

353~363

[24]Knight DM, Trinh H, Le J, et al. Construction and initial characterization of a mouse-human chimeric anti-TNF antibody [J]. Mol Immunol,1993,30:1 443~1 453

[25]St Clair EW, Wagner CL, Fasanmade AA, et al. The relationship of serum infliximab concentrations to clinical improvement in rheumatoid arthritis: results from ATTRACT, a multicenter, randomized, double-blind, placebo-controlled trial [J].Arthritis Rheum,2002,46:1 451~1 459

[26]Elliott MJ, Maini RN, Feldmann M, et al. Randomised double-blind comparison of chimeric monoclonal antibody to tumour necrosis factor alpha (cA2) versus placebo in rheumatoid arthritis[J]. Lancet, 1994,344:1 105~1 110

[27] Maini RN, Breedveld FC, Kalden JR, et al. Therapeutic efficacy of multiple intravenous infusions of anti-tumor necrosis factor alpha monoclonal antibody combined with low-dose weekly methotrexate in rheumatoid arthritis[J]. Arthritis Rheum, 1998,41:1 552~1 563

[28]Lipsky PE, van der Heijde DMFM, St Clair EW, et al. Infliximab and methotrexate in the treatment of rheumatoid arthritis[J].N Engl J Med, 2000,343:1 594~1 602

[29]den Broeder A, van de Putte LBA, et al. A single dose, placebo controlled study of the fully human anti-tumor necrosis factor-antibody adalimumab (D2E7) in patients with rheumatoid arthritis [J]. J Rheumatol,2002,29:2 288~2 298

[30]Humira (adalimumab). Abbott Laboratories (package insert). (Accessed April 26, 2004, at <http://www.fda.gov/cder/foi/label/2002/adalabb123102LB.htm>.)

[31]van de Putte LBA, Atkins C, Malaise M, et al. Adalimumab (D2E7) monotherapy in the treatment of patients with severely active rheumatoid arthritis[J]. Arthritis Rheum, 2002,46:Suppl:S205~S205

[32]Weinblatt ME, Keystone EC, Furst DE, et al. Adalimumab, a fully human anti-tumor necrosis factor alpha monoclonal antibody, for the treatment of rheumatoid arthritis in patients taking concomitant methotrexate: the ARMADA trial [J]. Arthritis Rheum ,2003,48: 35~45

[33]Firestein GS, Boyle DL, Yu C, et al. Synovial interleukin-1 receptor antagonist and interleukin-1 balance in rheumatoid arthritis [J]. Arthritis Rheum ,1994,37:644~652

[34]Bresnihan B, Cunnane G. Interleukin-1 receptor antagonist [J]. Rheum Dis Clin North Am ,1998,24:615~628

[35]Yang BB, Baughman S, Sullivan JT. Pharmacokinetics of anakinra in subjects with different levels of renal function [J].Clin Pharmacol Ther,2003,74:85~94

[36]Cohen S, Hurd E, Cush J, et al. Treatment of rheumatoid arthritis with anakinra, a recombinant human interleukin-1 receptor antagonist, in combination with methotrexate: results of a twenty-four-week, multicenter, randomized, double-blind, placebo-controlled trial[J]. Arthritis Rheum, 2002,46:614~624

[37]Jiang Y, Genant HK, Watt I, et al. A multicenter, double-blind, dose-ranging, randomized, placebo-controlled study of recombinant human interleukin-1 receptor antagonist in patients with rheumatoid arthritis: radiologic progression and correlation of Genant and Larsen scores[J]. Arthritis Rheum, 2000,43:1 001~1 009

[38]Fleischmann RM, Schechtman J, Bennett R, et al. Anakinra, a recombinant human interleukin-1 receptor antagonist (r-metHuIL-1ra), in patients with rheumatoid arthritis: a large, international, multicenter, placebo-controlled trial [J]. Arthritis Rheum,2003,48:927~934

[39]Schiff MH, Bulpitt K, Weaver AA, et al. Safety of combination therapy with anakinra and etanercept in patients with rheumatoid arthritis[J]. Arthritis Rheum, 2001,44:Suppl:S79~S79

[40]Pelletier J P ,Yaron M ,Haraoui B, et al. Efficacy and safety of diacerein in osteoarthritis of the knee:a double-blind , placebo-controlled trial[J] . Arthritis Rheum,2000,43:2 339~2 348

[41]栗占国.风湿病的免疫及生物治疗进展[J].中国新药杂志,2001,10 (7):488~492

[42]董怡,纪室华.反应停在风湿性疾病治疗中的作用[J].世界医学杂志,2001,5(2) :46~50

[43] Clair ST EW,Cohen SB ,Lee ML, et al . Treatment of rheumatoid arthritis with a DR4/1 peptide[J] . J Rheumatol ,2000,27 (8):1 855~1 863

[44]Moreland LM ,Morgan EE ,Adamson TC , et al . TCR vaccination in RA:A placebo-controlled trial using a combination of Vβ3 ,Vβ14 and Vβ17 peptide[J].s.Arthritis Rheum, 1998,41(11):1 919~1 929

[45]Silverman GJ, Weisman S. Rituximab therapy and autoimmune disorders: prospects for anti-B cell therapy [J]. Arthritis Rheum, 2003,48:1 484~1 492

(收稿日期: 2004 -10 -29)

自制简易输液瓶套

丛淑

(山东省乳山市人民医院 乳山 264500)

关键词:简易输液瓶套;制作方法;护理
中图分类号:R 472.4 文献标识码:B 文献编号: 1671-4040(2005)01- 0074-01

在护理工作中,由于急诊科的病人较多,周转率快,经常出现输液瓶套短缺的情况。因此,我们自制了一种简易的输液瓶套来解决这个问题,制作方法如下:

1 材料 制作材料为一根长度约 85cm 左右消毒过的废输液品(取茂菲氏滴管下端至头皮针连接处的部分)。

2 制作方法 先在管子两端各打一个可调节大小的活结套,把其中一个套入输液瓶颈处拉紧,再将另一个套入平行于输液瓶底边约 4cm 处拉紧(两个活结套的开口端分别位

于瓶子的两端),然后将左右管子朝瓶底主向拉,使输液瓶夹予两侧管子中间。在瓶底中央用两侧管子打 1 个“8”型结套,再将这个结套折叠成挂钩套。

3 特点 (1)制作简单,尤其适用于急诊科应急状态下使用;(2)经济实用,材料来源广泛,可以消毒后重复使用,并且 1 个瓶套可以在大小不同的输液瓶上使用;(3)瓶套的结构稳定,对输液瓶上的文字遮挡面积小,便于查对。

(收稿日期: 2004 -10-23)