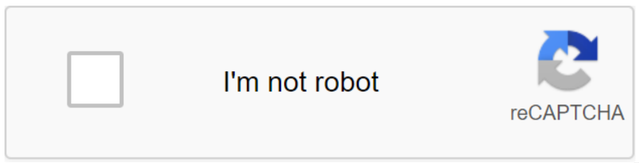
Dexamethasone davis drug guide pdf



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DEXAMETHASONE (dex-a-mat'a-sone)Aeroseb-Dex, Decadrm, Decadrm, Decardron, Decaspray, Deronil, Dexameth, Dexamethasone Intinsol, Dexason, Dexadro, McSidex, Mimethason, Oradexon DEXAMETASONE ACETATADALALON D.P., Dalalone-L.A., Decadron-LA, Dexaut-L.A., Dexasen LA Dexon LA, Dexone LA, Solurex-LADEXAMETHASONE SODIUM PHOSPHATEAK-Dex, Alba Dex, Dalalone, Decadrol, Decadron Phosphate, Decaject, Dex-4, Dexacen-4, Dexason, Dexon, Dexon, Hexadrol Phosphate, Maxidex Ophthalmological, Savacort-D, SolurexClassifications: hormones and synthetic substitutes, adrenal corticosteroid; glucocorticoid; SteroidPrototype: PrednisonePregnancy Category: C Dexamethasone 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablets; 0.5 mg/5 ml, 0.5 mg/0.5 mg of oral solution; 0.01%, 0.04% topical aerosols; Dexamethasone acetate 8 mg/ml, 16 mg/ml injectable suspension; Dexamethasone sodium phosphate 4 mg/ml, 10 mg/ml, 20 mg/ml, 24 mg/ml injections; 0.1% cream; 0.1% ophthalmic solution, suspension; 0.05% ophthalmic ointment Action of long-acting synthetic adrenocorticoid with intense anti-inflammatory (glucocorticoid) activity and minimal mineralocorticoid activity. Anti-inflammatory action: prevents the accumulation of inflammatory cells in the places of infection; inhibits phagocytosis, lysosomal enzyme release and the synthesis of individual chemical mediators of inflammation; reduces capillary expansion and permeability. Immunosuppression: Not clearly understood, but may be due to prevention or suppression of delayed hypersensitivity of the immune response. The drug of therapeutic effects has anti-inflammatory and immunosuppression properties. Uses adrenal insufficiency accompanying with mineralocorticoid; inflammatory diseases, allergic conditions, collagen diseases, hematological disorders, brain swelling and Addison's shock. Also palliative treatment of neoplastic diseases, as additional short-term therapy for acute rheumatic disorders and GI diseases, and as a diagnostic test for Cushing syndrome and differential diagnosis of adrenal hyperplasia and adrenal adenoma. Unmarked uses as an anti-emetic in cancer chemotherapy; as a diagnostic test for endogenous depression; and to prevent hyaline membrane diseases in preterm infants. Contradictions Systemic fungal infection, acute infections, active or resting tuberculosis, vaccination, chickenpox, introduction of live viral vaccines (for patients, family members), hidden or active amebiasis. Ophthalmological use: primary glaucoma with an open angle, eye infections, superficial eye herpes simple, keratitis and tuberculosis of the eyes. Safe use during pregnancy C), lactation or children are not established. Carefully use stromal herpes simple, keratitis, H.I. ulcer, kidney disease, diabetes mellitus, hypothyroidism, myasthenia, CHF, cirrhosis, mental disorders, seizures. Itinerary - Dosage Allergy, Inflammation, Inflammation, PO 0.25-4 mg b.i.d. q.i.d. IM 8-16 mg q1-3 wk or 0.8-1.6 mg intralesial q1-3 wkChild: PO/IV/IM 0.08-0.0.3 mg/kg/d divided q6-12hCerebral EdemaDult: IV 10 mg followed by 4 mg qh, Reduce the dose after 2-4 d then cone more than 5-7 dChild: PO/IV/IM 1-2 mg/kg loading dose, then 1-1.5 mg/kg/d divided q4-6h (maximum: 16 mg/d)ShockAdult: IV 1-6 mg/kg as one dose or 40 mg repeated q2-6h if necessaryDexametazone Test Suppression Ad ult: PO 0.5 mg q6h for 48 hInflammationAdult/Child: Ophthalmic/Topical/Prompt/Intranasal See A. Oral Give a once-a-day dose to A.M. with food or liquid of the patient's choice. The cone dosage for a certain period of time before you stop, because adrenal suppression can occur with prolonged use. Do not store or spray temperatures above 48.9 degrees Celsius (120 degrees Fahrenheit); Do not pierce or throw into the fire or incinerator. Intramuscular injection give IM deep into a large muscle mass (such as gluteal maxims). Avoid SC injections: Atrophy and sterile abscesses can occur. Use a form of repository, dexamethasone acetate, only for chat or local injection. The white pendant settles on the standing; Soft shaking will reuse the drug. Intravenous: Straight: Give the undiluted. Intermittent: Diluted in D5W or NS for infusion. ADMINISTER: Straight: Give a straight IV push for more than 30 seconds or less. Intermittent: Set the bet as prescribed or depending on the amount of solution to fill. INCOMPATIBILITIES/additive: Downorubicin, doxorubicin, doxapram, glycopyronate, metalaminel, vancomycin. Store 15-30 degrees Celsius (59-86 degrees Fahrenheit) unless otherwise directed. Aerosol therapy: nose irritation, dryness, epistaxisis, congestion rebound, asthma, anosomy, perforation of the nasal septum. Systemic absorption- CNS: Euphoria, insomnia, convulsions, pmic gain, dizziness, headache, mental disorders. CV: CHF, hypertension, swelling. Endocrine: menstrual disorders, hyperglycemia; cushingoid state; suppression of growth in children; Hirsutism. Special feelings: posterior subcapsular cataract, elevated IOP, glaucoma, exophthalmos. G.I.: Ulcer with possible perforation, abdominal dystenia, nausea, increased appetite, heartburn, dyspepsia, pancreatitis, bowel perforation, oral candidiasis. Musmusoskel: muscle weakness, loss of muscle mass, fracture of the spine, pathological fracture of long bones, rupture of tendon. Skin: acne, wound healing disorder, petechia, ecchemosis, diaphorosis, allergic dermatitis, hypo- or hyperpigmentation, SC and skin atrophy, burning and tingling in the perineum (after IV injection). Test to suppress dexamethasone for endogenous depression: exposure can be caused by alcohol, glutity, meprobamate; false-negative results can be caused by high doses of benzodiazepines (e.g. chlordiazepoxide and ciprogeptadine), long-term glucocorticoid, glucocorticoid, Ephedrine, estrogen or hepatic enzyme-forming agents (phenytoin) can also cause false positive results in the Cushing syndrome test. InteractionsDrug: barbiturates, phenytoin, rifampin increase the metabolism of steroid-dosage dexamethasone may need to increase; amphotericin B, diuretic compound of potassium loss; am painnium, neostigmin, pyridostigmin can cause severe muscle weakness in patients with myasthenia; can inhibit the reaction of antibodies to vaccines, toxoids. Absorption: Easily absorbed from the gastrointestinal tract. Start: Fast start. Peak: 1-2 h PO; 8 hours chat. Duration: 2.75 d PO; 6 d chat; 1-3 wk intralesion, intra-court. Distribution: Placenta crosses; to breast milk. Elimination: Suppression of the hypothalamus pituitary axis: 36-54 hours Half life: 3-4.5 hours Evaluation and monitoring of drug exposure and reporting of Cushing syndrome (see annex F) or other systemic side effects. Monitor newborns born to a mother who received a corticosteroid during pregnancy for symptoms of hypoaderocorticism. Monitor for NHS hypersensitivity response (see app F). Drugs of acetate and sodium phosphate may contain bisulfites, parabens or both; These inactive ingredients are allergenic for some people. The patient and family education take the drug exactly as prescribed. Report no response to medication or malaise, orthostatic hypotension, muscle weakness and pain, nausea, vomiting, anorexia, hypoglycemic reactions (see appendix F), or mental depression to the doctor. These symptoms can signal hypoaderocorticism. Report changes in appearance and easily bruised to your doctor. These symptoms may indicate hyperabrenocortica. Note: Hiccups that occur within hours of each dose may be a complication of high doses of oral dexamethasone. Keep an eye on appointments for inspections; Make sure that electrolytes and BP are evaluated during therapy at regular intervals. Add potassium-rich foods to your diet; to report signs of hypokalemia (see annex F). The accompanying potassium-depleting diuretic may increase the loss of potassium caused by dexamethasone. Note: The dose regimen of dexamethasone may need to be changed during stress (e.g. surgery, infections, emotional stress, illness, acute bronchial attacks, injuries). See your doctor if changes in life or work environment are expected. Stop the drug gradually under the guidance of a doctor. Note: It is important to prevent exposure to infection, injury, and sudden changes in environmental factors as much as possible because the drug is an immunosuppressor. Do not breastfeed while taking this drug without consulting a doctor. Go to the main pronunciation content: Name (s)Ther. Class.antineoplasticsPharm. Class.proteasome inhibitors Treating multiple myeloma in patients whose disease is recurrent or fireproof, despite receiving ≥1 previous drugs (as monotherapy). monotherapy). multiple myeloma in patients whose disease has recurrled or is fire-resistant, despite receiving 1-3 previous medications (in combination with dexamethasone or lenaalidomide and dexamethasone). It acts as a proteasome inhibitor, binding to areas on the proteasome of the 20s. It has anti-proliferative and pro-apoptotic activity. Therapeutic effect (s): Delayed progression of multiple myeloma. Absorption: IV administration leads to complete bioavailability. Distribution: Unknown.Metabolism and excretion: Extrageopathic enzymes are quickly and widely metabolized. Metabolites have no antineoplastic activity. Semi-addition: Unknown.TIME/ACTION PROFILE (proteasal inhibition)ROUTEONSETPEAKRATIONIVwithin 1 hrunknown'gt;48 hrContraindicated in: Severe liver disorders; Patients who are not eligible for transplantation (risk of serious/fatal adverse reactions);OB: Pregnancy (may harm the fetus)Lactation: Breastfeeding should be avoided. Use Caution in: A History of Cardiovascular Disease (May Risk of Side Cardiovascular Reactions, Safe and Effective Use in Patients with New York Heart Association Class III and IV HF, Recent MI, or An abnormality of conduction has not been established) Large tumor load (risk of tumor lysing syndrome) Dehydration, diarrhea or electrolyte abnormalities (correct pre-treatment) Pedi: Safety and efficiency are not established. CNS: POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME (PRES), dizziness, fatigue, headache, insomnia, weaknessSpe: SHARP RESPIRTORN DYSTRES-SYNDROME, INTERSTIC DISEASE LUNG, PNEHNIT, cough, shortness of breath, pulmonary hypertensionCV: HF, MYOCARDIAL nausea: ACUTE RENAL FAILUREEndo: hypoglycemiaF and E: hypercalcemia, hypokalemia, hyponatremia, hypophosphatemyah: THROMBOCYTOPEN, THROMBOTIC THROMBOTICOPURE (TTP)/HEMOLYTIC URE SYNDROME (HUS), anemia, leukopenia, lymphopedia: back pain, chest pain, muscle spasmsNeuro: hypoesthesia, peripheral neuropathySis: TUMOR LYSIS SYNDROME, fever/chill, infusion reactions CAPITALS indicate a threat to life. Stress indicates the most frequent. Drug-drugOn noted.Combination Therapy with lenalydomide and dexamethasone IV (Adults): Cycle 1- 20 mg/m2 daily for 2 days (Days 1 and 2); if tolerated, a dose of up to 27 mg/m2 on days 8, 9, 15 and 16 of the 28-day treatment cycle. Cycles 2-12-27 mg/m2 on days 1, 2, 8, 9, 15 and 16 28-day treatment cycle; Cycles of 13-18-27 mg/m2 on days 1, 2, 15 and 16 of the 28-day treatment cycle. Cycles 19 and subsequent cycles - Continue lenaalidomide and dexamethasone (without to unacceptable toxicity or progression of the disease. Combination therapy with dexamethasone IV (Adults): Cycle 1- 20 mg/m2 daily for 2 days (Days 1 and 2); if tolerated, a dose of up to 56 mg/m2 on days 8, 9, 15 and 16 of the 28-day treatment cycle. Cycle 2 and subsequent cycles are 56 mg/m2 on days 1, 2, 8, 9, 15 and 16 of the 28-day treatment cycle. Continue as carfilzomib and dexamethasone until unacceptable toxicity or disease progression. Monotherapy20/27 mg/m2 regimenIV (Adults): Cycle 1- 20 mg/m2 daily for 2 days (Days 1 and 2); if tolerated, a dose of up to 27 mg/m2 on days 8, 9, 15 and 16 of the 28-day treatment cycle. Cycles 2-12-27 mg/m2 on days 1, 2, 8, 9, 15 and 16 28-day treatment cycle; Cycle 13 and subsequent cycles are 27 mg/m2 on days 1, 2, 15 and 16 of the 28-day treatment cycle. Continue carfilzomib until unacceptable toxicity or disease progression. 20/56 mg/m2 regimenIV (Adults): Cycle 1- 20 mg/m2 daily for 2 days (Days 1 and 2); if tolerated, a dose of up to 56 mg/m2 on days 8, 9, 15 and 16 of the 28-day treatment cycle. Cycles of 2-12-56 mg/m2 on days 1, 2, 8, 9, 15 and 16 28-day treatment cycle; Cycle 13 and subsequent cycles are 56 mg/m2 on days 1, 2, 15 and 16 of the 28-day treatment cycle. Continue carfilzomib until unacceptable toxicity or disease progression. Renal disorders IV (Adults): Hemodialysis- Administer dose after hemodialysis. Liver disorder IV (Adults): Mild or moderate liver disorders - a dose of 25%. Lyophilized IV injection powder (requires recovery): 10 mg/flacon, 30 mg/flacon, 60 mg/vial mainінte hydration status of the entire therapy. Monitor for dehydration and fluid overload, especially in patients with or at risk for HF. Monitor for cardiac complications (BP, new or worsening HF, reduced function of the left ventricle, myocardial ischemia). Hold the dose for 3rd grade or 4 cardiac events until recovery. Let's consider restarting in a reduced dose. When transferred, the dose may be escalating to the previous dose. Assessment of pulmonary hypertension with cardiac imaging. Hold the dose until it is resolved or returned to the baseline. Consider restarting based on the risk/benefit ratio. Can use a reduced dose and escalate as allowed. A monitor for shortness of breath is often during therapy. Interrupting therapy until the symptoms are resolved; Consider restarting with a single dose of lower level and increasing as allowed. If there is a drug-induced pulmonary toxicity, stop using carfilzomib. Evaluation of sensory and motor peripheral neuropathy periodically during therapy. If a grade 3 or 4 occurs, hold the dose until resolved or returned to the baseline. Rebooting with a preliminary or reduced dose, can escalate if tolerated. Monitoring and symptoms of tumor lysion syndrome (hyperuricemia, hyperkalemia, hyperphosphatemia, hypocalcemia) during therapy. Consider uric acid drug reduction in in в опасности. Оперативное управление; может потребовать прекращения. Монитор для реакции инфузии. Может произойти сразу или до 24 часов после введения. Премедицинировать с дексаметазоном профилактически. Оцените признаки и симптомы тромбоцитопенического пурпурного/гемолитического уремического синдрома (слабость, путаница или кома, боли в животе, тошнота, рвота, диарея, аритмии). Прекратите терапию, если симптомы возникают. Мониторинг признаков и симптомов PRES (припадок, головная боль, вялость, спутанность сознания, слепота, измененное сознание, другие зрительные и неврологические нарушения, гипертония). Определяется с МРТ. Прекратите, если симптомы возникают. Лабораторные тесты: Монитор CBC и тромбоцитов часто во время терапии. Надир тромбоцитопении происходит около 8-го дня 28-дневного цикла и восстановления к исходной линии к началу следующего 28-дневного цикла. Если АНК <0.5 x= 109 /l, = withhold= dose.= if= recovered= to= ≥0.5= x= 109 /l,= continue= at= the= same= dose.= for= subsequent= drops= to=></0.5> <0.5 x= 109 /l,= follow= recommendations= above= and= consider= 1= dose= level= reduction= when= restarting= carfilzomib.= if= anc=></0.5> <0.5 x= 109 /l= and= an= oral= temperature=>38,5 градусов по Цельсию или два последовательных показания >38,0 в течение более 2 часов, удерживать дозу. Если АНК вернется к исходному уровню и лихорадка разрешится, возобновите терапию в той же дозе. Если <10 x= 109 /l= or= evidence= of= bleeding= with= thrombocytopenia, = withhold= dose.= if= recovered= to= ≥10= x= 109 /l= and/or= bleeding= is= controlled,= continue= at= same= dose.= for= subsequent= drops= to=></10> <10 x= 109 /l,= follow= recommendations= above= and= consider= 1= dose= level= reduction= when= restarting= carfilzomib.= monitor= liver= enzymes= frequently= during= therapy.= may= cause= ↑= serum= transaminases= and= bilirubin.= if= grade= 3= or= 4= ↑= of= transaminases,= bilirubin,= or= other= liver= abnormalities= withhold= dose= until= resolved= or= return= to= baseline.= may= be= restarted= at= a= reduced= dose= with= frequently= liver= function= monitoring;= may= escalate= dose= if= tolerated.monitor= renal= function= frequently= during= therapy.= if= serum= creatinine= ≥2= times= baseline= or= creatinine= clearance=></10> <15 mL/min , or creatinine clearance ↓ ≤50% of baseline, or need for dialysis, withhold dose and continue monitoring. If ↓ renal function attributable to carfilzomib, resume when renal function has recovered to within 25% of baseline; start at 1 dose level reduction. If not attributable to carfilzomib, dosing may be resumed at discretion of physician. For patients on dialysis receiving carfilzomib, administer dose after dialysis procedure. Monitor serum potassium periodically during therapy. May cause hyperglycemia, hypercalcemia, and hyponatremia. Hydrate patient to reduce risk of renal toxicity and tumor lysis syndrome. At least 48 hrs prior to Cycle 1, Day 1, administer oral fluids (30 mL per kg) and IV fluids (250 mL to 500 mL of IV fluid prior to each dose in Cycle 1). Give an additional 250 mL to 500 ml/min,= or= creatinine= clearance= ↓= ≤50%= of= baseline,= or= need= for= dialysis, withhold= dose= and= continue= monitoring.= if= ↓= renal= function= attributable= to= carfilzomib,= resume= when= renal= function= has= recovered= to= within= 25%= of= baseline;= start= at= 1= dose= level= reduction.= if= not= attributable= to= carfilzomib,= dosing= may= be= resumed= at= discretion= of= physician.= for= patients= on= dialysis= receiving= carfilzomib,= administer= dose= after= dialysis= procedure.= monitor= serum= potassium= periodically= during= therapy.= may= cause= hyperglycemia,= hypercalcemia,= hypophosphatemia,= and= hyponatremia.hydrate= patient= to= reduce= risk= of= renal= toxicity= and= tumor= lysis= syndrome.= at= least= 48= hrs= prior= to= cycle= 1,= day= 1,= administer= oral= fluids= (30= ml= per= kg)= and= iv= fluids= (250= ml= to= 500= ml= of= iv= fluid= prior= to= each= dose= in= cycle= 1).= give= an= additional= 250= ml= to= 500=></15 mL/min , or creatinine clearance ↓ ≤50% of baseline, or need for dialysis, withhold dose and continue monitoring. If ↓ renal function attributable to carfilzomib, resume when renal function has recovered to within 25% of baseline; start at 1 dose level reduction. If not attributable to carfilzomib, dosing may be resumed at discretion of physician. For patients on dialysis receiving carfilzomib, administer dose after dialysis procedure. Monitor serum potassium periodically during therapy. May cause hyperglycemia, hypercalcemia, hypophosphatemia, and hyponatremia. Hydrate patient to reduce risk of renal toxicity and tumor lysis syndrome. At least 48 hrs prior to Cycle 1, Day 1, administer oral fluids (30 mL per kg) and IV fluids (250 mL to 500 mL of IV fluid prior to each dose in Cycle 1). Give an additional 250 mL to 500 > тромбоциты</0.5> тромбоциты</0.5> iv liquids after administration, if necessary. Continue oral and/or IV hydration, as needed, in subsequent cycles. For monotherapy, premedicate with dexamethasone 4 mg PO or IV is at least 30 minutes, but not 4 hours before all doses during cycle 1 to reduce the incidence and severity of infusion reactions. For a combination with lenalydomide, premedicate with dexamethasone 40 mg PO or IV for at least 30 minutes, but not qgt;4 hours before the dose on days 1, 8, 15 and 22 during each cycle to reduce the incidence and severity of infusion reactions. Recover if symptoms develop over the next cycles. Thromboprophylaxis should be used with or without combination therapy with or without lenalidomide. Use antiviral prophylaxis to reduce the risk of herpes shingles reactivation. Intermittent infusion: Restore each vial by injecting 29 ml of sterile water for injections aimed at the inside wall of the vial to minimize churning. Whirl gently or invert slowly for 1 min or until the powder dissolves completely; Don't shake. If churning occurs, allow the solution to rest for 2-5 minutes, until the foam subsides. The solution should be clear and colorless; do not administer solutions that are discolored or contain particulate matter. Dilution: Holy calculated dose of vial and diluted in 50 or 100 ml D5W. The bottle may exceed the required dose; carefully calculate the dose to prevent overdose. The restored solution is stable at room temperature for 4 hours and 24 hours when cooled. Give up the unused part. Speed: For carfilzomib combined with lenalydomide and dexamethasone, For carflisomib in combination with dexamethasone, infuse more than 30 minutes. For monotherapy with a regimen of 20/27 mg/m2 infuse more than 10 minutes. For monotherapy with a regimen of 20/27 mg/m2 infused more than 30 minutes. Flash line with 0.9% NaCl or D5W just before and after introduction. Y-Site Incompatibility: Don't mix with other medications and don't insist on them. Explain to the patient the purpose of the medication. I advise the patient to immediately notify the medical specialist if there are infusion reactions (fever, chills, severity, artralgia, myalgia, facial flushing, swelling of the face, vomiting, weakness, shortness of breath, hypotension, syncop, chest tightness, chest pain, cough, swelling of the legs or legs). Can cause fatigue, dizziness, fainting, and falling into BP. Caution the patient to avoid driving or other activities requiring vigilance until the response to medication is known. Advising the patient to maintain hydration during therapy; can cause vomiting and/or diarrhea. Advise the patient to notify health care providers about all Rx or over-the-counter medications, vitamins plant products that are taken, and consult with a health care professional before taking other medications. Rep: Advising female patients of reproductive capacity to use effective contraception during time and for at least 30 days after therapy and to avoid breastfeeding. Avoid hormonal contraceptives during combination therapy to prevent an increased risk of thrombosis. I advise male patients to use effective contraception during and for at least 90 days after the last dose. Slowing the progression of multiple myeloma. To see other topics, please sign in or buy a subscription. Nursing Central is an award-winning, complete mobile solution for nurses and students. Look for information about diseases, tests and procedures; then consult a database of 5,000 drugs or refer to 65,000 dictionary terms. Full details of the product. Davis' Guide to Drugs, 16th. F.A. Davis Company, 2020. Center for Nursing, nursing.unboundmedicine.com/nursingcentral/view/Davis-Drug-Guide/109745/all/carfilzomib. Kwiring C, Sanoski CA, Valleran. Karfilzomib. Davis' guide to drugs. F.A. Davis Company; 2020 . Access October 22, 2020. Karfilzomib. Davis's guide to drugs (16th edition). F.A. Davis's company. Received on October 22, 2020 from C, Sanoski CA, Vallerand AH. Carfilzomib (Internet). In: Davis' guide to drugs. F.A. Davis Company; 2020. 2020 October 22. Available from: citation articles should be in offer-caseMLAAPAVANCOUVERTY - ELEC T1 - carfilzomib ID - 109745 A1 - Kviring, Courtney, AU - Sanoski, Cynthia A, AS - Vallerand, April Dangers, BT - Davis Drug Guide UR - PB - F.A. Davis Company ET - 16 DB - Care Central DP - Unbound Medicine ER - - dexamethasone classification davis drug guide

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