Merative Micromedex

Shou Ray Information Service
2023
Trainer | Nicole





大綱

Micromedex 內容簡介

Micromedex 使用介面

Micromedex 各類檢索與工具

Micromedex Assistant – 有問題,MA來幫你!





Micromedex 內容簡介

Micromedex 收錄內容範圍



藥物資訊



治療方式



藥物毒性



替代療法



病患衛教

Micromedex® Solutions Healthcare Series





內容特性



權威性

藥物、毒理、疾病 與急診醫學內容受 美國國務院採納為 官方醫學百科



高品質

嚴謹的編輯過程



專業可靠

為學校、醫院及藥廠等提供實證內容服務超過40年



內容一致

呈現格式與內容標 準皆維持一致



全文閱讀

內容皆具完整參考 文獻、經由同儕評 審,並由臨床醫師 撰寫







資料來源與編輯方法





>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





資料來源

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





Micromedex 使用



資料庫登入與使用



IP認證機制

- 在IP範圍內,從單位圖書館網頁連結
- 校 / 院外連線:設定Proxy或VPN
- 有同時上線人數限制 養成好習慣,用完要登出
- 完整全文內容



行動載具APP 訂戶專屬

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





APP下載

Micromedex Drug Reference







Micromedex
Drug Interactions







Micromedex IV Compatibility







可離線使用,不受制於使用人數





APP使用方式



下載中心 找對應APP

依個別APP 輸入密碼 ✓

Merative mobile **Micromedex**®

Put the power of Micromedex on your mobile device

→ Micromedex Native Mobile Apps (Offline access, included with content subscription)

Micromedex Apps on Apple® and Android®

Micromedex® Drug Reference

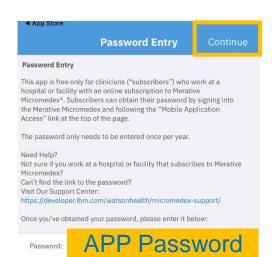


- The Micromedex Drug Reference app for Apple and Android devices is included with Merative Micromedex Drug content subscription.
- You can access these apps via the App Store and Google Play®.
- You can activate the app by following the simple instructions below.

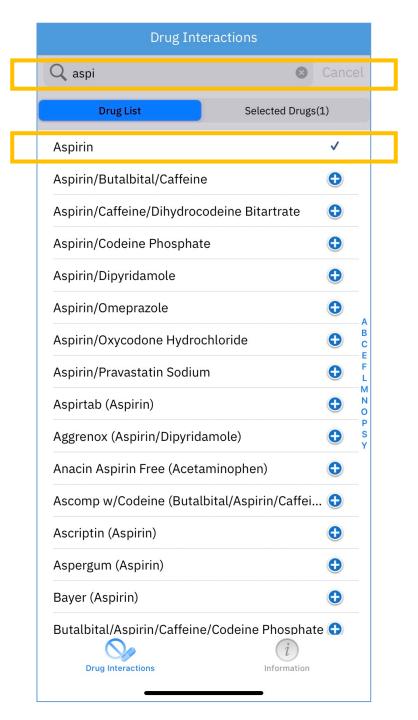
Simple instructions for installation:

- Step 1: Visit the App Store from your device and search Micromedex Drug Reference.
- Step 2: From the App, 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. Enter the password to begin using Micromedex Drug Reference. The password is case-sensitive. Please enter it exactly as it appears here.







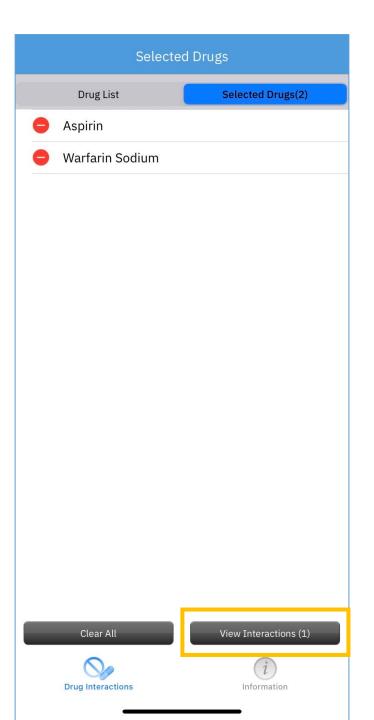






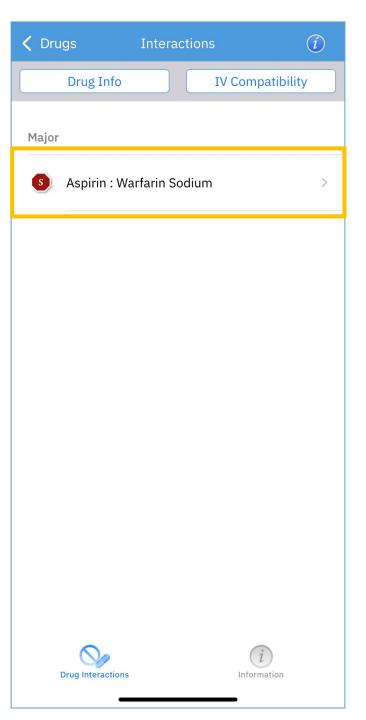








手機APP使用畫面







手機APP使用畫面









Interaction

Aspirin: Warfarin Sodium

Severity: Major
Onset: Not Specified
Documentation: Excellent

Interaction Effect:

Concurrent use of ASPIRIN and WARFARIN may result in increased risk of bleeding.

Clinical Management:

Because bleeding risk is increased when antiplatelet agents, such as aspirin, are used concomitantly with warfarin, closely monitor patients receiving such combination therapy (Prod Info COUMADIN(R) oral tablets, 2019). In patients with DVT and/or pulmonary embolism (PE) and stable cardiovascular disease receiving aspirin for cardiovascular risk modification, suspending aspirin for the duration of anticoagulation therapy for DVT and/or PE is suggested (conditional recommendation based on very low certainty in the evidence of effects); however, this suggestion does not apply to patients with a recent acute coronary event or coronary intervention (Ortel et al, 2020).

Probable Mechanism: additive effects on hemostasis









APP小提醒

- 只有簡要解答 (Summary)
 - 深入解答仍需回到Micromedex網頁查詢
- 密碼到期
 - 新密碼的取得須在IP範圍內登入Micromedex 資料庫,進入下載中心頁面或
 → Download Mobile Apps
 即可找到。





資料庫介面

2 工具列 Merative MIcromedex® 我的訂閱 | 閘道 | Training Center | 説明 | 下載中心 | 登出 NeoFax®/ Tox 和藥物 藥物 IV 相容性 鑒定 CareNotes Pediatrics 產品查找 **RED BOOK** 計算器 **Ask Watson** 搜尋藥物、疾病、毒理學及其他資訊 Search Micromedex drug information 檢索區 毒理學 Type a quick question... Q Keyword search Ö Learn more 👩 三 資源 最新消息 支援和訓練 Evusheld(TM): Emergency Use... Training Center 黑框警告 Orserdu(TM) for ESR1-Mutated Breast.. User Guide Comparative Tables Jaypirca(TM) for MCL • Micromedex Compendia Resources Do Not Confuse Drug List • Keytruda(R): 5th NSCLC Indication Citing Micromedex Drug Classes · Content Update Highlights Drug Consults REMS Download Mobile Apps Read Top News Support Request

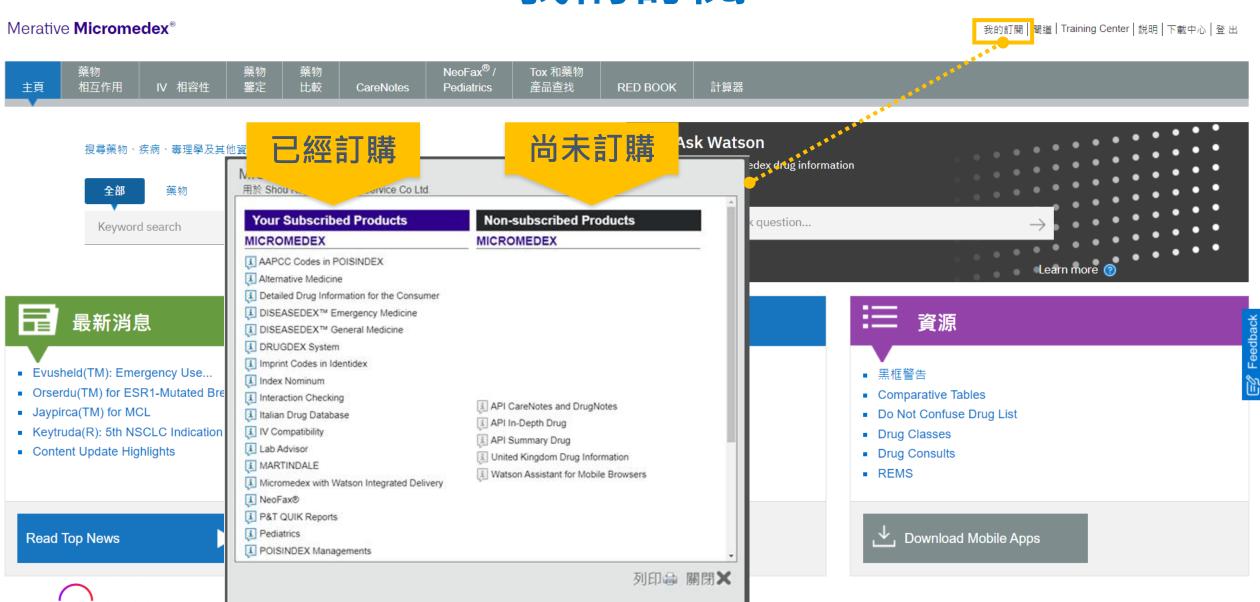




3 支援總覽

我的訂閱

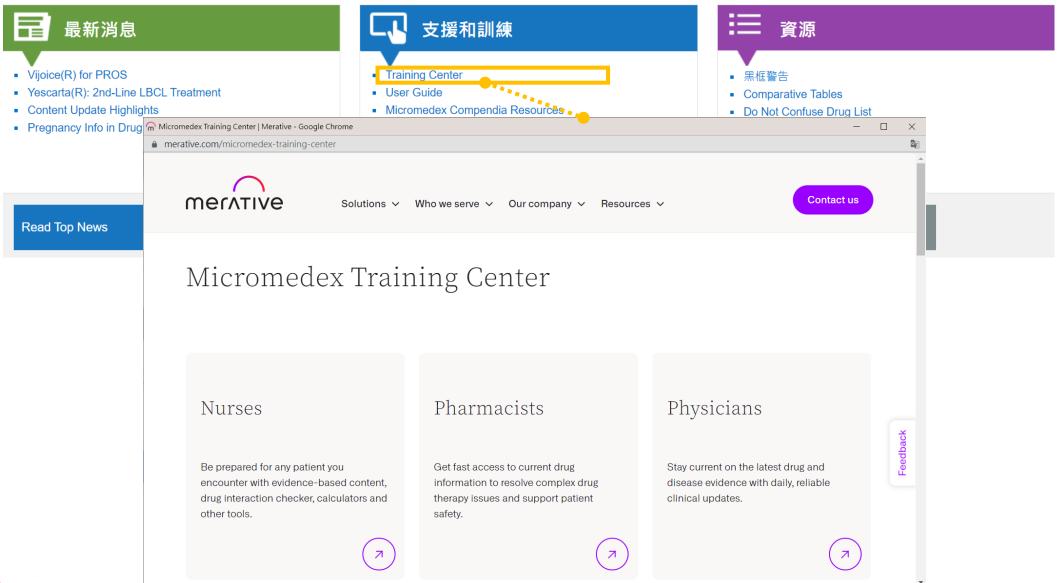




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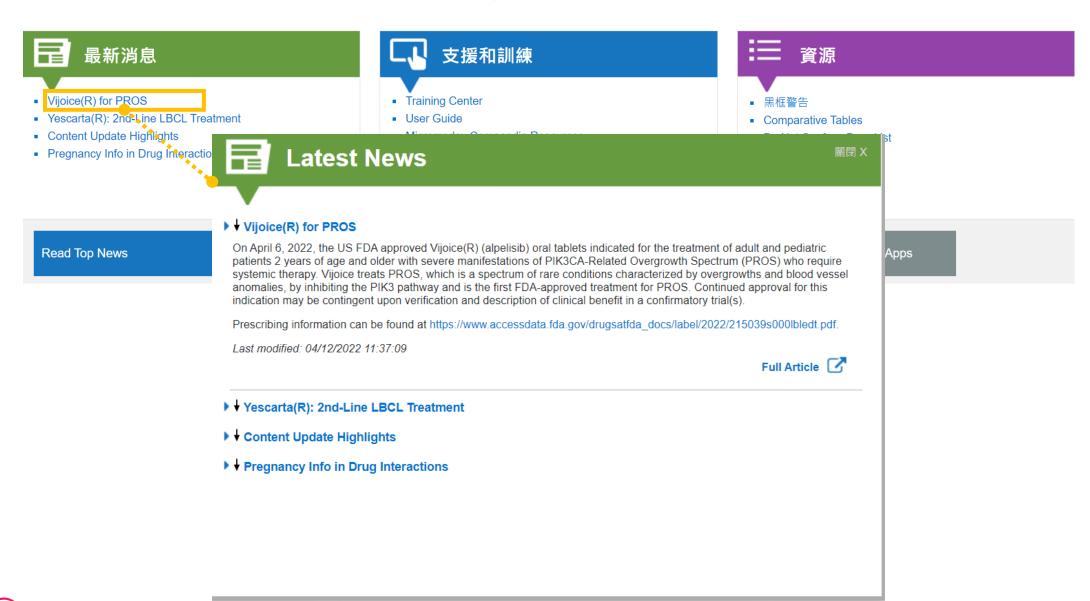
Training Center





最新消息

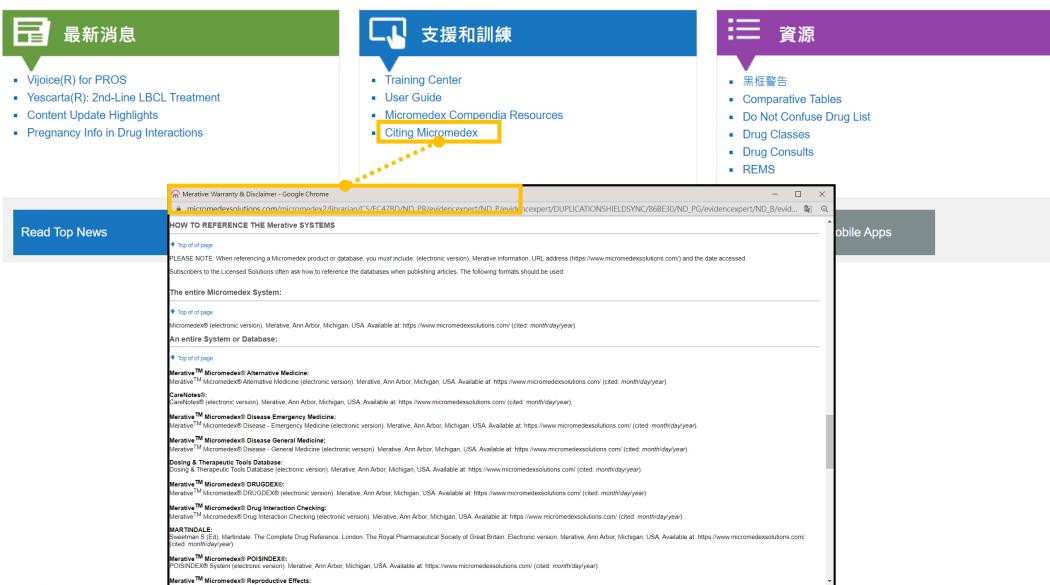






引用 Micromedex





常用資源 RESOURCES













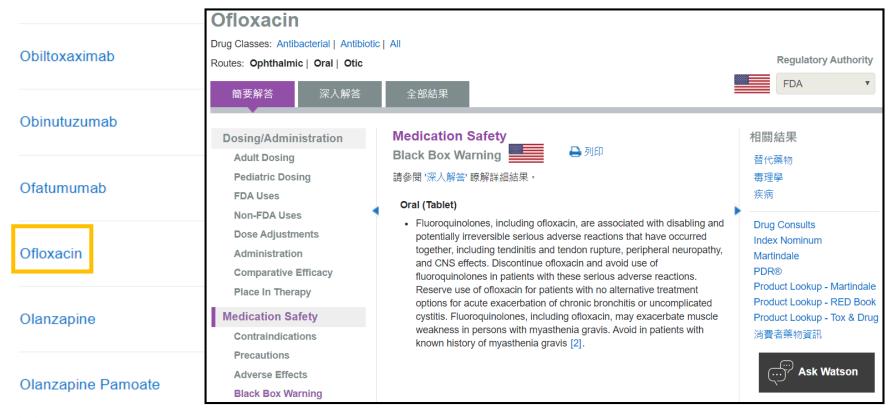
以藥物首字母序條列有黑框警告的藥物

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

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

顯示 30 of 999 條結果,帶有黑框警告

Obeticholic Acid





Comparative Tables



Class

針對各廠牌的藥品,列出各種 適應症及有效劑量範圍



- ▶ BENZODIAZEPINES (SELECTED)
- ▶ CORTICOSTEROIDS (SELECTED) PROPERTIES AND POTENCIES

▶ NSAID (NONSTEROIDAL ANTIINFLAMMATORY AGENTS (SELECTED)

-	Oral NSAIDs						
•	Generic Name	Brand Name (US)	Indications	Effective Dosage Range			
	Diclofenac	Cataflam (diclofenac potassium immediate- release tablets)	Pain	50 mg 3 times daily			
			Dysmenorrhea	50 mg 3 times daily			
			Osteoarthritis	50 mg 2 to 3 times daily			
			Rheumatoid Arthritis	50 mg 3 to 4 times daily			
		Voltaren (diclofenac sodium enteric-coated tablets)	Ankylosing Spondylitis	25 mg 4 times daily, with an extra 25 mg at bedtime if needed			
			Osteoarthritis, Rheumatoid Arthritis	50 mg 2 to 3 times daily, or 75 mg twice daily			
		Voltaren XR (diclofenac sodium extended- release tablets)	Osteoarthritis	100 mg every day			
			Rheumatoid Arthritis	75 to 100 mg once or twice daily			



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



Dosage

Class

► ACE INHIBITORS AND ANGIOTENSIN RECEPTOR BLOCKERS (SELECTED)

ANTIDIABETIC AGENTS (SELECTED)

▶ BETA BLOCKERS

Generic Drug Name And Brand Name	Usual Dosage Range*	Maximum Daily Dose	Drug Class	Hypoglycemia Risk**	Weight Change**	GI Symptoms**
Acarbose (Precose(R))	25 to 100 mg ORALLY 3 times daily with meals	60 kg or less: 150 mg; Greater than 60 kg: 300 mg	AGI	not significant	not significant	diarrhea, flatulence
Alogliptin (Nesina(R))	25 mg ORALLY once daily		DPP-4 inhibitor	not significant	not significant	not significant
Alogliptin Benzoate/Metformin (Kazano)	alogliptin 12.5 mg/metformin 500 mg to alogliptin 12.5 mg/metformin 1000 mg ORALLY twice daily with meals	alogliptin 25 mg/metformin 2000 mg	DPP-4 inhibitor /Biguanide	***	***	***
Alogliptin/Pioglitazone(Oseni)	alogliptin 25 mg/pioglitazone 15 mg to alogliptin 25 mg/pioglitazone 45 mg ORALLY once daily	alogliptin 25 mg/pioglitazone 45 mg	DPP-4 inhibitor/ TZD	***	***	***





Drug Consults

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

顯示 55 of 628 藥物諮詢文章

Abbreviations

Abuse-Deterrent Opioid Medications

ABVD - Used for Hodgkin's Disease

AC - Used for Breast Cancer

AC FOLLOWED BY T WITH TRASTUZUM!

治療霍奇金氏淋巴瘤的藥物

ABVD - Used for Hodgkin's Disease

藥物諮詢 📜

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/...
PubMed Article: http://www.ncbi.nlm.nih.gov/...

Last Modified: February 06, 2017





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

跳轉到: A Displaying 3 of 78 results for "REMS" 類鴉片止痛劑 Fentanyl Elements to Assure Safe Use, Implementation System, Medication Guide **Fentanyl** Fentanyl Citrate Drug Classes: Analgesic | Central Nervous System Agent | All Routes: Sublingual | Transdermal Fingolimod Hydrochloride 連結到藥品安全訊息和用藥指南 深入解答 全部結果 簡要解答 Medication Safety Dosing/Administration - ●列印 REMS Adult Dosing **Pediatric Dosing** Summary FDA Uses · to reduce serious adverse outcomes (eg., addiction, unintentional overdose, Non-FDA Uses death) resulting from inappropriate prescribing, misuse, and abuse of extendedrelease or long-acting opioid analgesics while maintaining patient access to pain Dose Adjustments medications Administration · to mitigate the risk of misuse, abuse, addiction, overdose and serious Comparative Efficacy complications due to medication errors by: prescribing and dispensing transmucosal immediate release fentanyl medicines only to appropriate patients, Place In Therapy which includes use only in opioid-tolerant patients; preventing inappropriate Medication Safety conversion between transmucosal immediate release fentanyl medicines; preventing accidental exposure to children and others for whom it was not Contraindications prescribed



Keyword search

➡ 列印

NeoFax® Tox 和藥物 藥物 藥物 藥物 主頁 相互作用 Ⅳ 相容性 鑒定 比較 CareNotes **Pediatrics** 產品查找 **RED BOOK** 計算器

Fentanyl

Drug Classes: Analgesic | Central Nervous System Agent | All

Routes: Sublingual | Transdermal

Merative **Micromedex**®

1.減少不良的後果(成癮、無心過量、死亡)

2.減輕誤用、濫用、過量、成癮的風險

Substance Fentanyl

簡要解答

深入解答

全部結果

Dosing/Administration

Adult Dosing

Pediatric Dosing

FDA Uses

Non-FDA Uses

Dose Adjustments

Administration

Comparative Efficacy

Place In Therapy

Medication Safety

Contraindications

Precautions

Adverse Effects

Black Box Warning

REMS

Drug Interactions (single) IV Compatibility (single)

Medication Safety REMS

Summary

- Duragesic(R) (Opioid Analgesic REMS): To make a REMS-compliant education program available to healthcare professionals (including nurses and pharmacists) regarding the treatment and monitoring of patients with pain.
- To counsel patients and/or their caregivers, with every prescription, on safe use, serious risks, storage, and disposal of these products.
- To emphasize to patients and their caregivers the importance of reading the Medication Guide every time it is provided by their pharmacist.
- To consider other tools to improve patient, household, and community safety.
- Ionsvs(R) (Ionsvs REMS): To reduce serious adverse outcomes (eg. addiction, unintentional overdose, death) resulting from inappropriate prescribing, misuse, and abuse of extended-release or long-acting opioid analgesics while maintaining patient access to pain medications
- To mitigate the risk of misuse, abuse, addiction, overdose and serious complications due to medication errors by: prescribing and dispensing transmucosal immediate release fentanyl medicines only to appropriate patients, which includes use only in opioid-tolerant patients; preventing inappropriate conversion between transmucosal immediate release fentanyl medicines; preventing accidental exposure to children and others for whom it was not prescribed
- To educate prescribers, pharmacists, and patients on the potential for misuse, abuse, addiction, and overdose of transmucosal immediate release fentanyl medicines
- To inform patients or caregivers about the serious risks associated with transmucosal immediate release and extended-release or long-acting fentanyl treatment
- Subsys(R), Fentanyl buccal (Actavis) (Transmucosal Immediate-Release Fentanyl (TIRF) Products REMS): To mitigate the risk of overdose by requiring documentation of opioid tolerance with every TIRF prescription for outpatient use and requiring inpatient pharmacies to develop policies and procedures to verify opioid tolerance in inpatients who require TIRF medicines while hospitalized as well as educating prescribers, pharmacists and patients that the safe use of TIRF medicines requires patients to be opioid-tolerant throughout treatment



毒理學

疾病

Drug Consults Index Nominum

Martindale

Product Lookup - Martindale

Product Lookup - RED Book Product Lookup - Tox & Drug

消費者藥物資訊







檢索與工具運用案例



常見藥品諮詢問題種類

- 劑量(肝腎功能不良、老人、兒童)之調整及投藥方式
- 藥物不良反應
- 藥品交互作用
- 藥物動力學
- 適應症
- 中毒或藥品過量的處理
- 其他,如:相容性、禁忌、費用、配製、安定性、貯存等

藥師綜合個案的問題

•醫生考慮

一位75歲有心房顫動合併高血壓的病人,應該使用抗凝血藥物 預防中風嗎?

• 病人需求

本人表示之前曾使用過Aspirin,但覺得吃了胃不舒服,所以不太喜歡...

•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?

資料來源:新光吳火獅紀念醫院 劉人瑋藥師

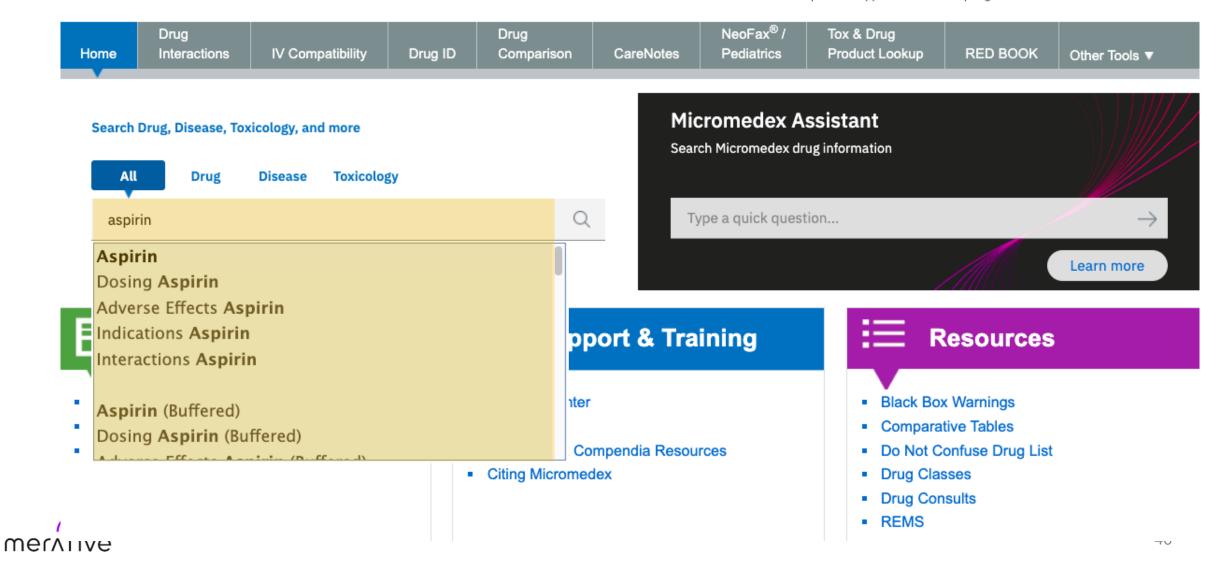




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Aspirin-Uses

Aspirin

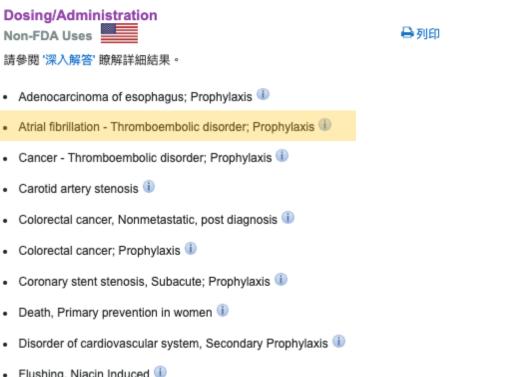
Drug Classes: Analgesic | Antipyretic | All Regulatory Authority Routes: Oral | Rectal FDA 簡要解答 深入解答 全部結果 **Dosing/Administration** 相關結果 Dosing/Administration

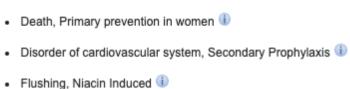
Adult Dosing **Pediatric Dosing** FDA Uses Non-FDA Uses **Dose Adjustments** Administration Comparative Efficacy Place In Therapy



IV Compatibility (single)







In vitro fortilization - Prognancy-induced hypertension: Prophylavis 🗐



Drug Consults

Index Nominum Martindale P&T QUIK 報告 PDR® Product Lookup - Martindale Product Lookup - RED Book Product Lookup - Tox & Drug 消費者藥物資訊







Aspirin-Comparative Efficacy

考量問題:是否有其他藥物可選擇?

ASPIRIN

Drug Classes: Analgesic | Antipyretic | All

Routes: Oral | Rectal

Regulatory Authority

簡要解答 深入解答 Atrial fibrillation - Thromboemb -- Comparative Efficacy 1 / 4 results 用於 atrial fibrillation - thromboembolic disorder; ... ^ V Adult Dosing **ASPIRIN Normal Dosage** Drug Classes: Analgesic | Antipyretic | All Important Note Routes: Oral | Rectal Beers Criteria: Use ca Oral route Atrial fibrillation - Thro a) Guidelines from Th Atrial fibrillation - Thromboemb antithrombotic therapy b) Patient With Atrial / 4 results 用於 atrial fibrillation - thromboembo 1) Guidelines from Prior stroke and abnormal LV ejection fra Patients with a Atrial fibrillation - Thromboembolic disor placement, follo a) The second Stroke Prevention in Atria

b)在一項 1007 名門診患者的對照研究中,華法林在預防慢性 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阿 司匹林。...**只要不存在禁忌症,慢性心房顫動患者應考慮使用 華法林進行抗凝治療**。

c) BAATAF (波士頓地區房顫抗凝試驗)研究:**華法林在預防 非風濕性房顫患者中風方面優於阿司匹林**。在這項研究中,華法林使用者的年中風發生率為 0.45%,而阿司匹林使用者 為 3.9%,未經治療的患者為 1.8%

Patients received dose-adjusted warfarinf (INR 2.0 to 4.5) or aspirin 325 mg daily. Primary events were defined as ischemic stroke and system of 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 [1180].

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 [1181][1182].

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 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 an 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 Atrial fibrillation - Thrombosis; Prophylaxis







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wafarin



藥物				NeoFax [®] /	Tox 和藥物	
主頁相互作用	Ⅳ 相容性		CareNotes	Pediatrics		

🔒 列印

關於以下項的搜尋 "wafarin" 與任何文件均不相符。 您要尋找的是不是 Warfarin, nafarin, marfarin, afrin

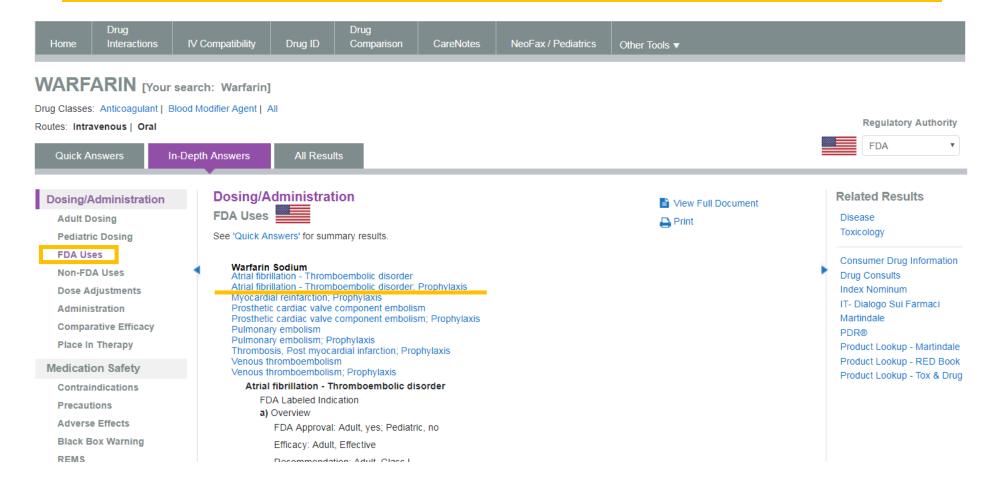
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Warfarin-FDA Uses

1.考量問題:此藥物的適應症為何?





FDA Uses



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wafarin Q

主頁	相互作用	IV 相容性	業物 鑒定	比較	CareNotes	Pediatrics	産品查找	RED BOOK	計算器
Stora Trad Regu	Properties age & Stability e Names ulatory Status rences		See Atrial fi FDA a) O F	Drug Consubrillation - Labeled Incoverview DA Approva Efficacy: Adu Recommend	ult reference: Atrial Thromboembolic	Fibrillation - Drug disorder; Prophy atric, no lla ategory A	Treatment Guideli ylaxis		是 有

是否為核准的適應症用藥? 有建議強度與證據等級嗎?

b) Summary:

Product Availability

The marketing and distribution of warfarin sodium for injection has been discontinued as of 5/2/2014 [15]

Indication

Warfarin is indicated for the prophylaxis and treatment of thromboembolic complications associated with atrial fibrillation [14].

Limitations of Use

Warfarin has no direct effect on an established thrombus, nor does it reverse ischemic tissue damage. Once a thrombus has occurred, however, the goals of anticoagulant treatment are to prevent further extension of the formed clot and to prevent secondary thromboembolic complications that may result in serious and possibly fatal sequelae [14].

Evidence (Nonvalvular Atrial Fibrillation)

Direct thrombin inhibitors (DTIs) were similar to adjusted-dose warfarin (INR target, 2 to 3) for reduction in the composite of vascular deaths and ischemic events or composite of stroke, systemic embolic (S/SE) event, MI, and cardiovascular mortality in patients with nonvalvular AF who had 1 or more risk factors for stroke in a meta analysis, and a randomized study of patients underlying electrical cardioversion [16][17]. No significant bleeding differences were observed between warfarin and edoxaban [17]; however, the addition of aspirin to oral anticoagulants significantly increased risk of major bleeding events and hospitalizations related to bleeding [18]. The estimated annual event rate for ischemic stroke and risk of intracranial hemorrhage (ICH) events were lowest for target INR between 2 to 2.5 compared to other INR ranges according to pooled data from 3 large, randomized trials of patients with nonvalvular atrial fibrillation receiving warfarin. Additionally,







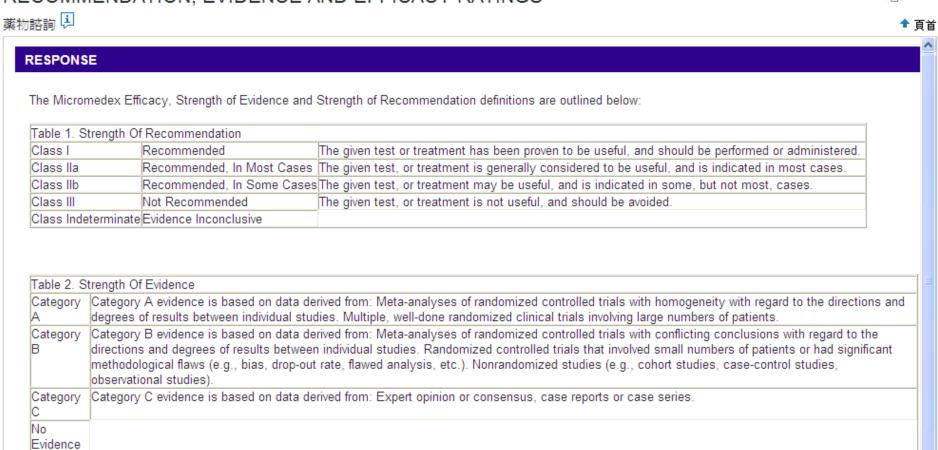




檢視證據等級與建議強度

RECOMMENDATION, EVIDENCE AND EFFICACY RATINGS









Therapeutic Uses

2.考量問題:使用抗凝血藥物是否可顯著降低中風危險?

Atrial fibrillation - Thromboembolic disorder; Prophylaxis

FDA Labeled Indication

a) Overview

FDA Approval: Adult, yes; Pediatric, no

Efficacy: Adult, Effective

Recommendation: Adult, Class I

Strength of Evidence: Adult, Category A

See Drug Consult reference: RECOMMENDATION AND EVIDENCE RATINGS

Evidence (Elderly)

Adjusted-dose warfarin significantly reduced the incidence of the composite endpoint of fatal and nonfatal disabling stroke (ischemic or hemorrhagic), intracranial hemorrhage, and arterial embolism among patients 75 years or older with chronic AF or atrial flutter compared with aspirin [15]. The recurrence of hemorrhagic events showed variable results; there were no significant differences on extracranial hemorrhage in elderly patients [15].

4) Elderly

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) [15]. Summary: 療效與出血風險

詳細說明的建議有...

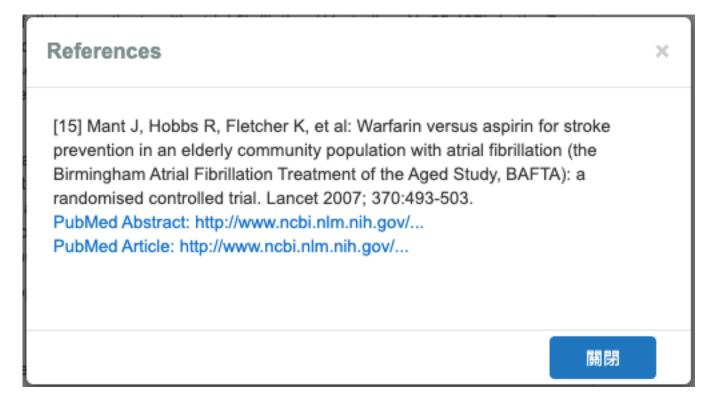




Evidence (Elderly)

檢視 資訊來源

Adjusted-dose warfage significantly reduced the incidence of the composite endpoint of fatal and nonfatal disabling stroke (ischemic or hemorrhagic), intracranial hemorrhage, and arterial embolism among patients 75 years or older with chronic AF or atrial flutter compared with aspirin [15] The recurrence of hemorrhagic events showed variable results; there were no significant differences on extracranial hemorrhage in elderly patients [15].

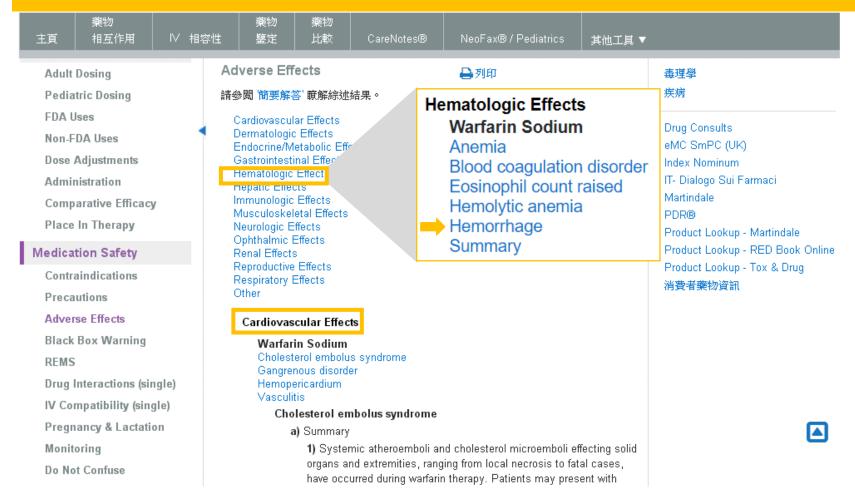






Adverse Reactions

3.考量問題:使用抗凝血藥物可能的副作用?





Adverse Reactions



Hemorrhage

出血的危險因子

c) Summary

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

b) Prevention and Management

- 1) Perform regular (ie, generally every 1 to 4 weeks) INR monitoring in all treated patients [116]
- Consider more frequent INR monitoring, careful dose titration to desired INR, and shortest possible therapy duration in high-risk patients [116]
- Monitor INR more frequently with treatment initiation, dose adjustment, or withdrawal of other drugs (including botanicals) [116]
- Determine INR immediately before any dental or surgical procedure [116]
- 5) Adjust the dose to maintain INR on the low end of the therapeutic range to continue anticoagulation in patients undergoing minimally invasive procedures [116]
- 6) Do not routinely base vitamin K antagonist (ie, warfarin) therapy interruption solely on clinical prediction rules for bleeding [3].
- 7) If the timeline for anticoagulant reversal is more than 24 hours, interrupt therapy. Oral or parenteral vitamin K may be administered if necessary [116] based on INR [147].
- 8) If expedited (ie, within 1 to 2 K(1) may be administered if ne

If emergent (ie, within less t

phytonadione IV. Consider clo

prothrombin complex concenti

frozen plasma) [116] [147]

prothrombin complex concentrate, 3-f2

預防與管理: 針對不良反應之處理建議

ral or parenteral vitamin

良反應之處理建議。

| Consider high-dose entrates (eg, 4-factor lex concentrate, activated concentrate, recombinant factor VIIA, or fresh

- 10) The following are evidence-based guidelines from the American College of Chest Physicians for managing elevated INR or bleeding in patients on vitamin K antagonist (ie, warfarin) therapy:
 - a) INR between 4.5 and 10 with no evidence of bleeding:
 - 1) Routine use of vitamin K is not recommended [3].
 - b) INR greater than 10 with no evidence of bleeding:
 - 1) Administer oral vitamin K [3].
 - c) Vitamin K antagonist-associated major bleeding:
 - Instead of plasma use, achieve rapid anticoagulation reversal with 4-factor prothrombin complex concentrate. Coadminister with vitamin K 5 to 10 mg via slow IV injection rather than attempting reversal with coagulation factor alone [3].





Monitoring

5.考量問題:使用抗凝血藥物須監測的項目/頻率?

Dosing/Administration

Adult Dosing

Pediatric Dosing

FDA Uses

Non-FDA Uses

Dose Adjustments

Administration

Comparative Efficacy

Place In Therapy

Medication Safety

Contraindications

Precautions

Adverse Effects

Black Box Warning

DEMS

達到穩定狀態後的 建議監測頻率

Pregnancy & Lactati

Monitoring

Medication Safety

Monitoring

請參閱 簡要解答 瞭解綜述結果。

- A) Warfarin Sodium
 - 1) Therapeutic
 - a) Laboratory Parameters
 - 1) INR
- 監測項目與 監測頻率 Parameters

■ 檢視完整文件

▲ 列印

- 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) [2].
- 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) [1]

In general, the recommended target INR is 2.5 (range, 2 to 3) in adults and pediatric patients in most indications [112][1], except in the following situations:

Target INR is 3 (range 2.5 to 3.5):

相關結果

毒理學

疾病

Drug Consults

eMC SmPC (UK)

Index Nominum

IT- Dialogo Sui Farmaci

Martindale

PDR®

Product Lookup - Martindale

Product Lookup - RED Book Online

Product Lookup - Tox & Drug

消費者藥物資訊





Patient Handouts

6.考量問題:如何進行用藥指導?

Monitoring

Do Not Confuse

Mechanism of Action

Mechanism of Action

Pharmacokinetics

Pharmacokinetics

Patient Education

Medication Counseling

Patient Handouts

Toxicology

Clinical Effects

Drugs and Foods to Avoid:

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

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

Co-enzyme Q10, echinacea, garlic, ginkgo, ginseng, goldenseal, or St John's wort Another blood thinner, including apixaban, argatroban, bivalirudin, cilostazol, clopidogrel, dabigatran, desirudin, dipyridamole, heparin, lepirudin, prasugrel, rivaroxaban, ticlopidine Medicine to treat depression or anxiety, including citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, milnacipran, paroxetine, sertraline, venlafaxine, vilazodone

Medicine to treat an infection

NSAID pain or arthritis medicine, including aspirin, celecoxib, diclofenac, diflunisal, fenoprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, mefenamic acid, naproxen, oxaprozin, piroxicam, sulindac. Check labels for over-the-counter medicines to find out if they contain an NSAID.

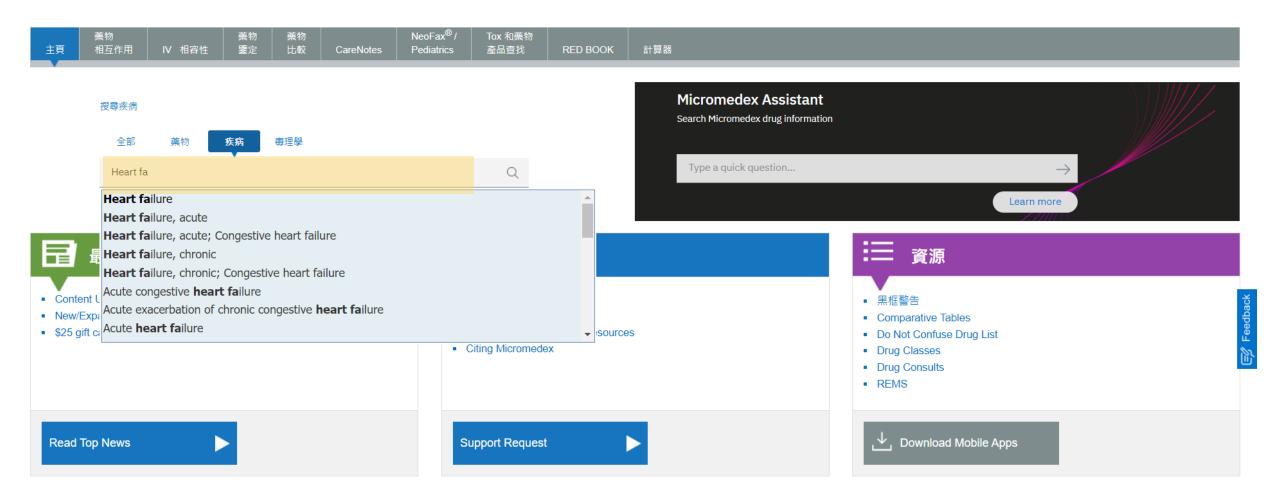
Steroid medicine, including dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone



查找疾病資訊

輸入症狀或疾病名









🖴 列印

3263 找到以下項的結果: "heart failure"

全部結果

篩選依據

全部 (10)

藥物 (3)

疾病 (7)

1-10 / 10 以下項目的結果 "Heart failure, acute; Congestive heart failure"



Heart failure, acute; Congestive heart failure

Disease: Detailed evidence-based information

Heart failure, acute; Congestive heart failure

Disease: Summary topic

Heart failure, acute; Congestive heart failure

Disease: List of essential care interventions (Clinical Checklist)

Heart failure, acute; Congestive heart failure - Prevention & Screening

Disease: Detailed evidence-based information

Heart failure, acute; Congestive heart failure - Prevention & Screening

Disease: Summary topic

Heart failure, chronic; Congestive heart failure - Prevention & Screening

Disease: Detailed evidence-based information

Conditions Heart failure, acute; Congestive heart failure - Acute Heart failure, acute; Congestive heart failure - Prevention Screening Heart...

Heart failure, chronic; Congestive heart failure

Disease: Detailed evidence-based information

Depression - Chronic Diabetes mellitus - Chronic Heart failure, acute; Congestive heart failure - Acute Heart failure, acute; Congestive heart failure

failure - Prevention Screening Heart...

MILRINONE

Drug: Detailed evidence-based information





Heart failure, acute; Congestive heart failure

全部結果

簡要解答 深入解答

Definition

Medical History

Findings

Differential Diagnosis

Testing

Treatment

Drug Therapy

Procedural Therapy

Reference

Testing

請參閱 '深入解答' 瞭解詳細結果。

Suspected or known heart failure [1][2][3][4]

• 12 lead ECG: In patients with heart failure, a 12-lead ECG is frequently abnormal [3] and may show evidence of ischemia, myocardial infarction, left ventricular hypertrophy, cardiac conduction abnormality, or cardiac arrhythmia [5].

Suspected, acute or new-onset heart failure [1]

• Plain chest X-ray: A chest x-ray assess cardiomegaly and pulmonary congestion and may identify alternative causes of symptoms, but should not be the sole determinant of the specific cause of heart failure. A normal chest x-ray does not exclude acutely decompensated heart failure [1].

Suspected or known heart failure [6]

Brain natriuretic peptide measurement: Acute heart failure is likely in the presence of acute dyspnea if the B-type natriuretic peptide (BNP) level is greater than 500 picogram/mL or NT-proBNP is greater than 1000 picogram/mL and is unlikely if BNP is less than 100 picogram/mL or NT-proBNP is less than 300 picogram/mL [7]. Although levels vary, these cutoff values may still be useful to assess decompensation of chronic heart failure [8].

Suspected or known heart failure[1][2][9][4][3].

• Two dimensional echocardiography: All patients presenting with heart failure should receive echocardiographic evaluation of left ventricular ejection fraction, left and right ventricular size and function, ventricular wall thickness, valve function, and pericardial pathology [1][2][9][4][3].

相關結果

📮 列印

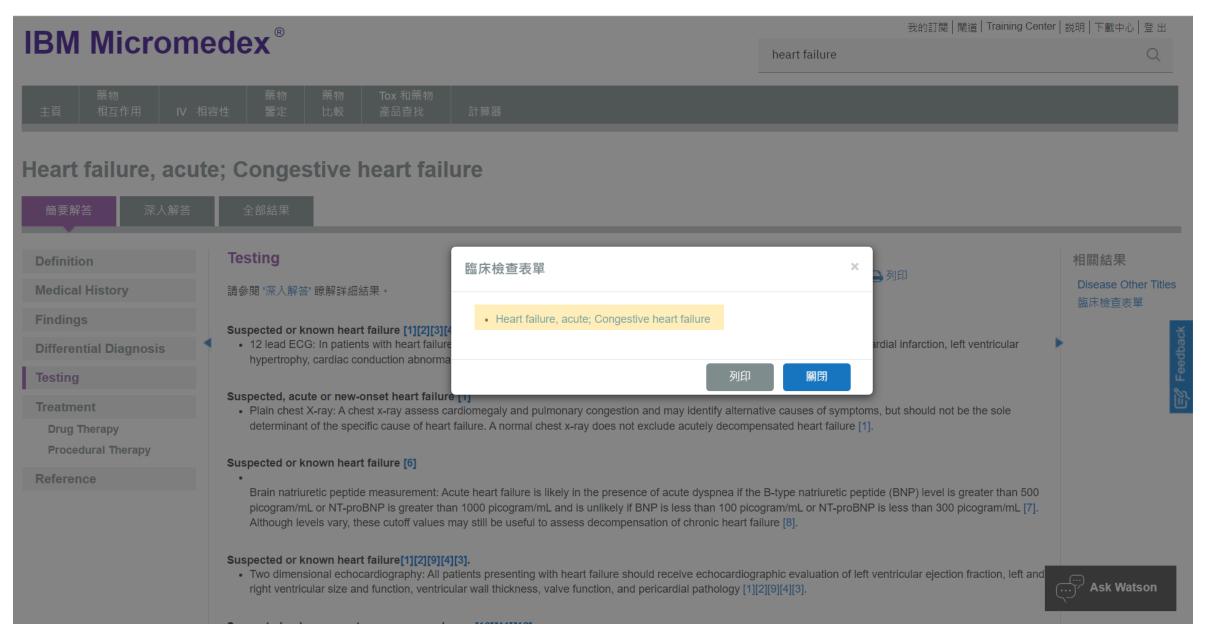
Disease Other Titles

臨床檢查表單











扁 列印

ALWAYS DO

Diagnosis Treatment Disposition

RELATED INFORMATION

Conditions Tests & Procedures REFERENCES

Heart failure, acute; Congestive heart failure

✓ Clinical Checklist

土 全部展開 | □ 全部折疊 | ↑ 頁首

效能測量

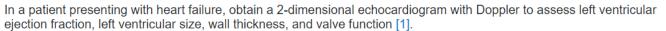
效能測量

Always Do

Diagnosis

Diagnostic Testing

Obtain a 12-lead ECG and chest radiographs (posteroanterior and lateral) in all patients presenting with heart failure [1].



In patients who present with dyspnea, measure blood levels of B-type natriuretic peptide (BNP) or N-terminal-proBNP (NT-proBNP) to support or exclude a diagnosis of heart failure *142[2].

In the initial evaluation of patients with acute heart failure, include CBC, urinalysis, serum electrolytes with calcium and magnesium, BUN, serum creatinine, fasting blood glucose or HbA1C, fasting lipid profile, liver function test panel, and TSH assay [1].



建議/證據強

度





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].





工具好幫手

	藥物		藥物	藥物		NeoFax [®] /	
主頁	相互作用	Ⅳ 相容性	鑒定	比較	CareNotes	Pediatrics	其他工具 ▼







藥物相互作用

藥物 藥物 藥物 其他工具 ▼ 主頁 IV 相容性 比較 鑒定 NeoFax / Pediatrics 相互作用 CareNotes 藥物相互作用 在搜尋欄位鍵入藥物名稱(品牌或學名藥)。選擇藥物並按一下 ■ (新增)按鈕。 保健食品: 添加過敏 輸入搜尋詞: 歐越莓/ 山桑子/ 添加過敏 要檢查的藥物: 相符的藥物名稱: (21) 覆盆子 Bilberry Bilberry Ibuprofen -日常用藥: Bilberry (Bilberry Extract) Warfarin Bilberry (Bilberry/Vitamin A/Vitamin E... 止痛藥 Bilberry (Homeopathic Substance) Bilberry (Whortleberry) 治療用藥: Bilberry Extra Strength Bilberry Extract AF, 高血壓 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。











Drug Interaction Results	◆ 修改相互作用				ᆒ 列印
細化方式: 藥物: All ▼	嚴重性: All	▼ 文件: All	▼ 類型: All	▼	
跳轉到: 藥物 -藥物 (2) 複方 (0)	過敏症狀 (1) 食物 (12)	乙醇 (1) 實驗室 (1)	抽煙 (1) 懷孕 (2)	哺乳期 (2)	
Drug-Drug 相互作用 (2)					
棄物:	ᄪᆂᄮ	嚴重性:	文件:	綜述:	
IBUPROFEN WARFARIN SODIUM	嚴重性 等級不同	S Major	Fair	Concurrent use of ANTICOAGULANT may result in increa bleeding.	
BILBERRY WARFARIN SODIUM		Moderate	Fair	Concurrent use of I ANTICOAGULANT increased risk of bl	S may result in
		_			
複方 (未找到)			Warfarin分別 併用皆	l和Ibuprofer 會增加出血區	
Drug-過敏症狀 相互作用 (1)					
棄物:		嚴重性:	文件:	綜述:	
IBUPROFEN ASPIRIN		? Unknown	Unknown	CROSS-REACTIVI AMONG NSAIDS, NSAIDS AND SALI (ASPIRIN).	AND BETWEEN
Drug-食物 相互作用 (12)				É	Ask Watson





定義

嚴重性:



禁忌

禁止同時使用這些藥物。

S

嚴重

這種相互作用可能危及生命和/或需要醫療干預以儘量減少或避免嚴重的不 良影響。

1

中等

這種相互作用可能導致加重患者的病情 和/或需要在治療中發生改變。

M

較弱

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

?

未知

未知。

利印_金 關門X



INTERACTION DETAIL



Warning:

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

Clinical Management:

Coadministration of an anticoal bleeding relative to the use of injection, 2016; Prod Info CEL tablets, intravenous injection pepidural or spinal hematomas who are receiving neuraxial at PRADAXA® oral capsules, 20 concomitantly, monitor for sign 2016; Prod Info CELEBREX®

Onset:

Not Specified

INTERACTION DETAIL

Major

Documentation:

Fair

Probable Mechanism:

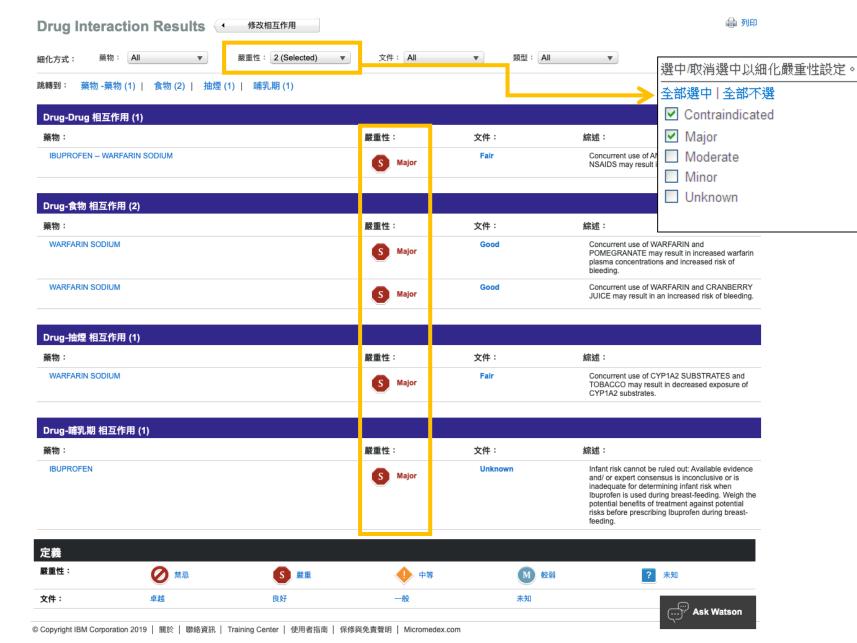
additive effect on hemostasis

Summary:

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

列印⇔ 關閉★







多個藥物的IV相容性



IV 相容性

治療焦慮、化療 引起的噁心嘔吐



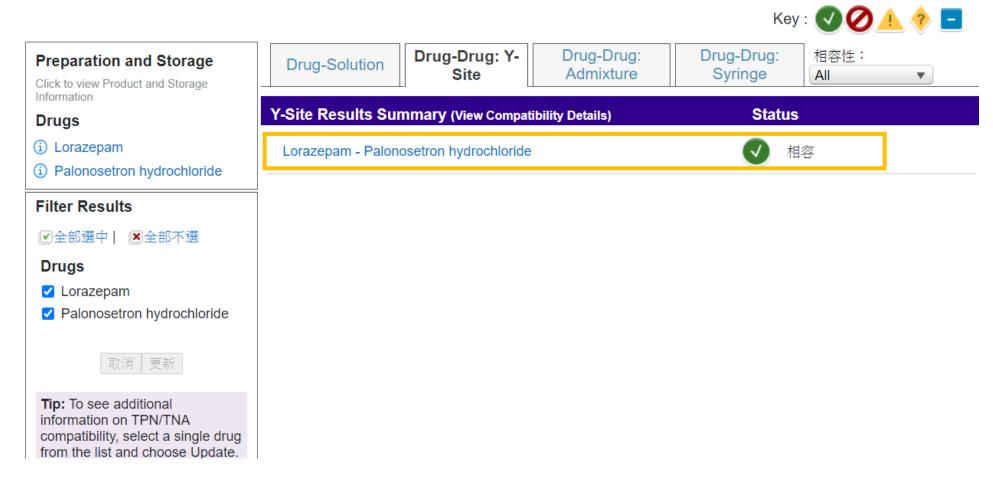
由 Trissel's™ 2 Clinical Pharmaceutics Database (Parenteral Compatibility). 支援。



多個藥物的IV相容性



Ⅳ 相容性結果 · 《®改相容性







單一藥物的IV相容性

Ⅳ 相容性結果 · 《odalent

					Key:	2 1 1
Preparation and Storage	Drug-Solution	Y-Site	Admixture	Syringe	TPN/TNA	相容性: All ▼
Click to view Product and Storage Information	V Site Beaulte 9	Cummon/ 05			Status	
Drugs	1-Site Results 3	Summary (vi	ew Compatibility Deta	alls)	Status	
 Lorazepam Palonosetron hydrochloride 	Acetaminophen				▼ 相容	
Filter Results	Acyclovir sodiun	n			✓ 相容	
☑全部選中 ▼全部不選	Alatrofloxacin m	esylate			✓ 相容	
Drugs ☑ Lorazepam	Albumin Human				✓ 相容	
☐ Palonosetron hydrochloride	Aldesleukin				🕢 不相	容
取消 更新	Alemtuzumab				✓ 相容	
	Alfentanil hydrod	chloride			✓ 相容	

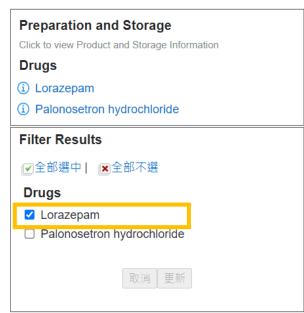


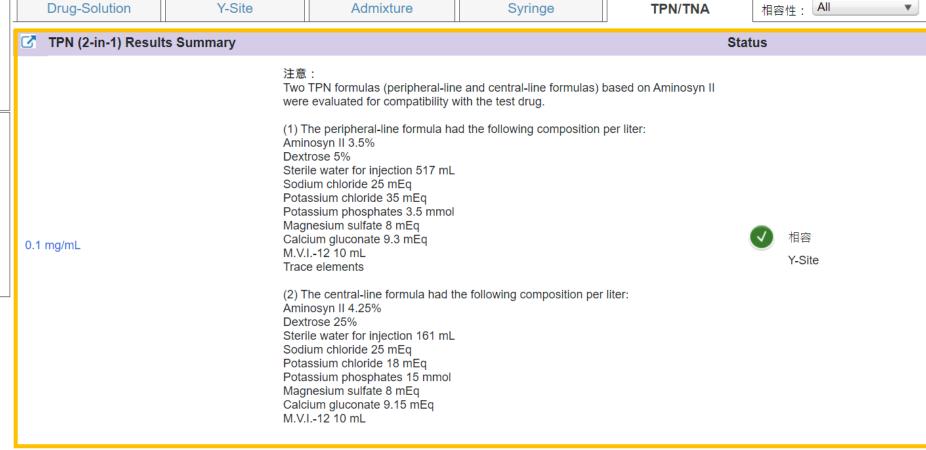


單一藥物的IV相容性 - TPN / TNA

IV 相容性結果 · FORTH



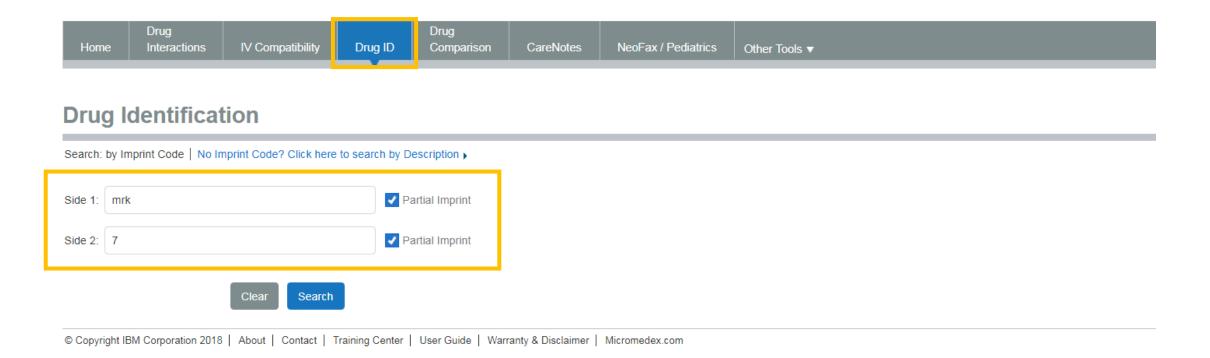








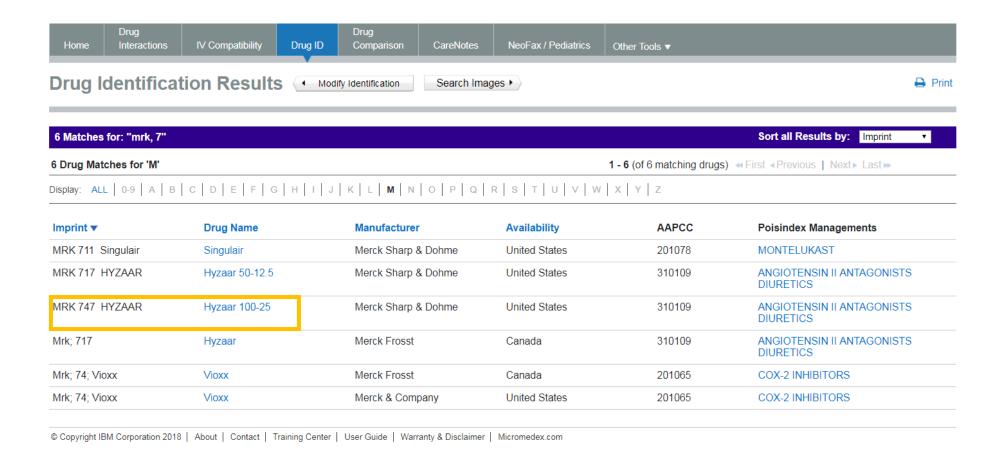
藥物鑒定 用印碼查詢







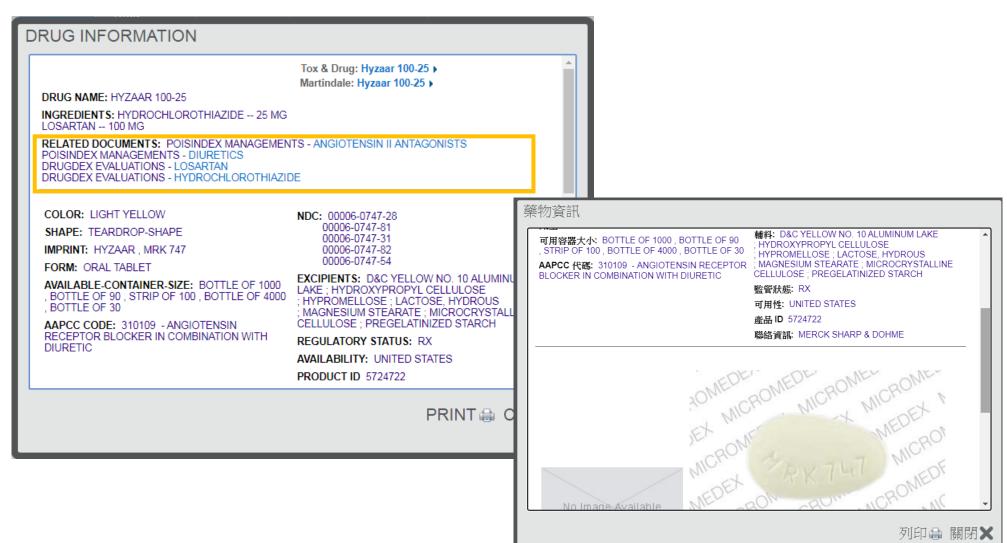
藥物鑒定 印碼查找結果







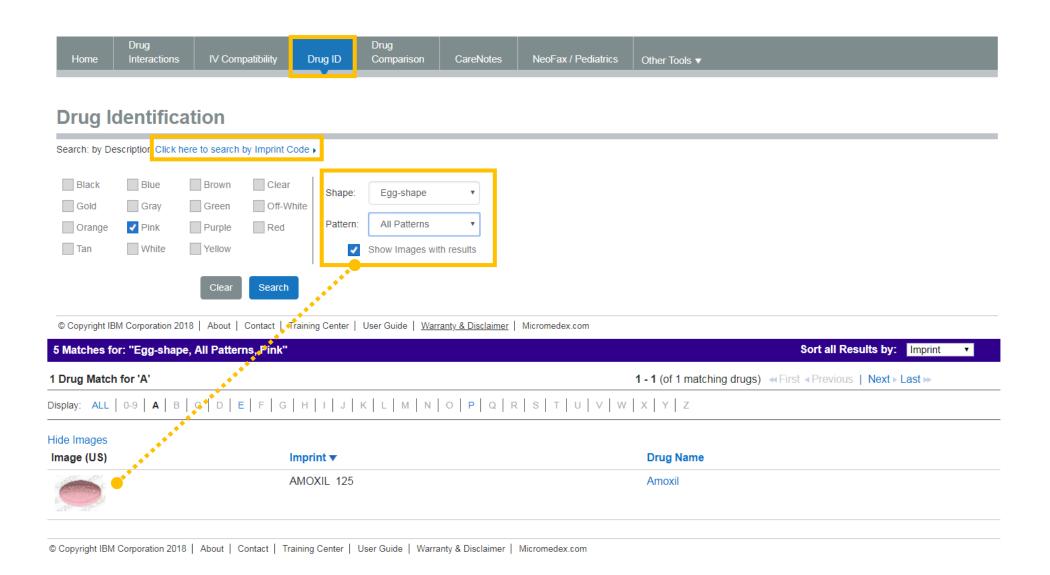
藥物鑒定 印碼查找結果





藥物鑒定 用外觀查詢

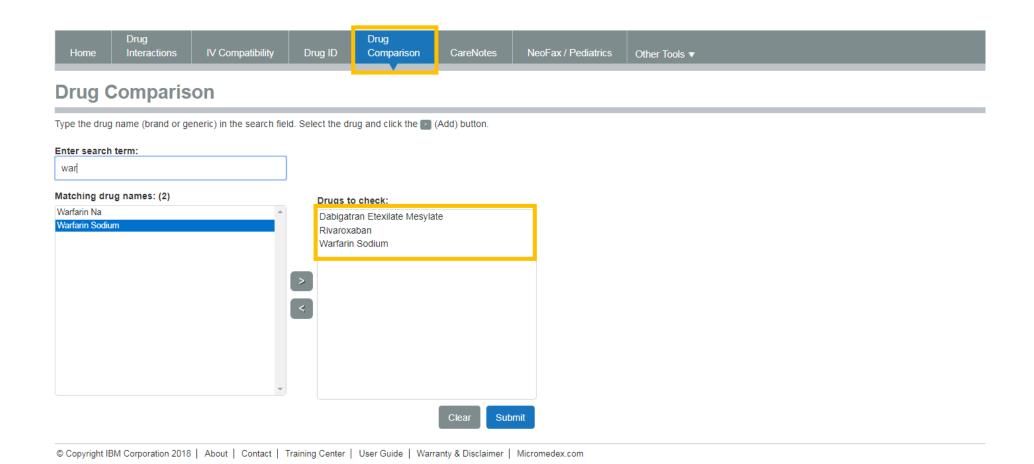








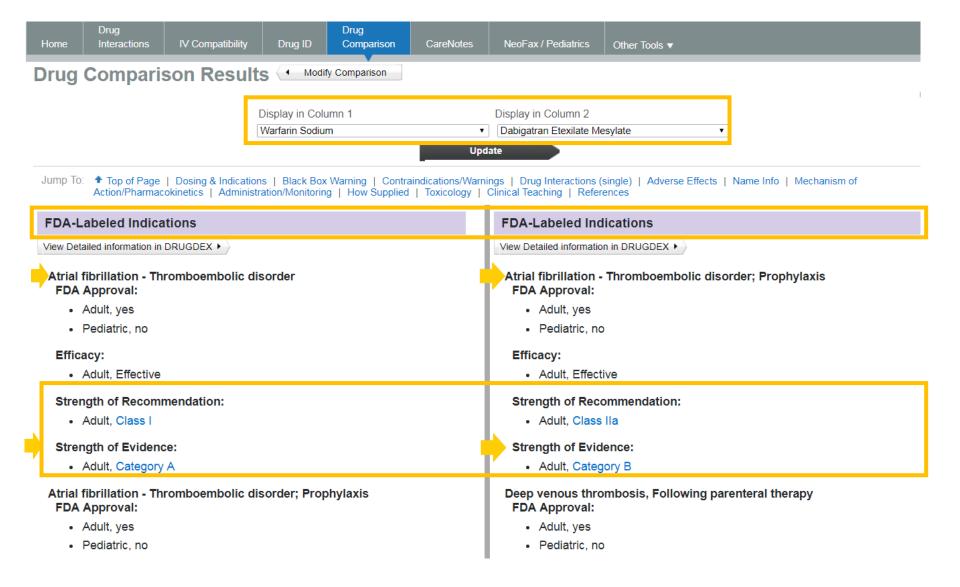
藥物比較







藥物比較(適應症)_證據等級







藥物比較(不良反應)_一般/嚴重

Home	Interactions	IV Compatibility	Drug ID	Comparison	CareNotes	NeoFax / Pediatrics	Other Tools ▼			
Drug	Drug Comparison Results Modify Comparison									
Jump To:		Dosing & Indication		m Warning Contra		Display in Column 2 Dabigatran Etexilate Mediate ings Drug Interactions (solutions Reference R	single) Adverse Effects Name Info Mechanism of			
Adverse Effects View Detailed information in DRUGDEX •						Adverse Effects View Detailed information	n in DRUGDEX 🕨			
Comm	on					Common				
• De	rmatologic: Al	opecia				(Atrial fibrillation, 6 embolism, 0.7% to ulcer, Indigestion (Hematologic:	al: Esophagitis, Gastritis, Gastroesophageal reflux disease 5.5%), Gastrointestinal hemorrhage (DVT and pulmonary 3.1%; nonvalvular atrial fibrillation, 6.1%), Gastrointestinal DVT and pulmonary embolism, 4.1% to 7.5%) Hemorrhage (DVT and pulmonary embolism treatment or to 12.3%; nonvalvular atrial fibrillation, 16.6%)			
Seriou	s					Serious				
0.1% • De • He) rmatologic: Ca matologic: He munologic: Hy	Cholesterol embolu alciphylaxis, Tissue morrhage, Hemorrh persensitivity react Compartment syno	necrosis (Le nage ion		s (Less than	to 0.66%; nonvalv Gastrointestin embolism, 0.1% to Hematologic: 2%; nonvalvular a	ur: Myocardial infarction (DVT and pulmonary embolism, 0.1% ular atrial fibrillation, 0.7%) al: Gastrointestinal hemorrhage, Major (DVT and pulmonary 0.6%; nonvalvular atrial fibrillation, 1.6%) Hemorrhage, Major (DVT and pulmonary embolism, 0.3% to trial fibrillation, 3.3%), Thrombosis			
• Ne	urologic: Intra	cranial hemorrhage				Immunologic:Neurologic: El	Anapnylaxis pidural hematoma. Intracranial hemorrhage (Nonvalvular atria			





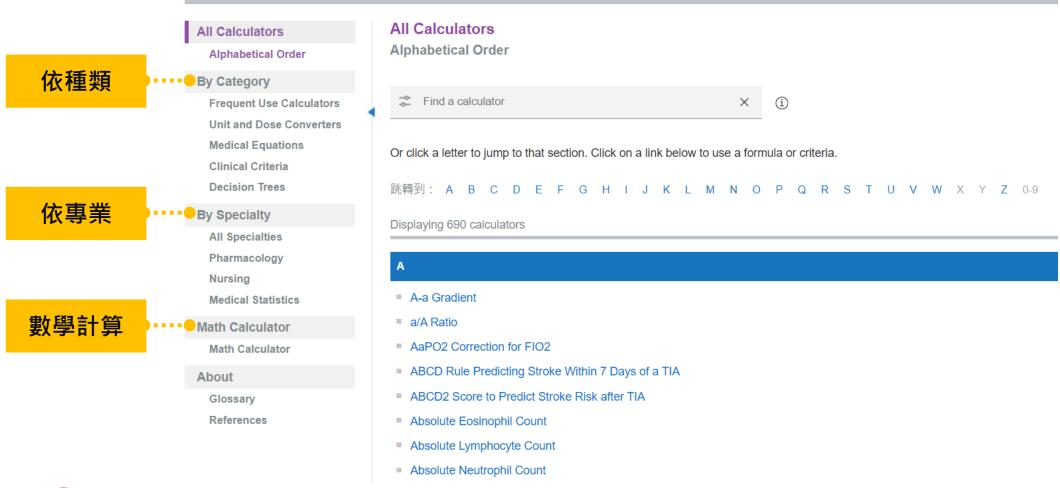
藥物比較-切換另一藥物

Home	Interactions	IV Compatibility	Drug ID	Comparison	CareNotes	NeoFax / Pediatrics	Other Tools ▼			
Drug	Compari	son Result	S · Modif	y Comparison						
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]	Display in Colu	ımn 1		Display in Column 2				
			Warfarin Sodiur	m		Dabigatran Etexilate Me				
						Dabigatran Etexilate M Rivaroxaban	esylate			
Jump To	• A Top of Page	L Dosing & Indication	os I Black Boy	- Warning Contr	aindications/Marn	Warfarin Sodium	single) L Adverse Effects L Name Info L Mechanism of			
oump to	Jump To: Top of Page Dosing & Indications Black Box Warning Contraindications/Warnings Drug Interactions (single) Adverse Effects Name Info Mechanism of Action/Pharmacokinetics Administration/Monitoring How Supplied Toxicology Clinical Teaching References									
Adver	se Effects					Adverse Effects				
View Det	ailed information in	DRUGDEX •				View Detailed informatio	n in DRUGDEX 🕨			
Comm	ion					Common				
• De	ermatologic: Al	opecia				(Atrial fibrillation, sembolism, 0.7% to ulcer, Indigestion Hematologic:	hal: Esophagitis, Gastritis, Gastroesophageal reflux disease 5.5%), Gastrointestinal hemorrhage (DVT and pulmonary 5.3.1%; nonvalvular atrial fibrillation, 6.1%), Gastrointestinal (DVT and pulmonary embolism, 4.1% to 7.5%) Hemorrhage (DVT and pulmonary embolism treatment or to 12.3%; nonvalvular atrial fibrillation, 16.6%)			
Seriou	ıs					Serious				
• C a		Cholesterol embolu	us syndrome,	Tissue necrosi	s (Less than		ar: Myocardial infarction (DVT and pulmonary embolism, 0.1% ular atrial fibrillation, 0.7%)			
 Dermatologic: Calciphylaxis, Tissue necrosis (Less than 0.1%) Hematologic: Hemorrhage, Hemorrhage 						 Gastrointestinal: Gastrointestinal hemorrhage, Major (DVT and pulmonary embolism, 0.1% to 0.6%; nonvalvular atrial fibrillation, 1.6%) 				
• Im	munologic: Hy	persensitivity react	tion				Hemorrhage, Major (DVT and pulmonary embolism, 0.3% to trial fibrillation, 3.3%), Thrombosis			
• MI	usculoskeletal:	Compartment syn	arome			 Immunologic: 	Anaphylaxis			



Calculators

Calculators





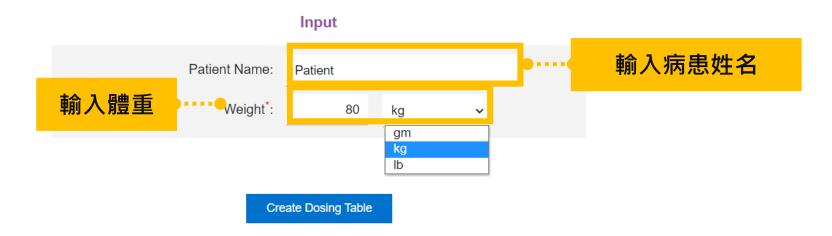




Merative Micromedex®



ACLS: Adult Emergency Drug Dosing Calculator



Notes

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





ACLS: Adult Emergency Drug Dosing Calculator



2022/7/25 下午4:57:03 Date:

Patient Name: Xi

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 pu	ısh with 20 mL salir	ne flush. Highe	r doses may be required in patients taking theophylline.				

客製化的ACLS清單

			,				
Amiodarone: Stable VT							
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				
Mi	x 18 mL of 50 mg/	mL vial in 500 i	mL D5W for a 1.8 mg/mL solution.				
Atropine sulfate: Bradyca	rdia						
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 ma	nufacturer recomm	nendation is un	known 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)				





Micromedex Assistant 有問題,MA來幫你!

Micromedex 為何需要MA?





Micromedex 為何需要MA?



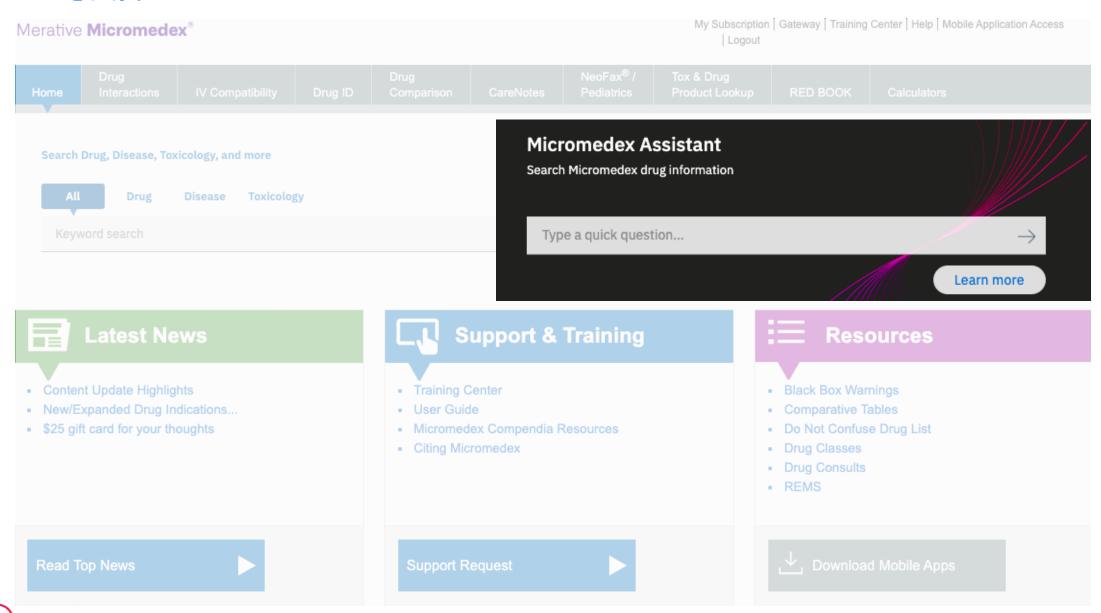
MA相助精準查



怎麼找MA?

merative





怎麼問MA?



點按Learn more即顯示

智能檢索說明

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 · 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 · 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



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 藥物交互作用 單一藥物

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

MA**不知道**:

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

About Micromedex Assistant

Conversational Search:

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

How Micromedex Assistant Works:

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

- · What's the adult dose of lisinopril for hypertension?
- · What are approved uses for pristig?
- 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





Demo Slides



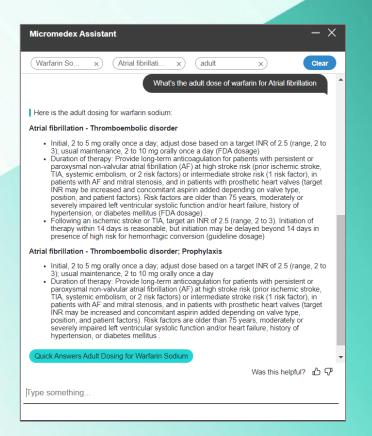
就像跟你的同事問問題一樣,

對話將提供**簡要解答內容、簡要解答連結、深入解 答連結**

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

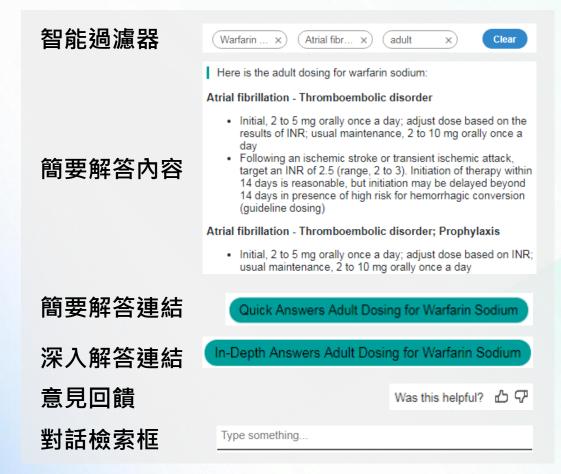
提問範例:

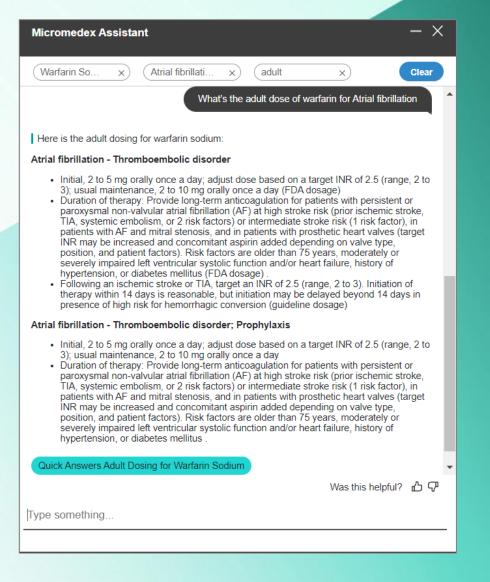
"What's the adult dose of warfarin for Atrial fibrillation?"





對話式檢索介面







無論是手滑打錯、語意不明、病名縮寫都沒關係

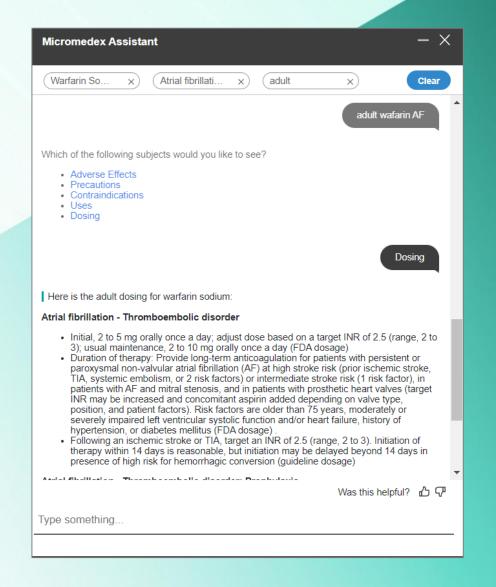
,MA會再次確認,提供你正確答案

提問範例:

adult wafarin AF

Which of the following subjects would you like to see?

Dosing

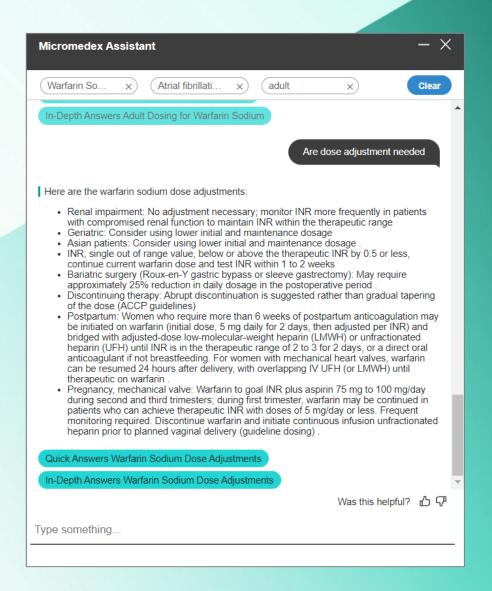




您可延續前面問題繼續發問,智慧過濾器將根據 前面提出的問題,提供與前述病患相關背景的解 答

提問範例:

Are dose adjustment needed?

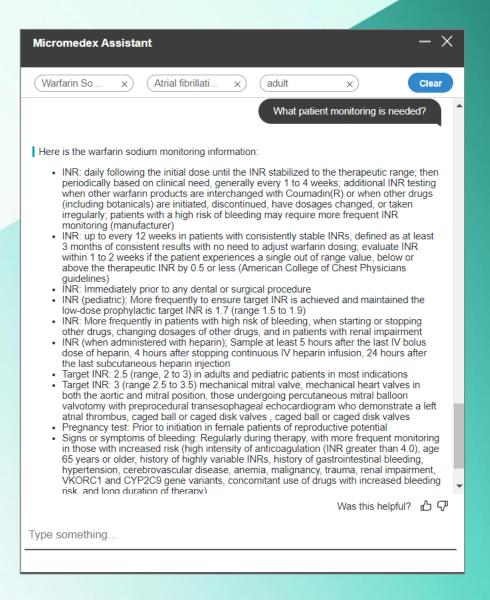




您可延續前面問題繼續發問,智慧過濾器將 根據前面提出的問題,提供與前述病患相關 背景的解答

提問範例:

What patient monitoring is needed?





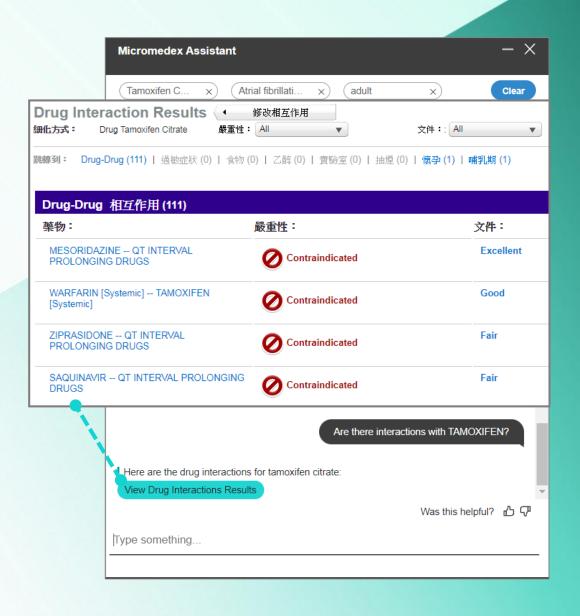
如在前述問題下接續詢問前述藥物與特定藥物的交互作用,結果將提供連結引導您到藥物交互作用的頁面

提問範例:

Are there interactions with TAMOXIFEN?

Here are the drug interactions for tamoxifen citrate:

View Drug Interactions Results





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?

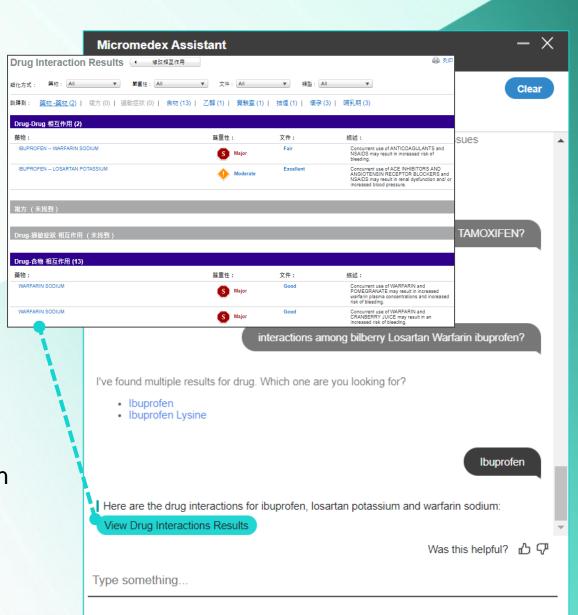
- Ibuprofen
- Ibuprofen Lysine

Ibuprofen

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

View Drug Interactions Results

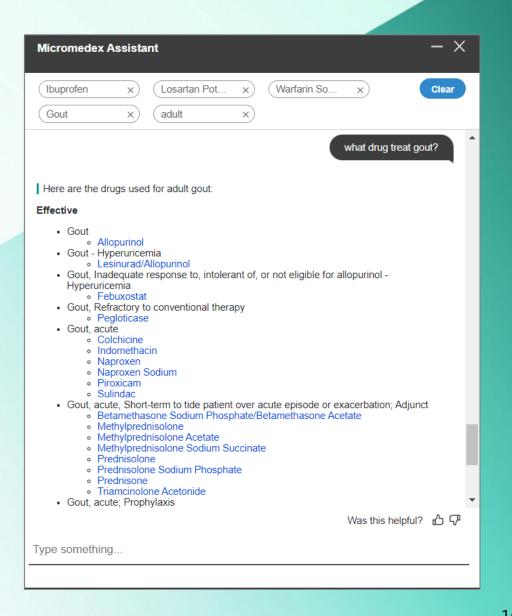




若您提出新藥或新病患問題繼續發問,**MA** 將為您重置問題情境並提供相關解答,您無 須自行清除前述提問

提問範例:

what drug treat gout?



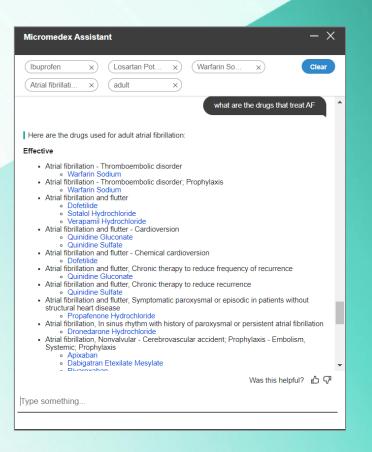


若您提出新藥或新病患問題繼續發問,**MA** 將為您重置問題情境並提供相關解答,或是 **追問細節**以釐清問題,您無須自行清除前述 提問

提問範例:

what are the drugs that treat AF

Here are the drugs used for adult atrial fibrillation:





Q & A Thank You!

客戶服務中心

服務專線:02-7731-5800

服務傳真:02-8226-5022

客戶服務信箱:services@customer-support.com.tw 專人服務時間:週一~週五 9:00~17:30

系統服務時間:全年無休

