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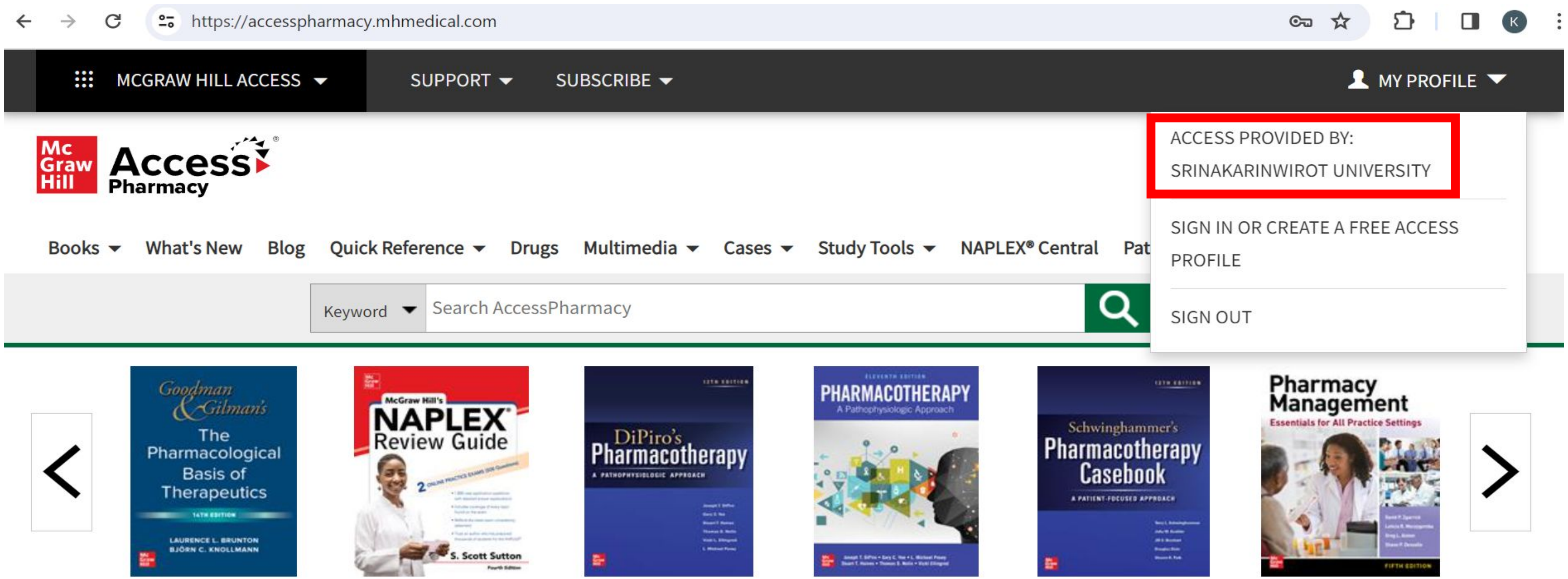

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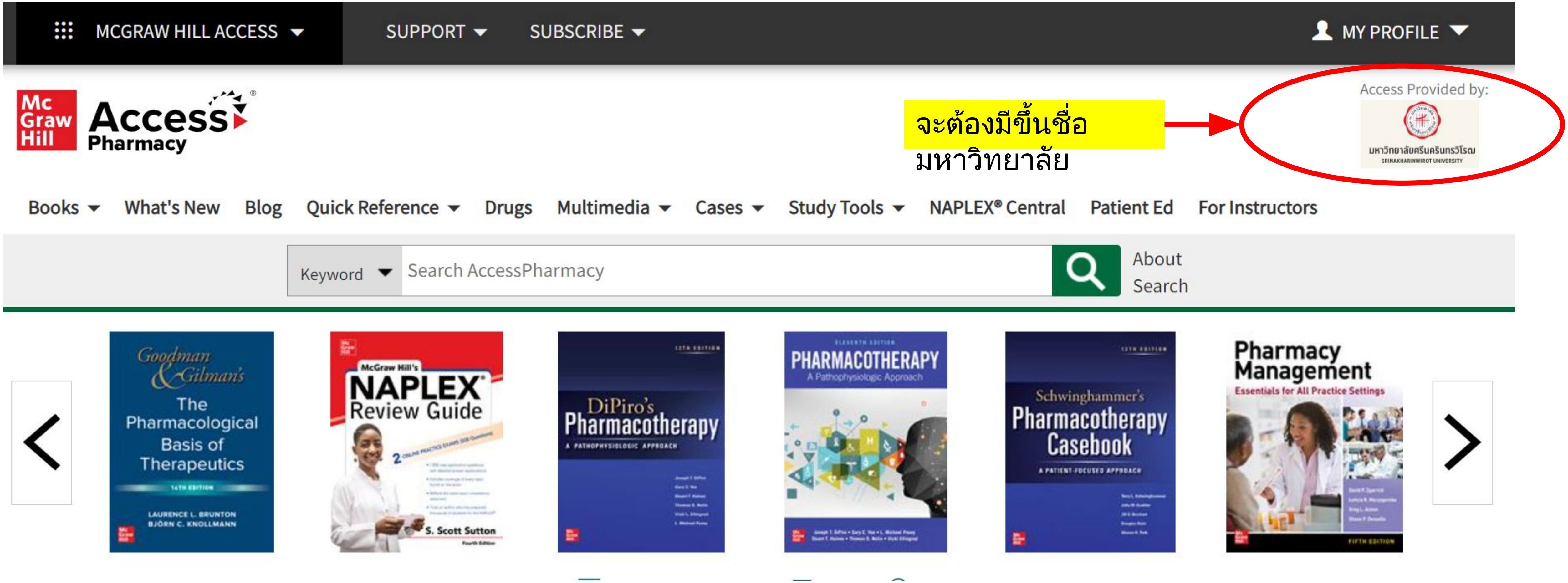

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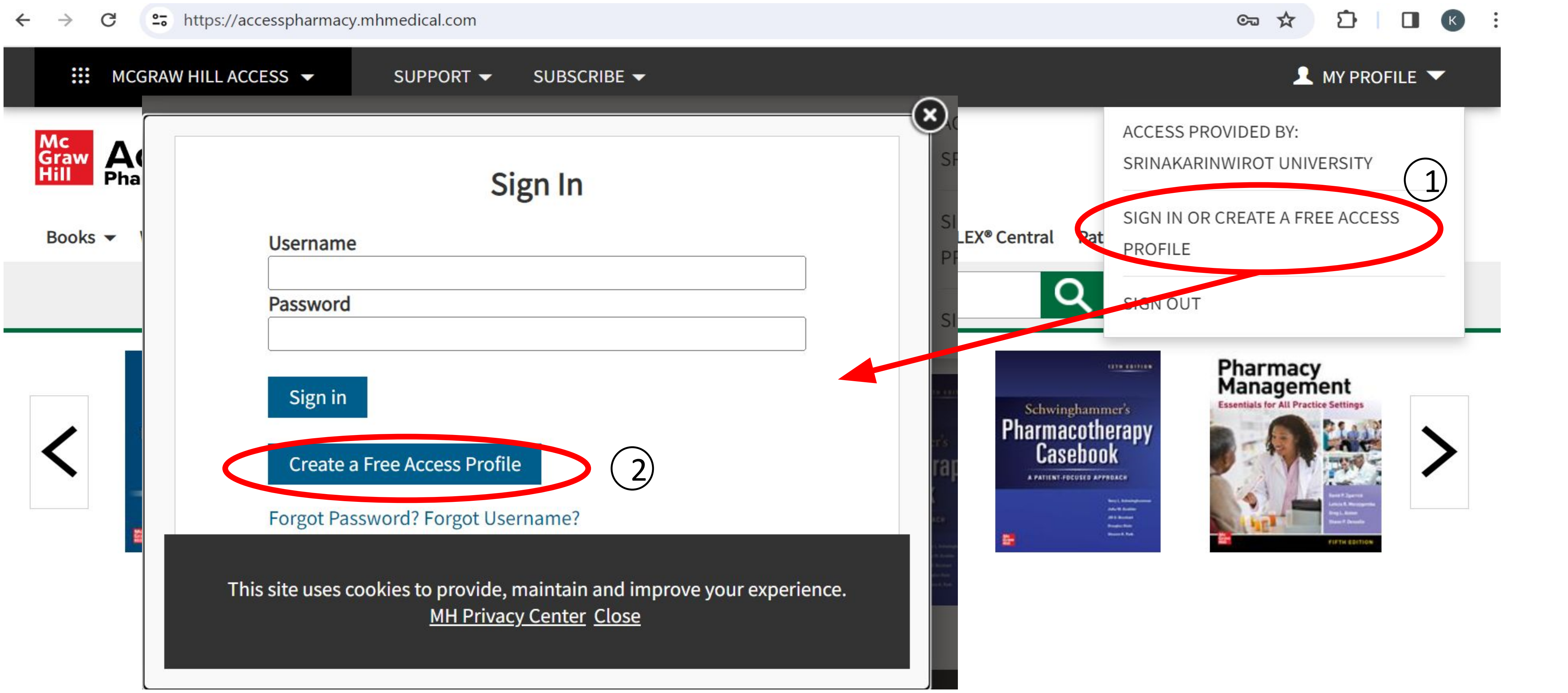

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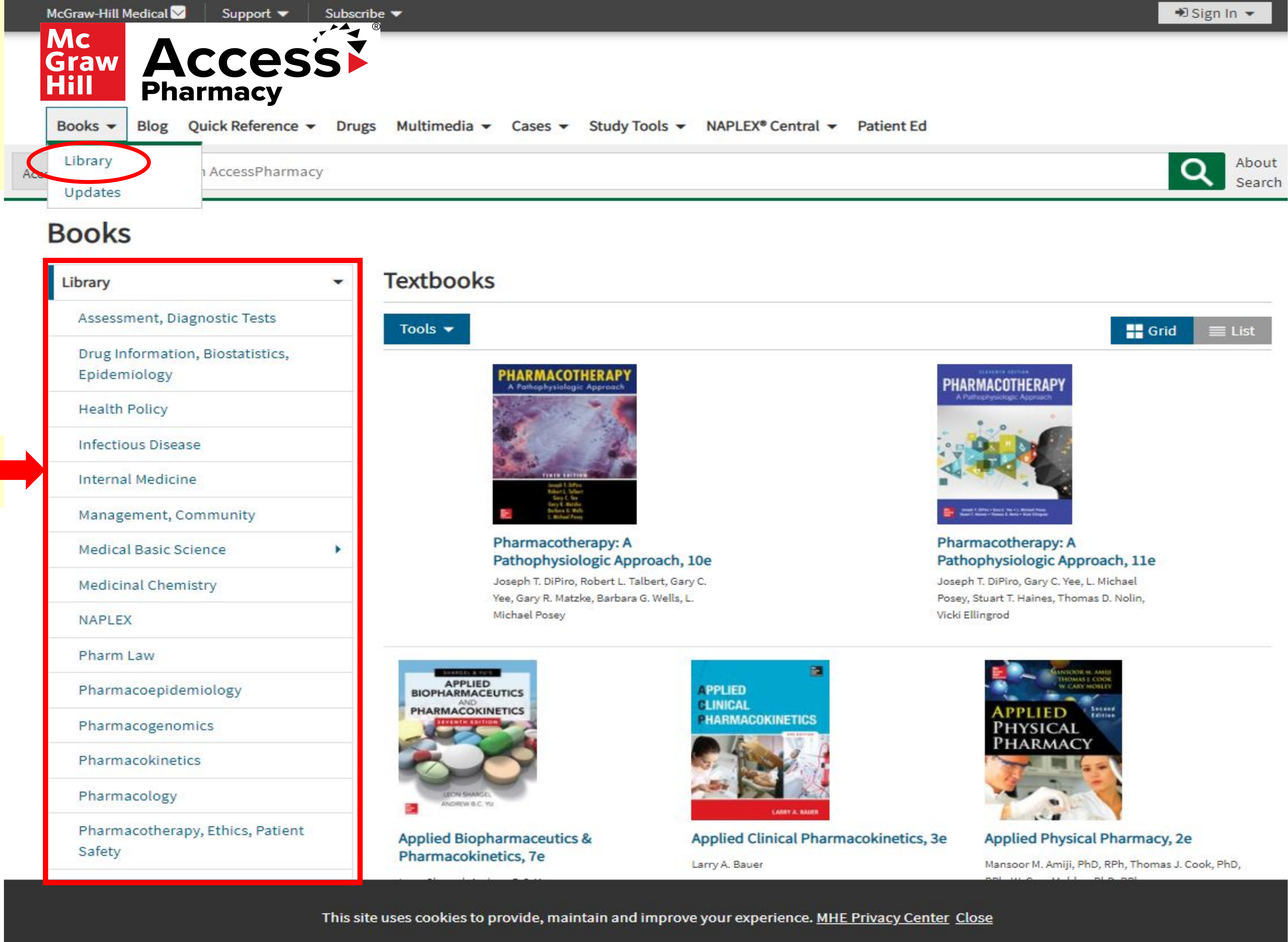

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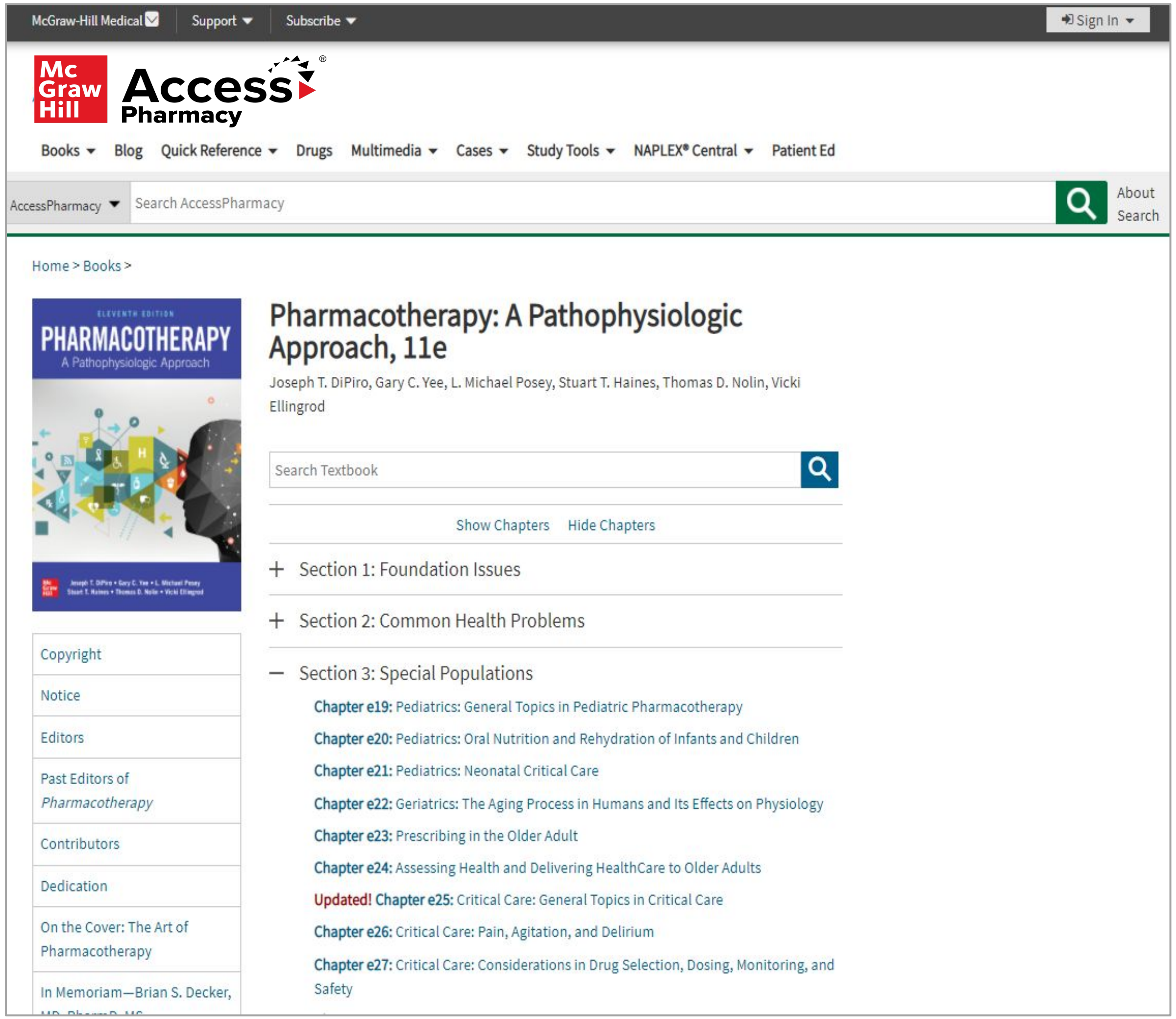
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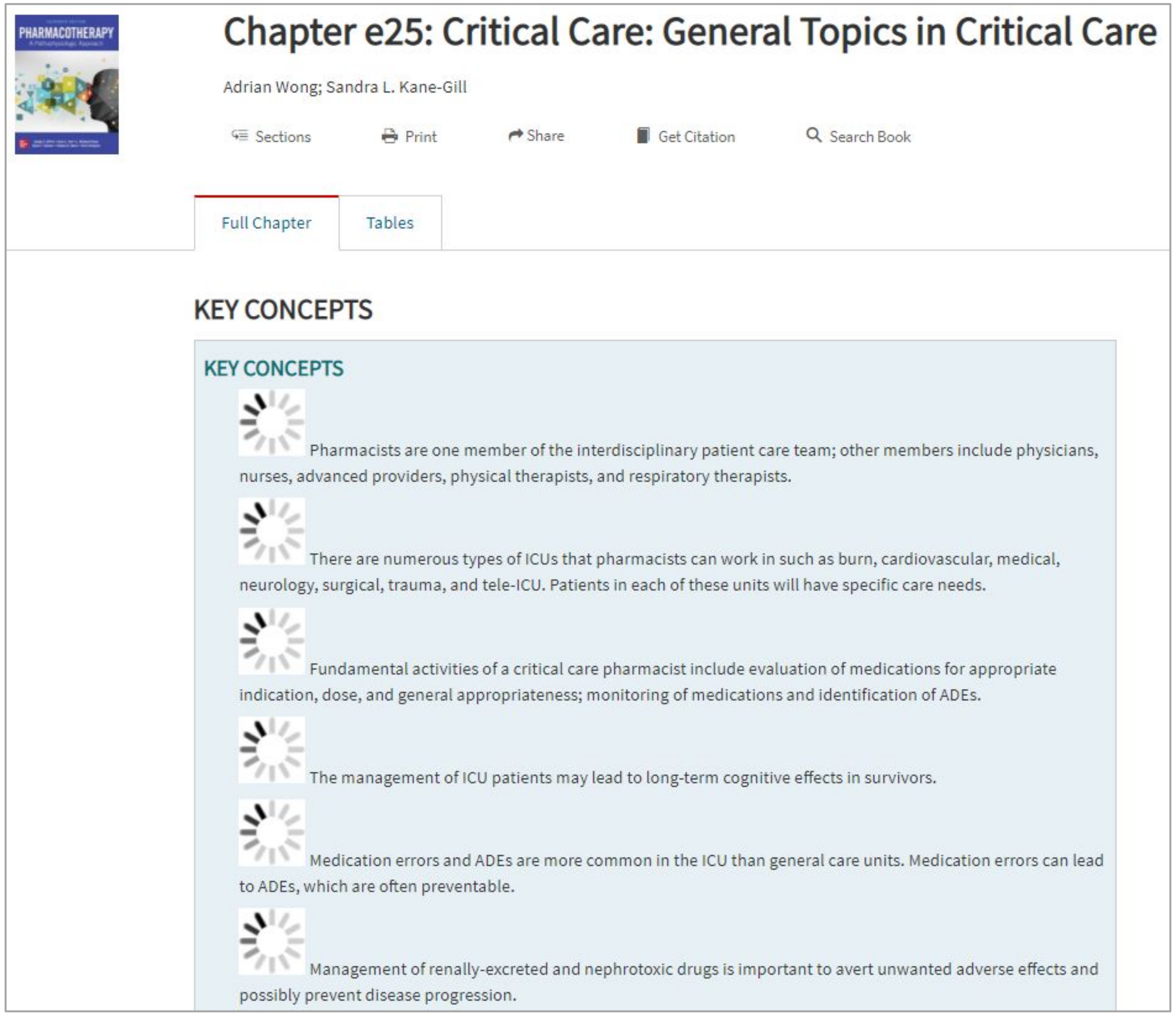
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Adrian Wong; Sandra L. Kane-Gill
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KEY CONCEPTS
Pharmacists are one member of the interdisciplinary patient care team; other members include physicians, nurses, advanced providers, physical therapists, and respiratory therapists.
There are numerous types of ICUs that pharmacists can work in such as burn, cardiovascular, medical, neurology, surgical, trauma, and tele-ICU. Patients in each of these units will have specific care needs.
Fundamental activities of a critical care pharmacist include evaluation of medications for appropriate indication, dose, and general appropriateness; monitoring of medications and identification of ADEs.
The management of ICU patients may lead to long-term cognitive effects in survivors.
Medication errors and ADEs are more common in the ICU than general care units. Medication errors can lead to ADEs, which are often preventable.
Management of renally-excreted and nephrotoxic drugs is important to avert unwanted adverse effects and possibly prevent disease progression.

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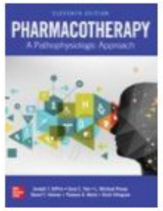

Chapter e29: Assessment of the Cardiovascular System

Brent N. Reed; Kristin Watson; Gautam Ramani

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Nahata M.C., & Taketomo C (2020). Pediatrics: general topics in pediatric pharmacotherapy. DiPiro J.T., & Yee G.C., & Posey L, & Haines S.T., & Nolin T.D., & Ellingrod V(Eds.), *Pharmacotherapy: A Pathophysiologic Approach, 11e.* McGraw-Hill. https://accesspharmacy.mhmedical.com/content.aspx?bookid=2577&sectionid=237535356

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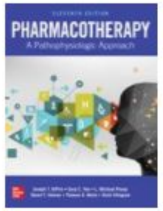

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เนื้อหา

รูปภาพ

ตาราง

KEY CONCEPTS

1 Many cardiovascular disorders develop over years to decades. Evaluation of the patient with or at risk for cardiovascular disease (CVD) must therefore include a comprehensive patient (or caregiver) interview to identify modifiable and nonmodifiable risk factors for CVD. Along with other key information (eg, vital signs, laboratory values), these data can be used to determine an individual patient's risk for future cardiovascular events.

2 Changes in the frequency, duration, and severity of cardiac-related symptoms (eg, ischemic chest pain, dyspnea) are essential to the assessment of CVD and often guide the urgency of intervention as well as the specific pharmacologic strategies selected. A comprehensive patient interview can also be useful for discerning CVD from noncardiac disorders that share similar symptomatology.

3 Obtaining an accurate blood pressure measurement is paramount to the evaluation and treatment of several cardiovascular disorders. Guidelines for appropriate measurement technique include recommendations on patient preparation and position, cuff and stethoscope use, and blood pressure documentation.

4 Several cardiovascular disorders, such as heart failure (HF) and peripheral arterial disease,

FIGURE E29-1

Jugular Venous Pressure. Estimation of the jugular venous pressure. The distance between the base of the right atrium (RA) and the angle of Louis or sternal inflection point is 5 cm. In this figure, the top of the jugular venous pulse is 1 cm higher than that angle of Louis. The jugular venous pressure would be reported as 1 cm above the sternal notch and thus a total of 6 cm above the RA. (RV, right ventricle.) *(Reproduced, with permission, from Hammer GG, McPhee SJ. Pathophysiology of Disease: An Introduction to Clinical Medicine. 8th ed. New York: McGraw-Hill; 2019.).*

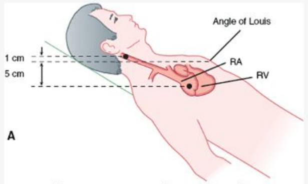

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TABLE e8-1

Medications That Can Cause Fever

Anticonvulsants
Barbiturates
Carbamazepine (eg, Tegretol)
Phenytoin (eg, Dilantin)
Antimicrobials
Carbapenems
Cephalosporins
Erythromycin
Isoniazid
Minocycline (eg, Minocin)
Nitrofurantoin (eg, Furadantin)
Penicillins
Rifampin
Sulfonamides
Cardiovascular drugs
Captopril (eg, Capoten)
Hydralazine
Hydrochlorothiazide

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Choosing Between Ezetimibe and PCSK9 Inhibitors in Patients With Statin Intolerance
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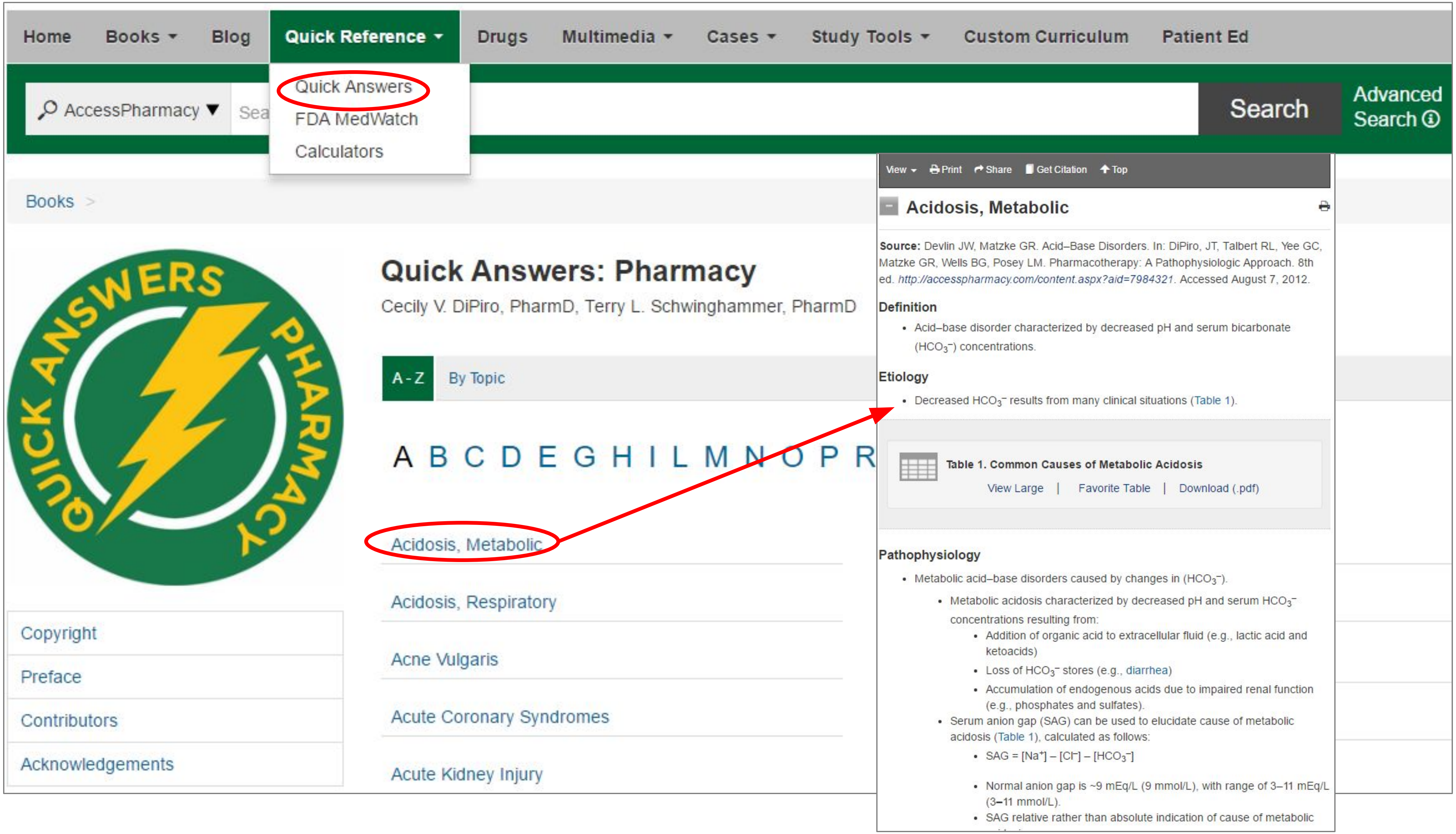
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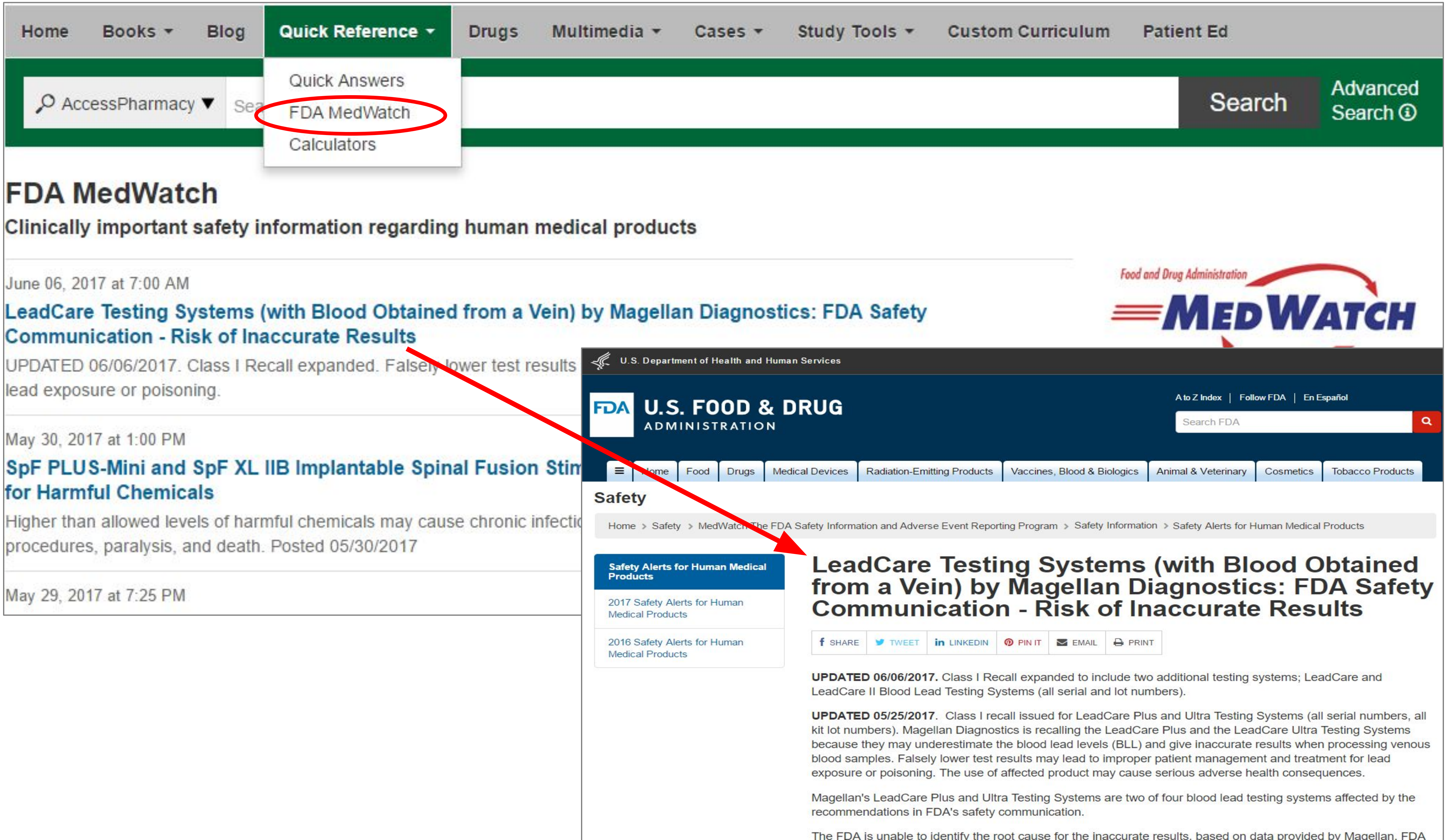
Source: Devlin JW, Matzke GR. Acid–Base Disorders. In: DiPiro, JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey LM. Pharmacotherapy: A Pathophysiologic Approach. 8th ed. http://accesspharmacy.com/content.aspx?aid=7984321. Accessed August 7, 2012.
Definition
Acid–base disorder characterized by decreased pH and serum bicarbonate (HCO_3^-) concentrations.
Etiology
Decreased HCO_3^- results from many clinical situations (Table 1).
Table 1. Common Causes of Metabolic Acidosis
View Large | Favorite Table | Download (.pdf)
Pathophysiology
Metabolic acid–base disorders caused by changes in (HCO_3^-).
Metabolic acidosis characterized by decreased pH and serum HCO_3^- concentrations resulting from:
Addition of organic acid to extracellular fluid (e.g., lactic acid and ketoacids)
Loss of HCO_3^- stores (e.g., diarrhea)
Accumulation of endogenous acids due to impaired renal function (e.g., phosphates and sulfates).
Serum anion gap (SAG) can be used to elucidate cause of metabolic acidosis (Table 1), calculated as follows:
SAG = $[Na^+] - [Cl^-] - [HCO_3^-]$
Normal anion gap is ~9 mEq/L (9 mmol/L), with range of 3–11 mEq/L (3–11 mmol/L).
SAG relative rather than absolute indication of cause of metabolic



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June 06, 2017 at 7:00 AM

LeadCare Testing Systems (with Blood Obtained from a Vein) by Magellan Diagnostics: FDA Safety Communication - Risk of Inaccurate Results

UPDATED 06/06/2017. Class I Recall expanded. Falsely lower test results
lead exposure or poisoning.

May 30, 2017 at 1:00 PM

**SpF PLUS-Mini and SpF XL IIB Implantable Spinal Fusion Stim
for Harmful Chemicals**

Higher than allowed levels of harmful chemicals may cause chronic infecti
procedures, paralysis, and death. Posted 05/30/2017

May 29, 2017 at 7:25 PM

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LeadCare Testing Systems (with Blood Obtained from a Vein) by Magellan Diagnostics: FDA Safety Communication - Risk of Inaccurate Results

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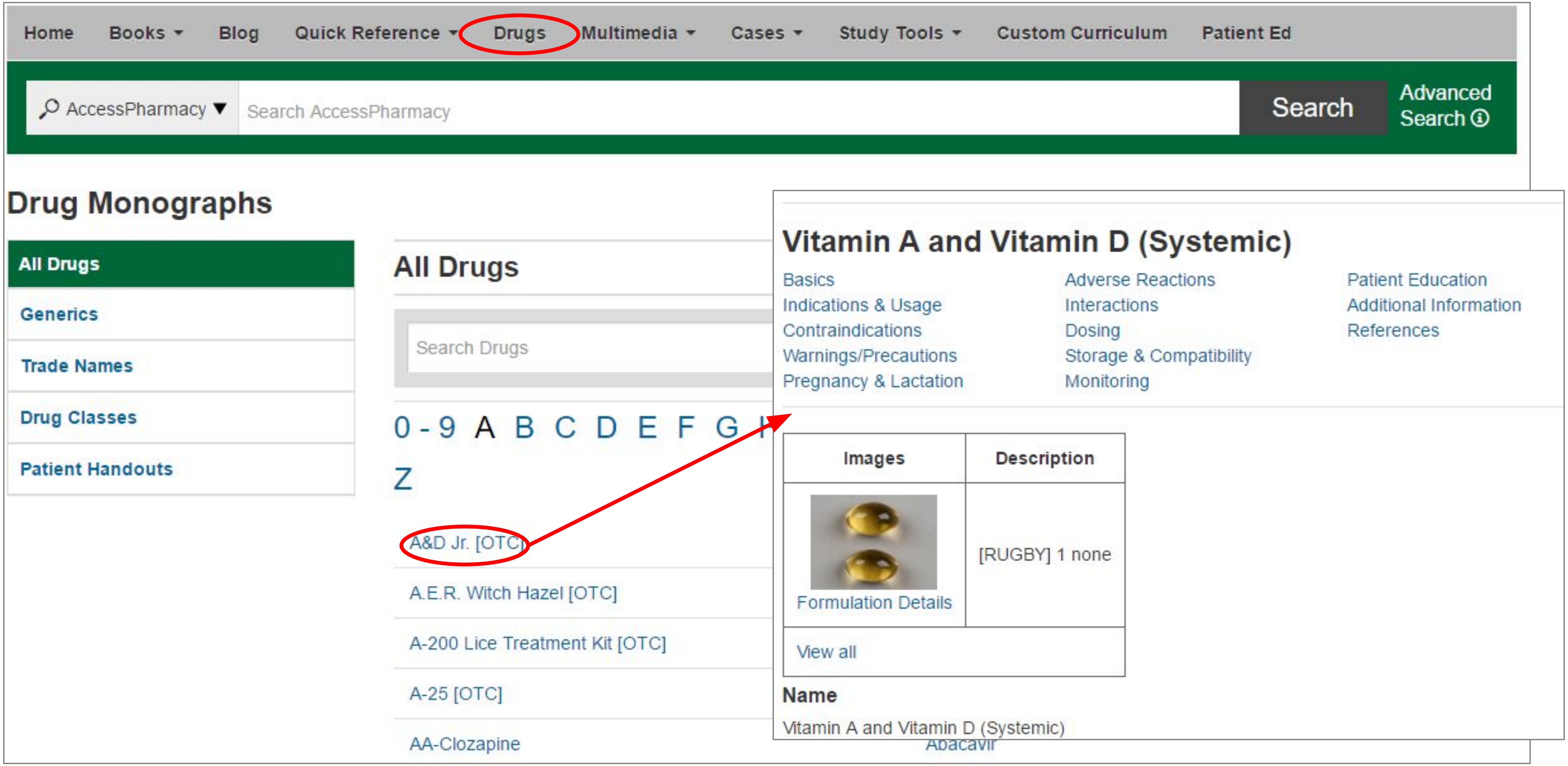
UPDATED 06/06/2017. Class I Recall expanded to include two additional testing systems; LeadCare and LeadCare II Blood Lead Testing Systems (all serial and lot numbers).

UPDATED 05/25/2017. Class I recall issued for LeadCare Plus and Ultra Testing Systems (all serial numbers, all kit lot numbers). Magellan Diagnostics is recalling the LeadCare Plus and the LeadCare Ultra Testing Systems because they may underestimate the blood lead levels (BLL) and give inaccurate results when processing venous blood samples. Falsely lower test results may lead to improper patient management and treatment for lead exposure or poisoning. The use of affected product may cause serious adverse health consequences.

Magellan's LeadCare Plus and Ultra Testing Systems are two of four blood lead testing systems affected by the recommendations in FDA's safety communication.

The FDA is unable to identify the root cause for the inaccurate results, based on data provided by Magellan, FDA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Abacavir

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Pronunciation

(a BAK a veer)

Brand Names: U.S.

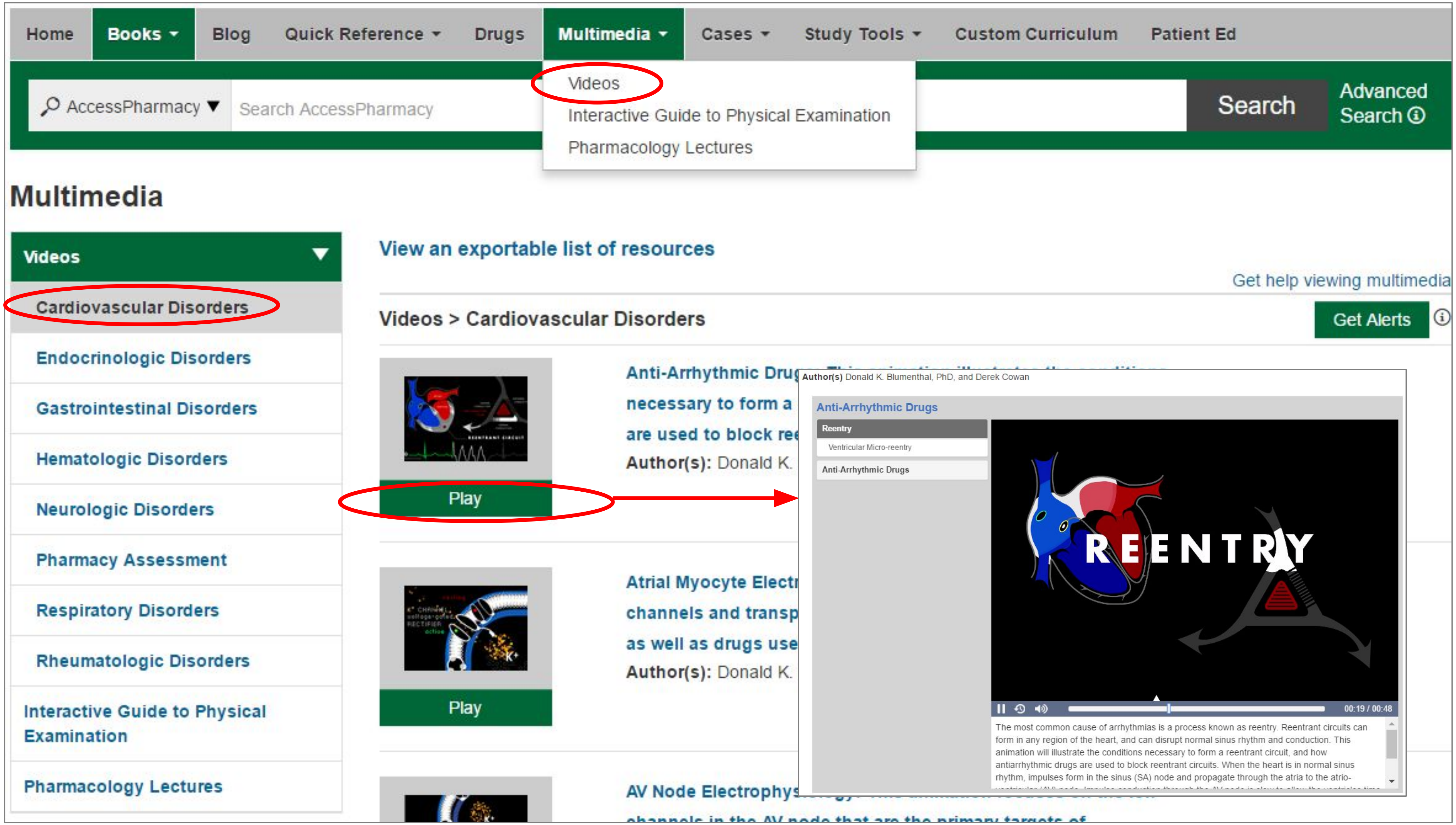
- Ziagen

Brand Names: Canada

- Ziagen®

Warning

- Unsafe and sometimes deadly allergic effects may happen with this drug. Tell your doctor about any fever, rash, feeling tired, upset stomach, throwing up, loose stools, belly pain, flu-like signs, sore throat, cough, or trouble breathing. Do not restart this drug if you have had an allergic reaction.
- The chance of allergic effects is raised in people who have a certain gene called HLA-B*5701. Your doctor may check your blood work before you start this drug. Talk with your doctor.



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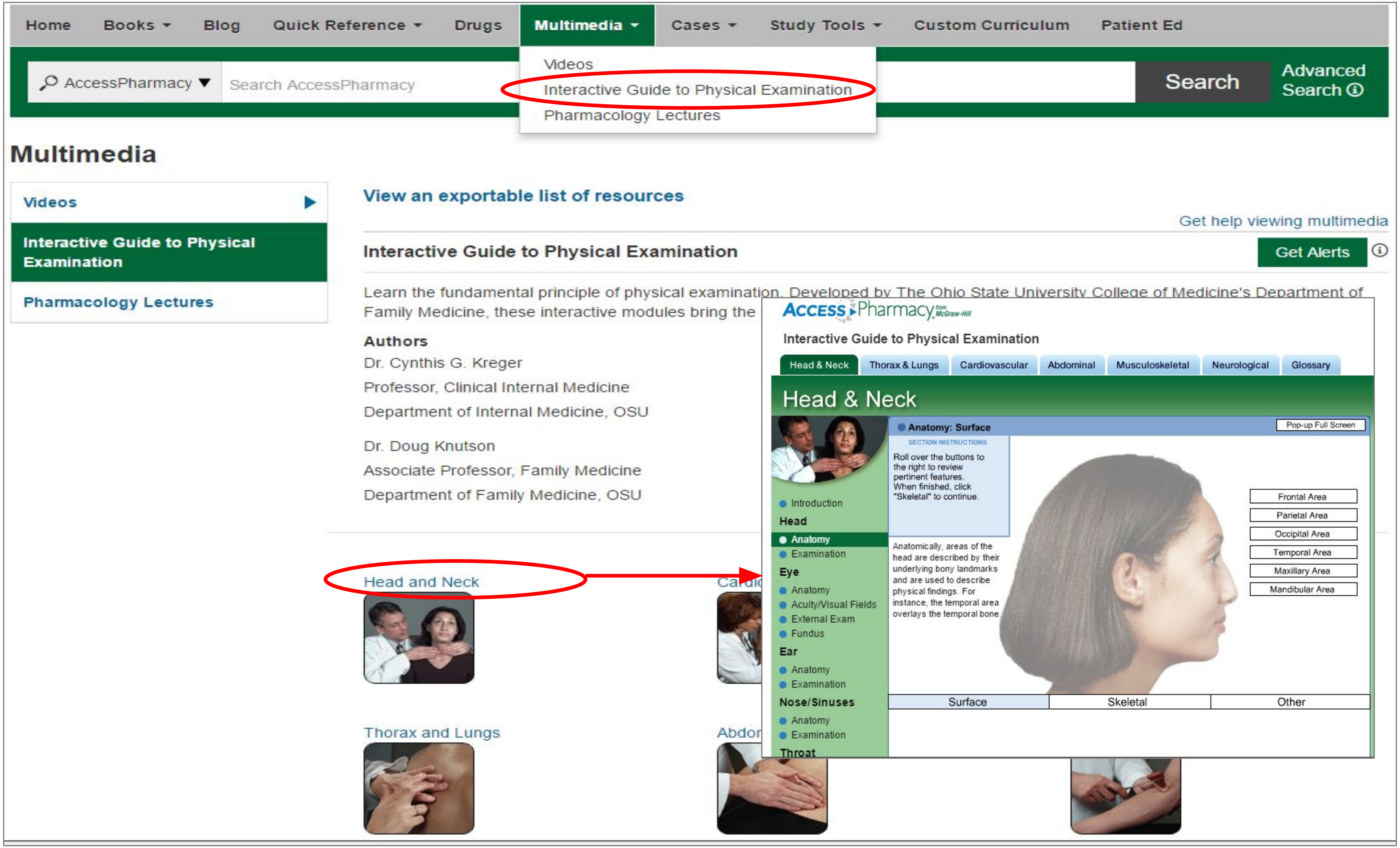
The most common cause of arrhythmias is a process known as reentry. Reentrant circuits can form in any region of the heart, and can disrupt normal sinus rhythm and conduction. This animation will illustrate the conditions necessary to form a reentrant circuit, and how antiarrhythmic drugs are used to block reentrant circuits. When the heart is in normal sinus rhythm, impulses form in the sinus (SA) node and propagate through the atria to the atrio-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Head and Neck
Thorax and Lungs
ACCESS Pharmacy
Interactive Guide to Physical Examination
Head & Neck
Thorax & Lungs
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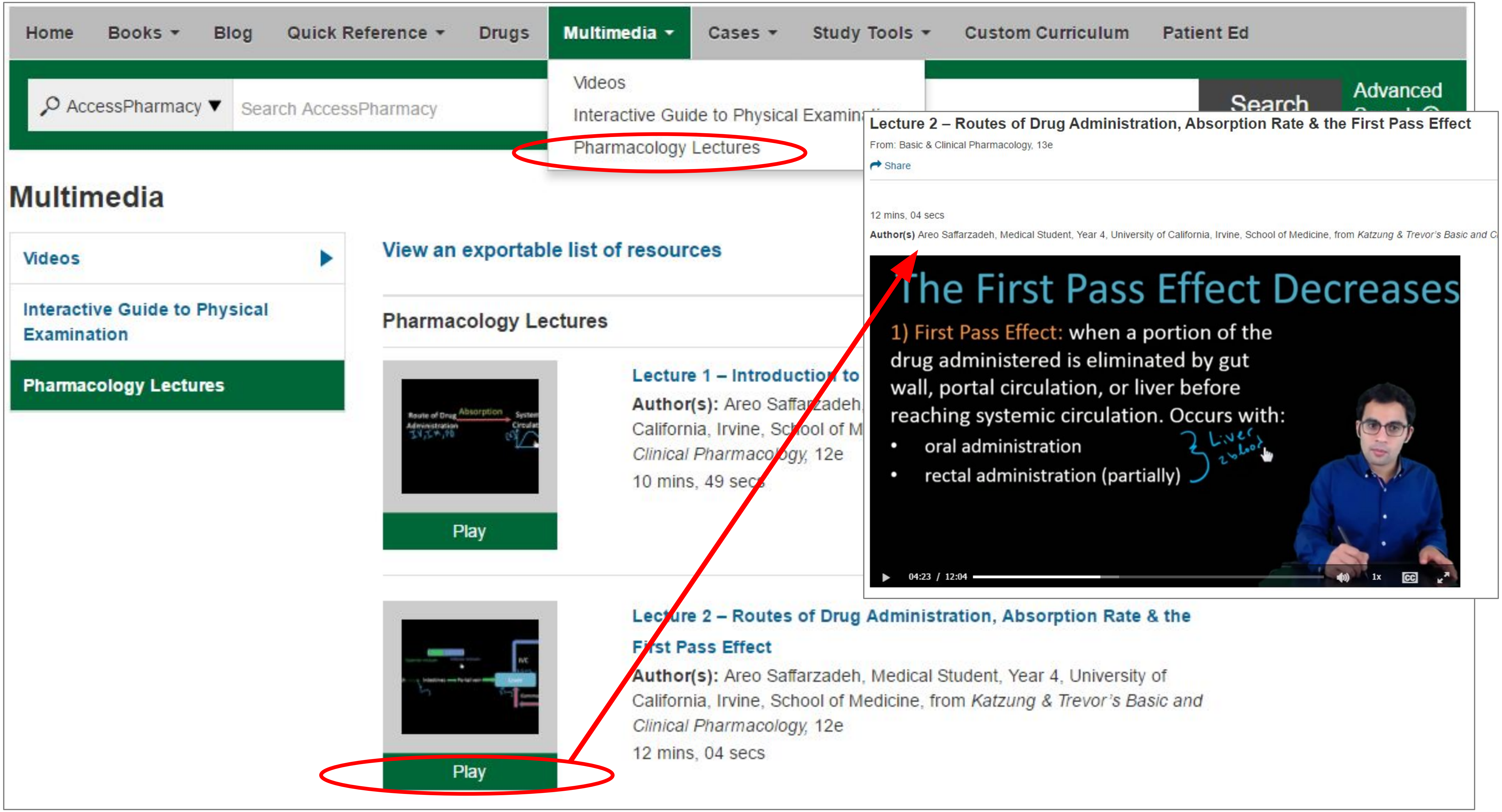
Abdominal
Musculoskeletal
Neurological
Glossary
Head & Neck
Anatomy: Surface
Pop-up Full Screen
SECTION INSTRUCTIONS
Roll over the buttons to the right to review pertinent features. When finished, click "Skeletal" to continue.
Anatomically, areas of the head are described by their underlying bony landmarks and are used to describe physical findings. For instance, the temporal area overlays the temporal bone.
Frontal Area
Parietal Area
Occipital Area
Temporal Area
Maxillary Area
Mandibular Area
Introduction
Head
Anatomy
Examination
Eye
Anatomy
Acuity/Visual Fields
External Exam
Fundus
Ear
Anatomy
Examination
Nose/Sinuses
Anatomy
Examination
Throat
Surface
Skeletal
Other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Drugs
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Cases
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Lecture 2 – Routes of Drug Administration, Absorption Rate & the First Pass Effect
From: Basic & Clinical Pharmacology, 13e
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12 mins, 04 secs
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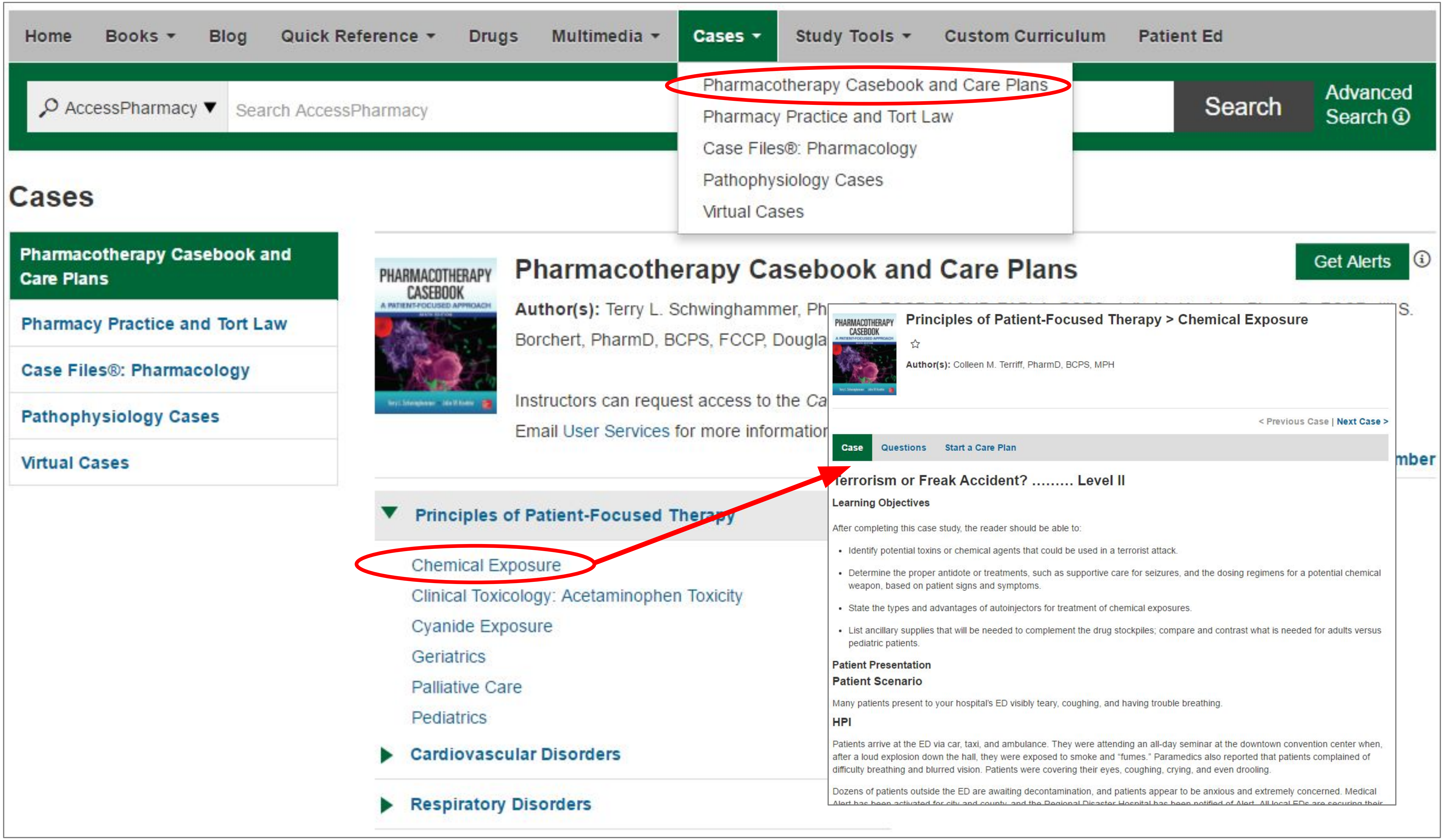
The First Pass Effect Decreases
1) First Pass Effect: when a portion of the drug administered is eliminated by gut wall, portal circulation, or liver before reaching systemic circulation. Occurs with:
oral administration
rectal administration (partially)
04:23 / 12:04
1x
Play
Lecture 2 – Routes of Drug Administration, Absorption Rate & the First Pass Effect
Author(s): Areo Saffarzadeh, Medical Student, Year 4, University of California, Irvine, School of Medicine, from Katzung & Trevor's Basic and Clinical Pharmacology, 12e
12 mins, 04 secs
Play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Blog
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Drugs
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Patient Ed
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Search
Advanced Search
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A PATIENT-FOCUSED APPROACH
Pharmacotherapy Casebook and Care Plans
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Author(s): Terry L. Schwinghammer, Ph
Borchert, PharmD, BCPS, FCCP, Dougla
Instructors can request access to the Ca
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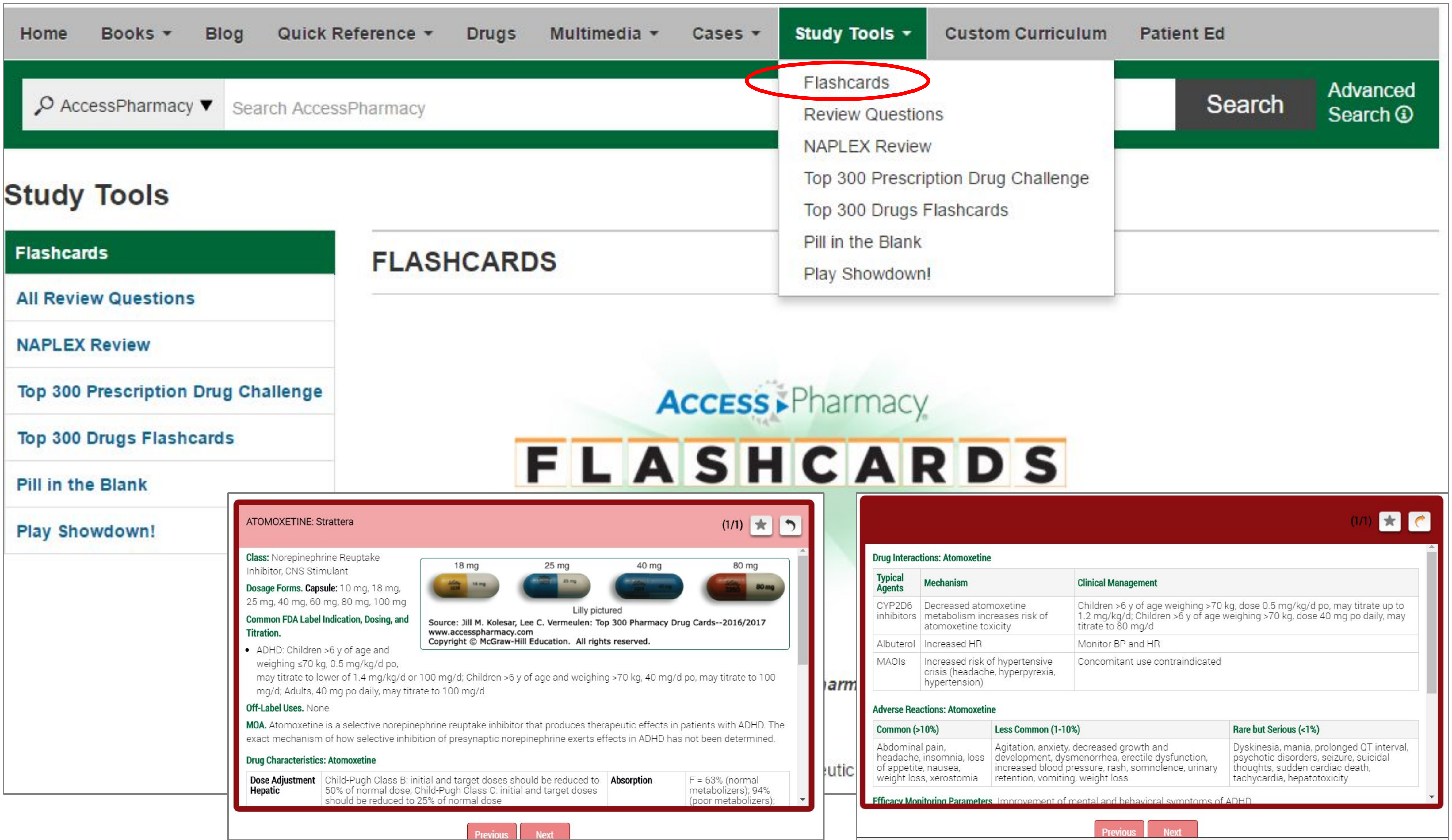
Principles of Patient-Focused Therapy
Chemical Exposure
Clinical Toxicology: Acetaminophen Toxicity
Cyanide Exposure
Geriatrics
Palliative Care
Pediatrics
Cardiovascular Disorders
Respiratory Disorders
Principles of Patient-Focused Therapy > Chemical Exposure
Author(s): Colleen M. Terriff, PharmD, BCPS, MPH
< Previous Case | Next Case >
Case
Questions
Start a Care Plan
Terrorism or Freak Accident? .... Level II
Learning Objectives
After completing this case study, the reader should be able to:
Identify potential toxins or chemical agents that could be used in a terrorist attack.
Determine the proper antidote or treatments, such as supportive care for seizures, and the dosing regimens for a potential chemical weapon, based on patient signs and symptoms.
State the types and advantages of autoinjectors for treatment of chemical exposures.
List ancillary supplies that will be needed to complement the drug stockpiles; compare and contrast what is needed for adults versus pediatric patients.
Patient Presentation
Patient Scenario
Many patients present to your hospital's ED visibly teary, coughing, and having trouble breathing.
HPI
Patients arrive at the ED via car, taxi, and ambulance. They were attending an all-day seminar at the downtown convention center when, after a loud explosion down the hall, they were exposed to smoke and "fumes." Paramedics also reported that patients complained of difficulty breathing and blurred vision. Patients were covering their eyes, coughing, crying, and even drooling.
Dozens of patients outside the ED are awaiting decontamination, and patients appear to be anxious and extremely concerned. Medical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Blog
Quick Reference
Drugs
Multimedia
Cases
Study Tools
Custom Curriculum
Patient Ed
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FLASHCARDS
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FLASHCARDS
ATOMOXETINE: Strattera
(1/1)
Class: Norepinephrine Reuptake Inhibitor, CNS Stimulant
Dosage Forms. Capsule: 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, 100 mg
18 mg
25 mg
40 mg
80 mg
Lilly pictured
Source: Jill M. Kolesar, Lee C. Vermeulen: Top 300 Pharmacy Drug Cards--2016/2017
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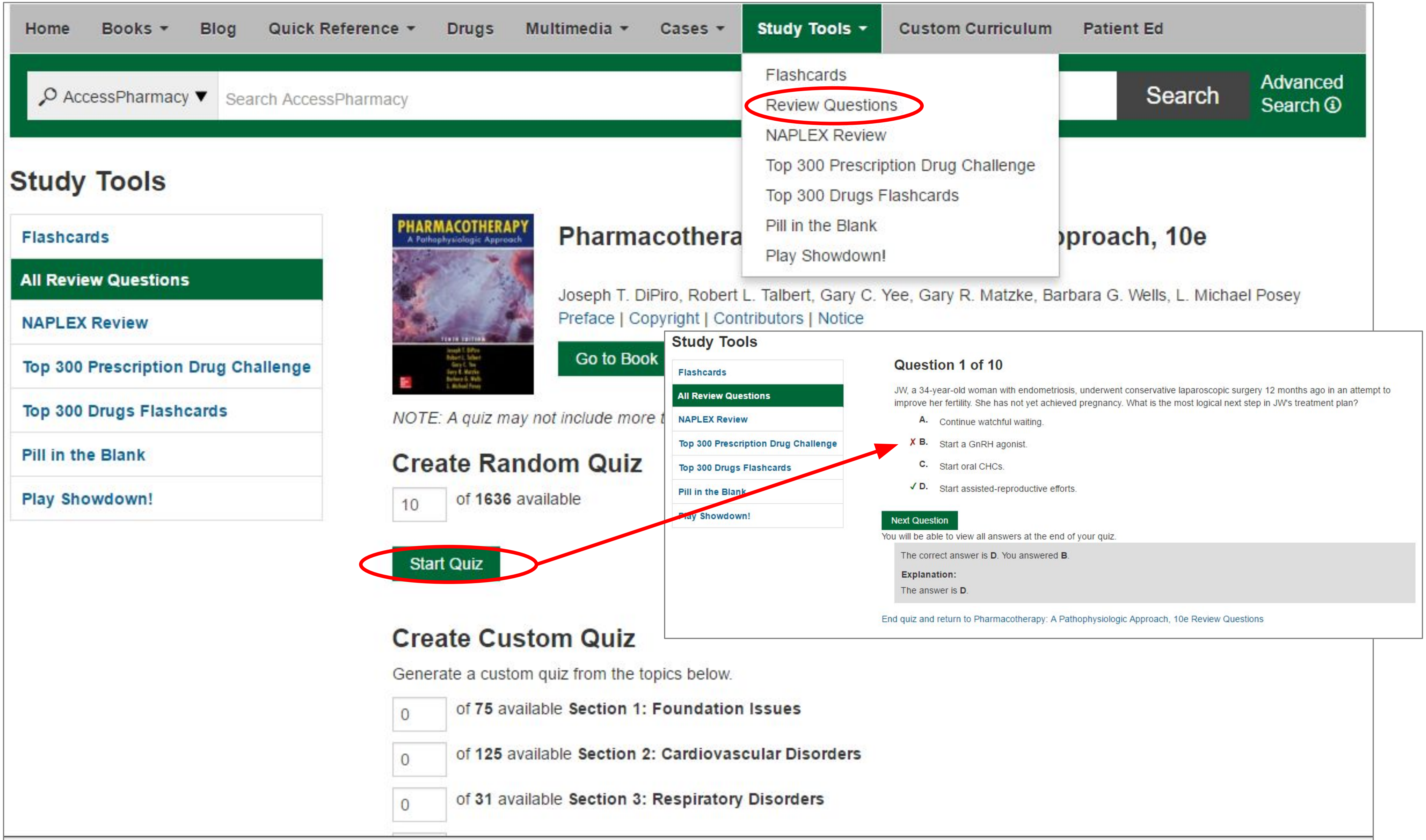
Common FDA Label Indication, Dosing, and Titration.
ADHD: Children >6 y of age and weighing ≤70 kg, 0.5 mg/kg/d po, may titrate to lower of 1.4 mg/kg/d or 100 mg/d; Children >6 y of age and weighing >70 kg, 40 mg/d po, may titrate to 100 mg/d; Adults, 40 mg po daily, may titrate to 100 mg/d
Off-Label Uses. None
MOA. Atomoxetine is a selective norepinephrine reuptake inhibitor that produces therapeutic effects in patients with ADHD. The exact mechanism of how selective inhibition of presynaptic norepinephrine exerts effects in ADHD has not been determined.
Drug Characteristics: Atomoxetine
Dose Adjustment Hepatic
Child-Pugh Class B: initial and target doses should be reduced to 50% of normal dose; Child-Pugh Class C: initial and target doses should be reduced to 25% of normal dose
Absorption
F = 63% (normal metabolizers); 94% (poor metabolizers);
Previous
Next
(1/1)
Drug Interactions: Atomoxetine
Typical Agents
Mechanism
Clinical Management
CYP2D6 inhibitors
Decreased atomoxetine metabolism increases risk of atomoxetine toxicity
Children >6 y of age weighing >70 kg, dose 0.5 mg/kg/d po, may titrate up to 1.2 mg/kg/d; Children >6 y of age weighing >70 kg, dose 40 mg po daily, may titrate to 80 mg/d
Albuterol
Increased HR
Monitor BP and HR
MAOIs
Increased risk of hypertensive crisis (headache, hyperpyrexia, hypertension)
Concomitant use contraindicated
Adverse Reactions: Atomoxetine
Common (>10%)
Less Common (1-10%)
Rare but Serious (<1%)
Abdominal pain, headache, insomnia, loss of appetite, nausea, weight loss, xerostomia
Agitation, anxiety, decreased growth and development, dysmenorrhea, erectile dysfunction, increased blood pressure, rash, somnolence, urinary retention, vomiting, weight loss
Dyskinesia, mania, prolonged QT interval, psychotic disorders, seizure, suicidal thoughts, sudden cardiac death, tachycardia, hepatotoxicity
Efficacy Monitoring Parameters. Improvement of mental and behavioral symptoms of ADHD
Previous
Next



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Books
Blog
Quick Reference
Drugs
Multimedia
Cases
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Search
Advanced Search
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Review Questions
NAPLEX Review
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PHARMACOTHERAPY
A Pathophysiologic Approach
Pharmacothera
pproach, 10e
Joseph T. DiPiro, Robert L. Talbert, Gary C. Yee, Gary R. Matzke, Barbara G. Wells, L. Michael Posey
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Flashcards
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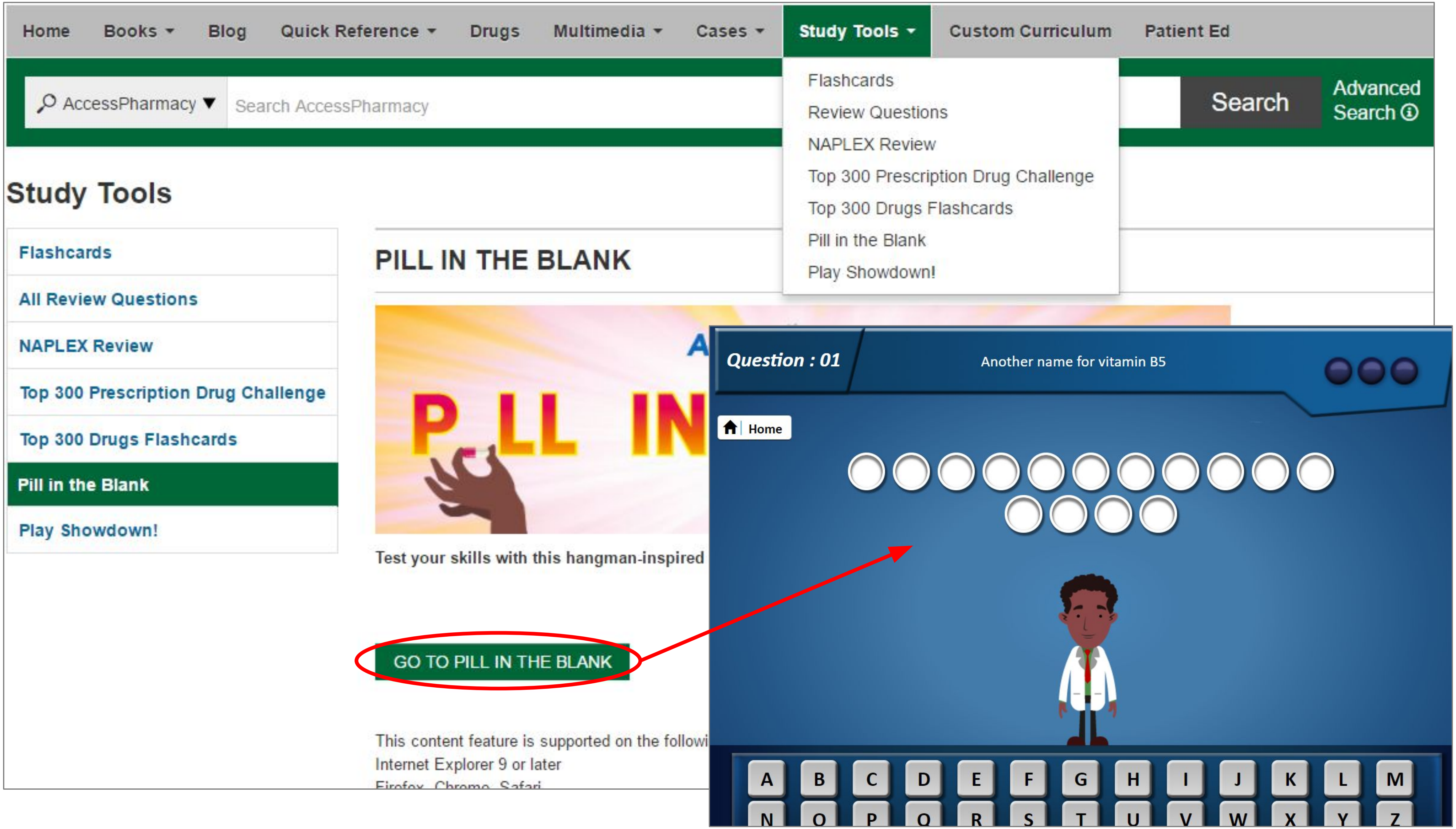
Question 1 of 10
JW, a 34-year-old woman with endometriosis, underwent conservative laparoscopic surgery 12 months ago in an attempt to improve her fertility. She has not yet achieved pregnancy. What is the most logical next step in JW's treatment plan?
A. Continue watchful waiting.
✗ B. Start a GnRH agonist.
C. Start oral CHCs.
✓ D. Start assisted-reproductive efforts.
Next Question
You will be able to view all answers at the end of your quiz.
The correct answer is D. You answered B.
Explanation:
The answer is D.
End quiz and return to Pharmacotherapy: A Pathophysiologic Approach, 10e Review Questions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Books
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Quick Reference
Drugs
Multimedia
Cases
Study Tools
Custom Curriculum
Patient Ed
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Search AccessPharmacy
Search
Advanced Search
Flashcards
Review Questions
NAPLEX Review
Top 300 Prescription Drug Challenge
Top 300 Drugs Flashcards
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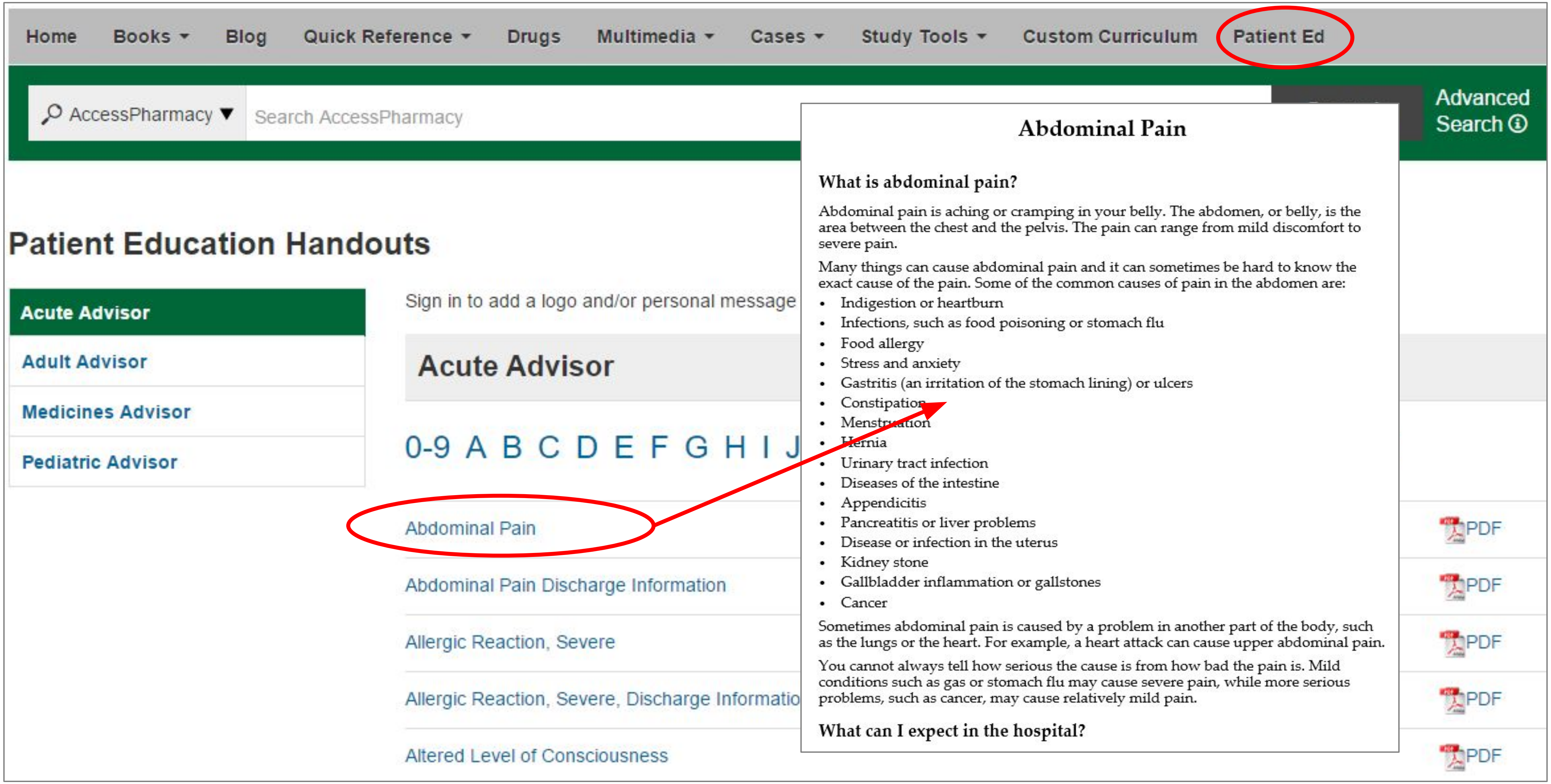
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Drugs
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0-9 A B C D E F G H I J
Abdominal Pain
Abdominal Pain Discharge Information
Allergic Reaction, Severe
Allergic Reaction, Severe, Discharge Informatio
Altered Level of Consciousness
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Abdominal Pain
What is abdominal pain?
Abdominal pain is aching or cramping in your belly. The abdomen, or belly, is the area between the chest and the pelvis. The pain can range from mild discomfort to severe pain.
Many things can cause abdominal pain and it can sometimes be hard to know the exact cause of the pain. Some of the common causes of pain in the abdomen are:
Indigestion or heartburn
Infections, such as food poisoning or stomach flu
Food allergy
Stress and anxiety
Gastritis (an irritation of the stomach lining) or ulcers
Constipation
Menstruation
Hernia
Urinary tract infection
Diseases of the intestine
Appendicitis
Pancreatitis or liver problems
Disease or infection in the uterus
Kidney stone
Gallbladder inflammation or gallstones
Cancer
Sometimes abdominal pain is caused by a problem in another part of the body, such as the lungs or the heart. For example, a heart attack can cause upper abdominal pain.
You cannot always tell how serious the cause is from how bad the pain is. Mild conditions such as gas or stomach flu may cause severe pain, while more serious problems, such as cancer, may cause relatively mild pain.
What can I expect in the hospital?

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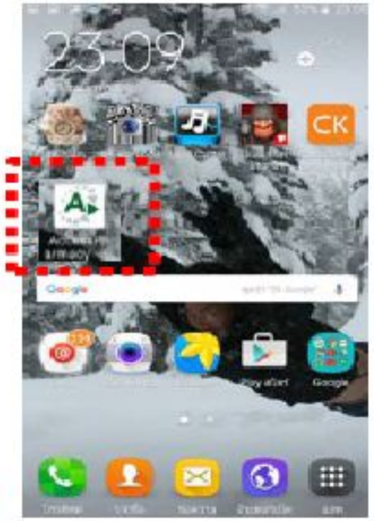

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