if they have a detectable serum acetaminophen concentration OR if they have elevated serum transaminases. There is some debate as to the effect of coingestion of medications that decrease gastrointestinal motility (anticholinergic and opioids) may have on the reliability of a 4-hour acetaminophen concentration for risk stratification. Some experts recommend obtaining a second acetaminophen concentration 8 hours postingestion and starting

Treatment

4

MANAGEMENT OF SEVERE TOXICITY:

ORAL: Patients who present late after an acute acetaminophen ingestion (greater than 36 hours) may have significant liver injury and even liver failure (INR greater than 1.5, acidosis or encephalopathy). Intubate patients with altered mental status and resuscitate hypotensive patients with crystalloid and adrenergic vasopressors. Treat coagulopathic patients who are bleeding with fresh frozen plasma. Patients with renal failure may require renal replacement therapy. Administer intravenous acetylcysteine to all patients with liver injury. Patients with hepatic encephalopathy, acidosis or significant coagulopathy (INR greater than 5) should be evaluated for liver transplantation. Patients who present early following a massive ingestion (serum acetaminophen concentration greater than 500 mcg/mL) may have coma, metabolic acidosis and hyperglycemia with normal serum transaminases. These patients generally recover with supportive care (airway management, fluid resuscitation) and early acetylcysteine therapy.

- Decontamination: PREHOSPITAL: Consider activated charcoal in the prehospital setting if the patient is awake and can protect their airway. HOSPITAL: Administer activated charcoal for all substantial, recent ingestions if the patient is awake and can protect their airway. data suggest that administration of

Indication of drugs (MICROMEDEX) Propylthiouracil

Propylthiouracil	1
> Dosing and Indications	
> Black Box Warning !	
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> Mechanism Of Action	
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> How Supplied	
> Toxicology	
> Clinical Teaching	

Adult Dosing

2

- **Hyperthyroidism:** Initial, 50 to 150 mg ORALLY 3 times daily, based on severity (guideline dosing) OR 300 mg ORALLY daily in 3 evenly divided doses at 8-hour intervals; may increase to 400 mg/day for severe hyperthyroidism, very large goiters, or both; occasionally 600 to 900 mg/day may be required (manufacturer dosing)
- **Hyperthyroidism:** Maintenance, 50 mg ORALLY 2 or 3 times daily (guideline dosing) OR 100 to 150 mg orally daily in 3 divided doses every 8 hours (manufacturer dosing)
- **Pregnancy - Thyrotoxicosis due to Graves' disease:** (first trimester) Use lowest dose to keep mother's total thyroxine (T4) and triiodothyronine (T3) levels slightly above normal range for pregnancy, keep TSH suppressed, and keep free T4 at or slightly above ULN for nonpregnant women; assess monthly and adjust dose as required.
- **Pregnancy - Thyrotoxicosis due to Graves' disease:** Switch to methimazole for second and third trimesters.
- **Thyroid storm:** 500 to 1000 mg loading dose ORALLY followed by 250 mg ORALLY every 4 hours (guideline dosing)



How to search about Vitamins & Minerals

- Up to date
- ODS(office of Dietary Supplements)
- Webmed
- Medline plus
- Other databases & search Engines
 - ✓ Pubmed
 - ✓ Scholar
 - ✓ Scopus

How to search about Vitamins & Minerals

❖ Up to date(in offline version)

AllAdultPediatricDrug

Search Results for "vitamin c"

Overview of water-soluble vitamins

Vitamin supplementation in disease prevention

Nutritional status in alcohol dependence

The common cold in adults: Treatment and prevention

Complementary and alternative therapies for allergic rhinitis and conjunctivitis

Nutritional antioxidants in coronary heart disease

Complementary and alternative therapies for cancer

Sleepwalking and other parasomnias in children

Restless legs syndrome and periodic limb movement disorder in children

Non-iron pharmacologic adjuvants to erythropoiesis stimulating agent therapy in dialysis patients

Micronutrient deficiencies associated with malnutrition in children

Pathogenesis of atherosclerosis

Overview of the possible risk factors for cardiovascular disease


The common cold in children: Treatment and prevention

Prevention and management of complex regional pain syndrome in adults


Role of oxidative stress in heart failure

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TOPIC OUTLINE
Brand Names: U.S.
Pharmacologic Category
Dosing: Adult
Dosing: Pediatric
Dosing: Geriatric
Dosage Forms: U.S.
Generic Equivalent Available: U.S.
Administration
Use
Medication Safety Issues
Adverse Reactions Significant
Contraindications
Warnings/Precautions
Metabolism/Transport Effects
Drug Interactions
Pregnancy Implications
Breast-Feeding Considerations
Pricing: U.S. (Medi-Span®)
Monitoring Parameters
Reference Range
International Brand Names
Mechanism of Action
Pharmacodynamics/Kinetics
REFERENCES
GRAPHICS View All
TABLES
Lexicomp clinical abbreviations
RELATED TOPICS

Vitamin E: Drug information

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(For additional information see "Vitamin E: Patient drug information" and see "Vitamin E: Pediatric drug information")
For abbreviations and symbols that may be used in Lexicomp (show table)
Brand Names: U.S.

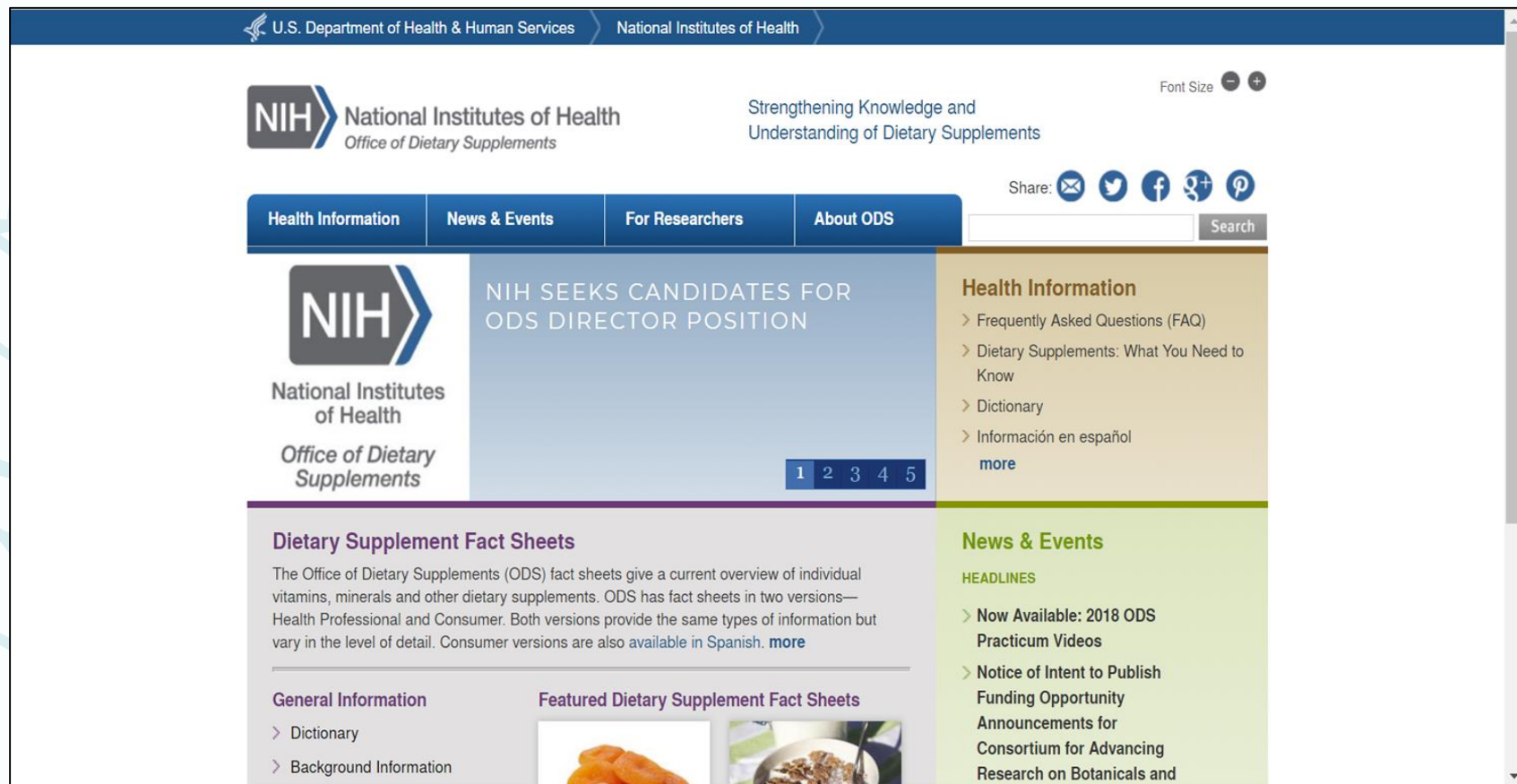
- Alph-E [OTC];
- Alph-E-Mixed [OTC];
- Aqua Gem-E™ [OTC];
- Aquasol E® [OTC];
- d-Alpha Gems™ [OTC];
- E-Gems® Elite [OTC];
- E-Gems® Plus [OTC];
- E-Gems® [OTC];
- E-Gem® Lip Care [OTC];
- E-Gem® [OTC];
- Ester-E™ [OTC];
- Gamma E-Gems® [OTC];
- Gamma-E PLUS [OTC];
- High Gamma Vitamin E Complete™ [OTC];
- Key-E® Kaps [OTC];
- Key-E® Powder [OTC];
- Key-E® [OTC]

Pharmacologic Category

- Vitamin, Fat Soluble

How to search about Vitamins & Minerals

❖ ODS(office of Dietary Supplements)







The screenshot displays the official website of the National Institutes of Health (NIH) Office of Dietary Supplements. The top navigation bar includes the U.S. Department of Health & Human Services and the National Institutes of Health logos. The main header features the NIH logo, the text "National Institutes of Health Office of Dietary Supplements", and the tagline "Strengthening Knowledge and Understanding of Dietary Supplements". A search bar and social media sharing icons are also present. The main content area is divided into several sections: "Health Information" (with links to FAQs, dietary supplement basics, a dictionary, and Spanish information), "News & Events" (with headlines about 2018 ODS Practicum Videos and funding opportunities), "Dietary Supplement Fact Sheets" (describing the availability of fact sheets in two versions), and "General Information" (with links to a dictionary and background information). A "Featured Dietary Supplement Fact Sheets" section is also visible, showing images of supplements.

U.S. Department of Health & Human Services National Institutes of Health

NIH National Institutes of Health
Office of Dietary Supplements

Strengthening Knowledge and Understanding of Dietary Supplements

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Health Information News & Events For Researchers About ODS

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Office of Dietary Supplements

NIH SEEKS CANDIDATES FOR ODS DIRECTOR POSITION

1 2 3 4 5

Health Information

- > Frequently Asked Questions (FAQ)
- > Dietary Supplements: What You Need to Know
- > Dictionary
- > Información en español

[more](#)

Dietary Supplement Fact Sheets

The Office of Dietary Supplements (ODS) fact sheets give a current overview of individual vitamins, minerals and other dietary supplements. ODS has fact sheets in two versions—Health Professional and Consumer. Both versions provide the same types of information but vary in the level of detail. Consumer versions are also available in Spanish. [more](#)

General Information

- > Dictionary
- > Background Information

Featured Dietary Supplement Fact Sheets

News & Events

HEADLINES

- > Now Available: 2018 ODS Practicum Videos
- > Notice of Intent to Publish Funding Opportunity Announcements for Consortium for Advancing Research on Botanicals and

How to search about Vitamins & Minerals

❖ ODS(office of Dietary Supplements)

NIH National Institutes of Health Office of Dietary Supplements

Health Information News & Events For Researchers About ODS

Search

2

U.S. Department of Health & Human Services National Institutes of Health

NIH National Institutes of Health Office of Dietary Supplements

Strengthening Knowledge and Understanding of Dietary Supplements

Font Size

Health Information News & Events For Researchers About ODS

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1

VITAMIN A


ODS Resources

Vitamin A - Consumer

Vitamin A - Vitamina A en español

Vitamin A - Health Professional

Back to Dietary Supplement Fact Sheet List



Rich sources of vitamin A include green leafy, orange, and yellow

Vitamin A

► Consumer

[Datos en español](#)

[Health Professional](#)

[Other Resources](#)

[What is vitamin A and what does it do?](#)

[How much vitamin A do I need?](#)

[What foods provide vitamin A?](#)

[What kinds of vitamin A dietary supplements are available?](#)

[Am I getting enough vitamin A?](#)

[What happens if I don't get enough vitamin A?](#)

[What are some effects of vitamin A on health?](#)

[Can vitamin A be harmful?](#)

[Does vitamin A interact with medications or other dietary supplements?](#)

[Vitamin A and healthful eating](#)

[Where can I find out more about vitamin A?](#)

[Disclaimer](#)

This is a reader-friendly overview of Vitamin A. For more details, see our [health professional fact sheet on Vitamin A](#).

What is vitamin A and what does it do?


Vitamin A is a fat-soluble vitamin that is naturally present in many foods. Vitamin A is important for normal vision, the [immune system](#), and reproduction. [Vitamin A](#) also helps the heart, lungs, [kidneys](#), and other organs work properly.

There are two different types of vitamin A. The first type, [preformed vitamin A](#), is found in meat, poultry, fish, and dairy products. The second type, provitamin A, is found in fruits, vegetables, and other plant-based products. The most common type of provitamin A in foods and [dietary supplements](#) is [beta-carotene](#).

How much vitamin A do I need?

The amount of vitamin A you need depends on your age and sex. Average daily recommended amounts are listed below in micrograms (mcg) of [retinol activity equivalents](#) (RAE).

Life Stage	Recommended Amount
Birth to 6 months	400 mcg RAE
Infants 7–12 months	500 mcg RAE
Children 1–3 years	300 mcg RAE
Children 4–8 years	400 mcg RAE
Children 9–13 years	600 mcg RAE
Teen boys 14–18 years	900 mcg RAE
Teen girls 14–18 years	700 mcg RAE
Adult men	900 mcg RAE



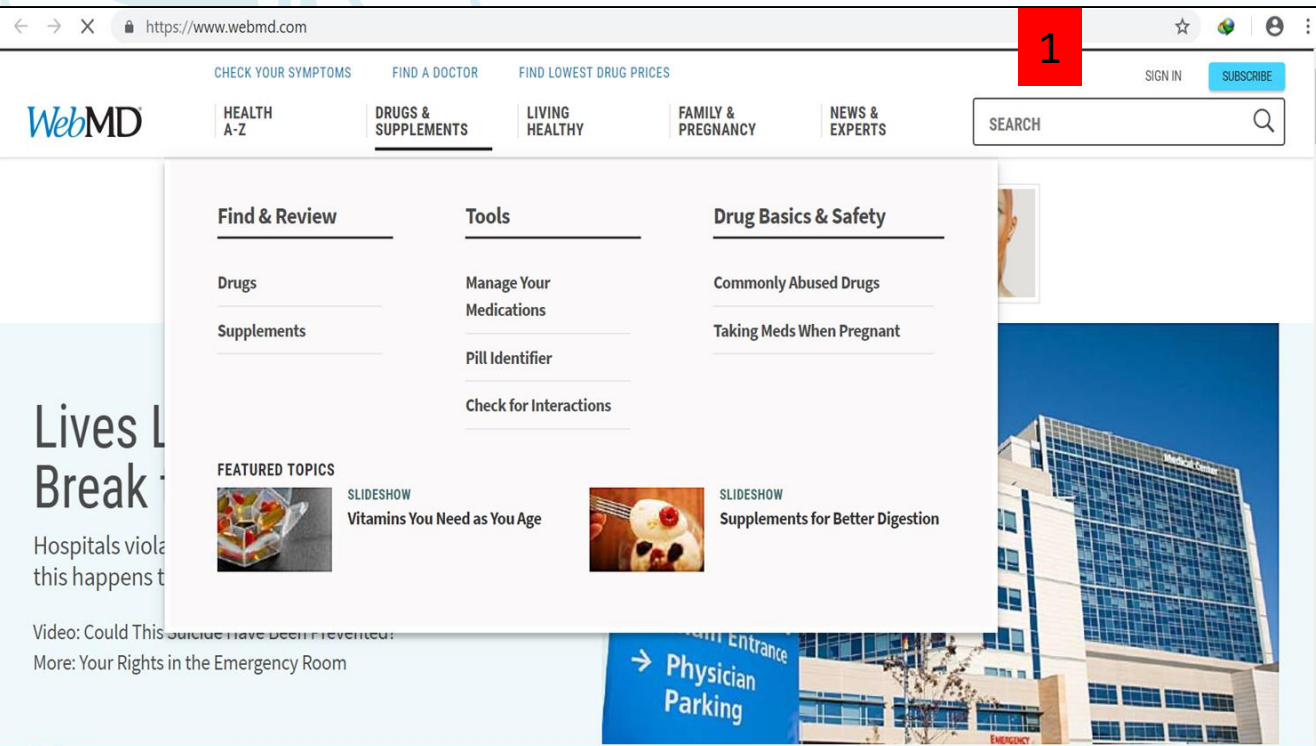
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Top

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Vitamins & Supplements >

2

PANAX GINSENG

OTHER NAME(S): Asian Ginseng, Asiatic Ginseng, Chinese Ginseng, Chinese Red Ginseng, Ginseng, Ginseng Asiatique, Ginseng Blanc... [Show More](#)

[Read Reviews \(35\)](#)

Overview

Uses

Side Effects

Interactions

Dosing

Overview Information

Panax ginseng is a plant that grows in Korea, northeastern China, and far eastern Siberia. People use the root to make medicine. Do not confuse Panax ginseng with American ginseng, Siberian ginseng, or Panax pseudoginseng. See the separate listings for American Ginseng, Ashwaganda, Blue Cohosh, Canaigre, Codonopsis, Panax Pseudoginseng, and Siberian Ginseng.

Panax ginseng is taken by mouth to improve thinking, concentration, memory, [Alzheimer's disease](#), work efficiency, physical stamina, preventing muscle damage from exercise, and athletic endurance.

Some people use Panax ginseng to help them cope with stress and as a general tonic for improving well-being. They sometimes call Panax ginseng an "adaptogen" when it's used in this way.

