NIH STROKE SCALE A ANSWERS

NIH STROKE SCALE A ANSWERS IS A TOPIC OF GREAT IMPORTANCE FOR HEALTHCARE PROFESSIONALS, MEDICAL STUDENTS, AND THOSE INVOLVED IN NEUROLOGICAL CARE. THE NIH STROKE SCALE (NIHSS) IS AN ESSENTIAL CLINICAL TOOL USED TO ASSESS THE SEVERITY OF STROKE AND GUIDE TREATMENT DECISIONS. UNDERSTANDING THE NIH STROKE SCALE "A" ANSWERS CAN SIGNIFICANTLY IMPROVE THE ACCURACY OF STROKE ASSESSMENTS, FACILITATE CONSISTENT SCORING, AND ENHANCE PATIENT OUTCOMES. THIS COMPREHENSIVE ARTICLE EXPLORES WHAT THE NIH STROKE SCALE IS, THE SIGNIFICANCE OF EACH SECTION, HOW TO USE THE "A" ANSWERS CORRECTLY, TIPS FOR ACCURATE SCORING, COMMON MISTAKES, AND RESOURCES FOR MASTERING THE NIHSS. WHETHER YOU ARE PREPARING FOR CERTIFICATION, CLINICAL PRACTICE, OR SIMPLY WANT TO DEEPEN YOUR UNDERSTANDING, THIS GUIDE PROVIDES AUTHORITATIVE INSIGHTS AND PRACTICAL STRATEGIES FOR APPLYING THE NIH STROKE SCALE EFFECTIVELY.

- UNDERSTANDING THE NIH STROKE SCALE
- IMPORTANCE OF ACCURATE NIH STROKE SCALE SCORING
- EXPLORING THE "A" ANSWERS IN NIH STROKE SCALE
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UNDERSTANDING THE NIH STROKE SCALE

THE NIH STROKE SCALE (NIHSS) IS A STANDARDIZED ASSESSMENT TOOL USED BY CLINICIANS TO EVALUATE THE NEUROLOGICAL STATUS OF STROKE PATIENTS. DEVELOPED TO PROVIDE AN OBJECTIVE MEASURE OF STROKE SEVERITY, THE NIHSS ENABLES HEALTHCARE PROVIDERS TO QUICKLY DETERMINE THE EXTENT OF NEUROLOGICAL IMPAIRMENT. THE SCALE CONSISTS OF MULTIPLE COMPONENTS THAT TEST DIFFERENT NEUROLOGICAL FUNCTIONS, SUCH AS CONSCIOUSNESS, VISION, MOTOR SKILLS, AND LANGUAGE ABILITIES. EACH ITEM IS SCORED BASED ON SPECIFIC CRITERIA, ALLOWING FOR CONSISTENT AND REPRODUCIBLE ASSESSMENTS ACROSS DIFFERENT SETTINGS AND EXAMINERS.

THE NIH Stroke Scale plays a key role in diagnosing stroke types, determining eligibility for treatments such as thrombolysis, and monitoring patient progress over time. Its reliability and ease of use have made it the gold standard in acute stroke care. For clinicians, mastering the NIHSS—including the "A" answers—is vital for making informed decisions and improving patient outcomes.

IMPORTANCE OF ACCURATE NIH STROKE SCALE SCORING

Accurate scoring of the NIH Stroke Scale is essential for determining the severity of a stroke, guiding treatment interventions, and predicting prognosis. Inconsistent or incorrect scoring can lead to inappropriate clinical decisions, delayed interventions, and potentially poorer patient outcomes. The "A" answers in the NIHSS represent the standardized responses or scoring points for each section of the exam, ensuring uniformity and reducing subjectivity among examiners.

HEALTHCARE PROVIDERS MUST BE FAMILIAR WITH THE CORRECT INTERPRETATION AND USE OF THE NIH STROKE SCALE "A" ANSWERS TO:

- ENHANCE DIAGNOSTIC ACCURACY
- STREAMLINE COMMUNICATION AMONG CARE TEAMS
- FACILITATE RESEARCH AND DATA COLLECTION
- MEET CERTIFICATION AND REGULATORY REQUIREMENTS

By consistently applying the appropriate $^{\prime\prime}A^{\prime\prime}$ answers, clinicians can improve the quality of stroke assessment and optimize patient care.

EXPLORING THE "A" ANSWERS IN NIH STROKE SCALE

THE "A" ANSWERS IN THE NIH STROKE SCALE REFER TO THE DESIGNATED SCORING RESPONSES FOR EACH ITEM ON THE SCALE. THESE ANSWERS ARE BASED ON SPECIFIC GUIDELINES PROVIDED BY THE NIHSS PROTOCOL AND ARE CRUCIAL FOR MAINTAINING OBJECTIVITY DURING STROKE ASSESSMENT. EACH SECTION OF THE SCALE HAS PREDEFINED CRITERIA, AND THE "A" ANSWERS CORRESPOND TO THE CORRECT SCORING OPTIONS FOR EACH NEUROLOGICAL FUNCTION TESTED.

FOR EXAMPLE, IN THE ASSESSMENT OF LIMB MOTOR FUNCTION, THE "A" ANSWERS PROVIDE EXPLICIT INSTRUCTIONS ON HOW TO SCORE PATIENT MOVEMENTS. USING THESE STANDARDIZED ANSWERS REDUCES VARIABILITY AND ENSURES CONSISTENT EVALUATIONS, WHICH IS ESPECIALLY IMPORTANT IN CLINICAL TRIALS AND MULTI-CENTER STUDIES.

STEP-BY-STEP BREAKDOWN OF NIHSS COMPONENTS

THE NIH Stroke Scale is divided into several key components, each targeting specific aspects of neurological function. Below is a breakdown of the main sections and the role of "A" answers in scoring:

1. LEVEL OF CONSCIOUSNESS:

ASSESSES ALERTNESS, RESPONSIVENESS TO QUESTIONS, AND ABILITY TO FOLLOW COMMANDS. "A" ANSWERS SPECIFY THE SCORING FOR AWAKE, DROWSY, OR UNRESPONSIVE STATES.

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BEST GAZE:

EVALUATES VOLUNTARY AND REFLEXIVE EYE MOVEMENTS. "A" ANSWERS INDICATE CORRECT SCORES FOR NORMAL GAZE, PARTIAL GAZE PALSY, OR FORCED DEVIATION.

3.

VISUAL FIELDS:

Tests for hemianopia or quadrantanopia. "A" answers clarify how to score full, partial, or complete loss of visual fields.

4.

FACIAL PALSY:

Assesses symmetry and movement of facial muscles. "A" answers guide scoring based on mild, moderate, or severe weakness.

5. Motor Arm and Leg (Left and Right):

Measures ability to lift and hold limbs. "A" answers help differentiate between no drift, some drift, or complete paralysis.

6.

LIMB ATAXIA:

Tests for coordination and control. "A" answers provide scoring for absent, present, or untestable ataxia.

7.

SENSORY:

Assesses response to pain or touch. "A" answers direct the scoring from normal sensation to severe or complete loss.

8.

LANGUAGE:

EVALUATES APHASIA AND COMPREHENSION. "A" ANSWERS DETAIL THE SCORING FOR NO APHASIA, MILD, MODERATE, OR SEVERE APHASIA.

9.

DYSARTHRIA:

Assesses clarity of speech. $^{''}A^{''}$ answers provide criteria for normal, mild, moderate, or severe dysarthria.

10.

EXTINCTION AND INATTENTION:

Tests for neglect or extinction phenomena. "A" answers clarify scoring for none, partial, or complete neglect.

EACH COMPONENT REQUIRES CAREFUL OBSERVATION AND PRECISE SCORING ACCORDING TO THE "A" ANSWERS TO ENSURE CONSISTENCY AND ACCURACY.

TIPS FOR USING NIH STROKE SCALE "A" ANSWERS EFFECTIVELY

APPLYING THE NIH STROKE SCALE "A" ANSWERS CORRECTLY REQUIRES ATTENTION TO DETAIL, FAMILIARITY WITH THE SCALE, AND REGULAR PRACTICE. HERE ARE SOME EXPERT TIPS FOR ACCURATE AND EFFICIENT SCORING:

- REVIEW THE OFFICIAL NIHSS MANUAL AND SCORING GUIDELINES REGULARLY.
- USE STANDARDIZED LANGUAGE AND PROMPTS DURING ASSESSMENT TO AVOID BIAS.

- PRACTICE WITH SAMPLE CASES AND SIMULATIONS TO BUILD CONFIDENCE.
- ullet Document findings clearly and consistently according to the "A" answers.
- SEEK FEEDBACK FROM EXPERIENCED COLLEAGUES OR MENTORS.
- PARTICIPATE IN NIHSS CERTIFICATION OR REFRESHER COURSES.

FOLLOWING THESE STRATEGIES WILL HELP HEALTHCARE PROFESSIONALS MAINTAIN OBJECTIVITY AND IMPROVE THEIR PROFICIENCY IN STROKE ASSESSMENT.

COMMON ERRORS IN NIH STROKE SCALE ASSESSMENT

DESPITE ITS STRUCTURED FORMAT, ERRORS CAN OCCUR DURING NIH STROKE SCALE ASSESSMENTS, LEADING TO INACCURATE STROKE SEVERITY RATINGS. SOME OF THE MOST FREQUENT MISTAKES INCLUDE:

- MISINTERPRETING PATIENT RESPONSES OR MOVEMENTS
- FAILING TO FOLLOW THE EXACT PROTOCOL FOR EACH SECTION
- OVERLOOKING SUBTLE NEUROLOGICAL DEFICITS
- INCONSISTENT SCORING BETWEEN EXAMINERS
- NOT USING THE "A" ANSWERS AS SPECIFIED IN THE GUIDELINES

To minimize these errors, clinicians should review the scoring criteria often, engage in peer review, and ensure they use the standardized "A" answers for every assessment.

RESOURCES FOR NIH STROKE SCALE MASTERY

Gaining proficiency in the NIH Stroke Scale and its "A" answers requires access to reliable resources and ongoing education. Useful tools include:

- OFFICIAL NIHSS TRAINING MODULES AND CERTIFICATION PROGRAMS
- INTERACTIVE ONLINE TUTORIALS AND VIDEO DEMONSTRATIONS
- CLINICAL CASE STUDIES AND PRACTICE SCENARIOS
- Reference cards and scoring sheets for quick access
- PEER-REVIEWED JOURNALS AND CLINICAL GUIDELINES ON STROKE ASSESSMENT

UTILIZING THESE RESOURCES CAN HELP CLINICIANS STAY UPDATED, REFINE THEIR SKILLS, AND ENSURE THE HIGHEST STANDARDS OF STROKE CARE.

FREQUENTLY ASKED QUESTIONS ABOUT NIH STROKE SCALE "A" ANSWERS

To further clarify the topic, here are answers to common questions regarding the NIH Stroke Scale and its "A" answers:

Q: WHAT DOES "A" ANSWERS MEAN IN THE CONTEXT OF THE NIH STROKE SCALE?

A: "A" ANSWERS REFER TO THE STANDARDIZED SCORING RESPONSES DESIGNATED FOR EACH ITEM ON THE NIH STROKE SCALE, ENSURING OBJECTIVITY AND CONSISTENCY IN STROKE ASSESSMENT.

Q: WHY ARE CONSISTENT "A" ANSWERS IMPORTANT IN NIH STROKE SCALE SCORING?

A: Consistent use of "A" answers reduces variability between examiners, enhances diagnostic accuracy, and improves patient outcomes by guiding appropriate treatment decisions.

Q: HOW CAN I PRACTICE USING NIH STROKE SCALE "A" ANSWERS?

A: PRACTICING WITH SAMPLE CASES, SIMULATIONS, AND OFFICIAL NIHSS TRAINING MODULES CAN HELP YOU BECOME PROFICIENT IN APPLYING THE "A" ANSWERS DURING CLINICAL ASSESSMENTS.

Q: WHAT ARE COMMON MISTAKES WHEN SCORING THE NIH STROKE SCALE?

A: Common mistakes include misinterpreting patient responses, not following protocol, overlooking subtle deficits, and inconsistent scoring due to not using the "A" answers correctly.

Q: ARE THERE ONLINE RESOURCES FOR LEARNING NIH STROKE SCALE "A" ANSWERS?

A: YES, MANY ONLINE RESOURCES SUCH AS NIHSS CERTIFICATION COURSES, VIDEO TUTORIALS, AND INTERACTIVE TRAINING MODULES ARE AVAILABLE FOR MASTERING THE "A" ANSWERS AND OVERALL SCALE.

Q: IS NIH STROKE SCALE CERTIFICATION NECESSARY FOR CLINICAL PRACTICE?

A: While not always mandatory, NIHSS certification is highly recommended for clinicians involved in stroke care to ensure accurate and standardized assessments.

Q: HOW OFTEN SHOULD CLINICIANS REVIEW NIH STROKE SCALE SCORING GUIDELINES?

A: CLINICIANS SHOULD REVIEW NIH STROKE SCALE GUIDELINES REGULARLY, ESPECIALLY WHEN NEW UPDATES ARE RELEASED OR WHEN PREPARING FOR CERTIFICATION AND RECERTIFICATION.

Q: CAN "A" ANSWERS BE USED FOR RESEARCH AND DATA COLLECTION?

A: Yes, using standardized "A" answers is essential for research, clinical trials, and data collection to ensure consistency and reliability across multiple sites.

Q: WHAT ROLE DO "A" ANSWERS PLAY IN PATIENT OUTCOME PREDICTION?

A: ACCURATE APPLICATION OF "A" ANSWERS IN NIH STROKE SCALE SCORING HELPS PREDICT STROKE SEVERITY, GUIDE

Q: Where can I find official NIH Stroke Scale scoring sheets with "A" answers?

A: Official scoring sheets and guidelines are available through NIHSS training programs, hospital stroke centers, and recognized medical organizations.

Nih Stroke Scale A Answers

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NIH Stroke Scale A Answers: Decoding the Assessment

Are you a healthcare professional facing the daunting task of assessing a suspected stroke victim? Understanding the National Institutes of Health Stroke Scale (NIHSS) is crucial for timely intervention and improving patient outcomes. This comprehensive guide delves into the intricacies of the NIH Stroke Scale, focusing specifically on understanding and interpreting the "A" section – Level of Consciousness. We'll break down the scoring criteria, offer practical examples, and equip you with the knowledge to confidently navigate this vital aspect of stroke assessment. This post will provide you with the clarity you need to accurately interpret NIHSS scores and contribute to effective stroke management.

Understanding the NIH Stroke Scale (NIHSS): A Crucial Tool

The NIH Stroke Scale is a standardized neurological examination used to evaluate the severity of stroke in acute settings. It's a 15-item scale that assigns points based on the presence and severity of neurological deficits. The higher the score, the more severe the stroke. This scale isn't just a diagnostic tool; it's a critical component in guiding treatment decisions, predicting prognosis, and facilitating research on stroke management.

The assessment involves several sections evaluating different neurological functions. We're focusing specifically on Section A: Level of Consciousness, because this initial assessment lays the groundwork for the remaining evaluations. Understanding how to correctly interpret this section is

Decoding Section A: Level of Consciousness in the NIHSS

Section A of the NIH Stroke Scale assesses the patient's level of consciousness. It's a crucial starting point, as the patient's alertness and responsiveness directly impact the ability to perform subsequent tests within the scale.

Scoring Criteria for Section A:

0 points: Alert; fully awake and responsive. The patient is fully oriented to time, place, and person. They respond appropriately to verbal stimuli.

1 point: Not alert but arousable by minimal stimulation to verbal or pain stimuli. The patient may be drowsy but responds to stimuli.

2 points: Not alert; requires repeated stimulation to arouse and may not fully respond even with intense stimuli. This indicates a significantly impaired level of consciousness.

Practical Examples:

0 points: A patient spontaneously opens their eyes, answers questions accurately, and is oriented to their surroundings.

1 point: A patient is drowsy but opens their eyes and mumbles when their name is called loudly. They may require gentle shaking to fully respond.

2 points: A patient is unresponsive to verbal stimuli and requires painful stimuli (e.g., sternal rub) to elicit a response. Even then, the response may be minimal or delayed.

Beyond Section A: Importance of the Entire NIHSS

While we've focused on Section A, it's critical to understand that accurate stroke assessment necessitates evaluating the entire NIHSS. The other sections assess gaze, visual fields, facial palsy,

motor function (upper and lower extremities), limb ataxia, sensory function, language, dysarthria, and extinction/inattention. Each section contributes to the overall score, providing a holistic picture of the stroke's impact on the patient's neurological function.

Accuracy in NIHSS Scoring: A Lifesaving Skill

Accurate and timely administration of the NIHSS is paramount. Misinterpretation of the scoring can lead to delayed or inappropriate treatment, potentially impacting patient outcomes significantly. Consistent training and adherence to the established scoring criteria are essential for all healthcare professionals involved in stroke care. Regular practice and familiarity with the scale are crucial to developing the proficiency necessary for accurate assessments.

Conclusion

The NIH Stroke Scale is an invaluable tool in the rapid assessment and management of stroke. Understanding Section A, Level of Consciousness, is the cornerstone of accurate NIHSS application. By mastering the scoring criteria and recognizing variations in patient presentation, healthcare professionals can effectively utilize this critical assessment tool to improve patient care and outcomes. Remember, timely and accurate assessment is vital in the fight against stroke.

FAQs:

- 1. Can the NIHSS be administered by anyone, or does it require specialized training? The NIHSS requires specific training and certification for accurate administration. While nurses and paramedics may receive training, neurologists and other specialized healthcare professionals are usually the primary administrators.
- 2. Are there variations in the NIHSS scoring? While the core criteria remain consistent, minor variations might exist depending on the specific setting or institution. Adherence to established guidelines within your healthcare system is crucial.
- 3. What happens if a patient's score changes during treatment? Changes in NIHSS scores over time provide valuable information regarding the effectiveness of treatment and the patient's recovery progress. These changes inform further management strategies.
- 4. Is the NIHSS the only tool used in stroke assessment? No, the NIHSS is one crucial tool. Other assessments such as CT scans, MRIs, and blood tests are integral parts of a complete stroke evaluation.

5. Where can I find more information and resources on the NIHSS? Detailed information and training resources on the NIHSS are readily available through the National Institutes of Health (NIH) website and various professional medical organizations specializing in neurology and stroke care.

nih stroke scale a answers: Handbook of Cerebrovascular Disease and Neurointerventional Technique Mark R. Harrigan, John P. Deveikis, 2009-04-20 Neurointerventional radiology is evolving into a rarified and complex field, with more people today training to become neurointerventionalists than ever before. With these developments comes a need for a unified handbook of techniques and essential literature. In Handbook of Cerebrovascular Disease and Neurointerventional Technique, Mark Harrigan and John Deveikis present the first practical guide to endovascular methods and provide a viable reference work for neurovascular anatomy and cerebrovascular disease from a neurointerventionalist's perspective. This new gold-standard reference covers the fundamental techniques and core philosophies of Neurointerventional radiology, while creating a manual that offers structure and standardization to

the field. Authoritative and concise, Handbook of Cerebrovascular Disease and Neurointerventional Technique is the must-have work for today's neurosurgeons, neuroradiologists, and interventional

radiologists.

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in the management of stroke, there are currently few efficient stroke centers that prospective new centers may emulate. This book offers a concise and practical guide on how to set up and run an acute stroke service tailored to the needs of the individual center as a provider of primary, secondary or tertiary care. All aspects of the subject are tackled. Essential knowledge on current imaging and treatment options is provided and guidance is offered on organizing a site-specific stroke pathway so as to ensure the quickest possible provision of treatment. The authors played an integral part in the development and operation of one of Europe's most successful early stroke centers and also have experience of the factors that can undermine the creation of world-class stroke units. This handbook will be an invaluable source of information for every member of the stroke team.

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appendix of the book. Brain Hypothermia Treatment provides a valuable resource and practical guide for professionals in the fields of neurosurgery and emergency and critical care medicine.

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Ross, 2020-10-01 Edited by expert academics and educators, Brett Williams and Linda Ross, and written by content specialists and experienced clinicians, this essential resource encourages readers to see the links between the pathophysiology of a disease, how this creates the signs and symptoms and how these should to be managed in the out-of-hospital environment. Additionally, Paramedic Principles and Practice 2e will arm readers with not only technical knowledge and expertise, but also the non-technical components of providing emergency care, including professional attitudes and behaviours, decision-making, teamwork and communication skills. Case studies are strategically used to contextualise the principles, step readers through possible scenarios that may be encountered and, importantly, reveal the process of reaching a safe and effective management plan. The case studies initially describe the pathology and typical presentation of a particular condition and progress to more-complex and less-typical scenarios where the practitioner faces increasing uncertainty. - The only paramedic-specific text designed for Australian and New Zealand students and paramedics - Progressive case studies that bridge the gap from principles to practice - More than 40 essential pathologies covering common paramedic call-outs - Covers both technical and non-technical skills to develop the graduate into expert clinician - New chapters, including: Paediatric patients; Child abuse and intimate partner violence; Geriatric patients; Tropical conditions; Mass casualty; Interpersonal communication and patient-focused care; Evidence-based practice in paramedicine; Pharmacokinetics and pharmacodynamics - New case studies on major incidents and major trauma - Focused 'Implications for' boxes specific to considerations including geriatrics, cultural diversity, communication challenges - 'Summary of therapeutic goals' included with each case study - Learning outcomes added to open each chapter - Considered revision of pathophysiology across all chapters

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Part 2. It features short, easy-to-read chapters to help the busy resident, fellow, and clinician on the run. In addition to those people preparing to take, or recertify for, the neurology boards, it will also be useful to medical students and residents rotating through neurology or for the generalist with an interest in reviewing neurology.

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E-Book Ron Walls, Robert Hockberger, Marianne Gausche-Hill, Timothy B. Erickson, Susan R. Wilcox, 2022-06-13 For nearly 40 years, Rosen's Emergency Medicine has provided emergency physicians, residents, physician assistants, and other emergency medicine practitioners with authoritative, accessible, and comprehensive information in this rapidly evolving field. The fully revised 10th Edition delivers practical, evidence-based knowledge and specific recommendations from clinical experts in a clear, precise format, with focused writing, current references, and extensive use of illustrations to provide definitive guidance for emergency conditions. With coverage ranging from airway management and critical care through diagnosis and treatment of virtually every emergency condition, from highly complex to simple and common, this award-winning, two-volume reference remains your #1 choice for reliable, up-to-date information across the entire spectrum of emergency medicine practice. Please note the following important change for printed copies of Rosen's Emergency Medicine, 10e. On page 1029, in table 74.3, the dosage for Rivaroxaban should be 15mg by mouth. You may contact Elsevier Customer Service to request a sticker (Part no. 9996133834) to make the correction in your printed copy. Corrections have been made to the eBook versions of this title. - Offers the most immediately clinically relevant content of any emergency medicine resource, providing diagnostic and treatment recommendations and workflows with clear indications and preferred actions. - Contains eight entirely new chapters covering coronaviruses/COVID-19, the morbidly obese patient, human trafficking, sexual minority (LGBTQ) patients, social determinants of health, community violence, and humanitarian aid in war and crisis. - Features over 1,700 figures, including more than 350 new anatomy drawings, graphs and charts, algorithms, and photos. - Includes new information across the spectrum of emergency care, such as adult and pediatric airway management, shock, pandemic disease, emergency toxicology, sepsis syndrome, resuscitation, medical emergencies of pregnancy, the immunocompromised patient, child abuse, pediatric sedation, pediatric trauma, and more. - Features revised and refined chapter templates that enhance navigation, making it easy to find key information guickly. - Provides access to more than 1,200 questions and answers online to aid in exam preparation, as well as two dozen new video clips showing how to best perform critical emergency procedures in real time. - Reviewed and verified cover-to-cover by a team of expert clinical pharmacists to ensure accuracy and completeness of all drug information and treatment recommendations. - Enhanced eBook version included with purchase. Your enhanced eBook allows you to access all of the text, figures, and references from the book on a variety of devices. - Please note the following important change for printed copies of Rosen's Emergency Medicine, 10e. On page 1029, in table 74.3, the dosage for Rivaroxaban should be 15mg by mouth. You may contact Elsevier Customer Service to request a sticker (Part no. 9996133834) to make the correction in your printed copy. Corrections have been made to the eBook versions of this title.

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