

Tutorial

Base de dados *UpToDate*



Biblioteca Setorial de Enfermagem e Nutrição



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- Livros eletrônicos
- Normas da ABNT

Acesso Rápido



Acervos

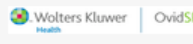
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Bases de dados



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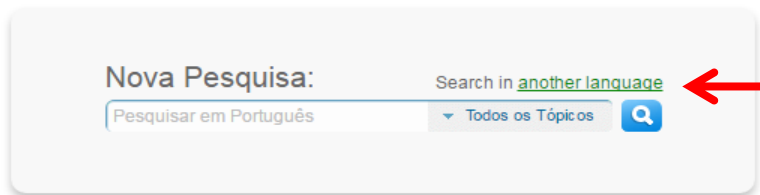
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A base permite que se faça buscas em português, mas pode trocar a língua, se desejar.



Nova Pesquisa: [Search in another language](#)

zika | Todos os Tópicos

- zika
- zika adulto vírus
- zika adulto
- zika informações do paciente
- zika vírus
- zika rash

A base sugere termos à medida em que se digita.

Nova Pesquisa:

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Todos os Tópicos

- Todos os Tópicos
- Adultos
- Pediátricos
- Pacientes
- Gráficos

Clicando na opção *Todos os tópicos*, pode-se ampliar o filtro.

Resultados destas buscas:

Resultados da Pesquisa para "zika vírus" Minimizar resultados Ocultar índice do tópico

zika vírus = Zika virus infection

- Todos os Tópicos
- Adultos
- Pediátricos**
- Pacientes
- Gráficos

- Zika virus infection: An overview**
- Diagnosis
 - Children**
 - Summary

Pode-se pesquisar por ambos os esquemas:

- Zika virus infection: Pregnancy and congenital infection**
- Antepartum maternal evaluation
 - Evaluation of women and newborns with peripartum Zika virus exposure
 - Laboratory evaluation
 - Breastfeeding women
 - Summary and recommendations

Patient information: Zika virus infection (The Basics)

- Blood donor screening: Laboratory testing**
- Zika virus
 - Summary

- Prevention of arthropod and insect bites: Repellents and other measures**
- DEET
 - Summary and recommendations

- Pathogenesis of Guillain-Barré syndrome**
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- What's new in pediatrics**
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Esquema de Tópicos Exibir Gráficos (4)

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- EVALUATION OF FETAL LOSS AND STILLBIRTH
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- NEWBORN EVALUATION AND FOLLOW-UP
 - Definition of Zika virus-related microcephaly
 - World Health Organization (WHO) and United States Centers for Disease Control and Prevention (CDC)
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 - Laboratory evaluation
 - Diagnostic criteria for congenital infection

Zika virus infection: An overview

Topic Outline
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- Geographic distribution
- Transmission

CLINICAL MANIFESTATIONS

- Symptoms and signs
 - Adults
 - Children
- Complications
 - Guillain-Barré syndrome
 - Other neurologic complications

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 - Symptomatic children with postnatal infection

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- Aedes distribution United States
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TABLES

- Zika vs dengue vs chikungunya
- Zika antibody testing

RELATED TOPICS

Acute toxic-metabolic encephalopathy in children

Blood donor screening: Laboratory testing

Blood donor screening: Medical history

Chikungunya fever

Clinical features and diagnosis of Guillain-Barré syndrome

Children — The range of Zika virus infection in children includes intrauterine infection (vertical transmission during pregnancy), intrapartum infection (vertical transmission at the time of delivery), and postnatal infection (transmission via mosquito bites). Issues related to intrauterine and intrapartum infection are discussed separately. (See "[Zika virus infection: Pregnancy and congenital infection](#)".)

Clinical manifestations in infants and children with postnatal infection are similar to the findings seen in adults with Zika virus infection [25,92]. Arthralgia is difficult to detect in infants and young children and may manifest as irritability, walking with a limp, difficulty moving or refusing to move an extremity, pain on palpation, or pain with active or passive movement of the affected joint [92]. Thus far, no developmental complications have been observed in otherwise healthy children with postnatal Zika virus infection [93,94]. (See "[Evaluation of the child with joint pain and/or swelling](#)".)

Complications — Zika virus infection has been associated with complications including congenital microcephaly and fetal losses among women infected during pregnancy, as well as neurologic complications. Issues related to congenital infection are discussed separately. (See "[Zika virus infection: Pregnancy and congenital infection](#)".)

Guillain-Barré syndrome — Several countries in the Americas have reported unusual increases in cases of Guillain-Barré syndrome (GBS) in parallel with the ongoing Zika virus outbreak [95,96]. An increase in the rate of GBS in association with Zika virus infection has also been observed in other reports [63,97-102].

A case-control study in French Polynesia evaluated the association between GBS and Zika virus infection during the 2013 to 2014 outbreak [101]. Cases included 42 patients diagnosed with GBS; one control group included 98 patients with nonfebrile illnesses (matched for age, sex, and residence), and a second control group included 70 patients with Zika virus infection in the absence of neurological complications. Zika immunoglobulin (Ig)M was positive in 93 percent of GBS cases (versus 17 percent of patients in the first control group); serologic evidence of past dengue infection was similar among all three groups. Anti-glycolipid IgG antibodies were detected in fewer than 50 percent of GBS cases, raising the possibility of direct viral neurotoxicity. Results of nerve conduction studies were consistent with the acute motor axonal neuropathy type of GBS; clinical improvement during follow-up suggested reversible conduction failure. Symptoms of Zika virus infection occurred in 88 percent of patients with GBS; the median interval between viral syndrome and onset of neurological symptoms was six days. All GBS cases received intravenous **immune globulin**, 38 percent required intensive care, and 29 percent needed respiratory care; all survived. The incidence of GBS during the outbreak was estimated to be 2.4 cases per 10,000 Zika virus infections.

Issues related to diagnosis, evaluation, and management of Guillain-Barré syndrome are discussed further separately. (See "[Clinical features and diagnosis of Guillain-Barré syndrome in adults](#)" and "[Treatment and prognosis of Guillain-Barré syndrome in adults](#)".)

Other neurologic complications — Zika virus has been associated with other neurologic complications including brain ischemia [80], myelitis [103], and transverse myelitis [104]. Issues related to these complications are discussed further separately. (See "[Transverse myelitis](#)" and "[Viral encephalitis in adults](#)".)

The differential diagnosis of Zika virus infection includes:

Other viral infections have similar clinical manifestations and are transmitted by the same mosquito vector. Dengue, chikungunya, and other viral infections are associated with high fever, severe muscle pain, and headache and may also be associated with hemorrhagic manifestations.

Pode-se ver os gráficos a qualquer momento (irá abrir uma nova página).

Graphics for: Zika virus infection: An overview



Aedes distribution United States



Aedes distribution worldwide

Clinical features: Zika virus compared with dengue and chikungunya

Features	Zika	Dengue	Chikungunya
Fever	+++	+++	+++
Headache	+++	+++	+++
Conjunctivitis	++	+	+
Arthralgia	++	+	+++
Myalgia	++	+++	+++
Maculopapular rash	+	++	++
Immunoassay	++	+	+
Reservoir	+	+	+

Zika vs dengue vs chikungunya

Zika antibody testing

The use of UpToDate is subject to...

Topic Outline

SUMMARY & RECOMMENDATIONS

INTRODUCTION

ACQUISITION OF INFECTION

CLINICAL MANIFESTATIONS

- Maternal infection
- Congenital infection
- Histopathology

CASE DEFINITIONS

ANTEPARTUM MATERNAL EVALUATION

- Screening women in areas without known mosquito-borne Zika virus transmission
- Women with signs/symptoms consistent with possible Zika virus infection
- Asymptomatic women with possible but not ongoing exposure to Zika virus
- Asymptomatic women with ongoing risk for Zika virus infection

EVALUATION OF FETAL LOSS AND STILLBIRTH

ULTRASOUND SCREENING FOR FETAL INFECTION

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- Periodic examinations
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PRENATAL CARE

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- Nosocomial transmission

NEWBORN EVALUATION AND FOLLOW-UP

- Definition of Zika virus-related microcephaly
- World Health Organization (WHO) and United States Centers for Disease Control and Prevention (CDC)
- Brazil
- Laboratory evaluation
- Diagnostic criteria for congenital infection
- Clinical evaluation and follow-up of newborns

Asymptomatic women with ongoing risk for Zika virus infection

Asymptomatic women with ongoing risk for Zika virus infection should have both laboratory testing and ultrasound examination [15,56]. Zika virus IgM and neutralizing antibody titers are warranted at the initiation of prenatal care; testing and interpretation are described above. (See 'Asymptomatic women with possible but not ongoing exposure to Zika virus' above.)

- Women with positive or inconclusive laboratory test results – Perform baseline and periodic fetal ultrasound examinations to look for markers of fetal Zika virus infection and consider amniocentesis. Appropriate timing of ultrasound examination is important take time to develop. The timing, focus, and frequency of sonographic evaluation are described below. (See 'Amniocentesis' below.)
- In women with a negative test performed in the first or early second trimester, repeat testing at 18 to 20 weeks gestation:
 - If no fetal abnormalities consistent with Zika virus infection are detected, consider an additional fetal ultrasound examination or periodic ultrasounds as local resources permit.
 - If fetal abnormalities consistent with Zika virus infection are detected, retest mother for Zika virus infection and consider amniocentesis.

Pode-se obter informações para pacientes, imprimir ou mandar por e-mail.

EVALUATION OF FETAL LOSS AND STILLBIRTH — Fetal tissue testing is warranted for fetal losses in women with history of Zika exposure, together with either symptoms consistent with Zika virus infection during or within two weeks of fetal loss, or a positive Zika virus reverse-transcription polymerase chain reaction and histopathologic examination of fetal tissues, including the umbilical cord and placenta [15,57].

ULTRASOUND SCREENING FOR FETAL INFECTION — Ultrasound is the preferred method of screening for fetal infection. Magnetic resonance imaging (MRI) is more sensitive [7].

Ultrasonography — The minimum time between occurrence of maternal Zika virus infection and the time of fetal ultrasound examination is not known. In women infected early in pregnancy, ultrasound findings suggestive of congenital Zika virus infection are usually detected in the late second and early third trimester.

- **Microcephaly** — Microcephaly as an isolated finding is not usually seen. Maternal-Fetal Medicine (SMFM) defines isolated fetal microcephaly as a head circumference that is less than 2 standard deviations below the mean for gestational age and considers the diagnosis of pathologic microcephaly certain when the head circumference is less than 2 standard deviations below the mean for gestational age [59].

The United States Centers for Disease Control and Prevention define microcephaly as a head circumference that is less than 2 standard deviations below the mean for gestational age [60].

- **Intracranial calcifications** — Intracranial calcifications are sometimes seen in fetuses with Zika virus infection.

Accurate assessment of gestational age early in pregnancy is important for the diagnosis of microcephaly. (See "Assessment of gestational age and estimated date of delivery".)

- **Baseline examination** — A baseline fetal anatomic survey at 18 to 20 weeks of gestation is recommended for women with early pregnancy Zika virus exposure. The International Society of Ultrasound in Obstetrics and Gynecology (ISOG) interim guidance on ultrasound for Zika virus infection in pregnancy recommends the following components for baseline ultrasound screening for fetal Zika virus infection [61]:

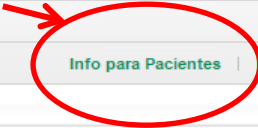
- Routine biometry to detect microcephaly
- Assessment for intracranial calcifications
- Anatomic survey to look for findings that may be associated with Zika virus infection and which may occur in the absence of microcephaly and intracranial calcifications, including:
 - Fetal growth restriction
 - Polyhydramnios
 - Fetal ascites
 - Fetal hydrops
 - Fetal heart failure
 - Fetal skeletal dysplasia
 - Fetal anomalies of the spine and pelvis
 - Fetal anomalies of the head and neck
 - Fetal anomalies of the chest and abdomen
 - Fetal anomalies of the limbs



You've chosen to send the following topic:
'Zika virus infection: Pregnancy and congenital infection'

<p>1. Fill in e-mail information Your e-mail address will not be used or sold for any marketing purposes. See our privacy policy.</p> <p>*Your name: <input type="text"/></p> <p>*Your e-mail: <input type="text"/></p> <p><input type="checkbox"/> Send a copy to me</p> <p>*E-mail address of recipient(s): (separate multiple addresses with commas)</p> <p><input type="text"/></p> <p>* Required fields</p>	<p>2. Include a message Message: (Edit if desired)</p> <p>Below is a topic taken from UpToDate that I thought you might find interesting.</p> <p>UpToDate is an online clinical decision support resource featuring over 10,000 clinical topics designed to give immediate answers to clinical questions at the point of care. Visit us on the web at www.uptodate.com.</p>	<p>3. Send topic</p> <p><input type="button" value="Send"/></p>
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Informações para pacientes



Contents > Patient Information

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 - The Basics
 - Beyond the Basics

- What's New
- Calculators
- Authors and Editors

Contents: Patient Information

UpToDate offers different levels of patient education materials to meet the varying information needs of your patients.

The Basics

"The Basics" are short (1 to 3 page) articles written in plain language. They answer the 4 or 5 most important questions a person might have about a medical problem. These articles are best for people who want a general overview.

[View all The Basics](#)



This site complies with the HONcode standard for trustworthy health information: [verify here](#).

Beyond the Basics

"Beyond the Basics" articles are 5 to 10 pages long and more detailed than "The Basics". These articles are best for readers who want a lot of detailed information and who are comfortable with some technical medical terms.

[View all Beyond the Basics](#)

Pode pesquisar pelo menu *The Basics*, que abre uma lista, ou pelas categorias:

To view a list of all available topics, click on the appropriate health category below.

- Allergies and asthma
- Arthritis
- Autoimmune disease
- Blood disorders
- Bones, joints, and muscles
- Brain and nerves
- Cancer
- Children's health
- Diabetes
- Diet and weight

- Ear, nose, and throat
- Eyes and vision
- Gastrointestinal system
- General health
- Heart and blood vessel disease
- HIV and AIDS
- Hormones
- Infections and vaccines
- Kidneys and urinary system
- Liver disease

- Lung disease
- Men's health issues
- Mental health
- Pregnancy and childbirth
- Senior health
- Skin, hair, and nails
- Sleep
- Surgery
- Travel health
- Women's health issues

You can also find patient information topics through the normal search mechanism (e.g. search "patient info asthma"). All patient information topics can be printed or emailed.

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TERMOS.docx foi atualizado.
"TERMOS.docx" foi atualizado para a versão mais recente.

zika vírus
Practice Changing UpDates

Pediátricos Conteúdo

Info para Pacientes | Novidades **PCUs** | Calculadoras | Interações de Medicamentos

zika vírus Find Print Email

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 - ONCOLOGY (June 2016)
 - Choice of adjuvant chemotherapy for resected pancreatic cancer
 - INFECTIOUS DISEASES (May 2016)
 - Option for shortened MDR-TB regimen in updated WHO guidelines
 - CARDIOVASCULAR MEDICINE (April 2016)
 - Surgical revascularization in patients with coronary disease and left ventricular systolic dysfunction
 - HEMATOLOGY (March 2016, Modified March 2016)
 - Ibrutinib in older adults with newly diagnosed CLL
 - PULMONOLOGY AND CRITICAL CARE, HEMATOLOGY, ADULT PRIMARY CARE, FAMILY MEDICINE, EMERGENCY MEDICINE, HOSPITAL MEDICINE (March 2016)
 - Agent selection for anticoagulation in venous thromboembolism
 - INFECTIOUS DISEASES, ADULT PRIMARY CARE, FAMILY MEDICINE, EMERGENCY MEDICINE, HOSPITAL MEDICINE (March 2016)
 - Indications for antibiotics in the management of skin abscess
 - HEMATOLOGY, NEUROLOGY, PEDIATRICS (March 2016)
 - Stroke prevention in sickle cell disease
 - OBSTETRICS, GYNECOLOGY AND WOMEN'S HEALTH, FAMILY MEDICINE (February 2016)
 - Antenatal steroids at 34 to 37 weeks for pregnancies at high risk of preterm birth
 - ADULT PRIMARY CARE, FAMILY MEDICINE, GERIATRICS, CARDIOVASCULAR MEDICINE, ENDOCRINOLOGY AND DIABETES (January 2016)

Practice Changing UpDates

Author
 H Nancy Sokol, MD

Contributor disclosures

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
Literature review current through: Jun 2016. | **This topic last updated:** Jul 06, 2016.

INTRODUCTION — This section highlights selected specific new recommendations and/or updates that we anticipate may change usual clinical practice. Practice Changing UpDates focus on changes that may have significant and broad impact on practice, and therefore do not represent all updates that affect practice. These Practice Changing UpDates, reflecting important changes to UpToDate over the past year, are presented chronologically, and are discussed in greater detail in the identified topic reviews.

ONCOLOGY (June 2016)

Choice of adjuvant chemotherapy for resected pancreatic cancer

- Following resection of pancreatic cancer, we suggest six months of combination chemotherapy with gemcitabine plus capecitabine rather than gemcitabine monotherapy for most patients ([Grade 2B](#)). However, therapy with gemcitabine alone (or, where available, S-1) is a reasonable option, particularly for patients with a borderline performance status or a comorbidity profile that precludes intensive therapy.

Adjuvant chemotherapy is recommended for all patients with resected pancreatic cancer. The standard approach has been gemcitabine monotherapy or, where available, S-1 alone. The benefit of a two-drug regimen was tested in the ESPAC-4 trial, which randomly assigned 730 patients with resected pancreatic adenocarcinoma to six months of gemcitabine with or without capecitabine [1]. In a preliminary report presented at the 2016 annual meeting of the American Society of Clinical Oncology (ASCO), combination therapy was associated with significantly longer median overall survival (28 versus 25.5 months), and twice as many patients remaining alive at five years (19 versus 9). Severe diarrhea, hand-foot syndrome, and neutropenia were all significantly more common with combined therapy.

For most patients we suggest six months of combination chemotherapy with gemcitabine plus capecitabine rather than gemcitabine monotherapy after resection of pancreatic cancer. However, therapy with gemcitabine or S-1 alone remains a reasonable option, particularly for patients with a borderline performance status or a comorbidity profile that precludes intensive therapy. (See ["Treatment for potentially resectable exocrine pancreatic cancer", section on "Gemcitabine plus capecitabine."](#))

INFECTIOUS DISEASES (May 2016)

Option for shortened MDR-TB regimen in updated WHO guidelines

- Consistent with WHO updated guidelines for patients with multidrug-resistant tuberculosis (MDR-TB), we suggest a shortened 9 to 12-month MDR-TB regimen for nonpregnant patients who have no extrapulmonary disease, an isolate known to be susceptible to fluoroquinolones and injectable antituberculous agents, and no prior exposure to second-line agents for more than one month ([Grade 2C](#)).

The conventional treatment regimen for multidrug-resistant tuberculosis (MDR-TB) consists of a fluoroquinolone, an injectable agent, and at least two other core second-line agents for a total duration of 20 to 26 months. Updated World Health Organization (WHO) guidelines present the option of a shortened regimen for nonpregnant patients with MDR-TB who have no extrapulmonary disease, an isolate known to be susceptible to fluoroquinolones and injectable

Esta forma de busca apresenta as atualizações do termo pesquisado; no exemplo, zika vírus.

Comentar tópico

- Specialties
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- Calculators
- Authors and Editors

Contents: What's New

Our editors select a small number of the most important updates and share them with you via What's new. See these updates by clicking on the specialty you are interested in below. You may also type "What's new" into the search screen after you have logged in to UpToDate.

- Practice Changing UpDates
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- What's new in psychiatry
- What's new in pulmonary and critical care medicine
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No menu **Novidades**, pode fazer buscas pelas **categorias**, como no exemplo:



What's new in family medicine

- Topic Outline**
- ADULT GENERAL INTERNAL MEDICINE**
- Endocrine Society publishes updated guidelines for primary aldosteronism (June 2016)
 - Mediterranean compared with low-fat or low-carbohydrate diet for weight loss (May 2016)
 - Risks of oral ketoconazole for fungal skin and nail infections (May 2016)
 - Clinical practice guideline for chronic insomnia in adults (May 2016)
 - New guidelines for the management of acne vulgaris (May 2016)
 - Updated guidelines for the treatment of venous thromboembolism (March 2016)
 - Agent selection for anticoagulation in venous thromboembolism (March 2016)
 - Systemic exertion intolerance disease and association with suicide (March 2016)

What's new in family medicine

Author
H Nancy Sokol, MD

Contributor disclosures

All topics are updated as new evidence becomes available and our peer review process is complete. **Literature review current through:** Jun 2016. | **This topic last updated:** Jul 08, 2016.

The following represent additions to UpToDate from the past six months that were considered by the editor most recent What's New entries are at the top of each subsection.

ADULT GENERAL INTERNAL MEDICINE

Endocrine Society publishes updated guidelines for primary aldosteronism (June 2016)

In 2016, the Endocrine Society updated their 2008 clinical practice guidelines for the diagnosis and treatment of primary aldosteronism. The updated guidelines recommend case detection and case confirmation in patient groups with a relatively high prevalence of primary aldosteronism (hypokalemia, adrenal incidentaloma, or family history early-onset hypertension). However, there are broader implications for patients with sustained blood pressure >150 mmHg (systolic) and >100 mmHg (diastolic), and patients with hypertension who have hypertension given its prevalence and its association with cardiovascular and renal damage. (See "Diagnosis of primary aldosteronism" section.)

Specialties
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Contents: Calculators

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Adult and Pediatric Emergency Medicine Calculators
 Adult Primary Care and Internal Medicine Calculators
 Allergy and Immunology Calculators
 Cardiovascular Medicine Calculators
 Endocrinology and Diabetes Calculators
 Gastroenterology and Hepatology Calculators

General Surgery Calculators
 Hematology Calculators
 Hospital Medicine Calculators
 Infectious Diseases Calculators
 Nephrology and Hypertension Calculators
 Neurology Calculators

Obstetrics, Gynecology and Women's Health Calculators
 Oncology Calculators
 Pediatrics Calculators
 Psychiatry Calculators
 Pulmonary, Critical Care, and Sleep Medicine Calculators
 Rheumatology Calculators

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Várias calculadoras disponíveis; veja os exemplos:

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Contents: Adult and Pediatric Emergency Medicine Calculators

Clinical Criteria

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- Calculator: Weight unit conversions

Medical Equations

- Calculator: Adult burn injury fluid resuscitation (Parkland crystalloid estimate)
- Calculator: Blood ethanol concentration estimation
- Calculator: Endotracheal tube size for children (Age 1 to 8 years)
- Calculator: Ideal body weight (method of Devine) and dosing weight for adults
- Calculator: Lean body weight (adult female)
- Calculator: Lean body weight (adult male)
- Calculator: SI unit to conventional (gravimetric, imperial, US) unit conversions: Chemi

3

Calculator: Blood ethanol concentration estimation

zika virus

Calculator: Blood ethanol concentration estimation

Blood ethanol concentration = (Volume ingested * Concentration ingested * 0.8) / (Weight * 0.6)

Input:

Volume ingested mL

Concentration ingested Percent ethanol

Weight kg

Result:

Blood ethanol concentration mg/dL

Decimal precision: 2

Reset form

Clique para pesquisar *Interações medicamentosas*

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Pesquisar em Português

Pediátricos

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- Aspirin and Caffeine
- Aspirin and Calcium Carbo...
- Aspirin and Diphenhydrami...
- Aspirin and Dipyrindamole

O campo sugere interações medicamentosas para o termo pesquisado, como no exemplo: *aspirin*

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Lexi-Comp's Comprehensive Drug-to-Drug, Drug-to-Herb and Herb-to-Herb Interaction Analysis Program



NOTE: Lexi-Interact does not address chemical compatibility related to I.V. drug preparation or administration.

Lexi-Interact Online combines the world's literature and scientific understanding of drug interactions with a state-of-the-art electronic platform, providing an efficient way to ensure that adverse drug events don't compromise the care of your patients.

Review all interactions for a selected medication or enter a patient specific regimen to analyze for potential interactions. Additionally, you may select a drug interaction result to obtain detailed information on Patient Management, Interacting Members, Risk Rating, References and more.

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Lexi-Comp Online™ Interaction Lookup

Only interactions at or above the selected [risk rating](#) will be displayed.
View interaction detail by clicking on link.

Aspirin and Pravastatin

Interacting Categories

- [C] [ACE Inhibitors](#)
- [C] [Acipimox](#)
- [C] [Agents with Antiplatelet Properties](#)
- [C] [Agents with Antiplatelet Properties](#)
- [C] [Ajmaline](#)
- [D] [Alcohol \(Ethyl\)](#)
- [C] [Alendronate](#)
- [C] [Ammonium Chloride](#)
- [C] [Antacids](#)
- [C] [Anticoagulants](#)
- [C] [Anticoagulants](#)
- [C] [Antidepressants \(Tricyclic, Tertiary Amine\)](#)
- [D] [Antihepaciviral Combination Products](#)
- [D] [Apixaban](#)
- [C] [ARIPiprazole](#)
- [B] [Ascorbic Acid](#)
- [C] [Asunaprevir](#)
- [C] [Benzbromarone](#)
- [D] [Bezafibrate](#)

Lookup

Enter item name to lookup.

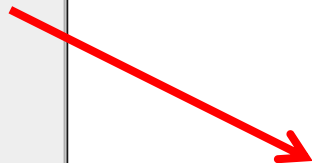
[Aspirin and Pravastatin](#)

• Display complete list of interactions for an individual item by clicking item name.

• Add another item(s) [Lookup] to Analyze for potential interactions between items in the list.

• Remove item from the list by clicking the check mark next to the item name.

Exemplo de pesquisa e a página de resultados:



Clique para ver recursos de ajuda, como tutoriais, FAQ, entre outros e se desejar criar um login na base.

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- Patient Information
- What's New
- Calculators
- Authors and Editors

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