

Volume Expanders

ALBUMIN (*Albuminar, Buminat, Albumarc, Plasbumin*) **Shock, burns:** 500 mL of 5% soln IV infusion as rapidly as tolerated, repeat in 30 min if needed. ▶L ♀C D? \$\$\$\$

DEXTRAN (*Rheomacrodex, Gentran, Macrodex*) **Shock/hypovolemia:** up to 20 mL/kg in 1st 24 h, then up to 10 mL/kg for 4 days. ▶K ♀C D? \$\$

HETASTARCH (*Hespan, Hextend, Voluven*) **Shock/hypovolemia:** 500 to 1000 mL IV infusion. Hespan, Hextend: usually should not exceed 20 mL/kg/day. Voluven: Do not exceed 50 mL/kg/day. ▶K ♂ ♀C D? \$\$■

PLASMA PROTEIN FRACTION (*Plasmanate, Protenate, Plasmatein*) **Shock/hypovolemia:** 5% soln 250 to 500 mL IV prn. ▶L ♀C D? \$\$\$\$

Other

BIDIL (*hydralazine + isosorbide dinitrate*) **Heart failure** (adjunct to standard therapy in black patients): Start 1 tab PO three times per day, increase as tolerated to max 2 tabs three times per day. May decrease to ½ tab three times per day with intolerable side effects. [Trade only: Tabs, scored 37.5/20 mg.] ▶LK ♀C D? \$\$\$\$

CILOSTAZOL (*Pletal*) **Intermittent claudication:** 100 mg PO two times per day on empty stomach. 50 mg PO two times per day with CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, erythromycin, diltiazem) or CYP2C19 inhibitors (e.g., omeprazole). Contraindicated in heart failure of any severity due to decreased survival. [Generic only: Tabs 50, 100 mg.] ▶L ♂ ♀C D? \$\$\$\$■

ENTRESTO (*sacubitril + valsartan*) **Reduce cardiovascular death and hospitalization for heart failure with chronic heart failure (NYHA Class II–IV) and reduced ejection fraction:** Start 49/51 mg PO two times per day, double dose after 2 to 4 weeks as tolerated, target maintenance dose 97/103 mg PO two times daily. Patients not currently taking ACE inhibitor or angiotensin receptor blocker or previously taking low dose of these agents, severe renal impairment (eGFR less than 30 mL/min/1.73 m²), moderate hepatic impairment (Child-Pugh B): Start 24/26 mg PO two times per day, double dose after 2 to 4 weeks as tolerated; target maintenance dose 97/103 mg PO two times daily. Usually given with other heart failure therapies, in place of ACE inhibitor or other angiotensin receptor blocker. If switching from ACE inhibitor, allow 36 h washout period between administration of the drugs. Do not use with severe hepatic impairment or inherited angioedema. Contraindicated with pregnancy, concomitant ACE inhibitor, concomitant aliskiren in patients with DM, or previous angioedema with ACE inhibitor or angiotensin receptor blocker. Combined use with renin-angiotensin system inhibitors (i.e., ACE inhibitors, aliskiren, other angiotensin receptor blocker) increases risk of renal impairment, hypotension, and hyperkalemia. Hyperkalemia possible, especially if used concomitantly with other drugs that increase K⁺ (including K⁺-containing salt substitutes) and in patients with heart failure, DM, or renal impairment. Concomitant NSAID, including celecoxib, may further deteriorate renal function and decrease antihypertensive effects. May increase lithium levels. [Trade: Tabs, unscored 24/26, 49/51, 97/103 mg.] ▶esterases ♂ ♀D ▶— \$\$\$\$■