


Micromedex AI

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 Piptaz renal dosing for 83yo pt.



Piptaz renal dosing for 83yo pt.

Answering:

Renal dosing for [Piptaz](#) for an 83-year-old patient.

Population Group:

- Adult, geriatric (83 years old)
- Renal impairment (dose adjustment based on creatinine clearance)
- Piperacillin sodium/tazobactam sodium (Piptaz)
- No specific disease condition mentioned

AI Response:

For an 83-year-old patient receiving piperacillin sodium/tazobactam sodium (Piptaz), renal dosing adjustments depend on creatinine clearance (CrCl) as follows:

- CrCl > 40 mL/min: No dose adjustment necessary.
- CrCl 20 to 40 mL/min: 2.25 g every 6 hours (all indications except nosocomial pneumonia); for nosocomial pneumonia, 3.375 g every 6 hours.
- CrCl < 20 mL/min: 2.25 g every 8 hours (all indications except nosocomial pneumonia); for nosocomial pneumonia, 2.25 g every 6 hours.
- Extended infusion in CrCl < 20 mL/min: 3.375 g IV over 4 hours every 12 hours (based on pharmacokinetic simulation).
- Hemodialysis: 2.25 g every 12 hours plus 0.75 g after each dialysis session; consider dosing interval every 8 hours (nosocomial pneumonia dosing slightly different).
- Geriatric considerations: Use caution with dosage selection due to potential decreased renal function and risk of toxicity [1, 2, 3, 4].

In summary, for an elderly patient, dosing should be adjusted primarily based on renal function (CrCl), with careful monitoring and dose selection to avoid toxicity. The above dosing regimens provide guidance for different levels of renal impairment.

AI 回應內容 (Piperacillin/Tazobactam renal dosing for 83-year-old patient) 及其細節，包括 Population Group、AI Response、Renal Impairment Dose Adjustments、Geriatric Considerations 等。

- CrCl > 40 mL/min: No dose adjustment necessary.
- CrCl 20 to 40 mL/min: 2.25 g every 6 hours (all indications except nosocomial pneumonia); for nosocomial pneumonia, 3.375 g every 6 hours.
- CrCl < 20 mL/min: 2.25 g every 8 hours (all indications except nosocomial pneumonia); for nosocomial pneumonia, 2.25 g every 6 hours.
- Extended infusion in CrCl < 20 mL/min: 3.375 g IV over 4 hours every 12 hours (based on pharmacokinetic simulation).
- Hemodialysis: 2.25 g every 12 hours plus 0.75 g after each dialysis session; consider dosing interval every 8 hours (nosocomial pneumonia dosing slightly different).
- Geriatric considerations: Use caution with dosage selection due to potential decreased renal function and risk of toxicity [1, 2, 3, 4].

In summary, for an elderly patient, dosing should be adjusted primarily based on renal function (CrCl), with careful monitoring and dose selection to avoid toxicity. The above dosing regimens provide guidance for different levels of renal impairment.

AI Reasoning ▾

Micromedex Evidence ^

1. Renal Function: "A) All Indications Except Nosocomial Pneumonia 1) CrCl greater than 40 mL/min: No dose adjustment necessary 2) CrCl 20 to 40 mL/min: 2.25 g every 6 ..." [Piperacillin Sodium/Tazobactam Sodium](#)
2. Older Adults: "A) Take care with dosage selection in case of decreased renal function" [Piperacillin Sodium/Tazobactam Sodium](#)
3. Dialysis or Renal Replacement Therapy: "A) Hemodialysis 1) All indications EXCEPT nosocomial pneumonia: 2.25 g every 12 hours plus 0.75 g after each dialysis session ; consider dosing ..." [Piperacillin Sodium/Tazobactam Sodium](#)
4. Dose Adjustments: "Geriatric: Take care with dosage selection in case of decreased renal function . Hemodialysis (all indications EXCEPT nosocomial pneumonia) in adults: ..." [Piperacillin Sodium/Tazobactam Sodium](#)

How did we do? 👍 🗨️ 😐 Neutral

Type a follow up or new question...



Micromedex Evidence，包括 Renal Function、Dose Adjustments、Older Adults、Hemodialysis (all indications EXCEPT nosocomial pneumonia) 和 Hepatic Function 的參考資料。

AI Overview

Piptaz renal dosing for 83yo pt.

Answering:

Renal dosing for [Piptaz](#) for an 83-year-old patient.

Population Group:

- Adult, geriatric (83 years old)
- Renal impairment (dose adjustment based on creatinine clearance)
- Piperacillin sodium/tazobactam sodium (Piptaz)
- No specific disease condition mentioned

AI Response:

For an 83-year-old patient receiving piperacillin sodium/tazobactam sodium (Piptaz), renal dosing adjustments depend on creatinine clearance (CrCl) as follows:



繼續詢問問題：

what is the pt has hepatic disease (指上一個問題的病人若有肝臟疾病該如何處理)

AI-powered search is a new and evolving technology and should not be used as a substitute for clinical training or expertise. Do not enter personally identifiable information or protected health information (PHI).

Learn more: [About AI-powered search](#)

what is the pt has hepatic disease

Answering:

What is the dosing for [piperacillin/tazobactam](#) in an 83-year-old patient with hepatic disease?

Population Group:

- Geriatric patient (83 years old)
- Adult with hepatic disease (hepatic impairment, cirrhosis)
- Piperacillin/tazobactam antibiotic dosing

AI Response:

- For hepatic impairment (cirrhosis), no dose adjustment of piperacillin/tazobactam is necessary [1, 2].
- For geriatric patients, caution is advised with dosage selection due to potential decreased renal function; dose adjustments should be based on renal function status rather than age alone [3, 4].
- Therefore, in an 83-year-old patient with hepatic disease but without specified renal impairment, standard adult dosing of piperacillin/tazobactam can be used, with careful monitoring and dose adjustment if renal function is impaired.
- Typical adult dosing examples (for various infections) include 3.375 g IV every 6 hours or 4.5 g IV every 6 hours depending on infection severity and type [5, 6].
- If renal impairment is present, dose adjustments are based on creatinine clearance, but no hepatic dose adjustment is needed [7, 8].
- Summary: No hepatic dose adjustment needed; in elderly patients, dose selection should consider renal function. Use standard dosing unless renal impairment dictates otherwise [1, 2, 3, 4].

AI Reasoning

Micromedex Evidence

1. Hepatic Function: "A) Cirrhosis: No adjustment necessary"

AI 回應，包括 Population Group、AI Response

Population Group:

- Geriatric patient (83 years old)
- Adult with hepatic disease (hepatic impairment, cirrhosis)
- Piperacillin/tazobactam antibiotic dosing

AI Response:

- For hepatic impairment (cirrhosis), no dose adjustment of piperacillin/tazobactam is necessary [1, 2].
- For geriatric patients, caution is advised with dosage selection due to potential decreased renal function; dose adjustments should be based on renal function status rather than age alone [3, 4].
- Therefore, in an 83-year-old patient with hepatic disease but without specified renal impairment, standard adult dosing of piperacillin/tazobactam can be used, with careful monitoring and dose adjustment if renal function is impaired.
- Typical adult dosing examples (for various infections) include 3.375 g IV every 6 hours or 4.5 g IV every 6 hours depending on infection severity and type [5, 6].
- If renal impairment is present, dose adjustments are based on creatinine clearance, but no hepatic dose adjustment is needed [7, 8].
- Summary: No hepatic dose adjustment needed; in elderly patients, dose selection should consider renal function. Use standard dosing unless renal impairment dictates otherwise [1, 2, 3, 4].

AI Reasoning

Micromedex Evidence

1. Hepatic Function: "A) Cirrhosis: No adjustment necessary"
[Piperacillin Sodium/Tazobactam Sodium](#)
2. Dose Adjustments: "Hepatic impairment (cirrhosis): No adjustment necessary Geriatric: Take care with dosage selection in"
[Piperacillin Sodium/Tazobactam Sodium](#)
3. Older Adults: "A) Take care with dosage selection in case of decreased renal function"
[Piperacillin Sodium/Tazobactam Sodium](#)
4. Dose Adjustments: "Geriatric: Take care with dosage selection in case of decreased renal function. Hemodialysis (all indications EXCEPT nosocomial pneumonia) in adults: ..."
[Piperacillin Sodium/Tazobactam Sodium](#)
5. Appendicitis, complicated by rupture or abscess: "3.375 g IV every 6 hours (total daily dose, 12 g piperacillin/1.5 g tazobactam) for 7 to 10 days"
[Piperacillin Sodium/Tazobactam Sodium](#)
6. Hospital acquired pneumonia (Moderate to Severe): "4.5 g IV every 6 hours (total daily dose, 16 g piperacillin/2 g tazobactam) in combination with an aminoglycoside for 7 to 14 days (FDA dosage)"
[Piperacillin Sodium/Tazobactam Sodium](#)
7. Renal Function: "A) All Indications Except Nosocomial Pneumonia 1) CrCl greater than 40 mL/min: No dose adjustment necessary"
[Piperacillin Sodium/Tazobactam Sodium](#)
8. Dose Adjustments: "Renal impairment (all indications EXCEPT nosocomial pneumonia; CrCl greater than 40 mL/min) in adults: No dose adjustment necessary"
[Piperacillin Sodium/Tazobactam Sodium](#)

what is the pt has hepatic disease

Does semaglutide cause headaches

Answering:

What is the dosing for [piperacillin/tazobactam](#) in an 83-year-old patient with hepatic disease?

Population Group:

- Geriatric patient (83 years old)
- Adult with hepatic disease (hepatic impairment, cirrhosis)
- Piperacillin/tazobactam antibiotic dosing

AI Response:

- For hepatic impairment (cirrhosis), no dose adjustment of piperacillin/tazobactam is necessary [1, 2].
- For geriatric patients, caution is advised with dosage selection due to potential decreased renal function; dose adjustments should be based on renal function status rather than age alone [3, 4].
- Therefore, in an 83-year-old patient with hepatic disease but without specified renal impairment, standard adult dosing of piperacillin/tazobactam is recommended with careful monitoring.

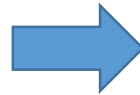
Does semaglutide cause headaches



繼續詢問問題：

Does semaglutide cause headaches

AI 回應，包括 AI Response 和 Micromedex Evidence。



Answering:

Does [semaglutide](#) cause headaches?

AI Response:

Semaglutide is associated with headaches as a recognized adverse effect. Clinical data show:

- In a systematic review of 10 randomized controlled trials involving 14,550 participants, headache occurred in about 7.92% of patients receiving semaglutide, with incidence ranging from 6.5% to 9.5% across studies. The average age of participants was 57.3 years [1].
- In adult clinical trials for weight management using subcutaneous semaglutide, headache incidence was reported at 14%, compared to 10% with placebo [1].
- In pediatric clinical trials (patients 12 years or older) for weight management, headache incidence was 17% with semaglutide versus 16% with placebo, indicating a slightly higher but comparable rate [1].
- Headache is listed among common neurologic adverse effects, with an incidence range of 14% to 17% in some studies [2].
- Related GLP-1 receptor agonists, including liraglutide and exenatide, also report headache as a common adverse effect, supporting the class effect [3].

In summary, headaches are a relatively common neurologic side effect of semaglutide treatment across adult and pediatric populations, with incidence rates generally between about 7% and 17% depending on the study and indication.

AI Reasoning

Micromedex Evidence

1. Headache: "1) Incidence: 14% to 17% 2) General Information a) In a systematic review of 10 randomized controlled trials assessing adverse events associated with ..." [Semaglutide](#)
2. Common: "Neurologic: Dizziness (8%), Headache (14% to 17%)" [Semaglutide](#)
3. EXENATIDE AND RELATED AGENTS: "mellitus self-injected 6 mg dulaglutide (4 times his normal dose) and developed abdominal pain, headaches, dizziness, shaking, and nausea. ..." [Semaglutide](#)

Answering:

Apixaban [↗](#) dosing for a patient with:

Population Group:

- Adult patients with atrial fibrillation
- Considerations for age (especially creatinine ≥ 1.5 mg/dL)
- No specific pediatric or pregnancy

AI Response:

- The usual dose of apixaban for adult patients with nonvalvular atrial fibrillation is 5 mg orally twice daily [1].
- Dose reduction to 2.5 mg orally twice daily is recommended if the patient has at least two of the following: age 80 years or older, body weight 60 kg or less, or serum creatinine 1.5 mg/dL or greater [2, 3].
- For patients younger than 80 years without these risk factors, no dose adjustment is needed unless serum creatinine is ≥ 1.5 mg/dL and/or weight ≤ 60 kg, then 2.5 mg twice daily may be considered [2, 4].
- In patients with renal impairment including ESRD on dialysis, no dose adjustment is generally required, but dosing in ESRD is based on pharmacokinetic data rather than clinical trials; dose reduction to 2.5 mg twice daily may be appropriate in ESRD patients on hemodialysis with additional risk factors as above [4, 5, 6].
- No dose adjustment is required for mild hepatic impairment; use is not recommended in severe hepatic impairment (Child-Pugh C) [7, 8, 9].
- For patients with very high body weight (≥ 120 kg or BMI ≥ 40), consider measuring plasma levels or switching to a vitamin K antagonist [10, 11].
- Concomitant use with combined P-glycoprotein and strong CYP3A4 inhibitors (e.g., ketoconazole, ritonavir) requires dose reduction by 50% if on 5 mg twice daily; avoid if on 2.5 mg twice daily [3, 12].

In summary:

- Standard dose: 5 mg orally twice daily
- Dose reduction to 2.5 mg twice daily if ≥ 2 of: age ≥ 80 years, weight ≤ 60 kg, serum creatinine ≥ 1.5 mg/dL
- Renal impairment: generally no adjustment except consider 2.5 mg twice daily in ESRD on dialysis with risk factors

繼續詢問問題：

Apixaban dosing for pt with afib



AI 回應，包括 AI Response 和 Micromedex Evidence ◦










mg twice daily [3, 12].

In summary:

- Standard dose: 5 mg orally twice daily
- Dose reduction to 2.5 mg twice daily if ≥ 2 of: age ≥ 80 years, weight ≤ 60 kg, serum creatinine ≥ 1.5 mg/dL
- Renal impairment: generally no adjustment except consider 2.5 mg twice daily in ESRD on dialysis with risk factors
- Hepatic impairment: no adjustment in mild; avoid in severe
- High body weight: consider monitoring or alternative anticoagulant
- Drug interactions: reduce dose or avoid as above

This dosing applies to the oral formulations of apixaban such as Eliquis 5 mg tablets [1, 2, 3, 5].

[🔗](#) AI Reasoning Micromedex Evidence 

1. Atrial fibrillation, Nonvalvular - Cerebrovascular accident, and systemic embolism; Prophylaxis: "a) FDA Dosage 1) Usual dosage: 5 mg orally twice daily b) Guideline Dosage 1) Following an ischemic stroke or transient ischemic attack, initiation of ..." [Apixaban](#) 
2. Older Adults: "B) Atrial Fibrillation 1) Younger than 80 years: No specific recommendations are available unless serum creatinine 1.5 mg/dL or greater and weight 60 ..." [Apixaban](#) 
3. Dose Adjustments: "Advanced age (80 years or older) in AF: No specific recommendations are available unless serum creatinine 1.5 mg/dL or greater and/or weight 60 kg or ..." [Apixaban](#) 
4. Renal Function: "A) Any Impairment 1) DVT prophylaxis following hip or knee replacement, or treatment of DVT or pulmonary embolism (PE) and prevention of recurrent DVT ..." [Apixaban](#) 
5. Dose Adjustments: "Renal impairment in prophylaxis of DVT following hip or knee replacement, or treatment of DVT or pulmonary embolism (PE) and prevention of recurrent ..." [Apixaban](#) 
6. Dose Adjustments: "Hemodialysis in AF: For ESRD subjects treated with intermittent hemodialysis (HD), administer 2.5 mg orally twice daily in patients with at least 2 of ..." [Apixaban](#) 
7. Hepatic Function: "A) Mild (Child-Pugh Class A) 1) No dosage adjustment required B) Moderate (Child-Pugh Class B)" [Apixaban](#) 
8. Hepatic Function: "C) Severe (Child-Pugh Class C) 1) Use not recommended" [Apixaban](#) 
9. Dose Adjustments: "Hepatic impairment (mild, Child-Pugh class A): No dosage adjustment necessary Hepatic impairment (moderate, Child-Pugh class B): Dosing ..." [Apixaban](#) 
10. Other Dosage Adjustments: "D) High Body Weight, 120 kg or greater (BMI 40 kg/m(2) or greater)

How do we give Fanigra for gout

Answering:

How do we administer [Fanigra](#) for gout?

AI Response:

There is no information available in the provided documents regarding the administration of Fanigra for gout. The search results only include dosing and administration details for probenecid/colchicine, which is a different antigout medication. For Fanigra-specific administration guidance, consult the official prescribing information or product labeling.

Here are some Micromedex search results ordered by potential relevance:

Micromedex Evidence ^

1. Gout, Inadequate response to, intolerant of, or not eligible for allopurinol - Hyperuricemia: "Consult reference: Gout - Pharmacologic Management Guidelines" [Febuxostat](#)
2. Gout: "a) Lesinurad plus Allopurinol" [Lesinurad](#)
3. Uric acid level above reference range, In patients receiving chemotherapy and at intermediate to high risk of tumor lysis syndrome; Prophylaxis: "mg orally three times daily (reduced to twice daily in 3 patients with renal impairment), starting 24 hours prior to chemotherapy and continuing for 6 ..." [Febuxostat](#)
4. FDA Approval: "Adult, yes Pediatric, no" [Febuxostat](#)
5. Gout, In combination with a xanthine oxidase inhibitor - Hyperuricemia: "FDA Labeled Indication 1) Overview FDA Approval" [Lesinurad](#)

How did we do?    Neutral

繼續詢問問題：

How do we give Fanigra for gout

搜尋結果頁面顯示 AI 回應，包括 AI Response 和 Micromedex Evidence

內容重點整理 (Key Takeaways)

1. Micromedex AI-powered search

- 功能位置：AI 功能直接整合在 Micromedex 首頁的單一搜尋欄位 (single search bar) 中。
- 透過示範問題可知能使用縮寫和口語化表達

Q1: Piptaz renal dosing for 83yo pt. (Piperacillin/Tazobactam 腎臟劑量給予 83 歲病人)

- AI 回應提供基於肌酸酐清除率 (creatinine clearance, CrCl) 的腎功能不全劑量調整建議，並考慮) 老年病患因素 (Geriatric Considerations)。

Q2: what if the patient has hepatic disease (如果病人有肝臟疾病該如何處理)

- AI 回應疊加考慮肝功能不全 (Hepatic Impairment) 的劑量建議。

Q3: Does semaglutide cause headaches (Semaglutide 會導致頭痛嗎)

- AI 回應指出頭痛是報告過的不良反應。

Q4: Apixaban dosing for pt with afib (Apixaban 劑量給予心房顫動病人)

- AI 回應提供不同年齡、體重和 CrCl 條件下的劑量建議。

Q5: Faniga for gout (Dapagliflozin/Farxiga 用於痛風)

- AI 回應指出該藥已證實對治療痛風相關的腎臟和心血管併發症有效。

內容重點整理 (Key Takeaways)

AI 回應特點：

Reiterate Question (重複問題)：確認輸入的問題。

Population Group (族群)：根據問題內容分析目標族群。

AI Response (AI 回應)：提供直接答案。

AI Reasoning (AI 推理)：**(重要區分點)** 解釋 AI 得出結論的**邏輯和原因**，例如基於老年、腎功能等因素。

Micromedex Evidence (證據)：提供指向 Micromedex 專論 (monograph) 相關段落的超連結，所有內容均**包含參考文獻 (references)**。

Highlighting (標示)：在新的視窗中開啟專論時，會**自動標示**與問題相關的內容。
支持追蹤問題 (Follow-up Question)。

有任何問題歡迎與我聯絡，謝謝您！

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