


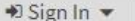

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


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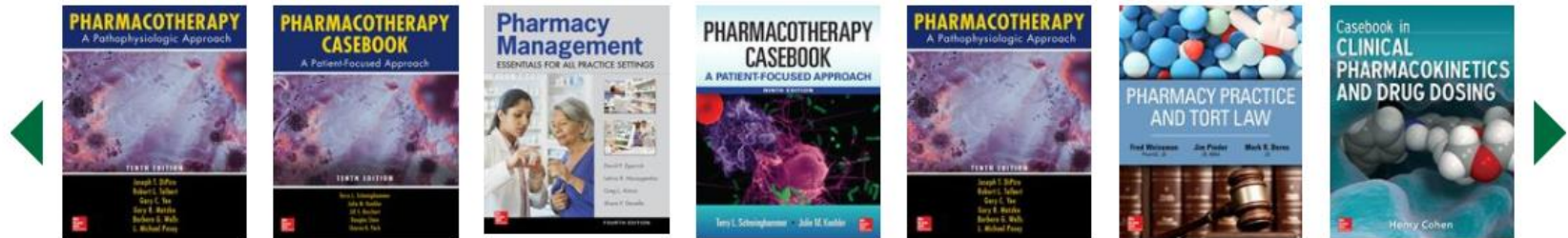
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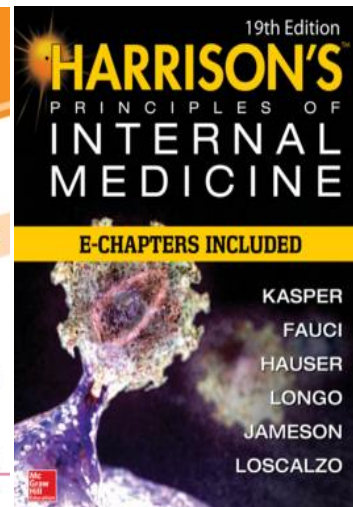
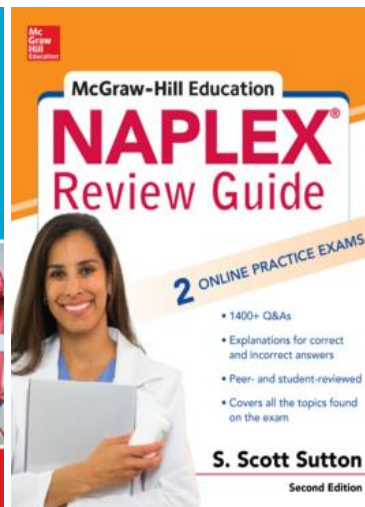
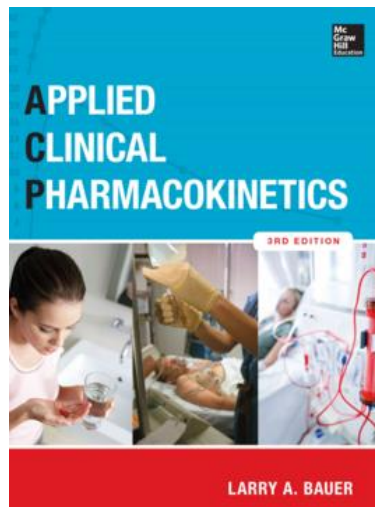
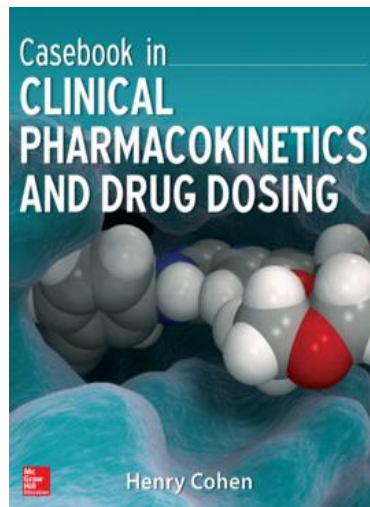
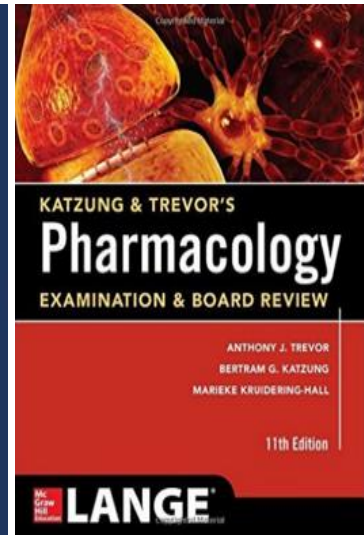
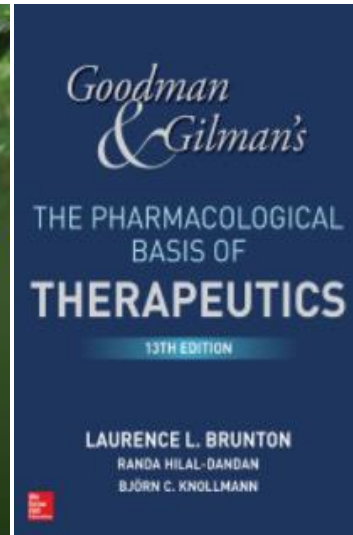
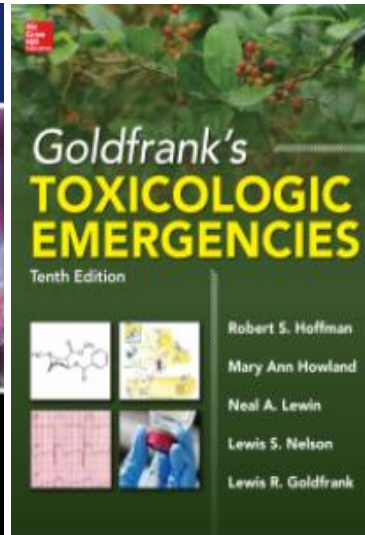
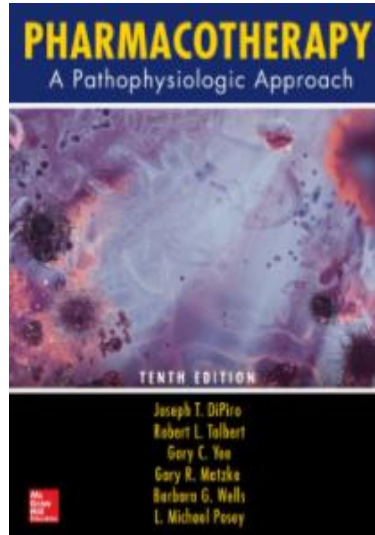
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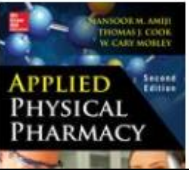

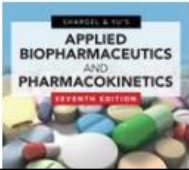
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Potential Use of Buprenorphine in Neonatal Abstinence Syndrome

Cynthia Bui, PharmD/MBA Candidate, Dawn Havrda, PharmD, BCPS, FCCP, University of Tennessee Health Science Center College of Pharmacy

3/8/2018 2:26:11 PM | Topics in Evidence-Based Pharmacy Practice HOT TOPIC

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Potential Use of Buprenorphine in Neonatal Abstinence Syndrome ☆

by Cynthia Bui, PharmD/MBA Candidate, Shenandoah University Bernard J. Dunn School of Pharmacy; Dawn Havrda, PharmD, BCPS, FCCP, University of Tennessee Health Science Center College of Pharmacy

Neonatal abstinence syndrome (NAS) occurs when an infant is exposed to opioids in utero and experiences signs and symptoms of withdrawal after birth. Infants experiencing NAS may have symptoms of tremors, autonomic instability, irritability, poor feeding, and loose stools. Some ways to ameliorate the symptoms are minimizing stimulation, breastfeeding, frequent caloric dense feedings, and rooming in. However, two-thirds of infants with NAS will require pharmacologic therapy.¹ Morphine is used in over 80% of infants for NAS symptoms.² Whereas in adults, buprenorphine is used to reduce opioid withdrawal symptoms.³ There is limited data guiding the choice of which opioid to choose for infants with NAS. Buprenorphine has a wide therapeutic index for respiratory depression and a long half-life, and it appears to be safe and effective in pharmacokinetic studies for treating neonatal abstinence syndrome.¹

Kraft and colleagues performed a single-site, double-blind, double-dummy clinical trial to compare the duration of treatment in infants experiencing NAS between sublingual buprenorphine and oral morphine. Term infants, defined as at least 37 weeks of gestation, who had been exposed to in utero opioids and showed signs and symptoms of NAS requiring pharmacologic intervention, were enrolled. Infants were monitored for the

Topics in Evidence-Based Pharmacy Practice는 지속적으로 업데이트되는 컬렉션으로, 약학 field의 리뷰, 검사, 정보 과부하에 대한 사실 등을 제공합니다.

Features : 접근방식의 유효성, 방법, 결과와 의사결정에 영향을 미칠 수 있는 권고사항에 대해 검토할 수 있는 임상실험, 연구, 가이드라인에 대한 리뷰를 제공합니다.


Editorials : 선도적이고 새로운 분야에서 끊임없이 변화하는 약학 practice에서의 의견을 표명

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Cecily V. DiPiro, PharmD, Terry L. Schwinghammer, PharmD

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Definition

Etiology

Pathophysiology

Epidemiology

Aspergillosis

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Source: Carver PL. Invasive Fungal Infections. In: DiPiro, JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey LM. Pharmacotherapy: A Pathophysiologic Approach. 8 ed. <http://accesspharmacy.com/content.aspx?aid=8005562>. Accessed June 25, 2012.

+ Definition

- Etiology

- Opportunistic fungal infection caused by *Aspergillus* species
- Generally acquired by inhalation of airborne conidia small enough (2.5–3 mm) to reach alveoli or paranasal sinuses.
- Other causative agent: mold that grows in soil, water, decaying vegetation, and organic debris

+ Pathophysiology


+ Epidemiology


+ Risk Factors

+ Clinical Presentation

일반적인 질병의 약물치료에 대한 간단하고
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빠르고 쉽게 원하는 약물정보를 확인할 수
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FDA MedWatch

Clinically important safety information regarding human medical products

March 16, 2018 at 1:00 PM

Alka-Seltzer Plus Products: Recall - Ingredients on Front Sticker May Not Match

Consumers may ingest a product to which they may have an allergy or anaphylaxis, which is contraindicated for their condition or they intend to otherwise avoid, with potential for severe allergic reaction.

March 16, 2018 at 9:00 AM


Compounded Glutamine, Arginine, and Carnitine Product for Injection by United Pharmacy Two Adverse Events

UPDATED 03/16/2017. Glutamine in United Pharmacy's compounded GAC 1000 may contain a preservative that is not listed on the label, which may result in an allergic reaction in some patients. The beyond-use date (BUD) of 6 months specified on the product label.

March 12, 2018 at 12:15 PM

Neurovascular Embolization Coils: Healthcare Provider Letter - Potential for Incomplete Embolization

Reduced quality of MRA image from increased artifact can result in inaccurate diagnosis and inappropriate medical decisions.

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Safety Alerts for Human Medical Products

2017 Safety Alerts for Human Medical Products

2016 Safety Alerts for Human Medical Products

Bridge Occlusion Balloon Catheter Model 590-001 by Spectranetics: Class I Recall - Risk of Blocked Guidewire Lumen Preventing Balloon Utilization

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[Posted 09/25/2017]

AUDIENCE: Risk Manager, Emergency Medicine, Cardiology

ISSUE: Spectranetics is recalling its Bridge Occlusion Balloon Catheter due to the possibility of a blocked guidewire lumen in some device units. If a device with a blocked guidewire lumen were to be used during the procedure, the device would not be positioned correctly and hemorrhage would not be controlled. This would delay life-saving treatment, which may result in immediate and serious adverse health consequences, including death.

- Lot Numbers: FMN17B13A, FMN17C08A, FMN17C28A, FMN17D07A, FMN17D12A, FMN17D19A, FMN17D27A, FMN17E02A, FMN17E23A, FMN17E31A, FMN17E31B, FMN17F06A, FMN17F20A, FMN17F21A, FMN17G12A, FMN17G18A, FMN17H03A, FMN17H03A, FMN17H03A, FMN17H10A, FMN17H29A
- Manufacturing Dates: February 13, 2017 to July 18, 2017
- Distribution Dates: February 24, 2017 to July 31, 2017

의약품에 관한 임상적으로 중요한 안전 정보 제공

Quick Reference : Calculators

Calculators

Absolute Neutrophil Count

Anion Gap

APACHE II

BEE (Basal Energy Expenditure)

BMI

Body Surface Area

Calcium Salt Equivalents

Coronary Heart Disease Risk

Corrected Calcium

Creatinine Clearance

Fractional Excretion of Sodium

Free Water Deficit

GFR (Glomerular Filtration Rate)

Glasgow Coma Score

IBW (Ideal Body Weight)

IV Infusion Rate

Mean Arterial Pressure

Metric Standard Conversion

Oxygenation

Absolute Neutrophil Count

White blood cells:

Count

Total neutrophils:

%

Total bands:

%

Calculate Absolute Neutrophil Count

Clear Answer and Values Entered Above

Neutrophils (polymorphonuclear cells, PMNs, granulocytes, segmented neutrophils, segs) fight against infection and represent a subset of the white blood count. The ANC is the total number of neutrophil granulocytes present in the blood.

ANC > 1800/mm³: = normal

ANC < 1800/mm³: neutropenia

ANC = 1000-1800/mm³: mild neutropenia, low risk of infection

ANC = 500-1000/mm³: moderate neutropenia, moderate risk of infection

ANC < 500/mm³: severe neutropenia, high risk of infection

Reference: The Clinician's Ultimate Guide to Drug Therapy (www.globalrph.com)

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다양한 수치계산법 제공

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- Trade Names
- Drug Classes
- Patient Handouts

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A&D Jr. [OTC] A.E.R. Traveler [OTC]

A.E.R. Wi

A-200 Lic

A-25 [OTC]

AA-Cloza

Abacavir,

Abalopar

Abbott-C

Abbott-Q

Abcixima

Abemaci

Abenol

Abilify Di


Drug Monographs

- All Drugs
- Generics
- Trade Names
- Drug Classes
- Patient Handouts

All Drugs > K

Ivacaftor

- Basics
- Clinical Pharmacology
- Indications & Usage
- Contraindications
- Warnings/Precautions
- Pregnancy & Lactation
- Adverse Reactions
- Interactions
- Dosing
- Administration
- Storage & Compatibility
- Monitoring
- Patient Education
- Additional Information
- Pricing
- References

Images	Description
	Kalydeco [VERTEX PHARMACEUTICALS, INC.] 150 mg
Formulation Details	
View all	

Name

Ivacaftor

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Pharmacy Assessment

Respiratory Disorders

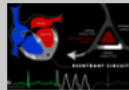
Rheumatologic Disorders

Interactive Guide to Physical Examination

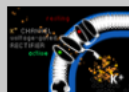
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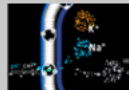
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Anti-Arrhythmic Drugs: This animation illustrates the conditions necessary to form a reentrant circuit and how antiarrhythmic drugs are used to

Anti-Arrhythmic Drugs: This animation illustrates the conditions necessary to form a reentrant circuit and how antiarrhythmic drugs are used to block reentrant circuits.

From: Goodman & Gilman's: The Pharmacological Basis of Therapeutics, 12e

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Author(s) Donald K. Blumenthal, PhD, and Derek Cowan

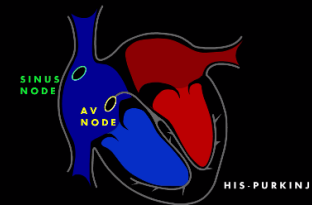
Anti-Arrhythmic Drugs

Reentry

Ventricular Micro-reentry

Anti-Arrhythmic Drugs

NORMAL SINUS RHYTHM



ECG

00:23 / 00:48

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-ventricular (AV) node. Impulse conduction through the AV node is slow to allow the ventricles time to fill. Subsequent impulses

Multimedia : Interactive Guide to Physical Examination

Multimedia

Videos ▶

Interactive Guide to Physical Examination

Pharmacology Lectures

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Interactive Guide to Physical Examination

Learn the fundamental principle of physical examination. Developed by The Ohio State University College of Medicine's Department of Family Medicine, these interactive modules bring the sights and sounds of the physical examination live.

Authors

Dr. Cynthis G. Kreger

Professor, Clinical Internal Medicine

Department of Internal Medicine, OSU

Dr. Doug Knutson

Associate Professor, Family Medicine

Department of Family Medicine, OSU

Head and Neck



Thorax and Lungs



Cardio



Abdo



신체 검사의 기본 원리를
알려주는 인터랙티브 모듈

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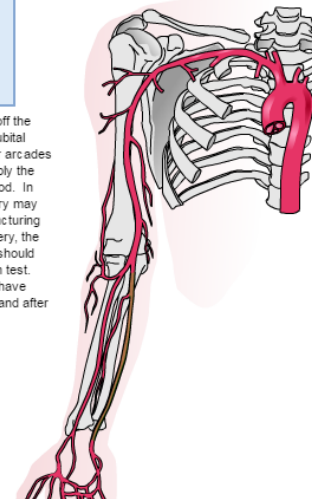
Arterial Pulses: Anatomy

SECTION INSTRUCTIONS

Roll over the buttons on the right to highlight specific anatomical features.

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- Arterial Pulses
- Blood Pressure
- Inspection/Palpation
- Auscultation
 - S1 & S2
 - S3 & S4
 - Murmurs
- JVP
- Carotid Impulse
- Advanced Techniques

The ulnar artery branches off the brachial artery at the antecubital fossa. It forms two vascular arcades with the radial artery to supply the fingers with oxygenated blood. In many people, the ulnar artery may not be palpable. Prior to puncturing or cannulating the radial artery, the patency of the ulnar artery should be confirmed using the Allen test. This will ensure the fingers have adequate blood flow during and after the procedure.



- Antecubital Fossa
- Brachial Artery
- Radial Artery
- Ulnar Artery
- Radius
- Ulna

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Interactive Guide to Physical Examination

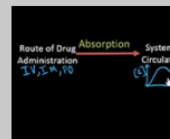
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Lecture 1 – Introduction to Pharmacodynamics & Pharmacokinetics

Author(s): Areo Saffarzadeh, Medical Student, Year 4, University of California, Irvine, School of Medicine, from *Katzung & Trevor's Basic and Clinical Pharmacology, 12e*



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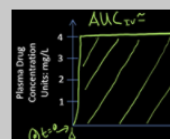
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From: Basic & Clinical Pharmacology, 13e

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13 mins, 59 secs

Author(s) Areo Saffarzadeh, Medical Student, Year 4, University of California, Irvine, School of Medicine, from *Katzung & Trevor's Basic and Clinical Pharmacology, 12e*



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IV Absorption: (-) Distribution & (-) Elimination

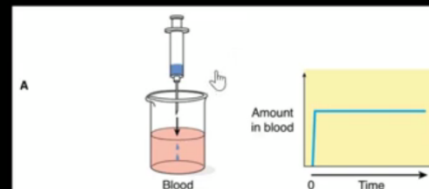
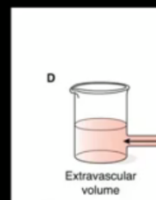


Figure 3-2: Basic and Clinical Pharmacology

IV Absorption: (+) Distribution & (-) Elimination



IV Absorption: (+) Distribution



Elimination
cleared from

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Pharmacotherapy Casebook: A Patient-Focused Approach, 10e

Author(s): Terry L. Schwinghammer; Julia M. Koehler; Jill S. Borchert; Douglas Slain; Sharon K. Park

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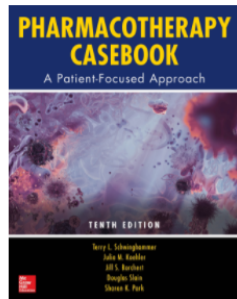
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Preface

Acknowledgments

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Chemical Threat Agent Exposure ☆

Authors: Elizabeth J. Scharman, PharmD, BCPS, DABAT, FAACP

[Case](#) [Questions](#) [Start a Care Plan](#)

Learning Objectives

After completing this case study, the reader should be able to:

- Identify one of the toxidromes associated with a chemical threat agent attack.
- Determine the indications for antidotes and supportive care options based on patient signs and symptoms.
- State the difference between the utilization of a medical model and a mass care model during a public health emergency.
- Identify antidote and drug treatment stockpile sources and when state or national stockpiles options may be utilized.

Patient Presentation

Patient Scenario

Via the disaster response radio in the ED, hospital staff learn that attendees at an outdoor concert have suddenly become ill. A series of four loud popping sounds had been heard immediately prior. EMS personnel are on scene donning personal protective equipment (PPE) and setting up decontamination stations. Some concert attendees have been fleeing the scene despite orders from law enforcement to stay on site for decontamination. At least four backpacks have been observed in the area via binoculars but have not yet been examined. They are suspicious because backpacks were not allowed at the concert venue and attendees were checked for large bags prior to entry. Due to the large number of attendees, it is suspected that security measures were imperfect.

HPI

The on-scene incident commander ensures that the communication chief notifies all local emergency departments (total of four) to stand up their emergency operation centers (EOC). The concert venue held 1,000 and seats had been sold out. Hospital #1 is the largest of the four and is also a Level I trauma center. Within 20 minutes of the notification, patients begin arriving at that hospital's outdoor staging and decontamination areas via car, by foot, and via ambulance. Hospital security personnel have donned full PPE

Study Tools : Flashcards

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FLASHCARDS

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Jill M. Lange

Pharmacotherapy Flash Cards
238 Q&A cards sharpen your therapeutic decision-making skills.
Jill M. Lange

Top 300 Pharmacy Drug Cards
2018/2019
• The easiest and most effective way to learn essential information about the top 300 drugs
• Includes audio Q&A to help you study
• Free updates available as new drugs are released
• Key adult and pediatric vaccines
Jill M. Kolesar • Lee C. Vermeulen
LANGE

Top 300 Pharmacy Drug Cards
2016/2017
The best and easiest way to learn essential information about the top 300 drugs
Jill M. Kolesar • Lee C. Vermeulen
LANGE

Top 300 Pharmacy Drug Cards—2018/2019

Abbreviations Contributors Preface

A	B	C	D	E	F	G	H	I	K	L	M	N	O	P	Q	R	S	T
V	W	Z																
Random Card		ACYCLOVIR: Zovirax, Various		ADALIMUMAB: Humira		ADAPALENE: Differin, Various												
ALBENDAZOLE: Albenza		ALBUTEROL: ProAir HFA, Proventil HFA, Ventolin HFA, ProAir Respiclick, Various		ALENDRONATE: Fosamax, Binosto, Various		ALLOPURINOL: Zyloprim, Various												
ALPRAZOLAM: Xanax, Various		AMIODARONE: Cordarone, Various		AMITRIPTYLINE: Elavil, Various		AMLODIPINE: Norvasc, Various												

Top 300 Pharmacy Drug Cards—2018/2019 >> ALENDRONATE: Fosamax, Binosto, Various

Abbreviations Contributors Preface

ACYCLOVIR: Zovirax, Various

ADALIMUMAB: Humira

ADAPALENE: Differin, Various

ALBENDAZOLE: Albenza

ALBUTEROL: ProAir HFA, Proventil HFA, Ventolin HFA, ProAir Respiclick, Various

ALENDRONATE: Fosamax, Binosto, Various

ALLOPURINOL: Zyloprim, Various

ALPRAZOLAM: Xanax, Various

AMIODARONE: Cordarone, Various

ALENDRONATE: Fosamax, Binosto, Various

Class: Bisphosphonate
Dosage Forms: Tablet: 5 mg, 10 mg, 35 mg, 40 mg, 70 mg. **Solution:** 70 mg/75 mL. **Effervescent Tablet:** 70 mg

Common FDA Label Indication, Dosing, and Titration.

- Postmenopausal osteoporosis, treatment: 70 mg po once weekly or 10 mg po daily
- Postmenopausal osteoporosis, prophylaxis: 5 mg po daily or 35 mg po once weekly
- Paget disease: 40 mg po daily for 6 mo
- Osteoporosis, treatment, male: 10 mg once daily or 70 mg once weekly
- Glucocorticoid-induced osteoporosis in those with daily dosage ≥ 7.5 mg of prednisone (or equivalent): 5 mg once daily; a dose of 10 mg once daily should be used in postmenopausal females who are not receiving estrogen

Off-Label Uses.

- Postoperative knee arthroplasty: 10 mg once daily beginning after knee arthroplasty for up to 1 y

Northstar Rx generic 35 mg pictured

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Study Tools : Review Questions

Study Tools

Flashcards

All Review Questions

Top 300 Prescription Drug Challenge

Top 300 Drugs Flashcards

Pill in the Blank

Play Showdown!

All Review Questions

Generate multiple-choice quizzes from the resources below.



2018 NAPLEX® Online Question Bank

1897 Questions



Basic & Clinical Biostatistics, 4e

65 Questions



Casarett & Doull's Essentials of Toxicology

340 Questions



Community and Clinical Pharmacy

113 Questions



Drug Information: A Guide for Pharmacists, 5e

345 Questions



Drug Information: A Guide for Pharmacists, 5e

397 Questions



Ganong's Review of Medical Physiology

Study Tools

Flashcards

All Review Questions

NAPLEX Review

Top 300 Prescription Drug Challenge

Top 300 Drugs Flashcards

Pill in the Blank

Play Showdown!



Drug Information: A Guide for Pharmacists, 5e

Patrick M. Malone, Karen L. Kier, John E. Stanovich, Meghan J. Malone
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[Go to Book](#)

NOTE: A quiz may not include more than 250 questions. Quizzes cannot be saved mid-progress.

Create Random Quiz

of 345 available

[Start Quiz](#)

Create Custom Quiz

Generate a custom quiz from the topics below.

- of 15 available Chapter 1. Introduction to the Concept of Drug Information
- of 15 available Chapter 3. Drug Information Resources
- of 15 available Chapter 4. Drug Literature Evaluation I: Controlled Clinical Trial Evaluation
- of 15 available Chapter 5. Literature Evaluation II: Beyond the Basics
- of 15 available Chapter 6. Pharmacoeconomics

주제분야, 문제개수 등을 설정하여 테스트 진행 및 문제에 대한 해설 제공

Study Tools : Top 300 Prescription Drug Challenge

Study Tools

- Flashcards
- All Review Questions
- Top 300 Prescription Drug Challenge**
- Top 300 Drugs Flashcards
- Pill in the Blank
- Play Showdown!

Top 300 Prescription Drug Challenge

Test yourself on the top 300 drugs. Tiers correspond to PharmD 4-year programs. Each tier should test content appropriate to the corresponding year.

NOTE: Tier 1=Year 2; Tier 2=Year 3; Tier 3=Year 4

Analgesics Agents

Tier 1

Start Test

Anti-infectives Agents

Tier 1

Start Test

Cardiovascular Agents

Tier 1

Start Test

Endocrine Agents

Tier 1

Start Test

Study Tools

- Flashcards
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- Top 300 Prescription Drug Challenge**
- Top 300 Drugs Flashcards
- Pill in the Blank
- Play Showdown!

Tier 1

00:00:03:38

You have 90 minutes to complete this test

Question 1 of 22

Suboxone is a combination of:

- ☐ A Buprenorphine/Naloxone
- ☐ B Morphine/Naloxone
- ☐ C Buprenorphine/Naproxen
- ☐ D Morphine/methadone

Submit & View Next Question

[End test and return to Top 300 Prescription Drug Challenge Review Questions](#)

Edited by

Gina Carbonara Baugh, PharmD
Clinical Associate Professor
West Virginia University School of
Pharmacy
Morgantown, West Virginia

Drug classification system based on
Kolesar, Vermeulen: *Top 300
Pharmacy Drugs Flash Cards, 2nd
ed.*
[View the Top 300 Drug list](#)

PharmD 4-year 프로그램에 해당하는
Tier별로 Top 300 Drug를 테스트할 수 있음

Study Tools : Top 300 Drugs Flashcards

Study Tools

Flashcards

All Review Questions

Top 300 Prescription Drug Challenge

Top 300 Drugs Flashcards

Pill in the Blank

Play Showdown!

Top 300 Drugs Flashcards

A fun, fast way to learn essential information about the top 300 most commonly prescribed drugs!

Top 300 Pharmacy Drug Cards—2018/2019

Abbreviations

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About



A

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Q

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W

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2018/2019

Top 300 Pharmacy Drug Cards

- The easiest and most effective way to learn essential information about the top 300
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Jill M. Kolesar • Lee C. Vermeulen

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Prefaces

Random Card

ACYCLOVIR: Zovirax, Various

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Top 300 Pharmacy Drug Cards—2018/2019 >> ADALIMUMAB: Humira

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ALBUTEROL: ProAir HFA, Proventil HFA, Ventolin HFA, ProAir RespiClick, Various

ALENDRONATE: Fosamax, Binosto, Various

ALLOPURINOL: Zyloprim, Various

ALPRAZOLAM: Xanax, Various

AMIODARONE: Cordarone

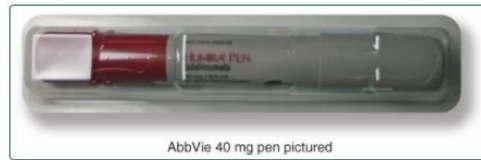
ADALIMUMAB: Humira

Class: Antirheumatic, Disease Modifying

Dosage Forms. Pen-injector Kit: 40 mg/0.8 mL; Prefilled Syringe Kit: 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.8 mL

Common FDA Label Indication, Dosing, and Titration.

- Ankylosing spondylitis: Adults, 40 mg sq every other week
- Crohn disease, suppressive therapy: Adults and Children ≥6 y of age and >40 kg, 160 mg sq on d 1, 80 mg sq on d 15, then 40 mg sq every other week; Children ≥6 y of age, and 17 kg to <40 kg, 80 mg sq on d 1, 40 mg sq on d 15, then 20 mg sq every other week
- Juvenile idiopathic arthritis: Children ≥2 y of age, and 10 to <15 kg, 10 mg sq every other week; 15 to <30 kg, 20 mg sq every other week; ≥30 kg, 40 mg sq every other week
- Plaque psoriasis: Adults, 80 mg on d 1, then 40 mg sq every other week
- Psoriatic arthritis: Adults, 40 mg sq every other week
- Rheumatoid arthritis: Adults, 40 mg sq every other week



AbbVie 40 mg pen pictured

< Previous

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일반적으로 처방되는 상위 300 대 약물에 대한 필수 정보를 배우는 재미있는 학습지원툴

Study Tools : Pill in the Blank

Study Tools

- Flashcards
- All Review Questions
- Top 300 Prescription Drug Challenge
- Top 300 Drugs Flashcards
- Pill in the Blank**
- Play Showdown!

PILL IN THE BLANK

ACCESS Pharmacy


Test your skills with this hangman

Question : 01

Metabolizes NSAIDs

Home

○ ○ ○ ○ ○



A B C D E F G H I J K L M
N O P Q R S T U V W X Y Z
1 2 3 4 5 6 7 8 9 0

Pill in the Blank

- Vitamins
- Tobacco Cessation
- Dietary Supplements
- OTC Headache
- OTC Fever
- OTC Cough
- OTC Cold and Allergy

약학 학습 질문에 대한 답을 빈칸으로 추측하여 답하세요!

Study Tools : Play Showdown

Study Tools

- Flashcards
- All Review Questions
- Top 300 Prescription Drug Challenge
- Top 300 Drugs Flashcards
- Pill in the Blank
- Play Showdown!**

What's a Showdown?

Challenge colleagues on your knowledge of drugs. You and your opponent play a final question worth 500 points. You can also hone your skills by playing against the computer.

Now that you've got the hang of it, you can challenge your colleagues.

[Start a Showdown](#)

ACCESS Pharmacy SHOWDOWN

Sun

0

COMPUTER

0

ROUND ONE		Antidepressants - Antidepressants				
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	SEROTONIN & NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	TRICYCLIC ANTIDEPRESSANTS (TCAS)	MONOAMINE OXIDASE INHIBITORS (MAOIS)	OTHER ANTIDEPRESSANTS		
100	100	100	100	100		
200	200	200	200	200		
300	300	300	300	300		
400	400	400	400	400		

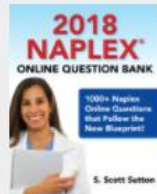
컴퓨터와, 혹은 동료와 함께 퀴즈 대결을 진행할 수 있는 학습툴

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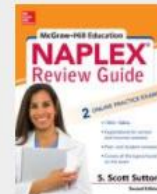
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Gary D. Hall, Barry S. Reiss



Quick Review: Pharmacy, 13e

Joyce A. Generali, Christine A. Berger

3,000+의 질문을 수록한 가장 포괄적인 NAPLEX Tool을 구축했습니다. Scott Sutton의 NAPLEX® Review에서 가져온 1,500여 Q&A와 함께 2018 Online NAPLEX® Question Bank를 통해 1,500여 추가 Q&A를 확인할 수 있습니다.

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0-9 A

Abdominal Pain

Abdominal Pain

Allergic Reactions

Allergic Reactions

Allergic Reactions

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Altered Level of Consciousness ☆

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What is altered level of consciousness?

Altered level of consciousness (ALOC) means that you are not as awake, alert, or able to understand or react as you are normally. Causes of ALOC include:

- A head injury
- Medicines
- Alcohol or drugs
- Dehydration
- Infection
- Fever
- Dangerously low body temperature (hypothermia)
- Diseases such as diabetes and thyroid disease

Different levels of ALOC include:

- Lethargic, which means you are drowsy and less aware or less interested in your surroundings
- Comatose, which means you are sleeping unless someone or something wakes you up. You can usually talk and follow

환자에게 질병에 대한 원인과 증상, 치료법을 소개해주는 핸드아웃으로, MyAccess 프로파일에 로그인하면 이 자료에 로고나 개인 메시지를 추가할 수 있습니다.



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