


Lasix iv administration instructions

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EXP: Day 1 (RT). Label: Don't cool. Recommended routes: IM, IV-push, Continuous infusion. Doses of up to 6 grams per day were used in patients with renal failure. Dosage: 20 to 40 mg initially. Increase by 20 mg of q1 increments to 2 hours before responding. Continuous infusion: 20 to 160 mg/h IV Bolus: Normal doses (e.g. zlt;80 mg) can be given slowly for 1-2 minutes. If higher doses are needed, continuous infusion is generally recommended for greater efficacy as well as reduced risk of side effects. DOSAGE AND ADMINISTRATIONAdults - Parenteral therapy with furosemide injection should only be used in patients unable to take oral medications or in emergencies and should be replaced with oral therapy as soon as it is practical. Swelling The usual initial dose of furosemide is from 20 mg to 40 mg, given as a single dose, injected intramuscularly or intravenously. Intravenous dose should be given slowly (1 to 2 minutes). Usually there is a quick diuresis. If necessary, another dose can be administered in the same way 2 hours later or the dose may be increased. The dose can be increased by 20 mg and given no earlier than 2 hours after the previous dose, until the desired diuretic action has been received. This individually determined single dose should be given once or twice a day. The therapy must be individualized in accordance with the patient's response in order to obtain the maximum therapeutic response and determine the minimum dose needed to maintain this reaction. Close medical supervision is needed. If the doctor chooses to use high doses of parenteral therapy, add furosemide or injections of sodium chloride, USP, 0.9%, Lactatal injections Ringer, USP, or Dextrose (5%) The injection, USP, after pH has been adjusted to above 5.5, and administered as a controlled intravenous infusion at a rate of no more than 4 mg/min. Injection of furosemide is a buffer alkaline solution with a pH of about 9 and the drug can be deposited at pH values below 7. It is necessary to make sure that the pH of the prepared infusion solution is weakly alkaline to a neutral range. Acid solutions, including other parenteral drugs (e.g. labatole, ciprofloxacin, amrinone, milrinone) should not be injected simultaneously in the same infusion, as they can cause furosemide precipitation. In addition, the injection of furosemide should not be added to the running intravenous line containing any of these acidic foods. Acute pulmonary swelling The usual initial dose of furosemide is 40 mg administered slowly intravenously (more than 1 to 2 minutes). If a satisfactory reaction does not occur within 1 hour, the dose can be increased to 80 mg administered slowly intravenously (more than 1 to 2 minutes). If necessary, additional therapy digitalis, oxygen) can be injected with concomitant. Pediatric patients- Parenteral therapy should be used only in patients unable to take oral medications or in emergency situations and should be replaced by oral therapy as soon as it is practical. The usual initial dose of furosemide injection (intravenously or intramuscularly) in infants and children is 1 mg/kg of body weight and should be slowly given under close medical supervision. If the diuretic reaction to the initial dose is not satisfactory, the dosage may be increased by 1 mg/kg no earlier than 2 hours after the previous dose, until the desired diuretic action is obtained. Doses greater than 6 mg/kg of body weight are not recommended. Literary reports indicate that the maximum dose for premature babies should not exceed 1 mg/kg/day. WARNING: Pediatric use: In premature infants with respiratory distress syndrome, diuretic treatment with furosemide in the first few weeks of life may increase the risk of persistent patent duct artery (CPC), possibly through prostaglandin-E-mediated process. Literary reports show that preterm infants with post-conceptual age (gestational plus postpartum) less than 31 weeks, receiving doses exceeding 1 mg/kg/24 hours, may develop plasma levels that may be associated with potential toxic effects, including ototoxicity. Hearing loss in newborns has been associated with the use of furosemide injections -----

----- the injection of furosemide should be visually tested for particulate matter and discoloration before administration. Do not use if the solution is discolored. HOW SUPPLIED 1275 - Carpuject® with Luer Lock - 10 mg/ml - 2 ml Box of 10 Solution: Fructose10W, inverted sugar 10% in multiple electrolyte #2 Supplement: Amiodaron (with high concentrations of both drugs), buprenorphine, chlorpromazine, diazepam, dobutamine, epifibatide, erythromycin lactobionic, gentamicin (?), hydrocortisone (?), isoproterenol, meperidine, metholopramide, nontylmcin, papaveretum, prochlorerazine, promethasine syringe: caffeine, doxapram, doxapine, doxopzin, doxoprin vinblastin, vincristine Y-site: Alatrotroxacin, amiodarone (incompatible with furosemide 10 mg/ml; possibly compatible at 1 mg/ml), chlorpromazine, ciprofloxacin, cisatracuria (incompatible with cisaturia zgt:2 mg/ml; possibly compatible at 0.1 mg/m), claristrilus cinin, diltiazem, diphenhydramine, dobutamine, dopamine, doxorubicin (incompatibile with furosemide 10 mg/ml and doxorubicin 2 mg/ml; possibly compatible with furosemide 3 mg/ml and doxorubicin 0.2 mg/ml), draperidolidol, epphibatid, phenolopop8 , grythloescacin, hemcitableine, gentamicin (?), hydralazine, idarubicin, labetalol, levofloxacin, meperidine, metholopramide, midazolam, milrinone, morphine, netilmicin, nicardipin, ondansetron, quinide, tiopental, vecuronium, vinblestine, vinristein, wine chloride, verapamil syringe: Heparin Y-site: Epinephrine, fentanyl, heparin, norepinephrine, nitroglycerin, potassium chloride, verapamil (?), vitamins B and C IV Drug Solution: No drug is needed (available form: 10 mg/ml) IV administration injections: Injected directly or into tubes actively running IV for 1-2 minutes Administered non-diluted IV injections at a rate of 20-40 mg/ min/ Do not exceed 4 mg/min in short-term intermittent infusion; In children, give 0.5 mg/kg/min, tited for the exercise infusion solution for 24 hours Pronunciation: fur-oh-se-mideTrade Name (s)Ther. Class.diureticsPharm. Class.loop diureticsEdema due to heart failure, liver disorders or kidney disease. Hypertension.Inhibits sodium reabsorbtion and chloride from the Henle loop and the distal renal tube. Increases the release of water, sodium, chloride, magnesium, potassium and calcium. Efficiency is maintained in the case of impaired kidney function. Therapeutic effect (s): Diurez and subsequent mobilization of excess fluid (swelling, pleural effusion). Decline in BP. Absorption: 60-67% is absorbed after oral administration (in acute FFCs and kidney failure); also absorbed from chat sites. Distribution: Crosses the placenta, enters the breast milk. Protein binding: 91-99%. Metabolism and secretion: Minimally metabolized by the liver, some non-hepastic metabolism, some renal secretions as an unchanging drug. Half-thousand term: 30-60 minutes, for renal disorders). TIME/ACTION PROFILE (urinary action)ROUTEONSETPEAKDURATIONPO30-60 min1-2 hr6-8 hrIM10-30 minunknown4-8 hrIV5 min30 min2 hrContraindicated in: Hypersensitivity; There may be a transverse sensitivity with thiazidas and sulfonaid;s; Hepatic coma or anuria; Some liquid products may contain alcohol, avoided in patients with alcohol intolerance. Use carefully in: Severe liver disease (may cause hepatic coma; simultaneous use with potassium sparing diuretics may be necessary); Electrolyte depletion; diabetes; Hypoproteinemia (risk of ototoxicity); Severe renal disorders (risk of ototoxicity);OB: Lactation: Safety not established; Pedi: risk of renal calculus and arteriosis of patent ducts in preterm infants; Geri: May have a risk of side effects, especially hypotension and electrolyte imbalance, in normal doses. CNS: blurred vision, dizziness, headache, dizzinessCV: hypotensionDerm: ERYTHEMA MULTIFORME, STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, photosensitivity, pririt, rash, hives: hearing loss, tinnitus: hypercholesterolemia, hyperglycemia, hyperglycemia hyperuricemiaF and E: dehydration, hypocalcemia, hypochloremia, hypocalemia, hypomagnesia, hyponagnesia, hyponatremia, hypovolemia, hypovolemia, metabolic alkalosis: dry mouth, dyspepsia, liver enzymes, nausea, pancreatitis, vomiting vomiting anemia, leukopenia, thrombocytopenia: muscle crampsNeuro: paresthesiaM: FEVER CAPITALS indicate a threat to life. Stress indicates the most frequent. Risk of hypotension with antihypertensives, nitrates or acute alcohol consumption. Hypocalcemia may - the risk of digoxin toxicity and risk of arrhythmia in patients taking drugs that prolong the T. lithium secretion interval may cause lithium toxicity. NSAIDS - furosemide effects. May is a risk of methotrexate toxicity. Parallel use with cyclosporine can be a risk of gouty arthritis. EdemaPO (Adults): 20-80 mg/day as a single dose at the initial stage, can be repeated in 6-8 hours; can dose 20-40 mg every 6-8 hours before the desired response. Doses of care can be given once or twice a day (doses of up to 2.5 g/day were used in patients with HF or kidney disease). Hypertension - 40 mg twice a day at the initial stage (when added to the regimen, a dose of other antihypertensives by 50%); adjust further dosing based on the answer; Hypercalcemia - 120 mg/day in 1-3 doses. PO (Children of zgt:1 mo): 2 mg/kg as a single dose; 1-2 mg/kg every 6-8 hours (maximum dose of 6 mg/kg). PO Newborns: 1-4 mg/kg/dose 1-2 times a day. IM IV (Adults): 20-40 mg, can be repeated in 1-2 hours and 20 mg every 1-2 hours until the answer is received, supporting the dose can be given every 6-12 hours; Continuous infusion - bolus 0.1 mg/kg followed by 0.1 mg/kg/hour, double every 2 hours a maximum of 0.4 mg/kg/hour. IM IV Children: 1-2 mg/kg/dose every 6-12 hours; Continuous infusion - 0.05 mg/kg/hour, titrate to the clinical effect. IM IV Newborns: 1-2 mg/kg/dose every 12-24 hours. HypertensionPO (Adults): 40 twice a day initially (when added to the mode, dose of other antihypertensives by 50%); adjust further dosage based on response. 80 mg, 500 mg Cost: Common: 20 mg \$6.50/100, 40 mg \$7.11/100, 80 mg \$10.83/100 Solution for injections: 10 mg/mLAssess liquid status. Monitoring daily weight, consumption and weekend ratio, Tell your doctor if you are thirsty, dry in the mouth, lethargic, weakness, hypotension or oliguria. Diuretic use is associated with an increased risk of falls in the elderly. Assess the risk of falling and implement strategies to prevent falls. Evaluate patients receiving digoxin for anorexia, nausea, vomiting, muscle cramps, paresthesia and confusion. Patients taking digoxin are at increased risk of dygoxin toxicity due to potassium debilitating diuretic effect. Potassium supplements or potassium-sparing diuretics can be used simultaneously to prevent hypokalemia. Evaluate the patient for tinnitus and hearing loss. Audiometry is recommended for patients receiving long-term high-dose IV therapy. Hearing loss is most common after a rapid or high dose of IV administration in patients with reduced kidney function or those taking other ototoxic drugs. Assessment of allergy to sulfonaide. Evaluate the patient for a skin rash often during therapy. Stop furosemide at the first sign of rash; can be life-threatening. Stevens-Johnson syndrome, toxic epidermal necrolysis, or multiform erythema may develop. Treat symptomatically; may be repeated after the treatment has been stopped. Laboratory tests: Monitoring of electrolytes, renal and liver function, serum glucose and uric acid levels before and periodically throughout therapy. Usually - potassium from the serum. It can cause a concentration of sodium, calcium and magnesium in the serum. It can also cause BUN, serum glucose, creatinine and uric acid levels. Excess fluid volume (indications) Insufficient fluid volume (side effects) Do not confuse Lasix (furosemide) with Luvox (fluvoxamine). When administered twice a day, give the last dose no later than 5pm to minimize sleep cycle disruption.IV route is preferable along the chat route for parenteral introduction. PO can be taken with food or milk to minimize stomach irritation. The tablets can be crushed if the patient has difficulty swallowing. Не вводят обесцвеченный раствор или таблетки.IV Push: Diluent: Administer undiluted (большие дозы могут быть разбавлены и введены в виде прерывистого вливания (см. ниже). Концентрация: 10 мг/мл.Скорость: Администрирование со скоростью 20 мг/мин. Педи: Администрирование с максимальной скоростью 0,5-1 мг/кг/мин (для <120 mg)= with= infusion= not= exceeding= 10= min.intermittent= infusion:= = diluent:= dilute= larger= doses= in= 50= ml= of= d5w,= d10w,= d20w,= d5/0.9%= nacl,= d5/lr,= 0.9%= nacl,= 3%= nacl,= gr= lr.= infusion= stable= for= 24= hr= at= room= temperature.= do= not= refrigerate.= protect= from= light.= concentration:= 1= mg/ml.rate: administer= at= a= rate= not= to= exceed= 4= mg/min= (for= doses=>gt,dоз 120 мр) у взрослых для предотвращения ототоксичности. Педи: не превышать 1 мг/кг/мин при настое не более 10 мин. Используйте инфузионный насос для точной дозы. 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Take missed doses as soon as possible; without doubling the dose. Careful the patient to change positions slowly to minimize orthostatic hypotension. Beware of the patient that drinking alcohol, exercising in hot weather, or standing for long periods of time during therapy can increase orthostatic hypotension. Instruct the patient to consult with a health care professional regarding a diet high in potassium (see nutritional sources for specific nutrients). Advising the patient to see a doctor if the weight gain is more than 3 pounds in one day. Instruct the patient to notify the medical professional of all Rx or OTC medications, vitamins or herbal products that are being taken and consult with the medical before taking any over-the-counter medications at the same time as this therapy. Instruct the patient to notify the medical professional of the treatment regimen before treatment or surgery. Caution patient to use sunscreen and protective clothing to reactions to photosensitivity. Advise the patient to see a doctor immediately if there is a rash, muscle weakness, cramps, nausea, dizziness, numbness or tingling of the limbs. I advise patients with diabetes to closely monitor blood glucose levels; can lead to an increase in blood glucose levels. Advising women of reproductive capacity to notify health care providers if a pregnancy is planned or suspected, or if breastfeeding. Monitoring fetal growth during pregnancy; increased risk for higher birth weights. Emphasize the importance of regular follow-up exams. Geri: Warning older patients or their caregivers about the increased risk of falls. Suggest a strategy to prevent falls. Hypertension: Advising patients on an antihypertensive regimen to continue taking medication even if they feel better. Furosemide controls, but does not cure hypertension. Strengthen the need to continue additional treatments for hypertension (weight loss, exercise, limited sodium intake, stress reduction, regular exercise, moderation of alcohol consumption, smoking cessation). Reducing swelling. Reducing abdominal girth and weight. Increase urine outputs. Reducing BP.furosemide is a sample theme from davis' drug guide. To see other topics, please sign in or buy a subscription. Davis's App and Web Guide to Medicines for Nurses by F.A. Davis and Unbound Medicine covers 5,000 trade items and generic medicines. Includes app for iPhone, iPad and Android smartphone and tablet. The handbook covers dosage, side effects, interactions, uses. Davis Drug Guide PDF. Full details of the product. Davis' Guide to Drugs, 16th. F.A. Davis Company, 2020. Davis' Drug Guide - OLD - USE 2.0, www.drugguide.com/ddo/view/Davis-Drug-Guide/51345/all/furosemide. Kwiring C, Sanoski CA, Valleran, Furosemide. Davis' guide to drugs. F.A. Davis Company; 2020. Access to October 21, 2020. Furosemide. Davis's guide to drugs (16th edition). F.A. Davis's company. Received on October 21, 2020, from C, Sanoski CA, Vallerand AH. Furosemide (Internet). In: Davis' guide to drugs. F.A. Davis Company; 2020. 2020 October 21. Available from: AMA citation title article should be in sentence-caseMLAAMAAPAVANCOUVERTY - ELEC T1 - furosemide ID - 51345 A1 - Courtney, AU - Sanoski, Cynthia A, AS - Vallerand, April Dangers, BT - Davis Drug Guide UR - PB - F.A. Davis Company ET - 16 DB - Davis Drug Guide - OLD - USE 2.0 DP - Non-Emergency Medicine ER - - -

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