

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

Robert F. Phalen



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 environmental toxicants Biomarkers are classified into three basic categories exposure effect or susceptibility A marker of
 exposure is the product of the interaction between a target cell or molecule and a foreign substance NAS 1989 These
 markers can be used to determine the biologically effective dose necessary to elicit a particular physiological change in an
 organism A marker of effect is a biochemical or physiological change in an organism that can predict the onset of adverse
 health effects resulting from a given exposure Lastly markers of susceptibility act as indicators of an inherent or acquired
 tendency of an organism to experience an adverse health effect NAS 1989 These markers are already used to detect a variety
 of diseases and show great promise for developing a better understanding of the mechanisms of disease Additionally
 biomarkers can be used to establish a more rational basis for quantitative risk extrapolation between species as well as to
 obtain more precise estimates of the time of critical exposure These markers can also prove helpful in identifying potentially
 damaging exposures before the onset of adverse health effects Biomarkers serve as a valuable exposure assessment tool
 because they take into account exposure from all routes and integrate exposure from all sources They have the potential to
 yield better risk estimates than current monitoring and modeling protocols In June 1992 Dr Travis and Dr *Energy*
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 Montemaggi,Luther W. Brady,2018-09-25 This book written by leading international experts describes alternate fractionation
 strategies in which technology driven precise targeting and dosing allow for improved conformance and decreased volumes
 with concordant lessening of toxicity reduction in treatment time and lower overall health care expense The aim is to provide
 the advanced clinician with an up to date evidence based reference that will assist in the delivery of enhanced patient care in
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 amounts of normal tissue was unavoidable owing to the lack of accurate target localization during treatment Such schedules
 are time and resource consuming difficult for patients and expensive Nevertheless acceptance of alternate fractionation
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 improved local control equivalence of tolerance or both In documenting these alternate strategies this book will be of value
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