

*"Le biblioteche non si fanno;  
crescono."* A. Birrell



# UpToDate®

**Maddalena Marcato**

SC Farmacia Ospedaliera  
AO Ordine Mauriziano di Torino

**UpToDate** è un sistema di supporto decisionale in campo clinico basato su prove di efficacia (*Evidence Based Medicine*)



**Obiettivi:**

- 1) rispondere ai quesiti clinici rapidamente**
- 2) accrescere le proprie competenze**
- 3) migliorare le cure ai pazienti**

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over 7,100  
physician  
authors,  
editors, and  
peer  
reviewers

bvs-p

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Sintomi  
Anomalie di laboratorio  
Procedure  
Farmaci  
Abbreviazioni mediche



**POINT OF CARE ONLINE  
SUMMARY**

**Calcolatori a supporto dell'attività clinica**

**Database del farmaco Lexicomp**

**Servizio di segnalazione delle novità e dei  
cambiamenti più significativi nella prassi  
medica**

**Aggiornamento quotidiano**



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*Metodo Grade*

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*Lo staff della BVS-P*

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**bvs-p**

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- cannot match username
- at least 1 number, or special character from the following set:  
- \_ # \$ \* ! ( ) + =

**Submit Registration**

Clicca su **Login** se hai già una username e una password UpToDate

### Username

Minimo 6 caratteri  
Es.: giovanni.barberi

### Password

Min 8 caratteri di cui min  
1 maiuscola e min 1 numero  
Ex.: Chiara2010

 Wolters Kluwer

**“Submit registration” → ricezione mail di conferma**

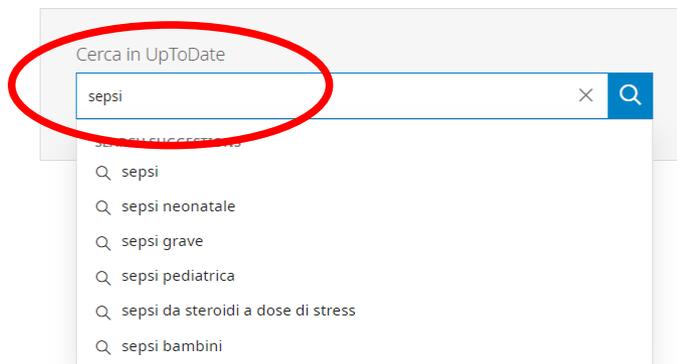
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Cerca in UpToDate



Risultati per **sepsi**

Cerca invece: Disseminated intravascular coagulation, Puerperal sepsis, Neonatal sepsis, Bacteremia

### Sepsis syndromes in adults: Epidemiology, definitions, clinical presentation, diagnosis, and prognosis

... from patients with **sepsis**. **Sepsis** exists on a continuum of severity ranging from infection (invasion of sterile tissue by organisms) and **bacteremia** (bacteria in the blood) to **sepsis** and septic shock, ...

[Definitions](#)[Summary and recommendations](#)[Initial evaluation for common sources of sepsis](#)[Systemic inflammatory response](#)

### Evaluation and management of suspected sepsis and septic shock in adults

...antibiotics for those with milder variants of **sepsis**. Definitions, diagnosis, pathophysiology, and investigational therapies for **sepsis**, as well as management of **sepsis** in the asplenic patient are reviewed separately ...

[Choosing a regimen](#)[Intravenous fluids \(first three hours\)](#)[Summary and recommendations](#)

### Systemic inflammatory response syndrome (SIRS) and sepsis in children: Definitions, epidemiology, clinical manifestations, and diagnosis

... mg/dL) and is defined as **sepsis** that has circulatory, cellular, and metabolic abnormalities that are associated with a greater risk of mortality than **sepsis** alone. The concept of **sepsis** as life-threatening ...

[Sepsis](#)[Summary](#)[Pediatric SIRS vital signs and laboratory values by age](#)

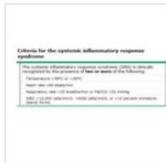
# Archivio di 34.000 immagini

Risultati per **sepsi**

Cerca invece: Disseminated intravascular coagulation, Neonatal sepsis, Batteremia, Puerperal sepsis



Initial evaluation of common sources of sepsis



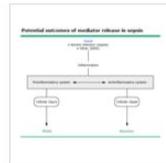
Criteria for the systemic inflammatory response syndrome



Pediatric systemic inflammatory response syndrome vital signs and laboratory values by age



Decreased oxygen extraction in sepsis



Potential outcomes of mediator release in sepsis



Time-dependent algorithm for the initial assessment and management of cancer patients with neutropenic fever and suspected sepsis syndrome



Diagnosis and treatment of burn wound infection and sepsis



Noninfectious mimics of sepsis



Bacteriology of intraabdominal sepsis



Purpuric rash of pneumococcal sepsis



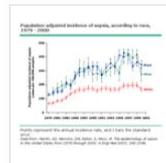
Differential diagnosis of neonatal sepsis



Clinical findings in neonatal sepsis



Intravascular hemolysis due to *Clostridium perfringens* sepsis



Population-adjusted incidence of sepsis, according to race, 1979-2000



Algorithm for empiric antimicrobial selection for gram-negative bacillary bacteremia



Bacterial pathogens in neonatal sepsis and focal neonatal infections



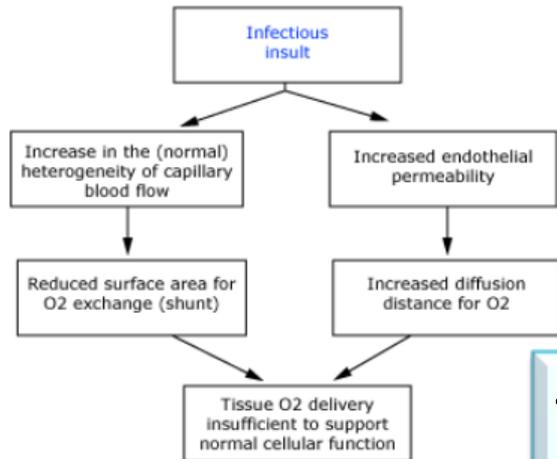
Suggested antimicrobial regimens in the management of neonatal sepsis in term and late preterm infants



"Enhanced observation" approach to evaluating neonates born  $\geq 35$  weeks gestation who are at risk for group B streptococcal infection



### Decreased oxygen extraction in sepsis



Graphic 73725 Version 2.0

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#### Appears in topics

Please view topics in the context of the topic in which they appear below.

- Pathophysiology of sepsis

- algoritmi scaricabili in Power Point
- visualizzazione a schermo intero per stampa o condivisione via mail
- richiesta di chiarimenti agli autori (24-48h)....non esitate!
- segnalibro per il collegamento diretto
- collegamento al testo che riporta l'algoritmo

Risultati per **sepsi**

Cerca invece: Disseminated intravascular coagulation, Puerperal sepsis, Neonatal sepsis, Bacteremia

**Sepsis syndromes in adults: Epidemiology, definitions, clinical presentation, diagnosis, and prognosis**

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Definitions

Summary and recommendations

 Initial evaluation for common sources of sepsis Systemic inflammatory response**Evaluation and management of suspected sepsis and septic shock in adults**

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Choosing a regimen

Intravenous fluids (first three hours)

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Sepsis

Summary

 Pediatric SIRS vital signs and laboratory values by age

&lt; Indietro

## Topic Outline

## SUMMARY AND RECOMMENDATIONS

## INTRODUCTION

## EPIDEMIOLOGY

Incidence

Pathogens

Disease severity

## DEFINITIONS

Early sepsis

- Infection and bacteremia
- Identification of early sepsis (qSOFA, NEWS)

Sepsis

Septic shock

Others

- Multiple organ dysfunction syndrome
- Systemic inflammatory response syndrome

Pregnancy

## RISK FACTORS

## CLINICAL PRESENTATION

Symptoms and signs

Laboratory signs

sepsi

Trova

## Sepsis syndromes in adults: Epidemiology, definitions, clinical presentation, diagnosis, and prognosis

Author: [Remi Neviere, MD](#)Section Editor: [Polly E Parsons, MD](#)Deputy Editor: [Geraldine Finlay, MD](#)[Contributor Disclosures](#)All topics are updated as new evidence becomes available and our [peer review process](#) is complete.Literature review current through: **May 2021**. | This topic last updated: **Feb 03, 2020**.

### INTRODUCTION

Sepsis is a clinical syndrome that has physiologic, biologic, and biochemical abnormalities caused by a dysregulated host response to infection. Sepsis and the inflammatory response that ensues can lead to multiple organ dysfunction syndrome and death.

The epidemiology, definitions, risk factors, clinical presentation, diagnosis, and outcomes of sepsis are reviewed here. The pathophysiology and treatment of sepsis are discussed separately. (See "[Pathophysiology of sepsis](#)" and "[Evaluation and management of suspected sepsis and septic shock in adults](#)".)

### EPIDEMIOLOGY

**Incidence** — In the late 1970s, it was estimated that 164,000 cases of sepsis occurred in the United States (US) each year [1]. Since then, rates of sepsis in the US and elsewhere have on balance increased although many of these are derived from academic institutions or on claims-based analyses [2-5]:

- One national database analysis of discharge records from hospitals in the US estimated an annual rate of more than 1,665,000 cases of sepsis between 1979 and 2000 [2].

Feedback sull'argomento

Stesso formato per standardizzare il metodo di ricerca

Ricerca del termine e/o del suo sinonimo

infections

Trova

## Find In Topic

1 of 97

Synonym

Exact

&lt; &gt;

Fine

- Novità
- Aggiornamenti sui cambiamenti nella pratica
- Informazioni sui farmaci
- Formazione del paziente
- Argomenti per specialità
- Autori e redattori

Cerca in UpToDate

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- Novità
- Aggiornamenti sui cambiamenti nella pratica
- Informazioni sui farmaci
- Formazione del paziente
- Argomenti per specialità
- Autori e redattori



## Novità: le specialità



Our editors select a small number of the most important updates and share them with you via What's New.

**Find Out What's New In:**

- |                                     |                                 |                                      |
|-------------------------------------|---------------------------------|--------------------------------------|
| Practice Changing UpDates           | Gastroenterology and hepatology | Palliative care                      |
| Allergy and immunology              | Geriatrics                      | Pediatrics                           |
| Anesthesiology                      | Hematology                      | Primary care                         |
| Cardiovascular medicine             | Hospital medicine               | Psychiatry                           |
| Dermatology                         | Infectious diseases             | Pulmonary and critical care medicine |
| Drug therapy                        | Nephrology and hypertension     | Rheumatology                         |
| Emergency medicine                  | Neurology                       | Sleep medicine                       |
| Endocrinology and diabetes mellitus | Obstetrics and gynecology       | Sports medicine (primary care)       |
| Family medicine                     | Oncology                        | Surgery                              |

# Practice Changing UpDates: gli aggiornamenti sostanziali in ordine cronologico inverso



## Topic Outline



## INTRODUCTION

INFECTIOUS DISEASES (November 2020, Modified May 2021)

Vaccines to prevent SARS-CoV-2 infection

## NEUROLOGY (April 2021)

Second course of IVIG not beneficial for patients with severe Guillain-Barré syndrome

## ONCOLOGY (April 2021)

Postoperative nivolumab after initial chemoradiotherapy for esophageal and esophagogastric junction cancer

## INFECTIOUS DISEASES; EMERGENCY MEDICINE (ADULT AND PEDIATRIC) (February 2021)

Tocilizumab for COVID-19

## INFECTIOUS DISEASES; OBSTETRICS, GYNECOLOGY AND WOMEN'S HEALTH; PRIMARY CARE (ADULT); FAMILY MEDICINE AND GENERAL PRACTICE; EMERGENCY MEDICINE (ADULT AND PEDIATRIC) (January 2021)

## Practice Changing UpDates

Authors: [April F Eichler, MD, MPH](#), [Sadhna R Vora, MD](#)

[Contributor Disclosures](#)

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.

Literature review current through: **May 2021**. | This topic last updated: **May 24, 2021**.

### 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.

### INFECTIOUS DISEASES (November 2020, Modified May 2021)

#### Vaccines to prevent SARS-CoV-2 infection

- For individuals who are eligible for vaccination according to local allocation priorities, we recommend COVID-19 vaccination (**Grade 1B**). Vaccine selection depends on local availability.

Various vaccines to prevent SARS-CoV-2 infection have become available in different countries. In the United States, the [COVID-19 mRNA vaccines](#) BNT162b2 (Pfizer-BioNTech COVID-19 vaccine) and mRNA 1273 (Moderna COVID-19 vaccine) and the [COVID-19 adenovirus vector vaccine](#) Ad26.COV2.S (Janssen COVID-19 vaccine) have received emergency use authorization for use in individuals 18 years and older; BNT162b2 is also authorized for use in children and adolescents 12 through 17 years [1-3]. The mRNA vaccines are each given as two intramuscular doses separated by a few weeks; the adenovirus vector vaccine is a single intramuscular dose. In large placebo-controlled trials, these vaccines were highly effective in preventing laboratory-confirmed COVID-19, especially severe/critical disease [4-6]. Local and systemic adverse effects (nausea, fever, fatigue, headache) are common but usually nonsevere. Ad26 COV2 S is associated with an extremely small risk of thrombosis with

Contenuto ▾   **Calcolatori**   Interazioni farmaco

- Novità
- Aggiornamenti sui cambiamenti nella pratica
- Informazioni sui farmaci** ←
- Formazione del paziente
- Argomenti per specialità
- Autori e redattori

**Informazioni sul farmaco per:**

- **pazienti adulti**
- **pazienti pediatrici**
- **educazione del paziente**

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Contenuto ▾   **Calcolatori**   Interazioni farmacologiche   UpToDate Pathways

< Indietro   **Drug Information**

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- |  |  |  |
|--|--|--|
| <a href="#">General drug information</a>                 | <a href="#">Patient drug information</a>   | <a href="#">What's new in drug therapy</a> |
| <a href="#">International drug information (concise)</a> | <a href="#">Pediatric drug information</a> | <a href="#">Patient Education</a>          |

## Topic Outline

Brand Names: US

Brand Names: Canada

Warning

What is this drug used for?

What do I need to tell my doctor BEFORE I take this drug?

What are some things I need to know or do while I take this drug?

What are some side effects that I need to call my doctor about right away?

What are some other side effects of this drug?

How is this drug best taken?

What do I do if I miss a dose?

How do I store and/or throw out this drug?

## What is this drug used for?

- It is used to treat HIV infection.

## What do I need to tell my doctor BEFORE I take this drug?

### For all patients taking this drug:

- If you are allergic to this drug; any part of this drug; or any other drugs, foods, or substances. Tell your doctor about the allergy and what signs you had.
- If you have any of these health problems: Kidney disease or liver disease.
- If you have been tested and know that you have a gene type called HLA-B\*5701.
- If you are taking a drug that has sorbitol in it.
- If you are breast-feeding. Do not breast-feed while you take this drug.

### Children:

- If your child weighs less than 55 pounds (25 kilograms).

This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

**Topic Outline**

ALERT: US Boxed Warning

Brand Names: US

Brand Names: Canada

Therapeutic Category

**Dosing: Pediatric**

Dosing: Renal Impairment: Pediatric

Dosing: Hepatic Impairment: Pediatric

Dosing: Adult

Dosing: Renal Impairment: Adult

Dosing: Hepatic Impairment: Adult

Dosage Forms: US

Generic Equivalent Available: US

Dosage Forms: Canada

mg/lamivudine 300 mg) once daily.

**Dosage adjustment for concomitant therapy:** Significant drug interactions exist, requiring dose/frequency adjustment or avoidance. Consult drug interactions database for more information.

**Dosing: Renal Impairment: Pediatric**

Children and Adolescents weighing  $\geq 25$  kg:

CrCl  $\geq 50$  mL/minute: No dosage adjustment necessary.

CrCl  $< 50$  mL/minute: Use of combination product not recommended; see individual agents.

**Dosing: Hepatic Impairment: Pediatric**

Children and Adolescents weighing  $\geq 25$  kg:

Mild impairment (Child-Pugh class A): Use of combination product not recommended; see individual agents.

Moderate to severe impairment (Child-Pugh class B or C): Use of combination product is contraindicated; see individual agents.

**Dosing: Adult**

(For additional information [see "Abacavir and lamivudine: Drug information"](#))

**HIV-1 infection, treatment: Oral:** 1 tablet (abacavir 600 mg and lamivudine 300 mg) once daily as part

## Patient Education

UpToDate offers two levels of content for patients:

- **The Basics** are short overviews. They are written in accordance with plain language principles and answer the four or five most important questions a person might have about a medical problem.
- **Beyond the Basics** are longer, more detailed reviews. They are best for readers who want detailed information and are comfortable with some medical terminology.



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To browse the available patient education topics in UpToDate, click on a category below.

- |                            |                                |                                |
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| Autoimmune disease         | Eyes and vision                | Nutrition, diet, and weight    |
| Blood disorders            | General health                 | Pregnancy and childbirth       |
| Bones, joints, and muscles | Heart and blood vessel disease | Senior health                  |
| Brain and nerves           | Hormones                       | Sexual and reproductive health |
| Cancer                     | Infections and vaccines        | Skin, hair, and nails          |
| Children's health          | Kidneys and urinary system     | Sleep                          |
| Diabetes                   | Liver disease                  | Surgery                        |
| Digestive system           | Lung disease                   | Travel health                  |





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List Alphabetically

Search Calculators

**ALLERGY AND IMMUNOLOGY CALCULATORS**

Clinical Criteria

Temperature unit conversions

Weight unit conversions

Medical Equations

Absolute eosinophil count

Conventional (gravimetric, imperial, US) unit to SI unit conversions: Chemistry and endocrine tests

Conventional (gravimetric, imperial, US) unit to SI unit conversions: Immunology lab values

SI unit to conventional (gravimetric, imperial, US) unit conversions: Chemistry and endocrine tests

SI unit to conventional (gravimetric, imperial, US) unit conversions: Immunology lab values

**ANESTHESIOLOGY CALCULATORS**

Clinical Criteria

APACHE II scoring system in adults

ARISCAT (Canet) preoperative pulmonary risk index in adults

**Suddivisione per specialità**

- **Clinical criteria**
- **Medical Equations**

## Calculator: Temperature unit conversions

FROM:

 Pull-Down ▾

TO:

 Pull-Down ▾Set maximal display precision in decimal points:  Reset form**Clinical criteria**

## Notes

- To make simple unit conversions, select the starting units with the pull-down selector on the right. Then type a starting value in the top **FROM** input box. To convert the value, choose the new unit in the lower right selector.
- Temperature conversions use the following formulas:
  - Temperature in degrees Fahrenheit (°F) = (Temperature in degrees Centigrade (°C) X 9/5) + 32
  - Temperature in degrees Centigrade (°C) = (Temperature in degrees Fahrenheit (°F) - 32) X 5/9

## Calculator: Body mass index (BMI; Quetelet's index) in adults

$$\text{BMI} = (\text{Weight}/2.205) / (\text{Height}/39.37)^2$$

Input:

Height  in ▾Weight  lb ▾

Result:

BMI  kg/m<sup>2</sup>Decimal precision  ▾

Reset form

## BMI interpretation

BMI <18.5	Below normal weight
BMI ≥18.5 and <25	Normal weight
BMI ≥25 and <30	Overweight
BMI ≥30 and <35	Class I Obesity
BMI ≥35 and <40	Class II Obesity
BMI ≥40	Class III Obesity

**Medical Equations**

# INFORMAZIONI SUI FARMACI SULLE INTERAZIONI FARMACOLOGICHE

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Maddalena Marcato ▾ CME 0.5 Disconnetti

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways

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- 6300 monografie Lexicomp  
sui farmaci  
- quesiti farmacologici

# PER LE INFORMAZIONI SUI FARMACI: dalla finestra principale di ricerca

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cefazolina



Maddalena Marcato CME 0.5 Disconnetti

Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways

< Indietro Tutti gli argomenti Adulto Pediatrico Paziente Immagini

Riduci a icona i risultati

Risultati per **Cefazolina** (*Cefazolin*)

Cerca invece: Cephalosporins

## Cephalosporins

...fragilis. **Cefazolin** has a similar spectrum of activity to cephalothin, is available worldwide, and is now the only parenteral first-generation cephalosporin available in the United States. **Cefazolin** achieves ...

- First generation
- Classification of cephalosporins
- Summary

## Antimicrobial prophylaxis for prevention of surgical site infection in adults

... Breast surgery **Cefazolin** is a drug of choice for many procedures; it is the most widely studied antimicrobial agent with proven efficacy for antimicrobial prophylaxis. **Cefazolin** has a desirable duration ...

- Orthopedic surgery
- Thoracic surgery
- Summary and recommendations

## Cellulitis and skin abscess in adults: Treatment

...chills) should be treated with parenteral therapy. Appropriate choices include **cefazolin**, ceftriaxone, or flucloxacillin **Cefazolin** has activity against streptococci as well as MSSA, which is useful in settings ...

- Erysipelas
- Cellulitis
- Summary and recommendations

## Clinical approach to Staphylococcus aureus bacteremia in adults

### Cefazolin

Generale

Pediatrico

Paziente

Visualizza argomento completo

[Cefazolin: Drug information](#)

Dosing

[Adult](#)

[Renal Impairment \(Adult\)](#)

[Hepatic Impairment \(Adult\)](#)

[Pediatric](#) See Pediatric tab above for full pediatric topic

[Geriatric](#)

[Obesity \(Adult\)](#)

> [Adverse Reactions](#)

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> [Mechanism of Action](#)

> [Pharmacologic Category](#)

Interazioni farmacologiche

[Launch drug interactions program](#)

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# Un team di farmacisti clinici cura tutte le monografie....

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Contenuto ▾ Calcolatori Interazioni farmacologiche UpToDate Pathways

< Indietro cefazolina Trova

## Topic Outline

- Pharmacologic Category
- Dosing: Adult
- Dosing: Renal Impairment: Adult
- Dosing: Hepatic Impairment: Adult
- Dosing: Pediatric
- Dosing: Renal Impairment: Pediatric
- Dosing: Hepatic Impairment: Pediatric
- Dosing: Geriatric
- Dosing: Obesity: Adult
- Dosage Forms: US
- Generic Equivalent Available: US
- Dosage Forms: Canada
- Administration: Adult
- Administration: Pediatric
- Use: Labeled Indications
- Use: Off-Label: Adult

## Cefazolin: Drug information Lexicomp®

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(For additional information see "[Cefazolin: Patient drug information](#)" and see "[Cefazolin: Pediatric drug information](#)")

For abbreviations and symbols that may be used in Lexicomp ([show table](#))

### Pharmacologic Category

Antibiotic, Cephalosporin (First Generation)

### Dosing: Adult

#### Bloodstream infection:

*Pathogen-directed therapy for methicillin-susceptible staphylococci (alternative agent):*

**IV:** 2 g every 8 hours (Fowler 2019; IDSA [Mermel 2009]); treat uncomplicated *Staphylococcus aureus* bacteremia for ≥14 days starting from day of first negative blood culture, with longer courses warranted for endocarditis or metastatic sites of infection (IDSA [Mermel 2009]).

*Pathogen-directed therapy for susceptible Enterobacteriaceae:*

**IV:** 2 g every 8 hours (Hsieh 2016; Turnidge 2011). Usual duration is 7 to 14 days; individualize depending on source and extent of infection as well as clinical response. A 7-day duration is recommended for patients with uncomplicated Enterobacteriaceae infection who respond appropriately to antibiotic therapy (Moehring 2019; Yahav 2018).

*Antibiotic lock technique (catheter-salvage strategy):* **Note:** For infections caused by susceptible organisms when the catheter cannot be removed; use in addition to systemic antibiotics. Catheter salvage is **not** recommended for *S. aureus*.

**Intracatheter:** Prepare lock solution to final concentration of cefazolin 5 to 10 mg/mL (may be combined with heparin). Instill into each lumen of the

Feedback sull'argomento

## INFORMAZIONI SUI FARMACI SULLE INTERAZIONI FARMACOLOGICHE

valutazione delle interazioni  
tra un numero illimitato di  
farmaci, alimenti, erbe,  
integratori, etc.

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**Lexicomp:** risorsa di informazioni sui farmaci evidence-based e peer-reviewed che mette a disposizione dei professionisti sanitari informazioni sui farmaci chiare, concise e facilmente consultabili

# PER LE INFORMAZIONI SULLE INTERAZIONI SUI FARMACI: dalla barra delle informazioni

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### Lexicomp® Drug Interactions

Add items to your list by searching below.

ITEM LIST

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### Lexicomp® Drug Interactions

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Warfarin

- [CeFAZolin](#)
- [MetFORMIN](#)
- [Aspirin](#)

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

## Lexicomp® Drug Interactions

Add items to your list by searching below.

Enter item name

## ITEM LIST

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Analyze

- CeFAZolin

- MetFORMIN

- Aspirin

- Warfarin

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

<b>X</b> Avoid combination	<b>C</b> Monitor therapy	<b>A</b> No known interaction
<b>D</b> Consider therapy modification	<b>B</b> No action needed	<i>More about Risk Ratings</i> ▼

## 4 Results

Filter Results by Item ▼ Print

<b>D</b>	Warfarin (Vitamin K Antagonists) Aspirin (Salicylates)
<b>C</b>	MetFORMIN (Agents with Blood Glucose Lowering Effects) Aspirin (Salicylates)
<b>C</b>	Warfarin (Vitamin K Antagonists) CeFAZolin (Cephalosporins)
<b>C</b>	Warfarin (Vitamin K Antagonists) MetFORMIN

DISCLAIMER: Readers are advised that decisions regarding drug therapy must be based on the independent judgment of the clinician, changing information about a drug (eg, as reflected in the literature and manufacturer's most current product information), and changing medical practices.

- principi attivi o nomi commerciali in inglese
- bastano le prime lettere
- ....fino ad un numero illimitato di sostanze
- Classificazione del grado di interazione (A-D)

#### 4 Results

D	Warfarin (Vitamin K Antagonists) Aspirin (Salicylates)
C	MetFORMIN (Agents with Blood Glucose Lowering Effects) Aspirin (Salicylates)
C	Warfarin (Vitamin K Antagonists) CeFAZolin (Cephalosporins)
C	Warfarin (Vitamin K Antagonists) MetFORMIN

DISCLAIMER: Readers are advised that decisions regarding drug therapy must be based on the information, and changing medical practices.

- Approfondimento sul  
tipo di interazione  
- Bibliografia

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ITEM LIST

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- CeFAZolin

- MetFORMIN

- Aspirin

- Warfarin

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Title Vitamin K Antagonists / Salicylates

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#### Dependencies

- **Dose:** Low cardioprotective aspirin doses, when indicated, generally only require enhanced monitoring for bleeding in patients receiving warfarin. Higher aspirin doses, and other salicylates included in this monograph, should generally be avoided.

**Risk Rating** D: Consider therapy modification

**Summary** Salicylates may enhance the anticoagulant effect of Vitamin K Antagonists. **Severity** Major **Reliability Rating** Excellent

**Patient Management** Patients receiving vitamin K antagonists should not take salicylate-containing medicines on an as-needed basis. Nonacetylated salicylates might be safer than aspirin. Acetaminophen (<1.3 g/day for <1 week) may be an acceptable antipyretic and analgesic choice for patients taking vitamin K antagonists; caution appears warranted with higher acetaminophen doses. Aspirin (80 to 325 mg/day) and warfarin are used together, in selected cases and with careful monitoring, for the prevention of cardiovascular events. Monitor for increased signs and symptoms of bleeding whenever a coumarin derivative and a salicylate are used concomitantly.

**Salicylates Interacting Members** Aminosalicilic Acid, Aspirin\*, Bismuth Subsalsicylate, Choline Magnesium Trisalsicylate, Choline Salicylate, Magnesium Salicylate, Sodium Salicylate, Triflusal

**Exception** Salsalate

**Vitamin K Antagonists Interacting Members** Acenocoumarol, Phenindione, Phenprocoumon [INT], Warfarin\*

\* Denotes agent(s) specifically implicated in clinical data. Unmarked agents are listed because they have properties similar to marked agents, and may respond so within the context of the stated interaction.

**Discussion** Concomitant therapy with aspirin and oral anticoagulants has been shown to significantly increase the risk of bleeding, both major and minor.<sup>1</sup> In a 534-patient study excessive bleeding (requiring blood transfusion or hospitalization) was three times higher in those receiving warfarin and aspirin (500 mg/day), than in those receiving warfarin and dipyridamole (400 mg/day) or warfarin alone.<sup>2</sup> Bleeding events primarily involved the gastrointestinal tract or central nervous system (all patients who experienced cerebral bleeds died). Other reports provide similar data.<sup>3,4,5,6</sup> Though the risk of bleeding, especially gastrointestinal, is increased by even small doses of aspirin, a study using daily 3 g doses failed to show any effect on the INR in warfarin-treated patients.<sup>7</sup> This supports the prevailing thought of the involvement of multiple mechanisms associated with these interactions. In small doses, aspirin can inhibit platelet function and cause gastric erosion. In larger doses, aspirin can exhibit a hypoprothrombinemic response that is likely additive with that of the coumarin derivative.

#### Footnotes

1. Hylek EM, Heiman H, Skates SJ, et al. Acetaminophen and other risk factors for excessive warfarin anticoagulation. *JAMA*. 1998;279(9):657-662. [[PubMed 9496982](#)]
2. Chesebro JH, Fuster V, Elveback LR, et al. Trial of combined warfarin plus dipyridamole or aspirin therapy in prosthetic heart valve replacement: danger of aspirin compared with dipyridamole. *Am J Cardiol*. 1983;51(9):1537-1541. [[PubMed 6342354](#)]
3. Altman R, Buollon F, Rouvier J, et al. Aspirin and prophylaxis of thromboembolic complications in patients with substitute heart valves. *J Thoracic Cardiovasc Surg*. 1976;72(1):127-

Lexicomp® Drug Interactions

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Green Tea

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<b>X</b> Avoid combination	<b>C</b> Monitor therapy	<b>A</b> No known interaction
<b>D</b> Consider therapy modification	<b>B</b> No action needed	<a href="#">More about Risk Ratings</a> ▼

15 Results

[Print](#)

- D** Green Tea (Herbs (Anticoagulant/Antiplatelet Properties)) Agents with Antiplatelet Properties
- D** Green Tea (Herbs (Anticoagulant/Antiplatelet Properties)) Anticoagulants
- D** Green Tea Bortezomib
- D** Green Tea (Herbs (Anticoagulant/Antiplatelet Properties)) Herbs (Anticoagulant/Antiplatelet Properties)
- D** Green Tea Nadolol
- D** Green Tea (Herbs (Anticoagulant/Antiplatelet Properties)) Nonsteroidal Anti-Inflammatory Agents
- D** Green Tea (Herbs (Anticoagulant/Antiplatelet Properties)) Salicylates
- D** Green Tea (Herbs (Anticoagulant/Antiplatelet Properties)) Thrombolytic Agents
- C** Green Tea Acenocoumarol
- C** Green Tea Folic Acid
- C** Green Tea Lisinopril
- C** Green Tea (Herbs (Anticoagulant/Antiplatelet Properties)) Nonsteroidal Anti-Inflammatory Agents (Topical)

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