

Lesson 4: Calculations used to determine patient-specific doses "The right dose"

General Dosing Information

Dosing is one of the most common calculation functions that you will perform during your career. Dosing involves a series of steps, each of which will potentially contain some calculations for you to do. It starts with some guidelines, usually a *dosing range* and from that calculating what amount of drug the patient should receive for each dose, and how much total drug you will thus need to fill the patient's prescription. Let's look at each step.

1. Locate dosing guidelines. You decide that you need to calculate a patient-specific dose. You must first locate some dosing guidelines. You will find these guidelines in many common texts, and later on in your pharmacotics, pharmacology, and therapeutics courses. Dosing guidelines will usually give you a range to choose from. Some of these ranges will be total daily doses. For instance the pediatric guidelines for dosing amoxicillin, an antibiotic, for an ear infection, are 30-50 mg/kg/day, with the total daily dose given as three separate doses during the day. Other ranges will be per-dose. The adult dosing guidelines for gentamicin (an antibiotic), for instance are 1.5-2.0 mg/kg/dose with doses commonly given every 8 hours. Cyclophosphamide, a medication given to cancer patients, can be dosed at 400-600 mg/m², using body surface area to create a patient-specific dose. The list could go on, but hopefully you get the idea.

2. Obtain patient variable data, such as weight. After locating the dosing guidelines, you need to determine the value of the variable that the dose is dependent on; most commonly the patient's weight, age, height, or kidney function. Determining this may involve some detective work - you may have to ask the patient for his or her weight, for instance, or you may need to obtain a blood concentration of a substance (creatinine, a muscle breakdown product) in order to determine kidney function.

3. Determine the patient-specific daily dosing range. Once you have your dosing guidelines and the value, you will likely have to multiply one by the other in order to get the dosing range for that individual patient. For instance, if you have a 20 kg child who is to receive amoxicillin, and you know that the dosing guidelines are 30-50 mg/kg/day, it is a simple matter to determine that this patient should receive between 600 and 1000 mg of amoxicillin daily.

4. Calculate the range for each patient-specific dose. If you have a daily dosing guideline, and the patient is to receive more than one dose per day, you will need to divide the total daily dose by the number of doses/day. For instance, the patient who is to receive between 600 and 1000mg of amoxicillin per day is to have this medication divided evenly into three doses/day. This means that the patient should receive 200mg to 333mg in each dose.

What do you do when you have no choice but to round up or down out of the dosing range? In general, with an antibiotic it is better to round up than down. With all other medications it may be better to round down, rather than up, although if you're just rounding up a little bit (10% or less), then you're probably OK rounding up.

5. Determine an appropriate dosage form for the patient. Sometimes you will be given a dose of a drug that a patient is receiving in one form and will be asked to convert it to the dose a patient should receive in another form. For example, if a patient is receiving a drug intravenously, he or she may need to have an oral dose calculated in order to be eligible for discharge from the hospital. You will need to find some dose equivalency information in order to do this.

At other time, you may initiate a change of dosage form yourself. Physicians may write for oral suspensions for children, but some children will prefer to take tablets. If the patient is a child older than 5 years of age, it is best to ask him or her whether or not he or she can swallow a tablet or would prefer liquid. Likewise, a physician may write a prescription for a particularly large dosage form for an elderly adult. If that patient has an impaired ability to swallow, for example if they've had a stroke, then he or she may need an alternative dosage form. Let the patient or caregiver guide you in your choice of dosage form whenever possible.

6. Choose an appropriate strength or concentration. Once you know the range for each dose, it is simply a matter of examining the strengths that a drug is available in and choosing one that is as simple as possible for the patient to use. For example, amoxicillin comes in a concentration of 250mg/5ml and 125mg/5ml. Since 250mg is

Lesson 4 Calculations Used To Determine Patient Specific Doses

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Lesson 4 Calculations Used To Determine Patient Specific Doses:

Concepts in Clinical Pharmacokinetics William Spruill, William Wade, Joseph T. DiPiro, Robert A. Blouin, Jane M.

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Pharmacokinetics Robin Southwood, Virginia Fleming, Gary Huckaby, 2018-04-16 Concepts in Clinical Pharmacokinetics 7th edition is the fundamental reference for learning the basic foundational pharmacokinetics concepts and how to apply them to dosing of drugs in clinical practice Content is broken into 15 easy to follow lessons perfect for a semester Practice quizzes in 11 chapters to chart progress Four chapters completely devoted to clinical cases More information on hemodialysis More on pharmacogenetics More on plasma concentration versus time curve AUC calculations A phenytoin cheat sheet to help you through the calculations maze New vancomycin cases based on higher desired vancomycin levels and trough only dose estimations More on modified diet in renal disease MDRD formula versus Cockcroft Gault CG formula methods More theory and problems on extended interval aminoglycosides [Clinical Nursing Skills and Techniques - E-Book](#) Anne G. Perry, Patricia A. Potter, Wendy R. Ostendorf, 2013-02-18 Over 250 new photos illustrate the most current equipment and techniques Improved readability includes a streamlined presentation with material that's easier to comprehend Skills performance guidelines include key principles that apply to all skills covered within a chapter New Using Evidence in Nursing Practice chapter discusses the complete process of conducting research collecting critiquing evaluating and applying evidence to improve patient care A companion Evolve website includes additional review questions an audio glossary and access to Evolve Mobile where you can download the skills checklists and video clips for your iPod or MP3 player [Clinical Nursing Skills and Techniques](#) Anne Griffin Perry, RN, EdD, FAAN, Patricia A. Potter, Wendy Ostendorf, 2013-02-14 Known for its clear comprehensive coverage of over 200 evidence based skills Clinical Nursing Skills Techniques is today's leading nursing skills reference It features nearly 1 000 full color photographs and drawings a nursing process framework step by step instructions with rationales and a focus on critical thinking and evidence based practice This edition includes new coverage of patient centered care and safety guidelines an emphasis on QSEN core competencies and links to valuable online resources Written by the trusted author team of Anne Griffin Perry and Patricia A Potter and now joined by new author Wendy Ostendorf this reference helps you perform nursing skills with confidence Coverage of QSEN core competencies includes delegation and collaboration guidelines for reporting and recording and pediatric geriatric home care and teaching considerations Unique Using Evidence in Nursing Practice chapter covers the entire process of conducting research including collecting evaluating and applying evidence from published research Comprehensive coverage includes 212 basic intermediate and advanced nursing skills Clinical Decision Points within skills address key safety issues or possible skill modifications for specific patient needs Icons indicate video clips related to skills and procedures in the book and related lessons in Nursing Skills Online Rationales for each skill step explain why steps are performed in a specific way including their clinical significance and benefit and incorporate the latest research findings The five step nursing process provides a framework for the description of skills within overall client care Unique Unexpected outcomes and related interventions alert you to what might go wrong and how to appropriately intervene Online checklists and video clips may be downloaded to

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provides a program in mathematics which is a transition from arithmetic to algebra Includes decimals number theory equations percent ratio area and volume statistics and square roots **Resources in Education** ,1994 *Title List of Documents Made Publicly Available* U.S. Nuclear Regulatory Commission,1980 *Innovation in Clinical Trial Methodologies* Peter Schueler,2020-11-01 *Innovation in Clinical Trial Methodologies* Lessons Learned during the Corona Pandemic presents a selection of updated chapters from Re Engineering Clinical Trials that feature innovative options and methods in clinical trials The Coronavirus pandemic is an accelerator for digitalization in many industries including clinical trials This book considers best practices alternative study concepts requiring fewer patients studies with less patient interaction the design of virtualized protocols and moving from data to decisions This book will be helpful to pharmacologists physicians and clinical researchers involved in the process of clinical development and clinical trial design Considers multiple digital and virtual strategies Explores best practices including the use of reduced patient involvement Brings together expert trusted information to increase the efficiency and effectiveness of clinical trials *Onco-Nephrology E-Book* Kevin W. Finkel,Mark Anthony Perazella,Eric P Cohen,2019-07-02 Kidney disease and cancer are frequent comorbidities that require specialized knowledge and expertise from both the nephrologist and the oncologist Written by three pioneers in this growing subspecialty Onco Nephrology provides authoritative definitive coverage of the mechanism and management of these two life threatening diseases This unique single volume resource covers current protocols and recommends management therapies to arrest kidney failure and allow oncologic treatments to continue and succeed Addresses acute and chronic kidney diseases that develop from a variety of cancers This includes direct kidney injury from the malignancy paraneoplastic effects of the cancer and various cancer agents used to treat the malignancy Discusses key issues regarding kidney disease in patients with cancer including conventional chemotherapeutic regimens and new novel therapies targeted agents and immunotherapies or the malignancies themselves that may promote kidney injury patients with chronic kidney disease who acquire cancer unrelated to renal failure and kidney transplantation which has been shown to carry an increased risk of cancer Contains dedicated chapters for each class of the conventional chemotherapeutic agents targeted cancer agents and cancer immunotherapies including the basic science pathogenic mechanisms of injury clinical manifestations and treatment Includes special chapters devoted to the individual classes of chemotherapies that relate to kidney disease for quick reference Discusses increasingly complex problems due to more numerous and specialized anti cancer drugs as well as increased survival rates for both cancer and renal failure requiring long term patient care Covers anti VEGF antivascular endothelial growth factor agents and cancer immunotherapies treatments that are being recognized for adverse kidney effects Utilizes a clear logical format based on the ASN Core Curriculum for Onco Nephrology making this reference an excellent tool for board review as well as a practical resource in daily practice Enhanced eBook version included with purchase Your enhanced eBook allows you to access all of the text figures and references from the book on a variety of

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