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Treatment Via
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(multiple breath)
with a spacer*
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Inhaler Inhaler and
Nebuliser

Explanation—

*Asthma How to Use
Metered Dose*

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Asthma Treatment

| Lung Disease |

Using an Inhaler

"Delivery of

Medication via

Metered Dose

Inhalers" by Craig

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OPENPediatrics
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how to use a
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inhaler (single
breath) with a
spacer Using a
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spacer

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NebulizerAsthma
treatment: how to

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Using dry powder
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Proper Use
Demonstration
How to use your
Handihaler~~

Using an Inhaler
with a Spacer Mask
How to correctly
use an asthma
inhaler COPD
Inhaler Techniques

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~~a metered dose
inhaler (inhaler in
mouth) Metered
Dose Inhaler MDI~~

*HD RT Clinic:
Basics of using an
MDI (Meter Dose
Inhaler)+ Bonus
clip on an
Inspiratory Training
Device Metered
Dose Inhaler Use
Covid 19 Pandemic
Response **Dr.***

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**Merlin talks
about using
metered dose
inhalers vs.
nebulizers during
this pandemic**

Metered Dose
Inhaler Treatment
Via

How to use a
metered-dose
inhaler: Practice
using your inhaler.
Your medicine will

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work best if you use them correctly. The following steps will help you use your inhaler correctly: Prepare your inhaler: Remove the cap. Check to make sure there is nothing in the mouthpiece that could block the medicine from

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How to Use A Metered-Dose Inhaler (Aftercare Instructions ...

A metered-dose inhaler (MDI) is a device that delivers a specific amount of medication to the lungs, in the form of a short

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burst of aerosolized medicine that is usually self-administered by the patient via inhalation. It is the most commonly used delivery system for treating asthma, chronic obstructive pulmonary disease (COPD) and other respiratory

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Metered-dose
inhaler - Wikipedia
Inhaled therapy is
essential for the
treatment of
asthma and
chronic obstructive
pulmonary disease
(COPD). Why MDIs
and DPIs are both
used. There are

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two main types of inhalers for the delivery of respiratory drugs: the metered dose inhaler (MDI), which uses HFCs (mainly HFC-134a, and some HFC-227ea) as the propellant and the dry powder inhaler (DPI).

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Metered Dose
Inhalers -
Fluorocarbons

A metered dose inhaler (MDI), also known as an aerosol inhaler or puffer, is a device for delivering medicine directly into the lungs, for instance to treat asthma or COPD. It

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How to use a metered dose inhaler - Netdoctor
A metered-dose inhaler is a handheld device that gives you a dose of medicine as a mist. You breathe the medicine deep into

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your lungs to open your airways. A spacer is a tube that attaches to the mouthpiece of your metered-dose inhaler. The spacer helps make your inhaler easier to use.

How to Use A
Metered-Dose

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Inhaler and a
Spacer - What You
Treatment Via

...
Ventilator
Treatment with a
metered dose
inhaler is delivered
using a specialized
spacer adapted for
a tracheostomy or
via an in-line
respirator circuit
adapter.

Maintenance of the
equipment Below

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are general suggestions that can serve as a guide. The frequencies suggested may be different; follow the recommendations of your child's health care team.

Administration of
medication via

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tracheostomy -
Complex ...
ICS can be given
via a pressurized
metered dose
inhaler (PMDI) or a
dry powder inhaler
(DPI). For more
information, see
the section on
delivery systems.
Combination
inhalers which
deliver an ICS in

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combination with a
long-acting beta-2
agonist (LABA) are
also available.

Inhaled
corticosteroids |
Prescribing
information |
Asthma ...
A metered-dose
inhaler is a
handheld device

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that gives you a dose of medicine as a mist. You breathe the medicine deep into your lungs to open your airways. The medicine either gives quick relief or long term control of symptoms. Common medicines include the following:

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How to Use A
Metered-Dose
Inhaler - What You
Need to Know
corticosteroid and
bronchodilator
therapy should be
delivered by
pressurised
metered-dose
inhaler and spacer
device, with a

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facemask if necessary; if this is not effective, and depending on the child's condition, nebulised therapy may be considered and, in children over 3 years, a dry powder inhaler may also be considered.

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Respiratory
system, drug
delivery |
Treatment

summary ...

A team of Israeli
researchers
conducted a
randomized
placebo-controlled
clinical trial to
assess the safety
and efficacy of a
novel, metered-

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dose cannabis
inhaler in 27
patients with
chronic pain.

Participants
inhaled a precise
dose containing
either THC (at
doses of either
0.5mg or 1mg) or
placebo.

Clinical Trial:

Page 29/98

Download Ebook Metered Cannabinoid Administration Via a Metered ...

A spacer is a tube that attaches to a metered dose inhaler (you don't need a spacer with a dry powder inhaler). It holds the medication until you can breathe it in. The spacer ensures

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Metered Dose
Inhalers (MDIs) &
Dry Powder
Inhalers (DPI ...
The patient
receives
medication via the
Optimist Smart
Metered Dose
Inhaler. The cloud-
connected Optimist

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Download a treatment schedule to the inhaler and collects patient feedback. Via the Optimist Physician's Portal, patient efficacy feedback is monitored and treatment regimen updates sent to the inhaler.

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Optimist Inhaler
March 26, 2020.

Patients infected
with the
coronavirus
(COVID-19 virus)
often require
inhaled
bronchodilator
medications (e.g.,
albuterol,
levalbuterol).

Because nebulizer

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therapy with
bronchodilators for
presumptive or
confirmed

COVID-19 patients
may not be safe
due to the
generation of
aerosols, which
increases the risk
that respiratory
droplets will remain
in the air and
spread the virus,

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delivery of these
drugs via metered-
dose inhalers
(MDIs) is preferred.

Revisiting the Need
for MDI Common
Canister Protocols

...

Initially 2 mg 3-4
times a day,
maximum single
dose 8 mg (but

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unlikely to provide much extra benefit or to be tolerated), inhalation route preferred over oral route. By subcutaneous injection, or by intramuscular injection

SALBUTAMOL |
Drug | BNF content

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Newswire via
Comtex) -- The
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research report
titled Global
Pressurized
Metered Dose
Inhaler Market
2020 by
Manufacturers,
Regions, Type and
Application,

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Forecast to...
Treatment Via

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Global Pressurized
Metered Dose
Inhaler Market
2020 to ...

Treatment of acute
severe asthma with
inhaled albuterol
delivered via jet
nebulizer, metered
dose inhaler with
spacer, or dry

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powder. Raimondi
AC (1),
Schottlender J,
Lombardi D,
Molfino NA. Author
information:
(1)Department of
Medicine,
University of
Buenos Aires
Medical School,
Argentina. Despite
the increasing use
of dry powder

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formulations in the ambulatory setting, there is a paucity of information on the efficacy of this therapeutic modality to treat acute severe asthma.

Treatment of acute severe asthma with inhaled albuterol ...

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Dose Inhaler
Treatment Via
Ventilator

The analysts advise that metered-dose inhalers with spacer devices be used instead of nebulisers, or that nebuliser solutions be used in a secure isolation room. Studies are still lacking, however,...

Is it okay to use

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inhalers during the
Covid-19 pandemic

Treatment Via
Ventilator

The administration of bronchodilators using a metered-dose inhaler with spacer is an effective alternative to nebulizers for the treatment of children with acute asthma

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exacerbations in
the emergency
department.

Pediatric

Emergency Care 20
(10):656-659,
October 2004.

Separate multiple e-
mails with a (;).

Salbutamol via
Metered-Dose
Inhaler With Spacer

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3.0 mcg/ml Adult
dose is 10-50
ng/kg/min ordered
as 500mcg/50 ml
sterile solution
Dispense in 60 ml
blue AeroNeb
syringes with blue
AeroNeb tubing
sets attached and
primed Dispensed
solution

500mcg/50 ml

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medication pump.
Treatment via
Ventilator

Metered Dose
Inhaler Technology
explores the
technologies of
pressurized
metered dose
inhalation (MDI)
delivery systems
and provides

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practical, easy-to-use guidance to effective product formulation. With contributions from an international panel of authors, the book addresses the global phase-out of chlorofluorocarbon chemicals (CFCs), the generation of propellant systems

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to replace them,
and their
associated new
medications and
therapies. Topics
include the
manufacture of
metered dose
inhalers, particle
size analysis in
inhalation therapy,
development and
testing,
pharmacokinetics

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and metabolism of propellants, toxicology, and more.

Given their direct impact on the health and quality of life for millions, inhalers represent a major turning point in the history of modern medicine. Inhaler

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devices:
Fundamentals,
design and drug
delivery provides
readers with an
introduction to the
fundamentals of
inhaler technology,
with a
comprehensive
discussion of the
history of inhalers
as well as a
discussion on

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current research
and development.
Part one discusses
the fundamentals
and development
of inhaler devices
as well as drug
formulations for
inhalers. The
treatment of
asthma is also
discussed. Part two
reviews recent
developments in

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Drug formulation
and
nanotechnology for
inhaler devices,
emerging inhaler
technology and
possible future
trends. Inhaler
devices:
Fundamentals,
design and drug
delivery is an
essential design
guide for good

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Industrial practice,
and will be an
invaluable resource
for those

researching and
treating conditions
such as asthma;
and those

developing and
manufacturing
inhalation devices.

Introduces the
fundamentals of
inhaler technology

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Discusses the history of inhalers as well as current research and development as well as possible future trends
Considers the development of inhaler devices, drug formulations and discusses the treatment of asthma

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Inhaled medicines are widely used to treat pulmonary and systemic diseases. The efficacy and safety of these medicines can be influenced by the deposited fraction, the regional deposition pattern within the lungs and by post-

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depositional events such as drug dissolution, absorption and clearance from the lungs. Optimizing performance of treatments thus requires that we understand and are able to quantify these product and drug attributes.

Inhaled Medicines:

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Drug Inhaler

Development
through Integration
of In Silico, In Vitro
and In Vivo

Approaches

explores the

current state of the
art with respect to
inhalation drug
delivery,

technologies

available to assess

product

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performance, and novel in silico methods now available to link in vitro product performance to clinical performance. Recent developments in the latter field, especially the prospect of integration of three-

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dimensional
-Computational
Treatment via
Fluid Particle
Ventilator
Methods (3D-CFPD)
with physiologically
based
pharmacokinetic
(PBPK models),
unlocks the
potential for in
silico population
studies that can
help inform and
optimize treatment

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and product
development
strategies. In this
highly
multidisciplinary
field, where
progress occurs at
the intersection of
several disciplines
of engineering and
science, this work
aims to integrate
current knowledge
and understanding

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and to articulate a clear vision for future developments. ?

Considers the healthcare needs driving the field, and where inhaled drugs could have the maximum impact ? Gives a concise account of the state of the art in key areas and

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technologies such
as device and
formulation
technologies,
clinically relevant
in vitro
performance
assessment,
medical imaging,
as well as in silico
modelling and
simulation ?

Articulates how the
combination of in

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in vitro product
performance data,
medical imaging
and simulations
technologies in the
framework of large
scale in silico pre-
clinical trials could
revolutionize the
field ? Provides
systematic and
thorough
referencing to
sources offering a

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analysis of
technical issues
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airway
management skills
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residents, and
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selection through
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throughout. View videos of intubation and airway management procedures online at www.expertconsult.com, plus access the entire, searchable contents of the book.

This book focuses

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on the aerosol treatment of lung diseases, recent improvements in the understanding of proper dosage, and major innovations in device technology applied to clinical practice. Examines the behavior of inspired spherical particles in the

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1300 references,
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The use of heat
moisture
exchangers (HMEs)
is becoming more
popular with many
institutions
delivering
aerosolized

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Respirator
Treatments via
Ventilator

medications
between the HME
and the
endotracheal tube
of patients being
mechanically
ventilated. When
HMEs become
saturated
resistance can
increase which can
cause changes that
can lead to patient-
ventilator

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dysnchrony,
development of
intrinsic PEEP, and
weaning difficulty.

The purpose of this study was to determine the effects of aerosol drug delivery on resistance through heat-moisture exchangers. An in-vitro model to simulate exhaled

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heat and humidity from a patient's lungs was developed by connecting the test lung to a cascade humidifier that was placed between the endotracheal tube and the test lung. Temperature (37°C) and relative humidity (100%) were held constant

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through all test runs. Ventilator settings used for the study were as follows: Tidal volume 500 mL, frequency 15/min, PEF 60 L/min, PEEP 5 cmH₂O, bias flow 2 L/min and I:E ratio 1:3. The pressurized metered-dose inhaler (pMDI;

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ProAir HFA) with a minispacer (Thayer Medical), hand-held nebulizer (HHN; Salter Labs) and placebo (No aerosol generator or medication) were compared. Albuterol sulfate (2.5 mg/3 ml) was administered through continuous HHN and six puffs

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of albuterol were given from a pMDI equaling one treatment. Neither medication nor aerosol device was used with the placebo group in order to determine the effect of HME on airway resistance during mechanical ventilation. Six

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treatments were given to simulate a patient receiving albuterol every four hours over a twenty-four hour period. While five minutes was allowed between treatments, airway resistance was measured via the ventilator before

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and after the administration of the placebo, pMDI and HHN, which equaled five-minute intervals.

Data Analysis:
Descriptive statistics,
dependent t-tests,
one-way analysis of variance (ANOVA),
repeated measures ANOVA and post-

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hoc multiple
comparisons were
utilized for the data
analysis of this
study, using SPSS
version 16.0. A p-
value

Severe asthma is a
form of asthma
that responds
poorly to currently
available
medication, and its

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patients represent those with greatest unmet needs. In the last 10 years, substantial progress has been made in terms of understanding some of the mechanisms that drive severe asthma; there have also been concomitant

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Advances in the
recognition of
specific molecular
phenotypes. This
ERS Monograph
covers all aspects
of severe asthma –
epidemiology,
diagnosis,
mechanisms,
treatment and
management – but
has a particular
focus on recent

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Understanding of
mechanistic
heterogeneity
based on an
analytic approach
using various
'omics platforms
applied to clinically
well-defined
asthma cohorts.
How these
advances have led
to improved
management

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targets is also emphasised. This book brings together the clinical and scientific expertise of those from around the world who are collaborating to solve the problem of severe asthma.

Inhalation aerosols

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continue to be the basis for successful lung therapy for several diseases, with therapeutic strategies and the range of technology significantly evolving in recent years. In response, this third edition takes a new approach to reflect

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the close
integration of
technology with its
application. After
briefly presenting
the general
considerations that
apply to aerosol
inhalation, the
central section of
the book uses the
focus on disease
and therapeutic
agents to illustrate

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the application of specific technologies. The final integrated strategies section draws the major points from the applications for disease targets and drug products.

The pace of new research and level of innovation

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repeatedly

introduced into the
field of drug

delivery to the lung

is surprising given
its state of

maturity since the
introduction of the
pressurized

metered dose

inhaler over a half
a century ago. It is
clear that our

understanding of

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pulmonary drug delivery has now evolved to the point that inhalation aerosols can be controlled both spatially and temporally to optimize their biological effects. These abilities include controlling lung deposition, by adopting

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formulation
strategies or
device
technologies, and
controlling drug
uptake and release
through
sophisticated
particle
technologies. The
large number of
contributions to the
scientific literature
and variety of

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excellent texts
published in recent
years is evidence
for the continued
interest in
pulmonary drug
delivery research.
This reference text
endeavors to bring
together the
fundamental
theory and practice
of controlled drug
delivery to the

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airways that is
unavailable
elsewhere.

Collating and
synthesizing the
material in this
rapidly evolving
field presented a
challenge and
ultimately a sense
of achievement
that is hopefully
reflected in the
content of the

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Volume.

Treatment Via
Small Animal
Ventilator
Critical Care

Medicine is a comprehensive, concise guide to critical care, encompassing not only triage and stabilization, but also the entire course of care during the acute

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medical crisis and high-risk period. This clinically oriented manual assists practitioners in providing the highest standard of care for ICU patients. More than 150 recognized experts offer in-depth, authoritative

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state-of-the-art
invasive and non-
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and monitoring

procedures, as well
as an extensive
section on
pharmacology.

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conversion tables,
continuous rate
infusion

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