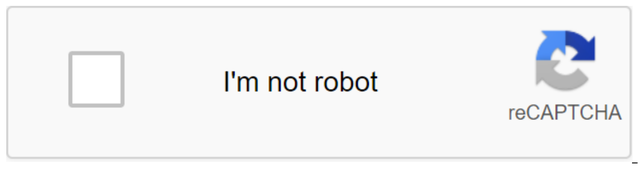
Furosemida ev bula pdf



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Box with 100 vials of amber glass 2 ml (Hospital packaging) Therapeutic class: Simple diuretic active ingredient: Furosemida Record ANVISA: 1.0387.0038 Bull: Download the Furosemide Injection Solution with dosage, indications, side effects, interactions and other information. All information contained in the Furosemida Injection Solution package is intended for informing and enlightening, with no intention of in any way replacing the medical specialist guidelines or serving as a recommendation for any type of treatment. Decisions related to the treatment of patients with Furosemide Injecting Solution must be made by authorized professionals, taking into account the characteristics of each patient. Teuto Presentation Furosemide Solution injectable solutions 10 mg/ml packages containing 5, 50 and 60 vials with 2mL. ADULT AND PEDIATRIC USE INTRAMUSCULAR OR INTRAVENOUS COMPOSITION Each mL of the solution for injection contains: 1mL Excipients: injectable water and sodium hydroxide. Furosemide solution injectable - Indications of furosemide are indicated in cases: swelling due to heart and liver disease (ascites); swelling due to kidney disease (in nephrotic syndrome priority is given to cause-and-effect communication); acute heart failure, especially in pulmonary edema (joint administration with other therapeutic measures); reduced urine dredging due to gestosis (after restoring the volume of fluid to normal); Brain swelling as a measure of support; Because of burns; hypertensive to crisis (in addition to other antihypertensive measures); induction of forced diuresis in poisoning. Contradictions furosemide solution injectable FUROSEMIDE SHOULD NOT BE USED IN PATIENTS WITH: RENAL BEFORE ANURIA; DOCOMA AND HEPATIC COMA ASSOCIATED WITH HEPATIC ENCEPHALOPATHY; SEVERE HYPOPOTASSAMIA; SEVERE HYPONATREEMIA; HYPOVOLEMIA (WITH OR WITHOUT HYPOTENSION) OR DEHYDRATION; INCREASED SENSITIVITY TO FUROSEMIDE, SULFONAMIDES AND FORMULA COMPONENTS. FUROSEMIDE SHOULD NOT BE USED BY NURSING WOMEN. FUROSEMIDE SHOULD NOT BE INJECTED INTO BOLUS. USED ONLY IN INFUSIONS WITH VOLUME CONTROL AND INFUSION SPEED PUMPS TO REDUCE THE RISK OF ACCIDENTAL OVERDOSE. Urinary FLOW warnings SHOULD BE GOOD. PATIENTS WITH PARTIAL URINARY OBSTRUCTION REQUIRE CAREFUL OBSERVATION, ESPECIALLY AT AN EARLY STAGE OF TREATMENT. DURING TREATMENT WITH FUROSEMID, IT IS GENERALLY RECOMMENDED LEVELS OF SODIUM, POTASSIUM AND CREATININE IN SERUM; Particularly careful monitoring is required in cases of patients with high RISK OF ELECTROLYTE CHANGES OR IN THE CASE OF SPECIAL DETAILS OF THE LOSS (e.g. DUE TO VOMITING, DIARE OR strong sweating). HYPOVOLEMIA OR DEHYDRATION, AS WELL AS ANY SIGNIFICANT CHANGES IN THE ELECTROLYTIC OR ACID BASE MUST BE CORRECTED. THIS MAY REQUIRE A TEMPORARY CESSATION OF FUROSEMIDE. IMPACT ON THE ABILITY TO DRIVE OR DRIVE: SOME ADVERSE EFFECTS (E.G., UNDESIRABLE SPIKES IN BLOOD PRESSURE) CAN IMPAIR A PATIENT'S ABILITY TO CONCENTRATE AND REACT, AND THEREFORE POSE A RISK IN SITUATIONS WHERE THEIR SKILLS ARE PARTICULARLY IMPORTANT, SUCH AS DRIVING OR OPERATING CARS. THE RISK OF ADMINISTRATION USE IS NOT RECOMMENDED: THERE IS NO RESEARCH ON THE EFFECTS OF FUROSEMIDE, INTRODUCED UNEDUCATED PATHWAYS. THEREFORE, FOR THE SAFETY AND EFFICACY OF THIS MEDICINE, THE ADMINISTRATION SHOULD ONLY BE INTRAVENOUS OR INTRAMUSCULARLY AS DIRECTED. Medicinal interactions of Furosemide Solution Injectable Combinations inhibit chloral hydrate: sensation of heat, sweat, arousal, nausea, high blood pressure and reduction can be found in some cases after intravenous furosemide for 24 hours after taking chloric hydrate. Therefore, the concomitant use of furosemide and chlorine hydrate is not recommended. Aminoglycoside antibiotics and other ototoxic drugs: furosemide can potentiative amino acid antibiotics and other ototoxic drugs. Since the resulting effects on hearing can be irreversible, this combination of drugs should be limited to vital indications. Cisplatin precautions: There is a risk of ototoxicity in the concomitant introduction of cisplatin and furosemide. In addition, the nephrotoxicity of cisplatin can be increased if furosemide is not administered in low doses (e.g. 40 mg in patients with normal kidney function) and with a positive fluid balance when used to obtain forced diuresis during cisplatin treatment. Lithium salts: Furosemide reduces lithium salts and can cause elevated serum lithium levels, leading to an increased risk of lithium toxicity, including an increased risk of cardiotoxic and neurotoxic exposure to lithium. Thus, it is recommended to carefully monitor the level of lithium in the serum in patients receiving this combination. ACE Drug Inhibitors: Patients Receiving Diuretics May Experience Severe Hypotension and Renal function, including cases of renal failure, especially when an ACE inhibitor or angiotensin II receptor antagonist is given for the first time or its dose increases for the first time. Interruption of furosemide administration should be considered temporarily or at least reduce the dose of furosemide for 3 days before treatment with or until an increase in the dose of ace inhibitor or angiotensin II receptor antagonist. Associations for the consideration of non-steroidal anti-inflammatory drugs (IAVES): Non-steroidal anti-inflammatory drugs (including acetylsalicylic acid) can envelop the effects of furosemide and its concomitant administration can cause acute renal failure in the case of hypovolemia or pre-existing dehydration dehydration. In patients with hypovolemia or dehydration, the introduction of IAUS can cause an acute decrease in kidney function. The toxicity of salicylate can be increased by furosemid. Feniton: The effect of furosemide can occur after the accompanying phenytoin administration. Antibiotics: Furosemide can potentiate the harmful effects of nephrotoxic drugs on the kidneys. Corticosteroids, carbenoxolone, licorice and laxatives: concomitant use with corticosteroids, carbenoxolin, licorice in large quantities, and prolonged use of laxatives can increase the risk of hypokalemia. Other medicines, such as digitalis and drugs which cause THE interval extension syndrome: Some changes in electrolyte (e.g., hypopotemia, hypomagnesia, may increase the toxicity of other drugs (e.g. digitalis drugs and drugs that cause THE interval extension syndrome). Antihypertensive, diuretic or other drugs that potentially lower blood pressure: If antihypertensive agents or other drugs that potentially reduce blood pressure are administered to the associated blood pressure. , you can expect a more pronounced drop in blood pressure. Medications such as probenecid and methodrexetic: Probenecid, methorexate and other drugs that, like furosemide, significantly excrete the renal tubular route, can reduce the effect of furosemide. On the other hand, furosemide can reduce the renal elimination of these drugs. In the case of high-dose treatment (in particular, accompanying the treatment of furosemide and other drugs), this can lead to an increase in serum levels and the risk of side effects due to furosemide or related drugs. Antidiabetics and medications that raise blood pressure by acting on the sympathetic nervous system: Effects of antidiabetic and sympathetic hypertensive drugs (e.g.: norradrine) can be reduced. Theophylline or curare type of muscle relaxants: Its effects may increase. cephalosporins: Renal failure can develop in patients receiving simultaneous treatment with furosemid and high doses of some cephalosporins. Cyclosporine A: Accompanying the use of cyclosporine A and furosemide is associated with an increased risk of gouty arthritis after furosemide-induced hyperuricemia and cyclosporine failure in renal urata. Radiocontrat: Patients at high risk of non-phhropathy radiocontramatia treatment furosemide demonstrated a higher incidence of impaired kidney function after receiving radiocontrauma compared to high-risk patients who received only intravenous hydration before receiving radio contrauma. Adverse Reactions / Side Effects of furosemide furosemide solution CAN LEAD TO THE NEW IN NARIUMY EXEMENTION AND CHLORIDE AND STRICTION WATER. IN ADDITION, THE RELEASE OF OTHER ELECTROLYTES, SUCH AS POTASSIUM, CALCIUM AND MAGNESIUM, IS INCREASING. SYMPTOMATIC ELECTROLYTE DISORDERS AND METABOLIC ALCALOSIS MAY DEVELOP IN THE FORM OF A GRADUAL INCREASE IN ELECTROLYTE DEFICIENCY OR WHERE, FOR EXAMPLE, HIGHER DOSES OF FUROSEMIDE ARE ADMINISTERED TO PATIENTS WITH NORMAL KIDNEY FUNCTION, SUCH AS SEVERE LOSS OF ACUTE ACUTE ELECTROLYTES. SIGNS OF ELECTROLYTE DISORDERS INCLUDE POLYPSY, HEADACHE, CONFUSION, MUSCLE PAIN, TETANIA, MUSCLE WEAKNESS, HEART RHYTHM DISORDERS AND GASTROINTESTINAL SYMPTOMS. THE DEVELOPMENT OF ELECTROLYTE DISORDERS AFFECTS FACTORS SUCH AS UNDERLYING DISEASES (E.G. LIVER CIRRHOSIS, HEART FAILURE), RELATED MEDICATIONS AND NUTRITION. In private, HOW result OF VOMITING AND diarrhea, CALIAS DEFICIT CAN BE THE WORLD. THE DIURETIC EFFECTS OF FUROSEMIDE CAN CAUSE OR CONTRIBUTE TO HYPOVOLEMIA AND DEHYDRATION, ESPECIALLY IN ELDERLY PATIENTS. SEVERE FLUID DEPLETION CAN LEAD TO HEMOCONCENTRATION WITH A TENDENCY TO DEVELOP THROMBOSIS. FUROSEMIDE CAN CAUSE A DECREASE IN BLOOD PRESSURE, WHICH, ESPECIALLY WHEN EXPRESSED, CAN CAUSE SIGNS AND SYMPTOMS SUCH AS DIFFICULTY IN CONCENTRATION AND REACTION CAPACITY, EMPTY HEAD OR HOLLOW, FEELING OF PRESSURE IN THE HEAD, HEADACHE, DIZZINESS, DROWSINESS, WEAKNESS, VISUAL CHANGES, DRY MOUTH, ORTHOPEDIC INTOLERANCE. INCREASED URINE PRODUCTION CAN CAUSE OR EXACERBATE COMPLAINTS OF PATIENTS WITH URINARY OBSTRUCTION. THEREFORE, ACUTE URINE RETENTION WITH POSSIBLE SECONDARY COMPLICATIONS CAN OCCUR, FOR EXAMPLE, IN PATIENTS WITH BLADDER EMPTYING CHANGES, PROSTATIC HYPERPLASIA OR NARROWING OF THE URETRA. TREATMENT WITH FUROSEMIDE CAN CAUSE INCREASED LEVELS CHOLESTEROL AND TRIGLYCERIDES. There may be TRANSIENT INCREASE IN CREATININE AND URINE BLOOD LEVELS. LEVELS OF SULPHURIC ACID CAN INCREASE AND GOUT ATTACKS CAN OCCUR. GLUCOSE TOLERANCE MAY DECREASE DURING FUROSEMID TREATMENT. IN PATIENTS WITH DIABETES, THIS EFFECT CAN LEAD TO A DETERIORATION OF METABOLIC CONTROL; HIDDEN DIABETES CAN MANIFEST ITSELF. GASTROINTESTINAL REACTIONS SUCH AS NAUSEA, VOMITING OR DIARRHEA CAN OCCUR IN RARE CASES. IN SOME CASES, INTRASEPATHIC CHOLESTOSIS, AN INCREASE IN HEPATIC TRANSAINASE OR ACUTE PANCREATITIS MAY DEVELOP. CHANGES IN HEARING AND TINIDO CAN ALSO OCCUR IN RARE CASES, ALTHOUGH USUALLY TRANSIENT, ESPECIALLY IN PATIENTS WITH RENAL FAILURE, HYPOPROTEINEMIA (E.G. NEPHROTIC SYNDROME). SKIN REACTIONS AND MUCOUS MEMBRANES CAN OCCUR FROM TIME TO TIME, SUCH AS ITCHING, HIVES, OTHER REACTIONS SUCH AS RASH OR BULLYING ERUPTIONS, ERYTHEMA MULTIFORM, EXFOLIATING OR PURPLE DERMATITIS. SEVERE ANAPHYLACTIC OR ANAPHYLACTIC REACTIONS (E.G. SHOCK) CAN OCCUR RARELY. INTERSTITICAL JADE, VASCULITIS OR EOSINOPHILIA ARE RARE REACTIONS. FEVER OR PARAEstheSIA CAN RARELY OCCUR, AND SOMETIMES PHOTOSENsITIVITY. THROmboCYTOPEDIA CAN SOMETIMES OCCUR. IN RARE CASES, LEUKOPENIA AND, IN SOME CASES, AGRANULOCYTOSIS, APLASTIC ANEMIA OR HEMOLYTIC ANEMIA MAY OCCUR. IN PRETERM INFANTS, FUROSEMIDE CAN CAUSE NEPHROCALCINOSIS AND NEPHROLYTHOSIS. IF FUROSEMIDE IS ADMINISTERED TO PRETERM BABIES IN THE FIRST WEEKS OF LIFE, THE RISK OF DUCT RETENTION BOTALLO MAY INCREASE. AFTER INTRAMUSCULAR ADMINISTRATION, LOCAL REACTIONS SUCH AS PAIN CAN OCCUR AT THE INJECTION SITE. CHANGES IN LABORATORY TESTS: NO DATA YET. Furosemide Injection Solution - Dosage Adults and adolescents over 15 years of age: If not prescribed differently, the initial dose for adults and adolescents 15 years and then is 20 to 40 mg (1 to 2 vials) of furosemide intravenously or intramuscularly. If, after a single dose of 20 to 40 mg of furosemide (1 to 2 vials), the diuretic effect is not satisfactory, the dose can be gradually increased, at 2-hour intervals, from 20 mg (1 vials) at a time until a satisfactory diure extension is obtained. An individual dose is thus set to be administered once or twice a day. The duration of treatment should be determined by a doctor, depending on the nature and severity of the disease. Dosing in special cases Acute pulmonary edema: Administering the initial dose of 40 mg furosemide (2 vials) intravenously. If a patient's condition is required, increase an additional dose of 20 to (1 to 2 vials) after 20 minutes. The dosage indicated for treatment ranges from 100 mg to 300 mg daily for a maximum period of 48 hours. Forced diuresis: Administering 20 to 40 mg of furosemide (1 to 2 vials) in addition to the infusion of electrolyte solution. Further treatment depends on the elimination of urine and should include replacement fluid and electrolyte loss. When poisoned with acidic or essential substances, the rate of elimination can be further increased by alkaline or urine acidification, respectively. The dosage indicated for treatment ranges from 100 mg to 300 mg daily for a maximum period of 48 hours. Infants and children under the age of 15: Parental management (if necessary an infusion one by one) is indicated only in life-threatening conditions. For intravenous or intramuscular injections, the dosage regimen is 1 mg of furosemide per kg of body weight up to a daily maximum of 20 mg (1 vial). The therapy should be changed to oral administration as soon as possible. Symptoms of super dosage: The clinical picture of acute and chronic overdose of furosemide is fundamentally dependent on the extent and effects of electrolyte and fluid loss such as hypovolemia, dehydration, hemoconcentration, cardiac arrhythmia (including block A-V and ventricular fibrillation). Symptoms of these changes include severe hypotension (progressive to shock), acute renal failure, thrombosis, delirium, sluggish paralysis, apathy and confusion. Treatment: The specific antidote to furosemide is not known. If ingestion has just occurred, you should try to limit the subsequent systemic absorption of the active ingredient through measures such as gastric lava or others to reduce absorption (e.g. activated carbon). Clinically significant changes in electrolyte and fluid balance should be corrected in conjunction with the prevention and treatment of serious complications caused by disorders and other effects on the body, and may require general and specific intensive medical monitoring and therapeutic measures. Pharmalogical Characteristics Mechanism: Furosemide is a diuretic loop that produces a powerful diuretic action with rapid onset of action and short duration. Furosemide blocks the Na'K-2Cl co-transporter system located on the luminous cell membrane of the ascending branch of the Henle loop; therefore, the effectiveness of sauretic furosemide depends on the drug achieved by tubular lumen using anion transport mechanism. Urinary action is the result of inhibition of sodium chloride resorption in this segment of the Henle loop. As a result, fractional sodium secretion can reach 35% of glomerular filtration Sodium. Side effects of increased sodium secretion are increased urine secretion (due to osmotic gradient) and increased dystal tubular secretion of potassium. The secretion of calcium and magnesium ions is also increasing. Furosemide disrupts the feedback mechanism of the glomerular tube of a dense macula, resulting in inept saluretic activity. Furosemide causes dose-dependent stimulation of the aninf-angiotensin-aldosterone system. In heart failure, furosemide leads to an acute reduction in cardiac preinset (by increasing venous capacity). This early vascular effect appears to be mediated by prostaglandin and involves adequate kidney function with the activation of the Rainin-angiotensin system and intact synthesis of prostaglandin. In addition, due to the sodium effect furosemide reduces the vascular reactivity of catecholamines, which is high in hypertensive patients. The antihypertensive effectiveness of furosemide is explained by increased sodium secretion, decreased blood volume and decreased vascular response of smooth muscles to vasoc enhancing stimulation. Pharmacodynamic properties: the diuretic action of furosemide occurs within 15 minutes after the intravenous dose and within 1 hour after the introduction of oral dose. Dose-dependent increase in diuresis and sodium has been demonstrated in healthy people receiving doses of furosemide from 10 mg to 100 mg. Duration of action is about 3 hours after intravenous dose of 20 mg and 3 to 6 hours after an oral dose of 40 mg in healthy people. In patients, the association between intra-tub concentrations of free furosemide (estimated using the rate of furosemide urine discharge) and its sodiumemic effect is presented in the form of a sigmoid curve with a minimum effective rate of furosemide secretion of about 10 micrograms per minute. Thus, the continuous infusion of furosemide is more effective than the re-administration of bolus. In addition, there is no significant increase above a certain dose effect injected into the bolus. The effect of furosemide decreases when tubular secretion or intratoubular albumin binding with the drug decreases. Pharmacokinetic properties: Furosemide is quickly absorbed by the gastrointestinal tract. The absorption of the drug demonstrates great intra- and inter-individual variability. In patients, the bioavailability of the drug depends on several factors, including major diseases, and can be reduced to 30% (for example, in nephrotic syndrome). The distribution of furosemide ranges from 0.1 to 0.2 liters per kg of body weight. The distribution may be higher depending on the underlying disease. Furosemide is strongly associated with (more than 98%), mostly albumin. Furosemide is eliminated mainly as an unchanging drug, primarily by secretion in proximal tube-murders. The glucuronic metabolite of furosemide is equivalent to 10 to 20% of substances found in the stool. insufficiency, the elimination of furosemide is reduced and the half-seed period is extended; terminal semi-chemies can be up to 24 hours in patients with severe renal failure. In nephrotic syndrome, a decrease in plasma protein concentration leads to higher concentrations of free furosemide. On the other hand, the effectiveness of furosemide is reduced in these patients due to intracube binding of albumin and reduced tubular secretion. Furosemide is low-life in patients with hemodialysis, peritoneal dialysis and CAPD. In hepatic insufficiency, the half-distribution period for furosemide increases by 30% to 90%, mainly due to a larger distribution volume. In addition, there is a wide difference in all pharmacokinetic parameters in this group of patients. In patients with congestive heart failure, severe hypertension or in elderly patients, the elimination of furosemide is reduced due to reduced kidney function. In preterm or childbirth babies, depending on the maturity of the kidneys, the elimination of furosemide can be reduced. Metabolism of the drug is also reduced when the glucuronization of the child's ability is impaired. The terminal half-seed period is less than 12 hours in children over 33 weeks after conception. For children 2 months of age and older, the terminal clearance is the same as for adults. The results of the effectiveness of furosemide efficacy have been demonstrated in the following studies: FRUSEMIDE (Martindale: Full Link to Medication. 2004). Diuretics improves functionality in patients with congestive heart failure. (TIME, T.F 1998). Use in the elderly, children and other risk groups of the elderly: In elderly patients, the elimination of furosemide is reduced due to reduced kidney function. The urinary effects of furosemide can cause or contribute to hypovolemia and dehydration, especially in elderly patients. Severe fluid depletion can lead to hemoconcentration with a tendency to develop thrombosis. Children: Premature children (possible development of kidney stones containing calcium (nephrolytosis) and salt deposition calcium in renal tissue (nephrocalcinosis); Kidney function should be monitored and renal ultrasound should be performed). If furosemide is given to preterm infants during the first weeks of life, the risk of servageting botallo may increase. Other risk groups: Careful vigilance is needed mainly in: patients with hypotension or with a particular risk of a pronounced drop in blood pressure (e.g., patients with significant coronary artery sieves or arteries supplying the brain); patients with latent or obvious diabetes (regular blood glucose control); patients with gout or hyperuricemia (regular control of uric acid); patients with renal failure (hepatoral syndrome) associated with severe liver disease; patients with hypoproteinemia, for example, associated with nephrotic syndrome (the furosemide effect can be reduced and its ototoxicity potentated). In these cases, a dose assessment is required. STORAGE DURING CONSUMPTION THIS PRODUCT SHOULD BE IN CARTOLINE CARTOLINE, STORED AT ROOM TEMPERATURE (15 to 30 degrees Celsius). PROTECT AGAINST LIGHT AND MOISTURE. Legal statements Lot No. and date of manufacture: VIDE CARTRIDGE SALE UNDER PRESCRIPTION MEDICAL FARM. Resp.: Andreia Cavalcante Silva CRF-GO No 2.659 M.S. No. 1.0370.0277 TEUTO BRASILEIRO S/A. CNPJ - 17.159.229/0001-76 VP 7-D Module 11. 13 - DAIA CEP 75132-140 - Anepolis - GO Index Brasileira Furosemida Injecting Solution - Package flyers for patient Drug action: Furosemide has diuretic and antihypertensive action, and the onset of action occurs 10 to 15 minutes after the introduction of the product. Indications of the drug: furosemide has a diuretic and antihypertensive effect, indicated in cases: swelling due to heart disease and liver disease (ascites); swelling due to kidney disease (in nephrotic syndrome priority is given to cause-and-effect communication); acute heart failure, especially in pulmonary edema (joint administration with other therapeutic measures); reduced urine dredging due to gestosis (after restoring the volume of fluid to normal); Brain swelling as a measure of support; Because of burns; hypertensive to crisis (in addition to other antihypertensive measures); induction of forced diuresis in poisoning. DRUG RISKS: CONTRAINDICATIONS: FUROSEMIDE SHOULD NOT BE USED IN PATIENTS WITH: KIDNEY FAILURE WITH ANURIA (TOTAL STOP OF URINE DISPOSAL); PRECOMA AND HEPATIC COMA ASSOCIATED WITH HEPATIC ENCEPHALOPATHY; SEVERE HYPOPOTEMIA (SIGNIFICANT REDUCTION IN POTASSIUM LEVELS IN THE BLOOD); SEVERE HYPONATREEMIA (SIGNIFICANT REDUCTION IN SODIUM LEVELS IN THE BLOOD); DEHYDRATION OR HYPOVOLEMIA, C OR DROP IN BLOOD PRESSURE; ALLERGY TO FUROSEMIDE, SULFONAMEDES AND FORMULA COMPONENTS. FUROSEMIDE SHOULD NOT BE USED BY NURSING WOMEN. FUROSEMIDE SHOULD NOT BE INJECTED INTO BOLUS. USED ONLY IN INFUSIONS WITH VOLUME CONTROL AND INFUSION SPEED PUMPS TO REDUCE THE RISK OF ACCIDENTAL OVERDOSE. WARNINGS: IN THE TREATMENT OF FUROSEMIDE, REGULAR MONITORING OF SODIUM, POTASSIUM AND CREATININE LEVELS IN THE BLOOD IS RECOMMENDED; Particularly careful monitoring is required in cases of patients with a HIGH RISK OF DEVELOPING changes IN THESE SUBSTANCES OR IN CASE OF a SIGNIFICANT ADDITIONAL LOSS of FLUID (E.G. BECAUSE OF VOMITING, DIARRHEA OR severe sweating). HYPOVOLEMIA OR DEHYDRATION, AS WELL AS ANY SIGNIFICANT CHANGES IN THE ELECTROLYTIC OR ACID BASE MUST BE CORRECTED. THIS MAY REQUIRE A TEMPORARY CESSATION OF FUROSEMIDE. INFLUENCE ON THE ABILITY TO DRIVE OR DRIVE: SOME ADVERSE EFFECTS (E.G.: AN UNDESIRABLE SPIKE IN BLOOD PRESSURE) CAN IMPAIR A PATIENT'S ABILITY TO CONCENTRATE AND REACT AND THEREFORE POSE A RISK IN SITUATIONS WHERE THEIR SKILLS ARE PARTICULARLY IMPORTANT, SUCH AS DRIVING OR OPERATING CARS. THE RISK OF ADMINISTRATION USE IS NOT RECOMMENDED: THERE ARE NO STUDIES OF THE EFFECTS OF FUROSEMIDE, INTRODUCED BY UNCONSCIONABLE PATHWAYS. THEREFORE, FOR THE SAFETY AND EFFICACY OF THIS MEDICINE, THE ADMINISTRATION SHOULD ONLY BE INTRAVENOUS OR INTRAMUSCULAR, AS RECOMMENDED BY THE DOCTOR. PRECAUTIONS: ELDERLY PATIENTS: IN ELDERLY PATIENTS, THE ELIMINATION OF FUROSEMIDE IS REDUCED DUE TO REDUCED KIDNEY FUNCTION. THE DIURETIC ACTION OF COMET CAN CAUSE OR CONTRIBUTE TO HYPOVOLEMIA (REDUCING THE VOLUME OF CIRCULATING FLUID IN BLOOD VESSELS) AND DEHYDRATION, ESPECIALLY IN ELDERLY PATIENTS. SEVERE FLUID DEPLETION CAN LEAD TO BLOOD CONCENTRATION WITH A TENDENCY TO DEVELOP THROMBOSIS. CHILDREN: CAREFUL CONTROL IS NECESSARY IN PREMATURE INFANTS FOR THE POSSIBILITY OF DEVELOPMENT OF NEPHROLITOSE (CALCULATIONS OF CALCIUM IN THE KIDNEYS) AND NEPHROCALCINOSIS (DEPOSITION OF CALCIUM SALTS IN KIDNEY TISSUES). IN THESE CASES, IT IS NECESSARY TO MONITOR KIDNEY FUNCTION AND PERFORM ULTRASOUND OF THE KIDNEYS. IF FUROSEMIDE IS ADMINISTERED TO PRETERM BABIES IN THE FIRST WEEKS OF LIFE, THE RISK OF DUCT RETENTION BOTALLO MAY INCREASE. GROUP RISK RESTRICTIONS: CAREFUL SURVEILLANCE IS ESSENTIAL MAINLY IN: PATIENTS WITH HYPOTENSION OR WITH A SPECIAL RISK OF PRONOUNCED BLOOD PRESSURE DROP (E.G., PATIENTS WITH SIGNIFICANT CORONARY ARTERY STHESIS OR ARTERIES THAT SUPPLY PATIENTS WITH LATE OR OBVIOUS DIABETES: REGULAR BLOOD SUGAR CONTROL IS RECOMMENDED; PATIENTS WITH GOUT OR HYPERURICEMIA (INCREASE OF URIC ACID IN THE BLOOD) (REGULAR CONTROL OF URIC ACID); PATIENTS WITH RENAL FAILURE ASSOCIATED WITH SEVERE LIVER DISEASE (HEPATORAL SYNDROME); PATIENTS WITH HYPOPROTEINEMIA (LOW BLOOD PROTEIN), FOR EXAMPLE, ASSOCIATED WITH NEFROTIC SYNDROME (THE FUROSEMIDE EFFECT CAN BE REDUCED AND ITS OTOTOXICITY POTENTATED). IN SUCH CASES, A DOSE ASSESSMENT IS REQUIRED. Medicinal Interactions: Discouraged Associations: Chloric Hydrate: Feeling of heat, sweat, arousal, nausea, high blood pressure and contraction can be found in some cases after intravenous furosemide administration within 24 hours of consumption of chlorinated hydrate. Therefore, the concomitant use of furosemide and chlorine hydrate is not recommended. Aminoglycoside antibiotics and other medications that may be toxic to the ear: Furosemide can be potent about ototoxicity, i.e. the toxicity of ear amino acid antibiotics and other ototoxic drugs. Since the resulting effects on hearing can be irreversible, this combination of drugs should be limited to vital indications. Precautions to use: Cisplatin: There is a risk of ear toxicity in the accompanying administration of cisplatin and furosemide. In addition, the toxicity of cisplatinum kidneys can be increased if furosemide is not administered in low doses (e.g. 40 mg in patients with normal kidney function) and with a positive fluid balance when used to obtain forced diuretics during cisplatin treatment. Lithium salts: Furosemide reduces lithium salts and can

cause elevated levels of lithium in the blood, leading to an increased risk of lithium toxicity, including an increased risk of toxic lithium exposure to the heart and nervous system. Thus, it is recommended to carefully monitor the level of lithium in the blood in patients receiving this combination. Medications that suppress angiotensine-acid to the use of the enzyme (ACE): Patients receiving diuretics may experience a sharp drop in blood pressure and impaired kidney function, including cases of renal failure, especially when angiotensin - a-to-be enzyme inhibitor (APF) or angiotensin receptor antagonist II is given for the first time or has its dose increased for the first time. Stopping the introduction of furosemide should be considered temporarily or at least reducing the dose of furosemide by 3 days before treatment with or before the dose increases and angiotensin ii receptor antagonist. Associations to consider: Non-steroidal anti-inflammatory drugs (IAES): Non-steroidal anti-inflammatory drugs (including acetylsalicylic acid) can recoup the effects of furosemide. In patients with reduced circulating fluid in the vessels (hypovolemia) or dehydration, the introduction of IAIS can cause a sharp decline in kidney function. The toxicity of salicylate can be increased by furosemid. Feniton: The effect of furosemide can occur after the accompanying phenytoin administration. Antibiotics: Furosemide can potentiate the harmful effects of nephrotoxic drugs on the kidneys. Corticosteroids, carburenoxolin, licorice and laxative: concomitant use with corticosteroids, carburenoxolin, licorice in large quantities and prolonged use of laxatives may increase the risk of hypokalemia (reducing potassium levels in the blood). Other drugs, such as digitalis drugs and drugs that cause interval renewal syndrome: Some changes in electrolyte (e.g. hypopotemia, hypomagnesia, i.e. falling levels of potassium or magnesium in the blood) may increase the toxicity of other drugs (e.g. digitalis drugs and drugs that cause TK interval extension syndrome). Urinary or other antihypertensive drugs that potentially lower blood pressure: When administered concomitant with furosemide can cause a more pronounced drop in blood pressure. Medications such as probenecid and methodrexetic: Just like furosemide, they are significantly excreted by the renal tubular route, they can reduce the effect of furosemide. On the other hand, furosemide can reduce the renal elimination of these drugs. In the case of concomitant treatments with high doses of furosemide and other medicines, there may be elevated blood levels as well as risks of side effects as a result of both substances. Antidiabetics and medications that raise blood pressure by acting on the sympathetic nervous system: The effects of antidiabetic and sympathetic hypertensive drugs (e.g. epinephrine, norepinephrine) can be reduced. Theophylline or curare type of muscle relaxants: Its effects may increase. cephalosporins: Renal failure can develop in patients receiving simultaneous treatment with furosemid and high doses of some cephalosporins. Cyclosporin A: The concomitant use of cyclosporine A and furosemide is associated with an increased risk of gouty arthritis after furosemide-induced hyperuricemia and cyclosporine inureate of kidney secretion. Radiocontrate: Patients at High Risk of Kidney Disease furosemide treatment showed a higher rate of restraining function after receiving radio contrauma compared to high-risk patients who received only intravenous hydration prior to radiocontrauma. Use during pregnancy and breastfeeding: furosemide crosses the placental barrier. Therefore, it should not be given during pregnancy unless strictly stated and within short periods of time. Treatment during pregnancy requires periodic control of fetal growth. During breastfeeding, when the use of furosemide is considered necessary, it should be remembered that furosemide gets into milk and suppresses lactation. It is recommended to stop breastfeeding while consuming furosemide. It should not be used during pregnancy and breastfeeding, except for medical advice. Tell your doctor or dentist if pregnancy or the onset of breastfeeding occurs when using this medication. There are no contraindications for age groups. Tell your doctor or dentist if there are any undesirable reactions. Tell your doctor or dentist if you are using any other medication. DO NOT USE MEDICATION WITHOUT YOUR DOCTOR'S KNOWLEDGE. IT CAN BE DANGEROUS FOR YOUR HEALTH. How it is administered: Intravenous furosemide is indicated in all cases where oral administration is not possible or ineffective (e.g. bowel absorption) or where a quick effect is required. Intravenous introduction of furosemide should be carried out slowly, not exceeding the infusion rate of 4 mg/min. In patients with severe renal failure (creatinine serum zgt; 5 mg/dL) it is recommended not to exceed the rate of infusion 2.5 mg/min. Intramuscular administration should be limited to exceptional cases in which oral or intravenous injection is not possible. Intramuscular administration is not suitable for the treatment of acute conditions such as pulmonary edema. The replacement of parenteral to oral administration should be carried out as soon as possible. Furosemide injections should have a pH of about 9 and have no buffering capacity. For this reason, the active ingredient can be deposited at pH values below 7. Therefore, in the case of furosemide dilution, caution should be exercised so that the pH of the solution is within the range of the slightly alkaline to neutral. A normal saline solution is suitable as a development. Furosemide should not be injected into the bolus. It should only be used in infusions with volume control pumps and infusion speed to reduce the risk of accidental overdose. Furosemide should not be mixed with other drugs in the same injectable syringe or during infusion. After dilution furosemide remains stable for approximately 24 hours after dilution with 0.9% sodium chloride solution or Ringer solution when stored at room temperature and protected from light. Physical aspect: A clear solution is colorless until slightly yellowish. - Dosage: Adults and adolescents over 15 years of age: If not prescribed differently, the initial dose for adults and adolescents aged 15 years and then is 20 to 40 mg (1 to 2 vials) of furosemide intravenously or intramuscularly. If, after a single dose of 20 to 40 mg of furosemide (1 to 2 vials), the diuretic effect is not satisfactory, the dose can be gradually increased, at 2-hour intervals, from 20 mg (1 vials) at a time until a satisfactory diure extension is obtained. An individual dose is thus set to be administered once or twice a day. The duration of treatment should be determined by a doctor, depending on the nature and severity of the disease. - Dosage in specific indications: - Acute pulmonary edema: Administering the initial dose of 40 mg furosemide (2 vials) intravenously. If a patient's condition is required, bring an additional 20 to 40 mg dose of furosemide (1 to 2 vials) after 20 minutes. - Forced diuresis: Administering 20 to 40 mg of furosemide (1 to 2 vials) in addition to the infusion of electrolyte solution. Further treatment depends on the elimination of urine and should include replacement fluid and electrolyte loss. When poisoned with acidic or essential substances, the rate of elimination can be further increased by alkaline or urine acidification, respectively. - Infants and children under the age of 15: Parenteral administration (if necessary drip infusion) is shown only in life-threatening conditions. For intravenous or intramuscular injections, the dosage regimen is 1 mg of furosemide per kg of body weight up to a daily maximum of 20 mg (1 vial). The therapy should be changed to oral administration as soon as possible. Necessary behavior if the administration is forgotten: If you forget to enter the dose, enter it as soon as possible; However, if you are close to the next dose time, wait for this time, always respecting the dosing interval. Never take two doses at a time. Follow your doctor's advice, always respecting the time, dose and duration of treatment. Do not stop treatment without the knowledge of the doctor. Expiration date: 24 months from the date of manufacture (VIDE CARTRIDGE). Do not use overdue medications. Before applying, watch the appearance of the drug. ADVERSE REACTIONS: FUROSEMIDE CAN LEAD TO AN INCREASE IN ELECTROLYTE DISCHARGE AS A AND CHLORIDE, AND THEREFORE WATER. IN ADDITION, THE RELEASE OF OTHER ELECTROLYTES, SUCH AS POTASSIUM, CALCIUM AND MAGNESIUM, IS INCREASING. SYMPTOMATIC ELECTROLYTE DISORDERS AND METABOLIC ALCALOSIS CAN DEVELOP IN THE FORM OF A GRADUAL INCREASE IN ELECTROLYTE DEFICIENCY OR WHERE, FOR EXAMPLE, PATIENTS WITH NORMAL KIDNEY FUNCTION ARE INJECTED WITH LARGE DOSES OF FUROSEMIDE. SIGNS OF THESE ELECTROLYTE DISORDERS INCLUDE POLYPSY (ELEVATED HEAD), HEADACHE, MENTAL CONFUSION, MUSCLE PAIN, TETANY (MUSCLE SPASM), MUSCLE WEAKNESS, HEART RHYTHM DISORDERS AND GASTROINTESTINAL SYMPTOMS. THE DEVELOPMENT OF ELECTROLYTE DISORDERS AFFECTS FACTORS SUCH AS: UNDERLYING DISEASES (E.G.: LIVER CIRRHOSIS, HEART FAILURE); ACCOMPANYING MEDICATIONS AND NUTRITION. In private, HOW result OF VOMITING AND diarrhea, CALIAS DEFICIT CAN BE THE WORLD. THE DIURETIC ACTION OF FUROSEMIDE CAN CAUSE OR CONTRIBUTE TO A DROP IN THE VOLUME OF CIRCULATING FLUID IN BLOOD VESSELS (HYPOVOLEMIA) AND DEHYDRATION, ESPECIALLY IN ELDERLY PATIENTS. SEVERE FLUID LOSS CAN LEAD TO BLOOD CONCENTRATION WITH A TENDENCY TO DEVELOP THROMBOSIS. FUROSEMIDE CAN CAUSE A DECREASE IN BLOOD PRESSURE, WHICH, ESPECIALLY WHEN PRONOUNCED, CAN CAUSE SIGNS AND SYMPTOMS SUCH AS DIFFICULTY CONCENTRATING AND REACTIONARY ABILITY, FEELING EMPTY HEAD OR HOLLOW, FEELING PRESSURE ON THE HEAD, HEADACHE, DIZZINESS, DROWSINESS, WEAKNESS, VISUAL CHANGES, DRY MOUTH, ORTHOPEDIC INTOLERANCE (INABILITY TO STAND). INCREASED URINE PRODUCTION CAN CAUSE OR EXACERBATE COMPLAINTS OF PATIENTS WITH URINARY OBSTRUCTION. THEREFORE, ACUTE URINE RETENTION WITH POSSIBLE SECONDARY COMPLICATIONS CAN OCCUR, FOR EXAMPLE, IN PATIENTS WITH BLADDER EMPTYING CHANGES, PROSTATIC HYPERPLASIA OR NARROWING OF THE URETRA. TREATMENT WITH FUROSEMIA CAN CAUSE ELEVATED CHOLESTEROL AND TRIGLYCERIDES IN THE BLOOD. There may be TRANSIENT INCREASE IN CREATININE AND URINE BLOOD LEVELS. THE LEVEL OF URIC ACID IN THE BLOOD CAN INCREASE AND GOUT ATTACKS CAN OCCUR. GLUCOSE TOLERANCE MAY DECREASE DURING FUROSEMID TREATMENT. IN PATIENTS WITH DIABETES, THIS EFFECT CAN LEAD TO A DETERIORATION OF METABOLIC CONTROL; HIDDEN DIABETES CAN MANIFEST ITSELF. GASTROINTESTINAL REACTIONS SUCH AS NAUSEA, VOMITING OR DIARRHEA CAN OCCUR IN RARE CASES. IN SOME CASES, INTRASEPATHIC CHOLESTOSIS AND INCREASED LIVER ENZYMES OR ACUTE INFLAMMATION OF THE PANCREAS MAY DEVELOP. MAY ALSO OCCUR IN RARE CASES, HEARING AND TINIDE CHANGES, ALTHOUGH GENERALLY TRANSIENT, ESPECIALLY IN PATIENTS WITH RENAL FAILURE, HYPOPROTEINEMIA LEVELS OF PROTEIN IN THE BLOOD), SUCH AS NEPHROTIC SYNDROME. SKIN REACTIONS AND MUCOUS MEMBRANES CAN OCCUR FROM TIME TO TIME, SUCH AS ITCHING, HIVES, OTHER REACTIONS SUCH AS RASH OR BULLYING ERUPTIONS, ERYTHEMA MULTIFORM, EXFOLIATING OR PURPLE DERMATITIS. SEVERE ANAPHYLACTIC OR ANAPHYLACTIC REACTIONS (E.G. SHOCK) CAN OCCUR RARELY. INTERSTITICAL JADE, VASCULITIS OR EOSINOPHILIA ARE RARE REACTIONS. FEVER OR PARAEStheSIA CAN RARELY OCCUR, AND SOMETIMES LIGHT SENSITIVITY (SENSITIVITY TO LIGHT). THROmboCYTOPEDIA CAN SOMETIMES OCCUR. IN RARE CASES, LEUKOPENIA AND, IN SOME CASES, AGRANULOCYTOSIS, APLASTIC ANEMIA OR HEMOLYTIC ANEMIA MAY OCCUR. IN PREMATURE CHILDREN, FUROSEMIDE CAN PRECIPITATE NEPHROCALCINOSIS AND NEPHROLITHIASIS, I.E. DEVELOPMENT OF NEPHROLYTIAASE (KIDNEY CALCULOSIA CONTAINING CALCIUM) AND NEPHROCALCINOSIS (DEPOSITION OF CALCIUM SALTS IN RENAL TISSUE). IF FUROSEMIDE IS ADMINISTERED TO PRETERM BABIES IN THE FIRST WEEKS OF LIFE, THE RISK OF DUCT RETENTION BOTALLO MAY INCREASE. AFTER INTRAMUSCULAR ADMINISTRATION, LOCAL REACTIONS SUCH AS PAIN CAN OCCUR AT THE INJECTION SITE. Overdose treatment: Symptoms: The clinical picture of acute and chronic overdose of furosemide is fundamentally dependent on the extent and effects of electrolyte and fluid loss, such as hypovolemia (significant loss of fluid volume in the body), dehydration, hemoconcentration, cardiac arrhythmia (including ventricular block of the atrialus and ventricular fibrillation). Symptoms of these changes include a serious drop in blood pressure (progresses to shock), acute renal failure, thrombosis, delirium, sluggish paralysis, apathy, and confusion. In the event of an accidental overdose, seek immediate medical attention. Treatment: The specific antidote to furosemide is not known. If ingestion has just occurred, you should try to limit the subsequent systemic absorption of the active ingredient through measures such as gastric lava or others to reduce absorption (e.g. activated carbon). Clinically significant changes in electrolyte and fluid balance should be corrected in conjunction with the prevention and treatment of serious complications caused by disorders and other effects on the body, and may require general and specific intensive medical monitoring and therapeutic measures. Conservation and use: Furosemide stability after dilution: Furosemide remains stable for approximately 24 hours after dilution with 0.9% sodium chloride solution or Ringer solution, when stored at room temperature and protected from light. EVERY MEDICINE MUST BE SAVED REACH OUT TO THE KIDS. Bull Date 02/07/2013 02/07/2013 furosemida ev bula anvisa. furosemida ev bula pdf