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How many ml are in a b12 shot

www.TakeRx.com mathematical calculations with vitamin B12 injection Calculate the total amount and total offer of the day for the following Rx: Cyanocobalamin #30mL 1mL IM qd x7days, Then 2mL monthly ----- Sig says: inject 1mL intramuscularly daily for 7 days and then inject 2mL a month The doctor has prescribed Cyanocobalamin 1000mcg/L injections. This drug is a form of man-made vitamin B12 and comes in the amount of 1mL, 10mL and 30mL In this case, the vial of cyanocobalamin issued has 30mL So the total amount issued is 30mL as stated by the doctor. The pharmacist will have to guess for the total supply of the day. Good guess will be 60 days. This vitamin can be injected either intramuscularly or subcutaneously. Calculate the total amount and total offer of the day for the following Rx: Vitamin B12 #20 1000 MCG intramuscularly q mo (30 days) ----- Sig says: inject 1000 mcg intramuscularly each month The doctor prescribed an injection of vitamin B12, but the pharmacist will issue an injection of cyanocobalamin 1000mcg/mL. Cyanocobalamin is a liquid form of vitamin B12 The doctor says that the pharmacist issues 20mL, but the vial of cyanocobalamin comes in three sizes: 1mL, 10mL and 30mL In this case, the pharmacist will issue two vials of 10mL each. So the total amount to be issued is 20mL The pharmacist will have to guess for the total supply of the day. Good guess will be 60 days. Notice that the ratio for this drug is 1000 mcg per 1 mL So, The final sig will say: inject 1 2 mL intramuscularly once a month Calculate the total amount and total supply days for the following Rx: Cyanocobalamin 1 mL im q 2 weeks disp: 10 mL ----- Sig says: inject 1 00mul every two weeks The doctor prescribed cyanocobalamin 1000mcg/mL injections. This drug is a form of man-made vitamin B12 and comes in the amount of 1mL, 10mL and 30mL In this case, the vial of cyanocobalamin issued has 10mL So the total amount issued is 10mL as stated by the doctor. The pharmacist will have to guess for the total supply of the day. Good guess will be 30 days. It is worth noting that some pharmacists can issue 10 vials of 1mL each, not one 10mL bottle www.takerx.com 2006 You can very easily learn how to give a B12 injection, either to yourself or to someone else, in the very comfort of your home. These instructions assume that you bought our injection B12, but the same principles apply to any other B12 recordings. Vitamin B12 Injection Instructions Giving Yourself A B12 Shot Will Become Second Nature After Just A Few Attempts. We will teach you how to do it subcutaneously (SQ) rather than intramuscularly (IM). Be, IM is painful and puts people off self-injection. SQ is great, because it is painless and has a long history of effective B12 delivery. So, how do you inject B12 yourself? Very important:B12 in liquid form is extremely sensitive to light (meaning, passing through photolysis, or destruction by light). If you ordered a pre-dissolved B12 bottle, when it arrives in the mail, cover it immediately with aluminum foil to keep the light away. For this reason, we recommend that you buy your B12 in dry, powdery form and hold it that way until the moment you start injecting. In dry form it is extremely stable both in heat and light. After dissolving your B12 in a saline solution (which absorbs better than water and is less painful), immediately cover with aluminum foil.* Dissolving our 40mg methyl B12 vials into 10ml saline solution (the required amount) takes up to two hours. So wait at least two hours before starting the injection. Do not shake the bottle, but you can gently roll it on a flat surface if you wish. Be that as it may, when giving yourself injections of vitamin B12 at home, store the vial in the refrigerator or any cold environment of 5-25 ° C / 41-77 ° F degrees. Dose form: injection Medically examined by Drugs.com. Last updated september 1, 2020 Cyanocobalamin Description cyanocobalamin injection, USP is a sterile solution of cyanocobalamin for intramuscular or subcutaneous injections. Each mok contains 1000 MCG Cyanocobalamin. Each vial also contains sodium chloride, 0.9%. Benzyl alcohol, 1.5%, is present as a preservative. Hydrochloric acid and/or sodium hydroxide may have been added during production to accommodate pH (range 4.5-7.0). Cyanocobalamin appears as dark red crystals or as an amorphous or crystalline red powder. It is very hygroscopic in moisturizing form and sparingly soluble in water (1.80). It is stable until autoclave in short periods at 121 °C. Coensims of vitamin B12 are very unstable in light. The chemical name is Co α -[α (5,6-dimethylmlyamide)]-Co β -cyanocobamide; molecular formula is

C63H88CoN14O14P. Cobalt content is 4.34%. Molecular weight is 1355.4 Structural formula is presented below. Vitamin B12 is essential for the growth, reproduction of cells, hematopoiesis and synthesis of nucleoproteins and myelin. Cyanocobalamin is quantitatively and quickly absorbed from intramuscular and subcutaneous injection sites; the plasma level of the compound reaches its peak within 1 hour after intramuscular injection. Absorbed vitamin B12 is transmitted through specific proteins that bind B12, transcobalamin I and II to different tissues. The liver is the main organ for storing vitamin B12. Within 48 hours after an injection of 100 or 1000 mcg of vitamin B12, 50 to 98% of the injected dose may occur in urine. The main part is excreted in the first eight hours. Intravenous application results in an even faster excretor with few options for the liver Gastrointestinal absorption of vitamin B12 depends on the presence of sufficient intrinsic factors and calcium ions. Lack of intrinsic factors causes pernicious anemia, which may be associated with subacute combined spinal cord degeneration. Rapid parenteral use of vitamin B12 prevents the progression of neurological damage. The average diet supplies about 5 to 15 mcg/day of vitamin B12 in a protein-related form that is available for absorption after normal digestion. Vitamin B12 is not present in foods of vegetable origin, but it is rich in foods of animal origin. In people with normal absorption, deficiencies are noted only in strict vegetarians who do not consume products of animal origin (including dairy-free products or eggs). Vitamin B12 is a required intrinsic factor during transit through the stomach; separation occurs in the terminal ileum in the presence of calcium, and vitamin B12 enters the mucous membranes for absorption. It is then transmitted by transcobalamin bind proteins. A small amount (approximately 1% of the total nested amount) is absorbed by simple diffusion, but this mechanism is only adequate with very large doses. Oral absorption is considered too high to rely on in patients with fatal anemia or other conditions resulting in vitamin B12 malabsorption. Cyanocobalamin is the most commonly used form of vitamin B12, and has hematopoietic activity apparently identical to that of the antianaemia factor in purified liver extract. Hydroxycobalamin is just as effective as cyanocobalamin, and they share a cobalamin molecular structure. Indications and use of cyanocobalamin cyanocobalamin are indicated for vitamin B12 deficiencies due to malabsorption that may be associated with the following conditions: Adisonial (pernicious) anemia Gastrointestinal pathology, dysfunction or surgery, including gluten enteropathy or spruce, excessive overgrowth of small-intestine bacteria, total or partial gastrectomy Fish tapeworm infestation Malignant pancreatic disease or lack of folic acid in the intestine It is possible to treat the underlying disease by surgical correction of anatomical lesions that lead to small intestine bacteria overgrowth, expulsion of fish tapeworm, discontinuation of drugs that lead to vitamin malabsorption (see Drug interactions), use of gluten-free diets in non-tropical spruce or antibiotic use in tropical spruce. Such measures eliminate the need for long-term use of cyanocobalamin. Requirements of vitamin B12 exceeding normal (due to pregnancy, thymolytic anemia, bleeding, malignancies, liver and kidney diseases) can usually meet with oral supplementation. Cyanocobalamin injections, USP is also suitable for vitamin B12 absorption test (Schilling test). Contraindications Sensitivity to cobalt and/or vitamin B12 is a contraindication. Warnings from patients with early Leber's (hereditary optic nerve atrophy) treated with cyanocobalamin suffered severe and rapid optic atrophy. Hypocalcemia and sudden death can occur in severe megaloblastic anemia that is intensively treated. Anaphylactic shock and death were reported after administration of parenteral vitamin B12. An intradermal dose test is recommended before cyanocobalamin injection, USP is administered to patients suspected of being sensitive to this medicine. This product contains Benzyl alcohol. Benzyl alcohol is reported to be associated with deadly breathalyser syndrome in premature infants. This product contains aluminum that can be toxic. Aluminium can reach toxic levels with prolonged parenteral use if kidney function is impaired. Premature neons are especially endangered because their kidneys are immature, and require large amounts of calcium and phosphate solutions, which contain aluminum. Research shows that patients with impaired kidney function, including premature neonates, who receive parenteral levels of aluminum at more than 4 to 5 mcg/kg/day accumulate aluminum at levels associated with the central nervous system and bone toxicity. Tissue load can occur at even lower rates of application. PRECAUTIONS GENERAL PRECAUTIONS Vitamin B12 deficiency that may progress for more than 3 months may produce permanent degenerative spinal cord lesions. Doses of folic acid greater than 0.1 mg per day may result in haematological remission in patients with vitamin B12 deficiency. Neurological manifestations will not be prevented by folic acid, and if they are not treated with vitamin B12, irreversible damage will occur. Doses of cyanocobalamin greater than 10 MCG per day can produce a haematological response in patients with folate deficiency. Indiscriminate use can mask the right diagnosis. INFORMATION FOR PATIENTS Patients with pernicious anaemia should be informed that they will need monthly injections of vitamin B12 for the rest of their lives. If you do not, it will result in the return of anemia and the development of disabling and irreversible damage to the nerves of the spinal cord. Also, patients should be warned about the danger of taking folic acid instead of vitamin B12, as the first may prevent anemia, but allow subacute combined degeneration to progress. A vegetarian diet that does not contain animal products (including dairy products or eggs) does not supply vitamin B12. Patients following such a diet should be advised to take oral vitamin B12 regularly. The need for vitamin B12 increases with pregnancy and breastfeeding. The deficiency was recognized in infant vegetarian mothers who were breast-fed, although mothers did not have symptoms of deficiency at the time. LABORATORY TESTS During initial treatment of patients with fatal anaemia, serum potassium should be carefully observed first 48 hours and replace potassium if necessary. Before treatment should be given hematocrit, a number of reticulates, vitamin B12, folate and iron levels. The number of haematocrites and reticulates should be repeated daily from the fifth to the seventh day of therapy, and then often until the hematocrit becomes normal. If folate levels are low, folic acid should also be applied. If reticulocytes have not increased after treatment or if the number of reticulates does not continue at least twice normal as long as the hematocrit is less than 35%, diagnosis or treatment should be reassessed. Repeated determinations of iron and folic acid can detect a complicating disease that can prevent the marrow response. Patients with fatal anaemia have about 3 times the incidence of gastric cancer as a general population, so appropriate studies should be conducted for this condition on the indicated measures. DRUG INTERACTIONS AND LABORATORY TESTS People taking most antibiotics, methotrexate and pyrimethamin cancel out folic acid and vitamin B12 diagnostic blood tests. Colhinic para-aminosalicylic acid and heavy alcohol intake for more than 2 weeks can produce vitamin B12 malabsorption. CANCER & MUTAGENESIS & FERTILITY IMPAIRMENT Long-term animal studies to assess carcinogenic potential have not been conducted. There is no evidence from long-term use in patients with fatal anaemia that cyanocobalamin is carcinogenic. Pernicious anemia is associated with an increased incidence of gastric cancer, but this is believed to be related to underlying pathology rather than the treatment of cyanocobalamin. PREGNANCY Adequate and well-controlled studies have not been conducted in pregnant women. However, vitamin B12 is an essential vitamin and requirements increase during pregnancy. The amounts of vitamin B12 recommended by the Food and Nutrition Committee, the National Academy of Sciences-National Research Council for Pregnant Women (4 MCGs per day) should be consumed during pregnancy. BREASTFEEDING Vitamin B12 is known to be excreted in human milk. The amounts of vitamin B12 recommended by the Food and Nutrition Committee, the National Academy of Sciences-National Breastfeeding Research Council (4 MCG per day) should be consumed during breastfeeding. PAEDIATRIC USE Intake in children should be in the amount (0.5 to 3 MCG per day) recommended by the Food and Nutrition Committee, National Academy of Scientific-National Research Council. Side effects generalized: Anaphylactic shock and death have been reported with the use of parenteral vitamin B12 (see WARNINGS). Cardiovascular: pulmonary edem and congestive heart failure early in treatment; peripheral vascular thrombosis. Haematological: Polycythemia Vera Gastrointestinal: Mild Transient Diarrhea Dermatological: Itching; Transient exolem Various: A feeling of swelling of the whole body No overdoses have been reported with this drug. DOSE AND ADMINISTRATION Avoid using intravenous routes. The use of this product intravenously will result in almost all vitamins being lost in the urine. Pernicious anemia: Parenteral vitamin B12 is the recommended treatment and will be needed for the rest of the patient's life. The oral form is not reliable. A dose of 1000 MCG per day for 6 or 7 days should be given intramuscular or deep subcutaneous injections. If there is a clinical improvement and a reticulet response is observed, the same amount can be given on alternative days for seven doses, and then every 3 to 4 days for another 2 to 3 weeks. By then, haematological values should have become normal. This regimen should follow 1000 mcg per month for life. Folic acid should be applied simultaneously if necessary. Patients with normal intestinal absorption: If the oral pathway is not considered appropriate, initial treatment similar to that for patients with fatal anaemia may be indicated depending on the severity of the deficiency. Chronic treatment should be performed with oral B12 preparations. If other vitamin deficiencies are present, they should be treated. Schilling test: The rinse dose is 1000 mcg. Parenteral medicines should be visually inspected for particulate matter and discoloration before use, whenever possible by solution and container permit. As cyanocobalamin is supplied with an injection of cyanocobalamin, USP 1000 MCG/NDC 68083-449-25 1 25 2 000 fill in a 2 mL Vial Cardboard of 25 vials Trade at 20°C -25°C (68°F -77°F); excursions allowed at 15 °C - 30 °C (59 °F - 86 °F) (See USP controlled room temperature). PROTECT THE PRODUCT FROM LIGHT. Manufacturer: Gland Pharma Limited Hyderabad, India Revised date: February 2020 STICKER PACKAGES. GLAVNA ZASLONNA PLOČA Oznaka bočice-NDC 68083-449-01 Kartonska naljepnica-NDC 68083-449-25 Cijanokobalamin Cijanokobalamin injekcija Proizvod Informacijski proizvod Tip ljudske receptne oznake kod lijeka (Izvor) NDC:68083-449 Put primjene INTRAMUSCULAR, SUBKUTAN DEA raspored aktivan Sastojak/Aktivni Moiey sastojak Ime Osnova snage snage cijanokobalamin (Cijanokobalamin) Cijanokobalamin 1000 ug u 1 20 000 u 1 HL Neaktivni sastojci Sastojak Naziv Jačina NATRIJ Klorid BENZIL VODA NATRIJ HIDROKSID HIDROKLORALNA KISELINA Pakiranje # Opis paketa stavki 1 NDC:68083-449-25 VIAL, SINGLE-USE in 1 CARTON 1 1 mL in 1 VIAL, Single-USE Marketing Information Marketing Category Application Number ili Monografija Citat Datum početka marketinga Datum završetka marketinga ANDA ANDA ANDA214390 09/24/2020 Labeler - Gland Pharma Limited (918601238) Naziv objekta ID/FEI Operations Gland Pharma Limited 858971074 ANALIZA (68083-449), PROIZVODNJA (68083-449) , PACK(68083-449) Žiljezda Pharma LimitedMedical Disclaimer Odricanje od odgovornosti

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