

显高于呼吸道多种常见致病菌 MIC 值。同时,萘替米星具较长的 PAE 时程和首次接触效应,每天一次给药使 C_{max} 对感染病原菌的 MIC 比值增大,杀菌力和抗耐药菌感染的作用增强^[8],对老年肺炎患者疗效显著,我们的研究结果未发现有明显的毒副作用。痰液中和血清中药物萘浓度与临床疗效具有显著的相关性,可通过测定血清浓度来预测肺泡中药物浓度。

16 例患者当中,血药浓度及药代动力学参数差异较大,反映了老年肺炎患者,由于基础疾病多,合并用药多,身体机能状态存在较大差异,要加强血药浓度监测,实行个体化给药。

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Clinical effect of Netilmicin on pneumonia in the aged and the research on its concentration in lung tissue

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Abstract: *Objective:* To observe the clinical effect of Netilmicin on pneumonia in the aged and to determine the concentration in lung tissue. *Methods:* Forty-nine old patients with pneumonia were observed, Netilmicin's concentreretion was determined in serum and sputum with T DX fluorescence polarized immune analysis instrument, The urea concentration was determined in serum and sputum with enzyme linked rate and the diluent multiple was calculated. *Results:* Netilmicin has good clinical effect on pneumonia in the aged with the effective rate of 85. 71%, curable rate of 67. 35%, bacterial cleanup ratio 86. 11%, so low concentration in serum 1 mg/L has high antiseptic activity, 4~8 mg/L can inhibit 60%~85% bacteria growth. *Conclusion:* Netilmicin has high concentration in blood serum and pulmonary alveolar with once-daily dosing, and Netilmicin's concentration in pulmonary alveolar can be calculated through measuriny its content in serum.

Keywords: Netilmicin; pneumonia; clinical effect; pharmacokinetics

我国拟订出脑死亡诊断标准

10月26日,在武汉举行的2002年全国器官移植学术会议上,中华医学会器官移植分会和诺华基金会呼吁加快制定我国《脑死亡法》、《器官移植法》、《器官捐献法》和《亲属活体器官移植伦理学指南》等器官移植和器官捐赠相关法律法规,促进我国器官移植与国际接轨,实现正规化、合法化、公开化和国际化发展的目标。这次会议上披露了拟订的中国脑死亡诊断标准(成人)。这是继国家卫生部副部长黄杰夫公开表示支持脑死亡立法之后,医学界再次为解决我国器官移植合法化、公开化这一紧迫和热点问题的呼吁。拟订的脑死亡标准是由卫生部

全脑功能丧失的不可逆转的状态。一、先决条件:昏迷原因明确和排除各种原因的可逆性昏迷。二、临床诊断:深昏迷;脑干反射全部消失;无自主呼吸(靠呼吸机维持,呼吸暂停试验阳性);这三项必须全部具备。三、确认试验:脑电图平直;经颅多普勒超声呈脑死亡图形;体感诱发电位P₁₄以上波形消失;以上三项中必须有一项阳性。四、脑死亡观察时间:首次确诊后,观察12小时无变化,方可确认为脑死亡。[编者注:本刊主编、全国人大代表张广兴在1999年九届全国人大二次会议上曾提出关于制订我国《脑死亡法》的议案。]