

Acetylcysteine

【IFLUI】 Encore® 300mg/3mL/Amp

ATC Code : R05CB01

中文名：安喀寶注射液 «中化»

適應症：減少呼吸道粘膜分泌的粘稠性、蓄意或偶發之 acetaminophen 中毒之解毒劑。

藥理分類：Antidote; Mucoytic Agent.

用法用量：**Antidote for Acetaminophen Overdosage:**

— Adults:

IV: Initial, 150 mg/kg IV in 200 mL of D5W over 15 mins, then 50 mg/kg IV in 500 mL D5W over 4 hrs, followed by 100 mg/kg IV in 1L of D5W over 16 hrs.

— Pediatric:

IV:Initial, 150 mg/kg IV over 15 min, then 50 mg/kg IV over 4 hrs, followed by 100 mg/kg IV over 16 hrs. The final concentration of the solutions should be 40 mg/mL.

Note: For IV administration in PEDIATRIC patients, the recommended total volume (1.7 L) in the package insert will lead to serious adverse events. To avoid this complication, the final concentration **should be 40 mg/mL** (range, 30 mg/mL to 40 mg/mL) in infants, toddlers, and young children.

Mucolytic Uses:

— Nebulization: adults & pediatric patients

2-20 mL of 10% solution every 2-6 hr; alternatively,

6-10 mL of 10% solution 3 or 4 times daily.

— Direct Instillation: adults & pediatric patients

1-2 mL of a 10% solution may be given as often as every hour

— Intratracheal Instillation: adults & pediatric patients through a percutaneous

intratracheal catheter, 2-4 mL of 10% solution every 1-4 hours via a syringe attached to the catheter

不良反應：臉潮紅、心跳快、皮疹、口炎、噁心/嘔吐、流鼻涕。

注意事項：**Encore®**：(1) 給藥途徑--可靜脈注射、噴霧投與、肌肉注射、支氣管內點滴或耳囊/其他腔之點滴及洗滌。(2)開封後之硫磺味為主成分本身之氣味，並非表示藥品變質。(3)存於已開啟之安瓿或將之抽入於噴霧器中，acetylcysteine 溶液會呈現粉紅色，但此不影響藥效。(4)噴霧投與時建議使用玻璃或塑膠容器。

懷 孕 期： 1.Acetylcysteine crosses the placenta.
2.Acetylcysteine may be used to treat acetaminophen overdose during pregnancy (Wilkes 2005).
3.In general, medications used as antidotes should take into consideration the health and prognosis of the mother; antidotes should be administered to pregnant women if there is a clear indication for use and should not be withheld because of fears of teratogenicity (Bailey 2003).

授 乳 期： 1.It is not known if acetylcysteine is excreted in breast milk.

2. According to the manufacturer, the decision to continue or discontinue breast-feeding during therapy should take into account the risk of infant exposure, the benefits of breast-feeding to the infant, and benefits of treatment to the mother.
3. Based on pharmacokinetics, acetylcysteine should be nearly completely cleared 30 hours after administration; breast-feeding women may consider pumping and discarding breast milk for 30 hours after administration.