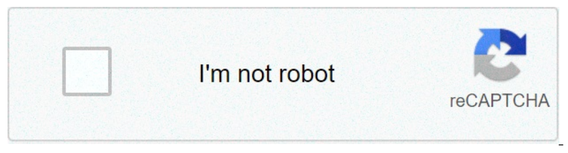

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3000 mg to kg

MILLIGRAMS KILOGRAMS 1 = 1.0E-6 2 = 2.0E-6 3 = 3.0E-6 4 = 4.0E-6 5 = 5.0E-6 7 = 7.0E-6 8 = 8.0E-6 9 = 9.0E-6 10 = 1.0E-5 KILOGRAMS MILLIGRAMS 1 = 1000000 2 = 2000000 3 = 3000000 4 = 4000000 5 = 5000000 7 = 7000000 8 = 8000000 9 = 9000000 10 = 10000000 milligram to grams Conversion Table: mg to g 1.0 = 0.001 2.0 = 0.002 3.0 = 0.003 4.0 = 0.004 5.0 = 0.005 6.0 = 0.006 7.0 = 0.007 8.0 = 0.008 9.0 = 0.009 milligram to grams 10 = 0.01 20 = 0.02 30 = 0.03 40 = 0.04 50 = 0.05 100 = 0.1 500 = 0.5 1000 = 1 5000 = 5 grams to milligrams Conversion Table: g to mg 1.0 = 1000 2.0 = 2000 3.0 = 3000 4.0 = 4000 5.0 = 5000 6.0 = 6000 7.0 = 7000 8.0 = 8000 9.0 = 9000 grams to milligrams 10 = 10000 20 = 20000 30 = 30000 40 = 40000 50 = 50000 100 = 100000 500 = 500000 1000 = 1000000 5000 = 5000000 The milligram (British spelling: milligramme, abbreviation: mg) is a unit of mass in the SI system (metric system). One milligram is equal to one millionth of the kilogram (kg), which is the current SI (Metric system) base unit of mass. 1 milligram (mg) = 0.001 grams (g) = 0.000001 kilogram (kg) = 0.0000352739619 ounces (oz) = 0.00000220462262 pounds (lb). All In One Units Converter ⇌ Please, choose a physical quantity, two units, then type a value in any of the boxes above. E-mail This Page To A Friend To calculate a milligram value to the corresponding value in kg, just multiply the quantity in mg by 1.0E-6 (the conversion factor). Here is the formula: Value in kg = value in mg × 1.0E-6 Suppose you want to convert 4500 mg into kg. Using the conversion formula above, you will get: Value in kg = 4500 × 1.0E-6 = 0.0045 kg This converter can help you to get answers to questions like: How many mg are in 4500 kg? 4500 mg are equal to how many kg? How much are 4500 mg in kg? How to convert mg to kg? What is the conversion factor to convert from mg to kg? How to transform mg in kg? What is the formula to convert from mg to kg? Among others. Mg to kg conversion chart near 4500 mgMg to kg conversion chart3800 mg = 0.0038 kg3900 mg = 0.0039 kg4000 mg = 0.004 kg4100 mg = 0.0041 kg4200 mg = 0.0042 kg4300 mg = 0.0043 kg4400 mg = 0.0044 kg4500 mg = 0.0045 kgMg to kg conversion chart4500 mg = 0.0045 kg4600 mg = 0.0046 kg4700 mg = 0.0047 kg4800 mg = 0.0048 kg4900 mg = 0.0049 kg5000 mg = 0.005 kg5100 mg = 0.0051 kg5200 mg = 0.0052 kgNote: some values may be rounded. While every effort is made to ensure the accuracy of the information provided on this website, neither this website nor its authors are responsible for any errors or omissions, or for the results obtained from the use of this information. All information in this site is provided “as is”, with no guarantee of completeness, accuracy, timeliness or of the results obtained from the use of this information. How many mg/kg in 1 percent? The answer is 10000. Note that rounding errors may occur, so always check the results. Use this page to learn how to convert between mg/kg and percent. Type in your own numbers in the form to convert the units! You can do the reverse unit conversion from percent to mg/kg, or enter any two units below: ›› Metric conversions and more ConvertUnits.com provides an online conversion calculator for all types of measurement units. You can find metric conversion tables for SI units, as well as English units, currency, and other data. Type in unit symbols, abbreviations, or full names for units of length, area, mass, pressure, and other types. Examples include mm, inch, 100 kg, US fluid ounce, 6'3", 10 stone 4, cubic cm, metres squared, grams, moles, feet per second, and many more! Medically reviewed by Drugs.com. Last updated on June 10, 2021. Applies to the following strengths: 100 mg/mL; 250 mg; 500 mg; 750 mg; 1000 mg; 500 mg/100 mL-NaCl 0.82%; 1000 mg/100 mL-NaCl 0.75%; 1500 mg/100 mL-NaCl 0.54%; 1500 mg Usual Adult Dose for: Usual Pediatric Dose for: Additional dosage information: Immediate-Release: Initial dose: 500 mg orally or IV twice a day -Increase in increments of 500 mg twice a day every 2 weeks based on efficacy and tolerability Maintenance dose: 500 to 1500 mg orally or IV twice a day Maximum dose: 3000 mg/day Extended-Release (Partial Onset Seizures Only): Initial dose: 1000 mg orally once a day -Increase in increments of 1000 mg every 2 weeks based on efficacy and tolerability Maintenance dose: 1000 to 3000 mg orally once a day Maximum dose: 3000 mg/day Comments: -This drug may be initiated either IV or orally; administer IV via IV infusion over at least 15 minutes. -For adjunctive therapy in patients with partial onset seizures, there is no evidence that doses greater than 3000 mg/day confer additional benefit. -For adjunctive therapy in patients with myoclonic seizures or primary generalized tonic-clonic seizures, the effectiveness of doses lower than 3000 mg/day has not been studied. -The extended-release tablets are only indicated as adjunctive therapy in the treatment of partial onset seizures. Uses: -Adjunct therapy in the treatment of partial onset seizures in patients with epilepsy -Adjunctive therapy for myoclonic seizures in patients with juvenile myoclonic epilepsy -Adjunctive therapy for primary generalized tonic-clonic seizures in patients with idiopathic generalized epilepsy Usual Adult Dose for Seizures Immediate-Release: Initial dose: 500 mg orally or IV twice a day -Increase in increments of 500 mg twice a day every 2 weeks based on efficacy and tolerability Maintenance dose: 500 to 1500 mg orally or IV twice a day Maximum dose: 3000 mg/day Extended-Release (Partial Onset Seizures Only): Initial dose: 1000 mg orally once a day -Increase in increments of 1000 mg every 2 weeks based on efficacy and tolerability Maintenance dose: 1000 to 3000 mg orally once a day Maximum dose: 3000 mg/day Comments: -This drug may be initiated either IV or orally; administer IV via IV infusion over at least 15 minutes. -For adjunctive therapy in patients with partial onset seizures, there is no evidence that doses greater than 3000 mg/day confer additional benefit. -For adjunctive therapy in patients with myoclonic seizures or primary generalized tonic-clonic seizures, the effectiveness of doses lower than 3000 mg/day has not been studied. -The extended-release tablets are only indicated as adjunctive therapy in the treatment of partial onset seizures. Uses: -Adjunct therapy in the treatment of partial onset seizures in patients with epilepsy -Adjunctive therapy for myoclonic seizures in patients with juvenile myoclonic epilepsy -Adjunctive therapy for primary generalized tonic-clonic seizures in patients with idiopathic generalized epilepsy Usual Pediatric Dose for Epilepsy PARTIAL ONSET SEIZURES: Immediate-Release: 1 month to less than 6 months: Initial dose: 7 mg/kg oral/IV twice a day; increase in increments of 7 mg/kg twice a day in 2-week intervals Maximum dose: 21 mg/kg twice a day (clinical trials mean daily dose=35 mg/kg/day) 6 months to less than 4 years: Initial dose: 10 mg/kg oral/IV twice a day; increase in increments of 10 mg/kg twice a day in 2-week intervals Maximum dose: 25 mg/kg twice a day; (clinical trials mean daily dose=47 mg/kg/day) 4 years to less than 16 years: Initial dose: 10 mg/kg twice a day; increase in increments of 10 mg/kg twice a day in 2-week intervals Maximum dose: 30 mg/kg twice a day (clinical trials mean daily dose=44 mg/kg/day) Alternatively, 4 years to less than 16 years: weight 20 to 40 kg: 250 mg oral/IV twice a day, increase in increments of 250 mg twice a day in 2-week intervals; Maximum dose: 750 mg twice a day 4 years to less than 16 years: weight greater than 40 kg: 500 mg oral/IV twice a day, increase in increments of 500 mg twice a day in 2-week intervals; Maximum dose: 1500 mg twice a day 16 years and older: 500 mg oral/IV twice a day, increase in increments of 500 mg twice a day in 2-week intervals; Maximum dose: 1500 mg twice a day Extended-Release: 12 years or older: Initial dose: 1000 mg orally once a day -Increase in increments of 1000 mg every 2 weeks to the maximum daily dose Maintenance dose: 1000 to 3000 mg orally once a day Maximum dose: 3000 mg/day MYOCLONIC SEIZURES: 12 years and older: Initial dose: 500 mg oral/IV twice a day, increase in increments of 500 mg twice a day in 2-week intervals Maintenance dose: 500 to 1500 mg twice a day Maximum dose of 3000 mg/day PRIMARY GENERALIZED TONIC-CLONIC SEIZURES: 6 years to less than 16 years: Initial dose: 10 mg/kg oral/IV twice a day, increase in increments of 10 mg/kg twice a day in 2-week intervals Maximum dose: 30 mg/kg twice a day 16 years and older: Initial dose: 500 mg oral/IV twice a day, increase in increments of 500 mg twice a day in 2-week intervals Maximum dose: 1500 mg twice a day Comments: -This drug may be initiated either IV or orally; IV may be used when oral administration is temporarily not feasible; only whole tablets should be given; for patients with body weight of 20 kg or less, the oral solution should be prescribed. -For adjunctive therapy in patients with partial onset seizures, there is no evidence that doses greater than 3000 mg/day confer additional benefit; the effectiveness of doses lower than the daily mg/kg dose in pediatric patients 1 month to less than 16 years has not been studied. 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If a patient is unable to tolerate prescribed dose, the dose should be reduced; mean daily doses in clinical trials are included for reference. -For adjunctive therapy in patients with myoclonic seizures or primary generalized tonic-clonic seizures, the effectiveness of doses lower than 3000 mg/day has not been studied. -The extended-release tablets are only indicated as adjunctive therapy in the treatment of partial onset seizures. Uses: -Adjunct therapy in the treatment of partial onset seizures in patients 1 month or older with epilepsy -Adjunctive therapy for myoclonic seizures in patients 12 years or older with juvenile myoclonic epilepsy -Adjunctive therapy for primary generalized tonic-clonic seizures in patients 6 years or older with idiopathic generalized epilepsy Renal Dose Adjustments ADULTS: Immediate-release: -Mild renal impairment (CrCl 50 to 80 mL/min): 500 to 1000 mg mg oral/IV every 12 hours -Moderate renal impairment (CrCl 30 to 50 mL/min): 250 to 750 mg oral/IV every 12 hours -Severe renal impairment (CrCl less than 30 mL/min): 250 to 500 mg oral/IV every 12 hours Extended-release: -Mild renal impairment (CrCl 50 to 80 mL/min): 1000 to 2000 mg oral/IV every 24 hours -Moderate renal impairment (CrCl 30 to 50 mL/min): 500 to 1500 mg oral/IV every 24 hours -Severe renal impairment (CrCl less than 30 mL/min): 500 to 1000 mg oral/IV every 24 hours PEDIATRIC PATIENTS: The dosage should be adjusted according to renal function; however, no specific dose adjustment guidelines have been suggested. Liver Dose Adjustments No adjustment recommended Dose Adjustments Elderly: Use care in dose selection; renal function monitoring is recommended Upon Discontinuation: -Dose should be gradually decreased to minimize the potential for withdrawal seizures Precautions CONTRAINDICATIONS: -Hypersensitivity to levetiracetam; angioedema and anaphylaxis have occurred Safety and efficacy have not been established in patients younger than 1 month. -Safety and efficacy for the extended-release tablet have not been established in patients younger than 12 years. -Safety and efficacy for the tablet for oral suspension have not been established in patients younger than 4 years. Consult WARNINGS section for additional precautions. Dialysis Adult patients: Immediate-release: -Maintenance dose: 500 to 1000 mg orally or IV once a day -Following dialysis: A single 250 to 500 mg supplemental dose is recommended Extended-release: Not recommended Specific guidance for children has not been provided Other Comments Administration advice: -Take twice a day in equally divided doses; may take with or without food ORAL: Tablets: Swallow whole; do not crush or chew Oral solution: Use a calibrated measuring device to measure (not a household teaspoon) Tablets for oral suspension: Intended to disintegrate in the mouth when taken with a sip of liquid -Peel foil from blister by bending up and lifting the peel tab around the blister seal -Place tablet on tongue with a dry hand; follow with a sip of water and swallow once the tablet has disintegrated; do not swallow tablet intact; partial tablets should not be used -Alternatively, place tablet in small volume of liquid in a cup; allow tablet to disperse, then consume entire contents immediately; rinse residue in cup with additional liquid and swallow Extended-release Tablets: Swallow whole; do not chew, break, or crush IV: Administer via IV infusion over at least 15 minutes twice a day Preparation: -Available as single-use dual port bags or single-use vials that require dilution -Dose should be administered/diluted to 100 mL prior to administration unless a smaller volume is needed; for patients requiring a smaller volume do not exceed a concentration of 15 mg/mL Storage Requirements: IV: Mixed in PVC infusion bags with Sodium chloride 0.9%, Lactated Ringer's, or Dextrose 5%, chemically stable at 59F to 86F (15C to 30C) for up to 4 hours Compatibility/incompatibility: -The IV solution is incompatible with phenytoin sodium in a polyvinyl chloride bag -The following antiepileptic drugs have demonstrated chemical stability for up to 24 hours at 59F to 86F (15C to 30C): Lorazepam, diazepam, sodium valproate Monitoring: -Assess renal function prior to therapy; renal function monitoring is recommended in elderly patients -Monitor diastolic blood pressure in patients less than 4 years -Monitor plasma levels carefully during pregnancy and postpartum, especially if dose adjustments were made during pregnancy -Monitor for emergence or worsening of depression, suicidal thoughts, or any unusual changes in mood or behavior Patient Advice: -Read the US FDA-approved patient labeling (Medication Guide). -Patients should understand that this drug may cause changes in behavior, suicidal thoughts or thoughts about self-harm; patients/caregivers should report these changes promptly to a healthcare provider. -Patients should understand that this drug may cause dizziness, somnolence, and incoordination; patients should not engage in hazardous activities requiring mental alertness until the effects of this drug are known. -Patients should understand that anaphylaxis and serious dermatological reactions have been reported; patients should seek immediate medical care if they develop signs and symptoms of anaphylaxis or angioedema and notify their healthcare provider promptly if they develop a rash. Further informationAlways consult your healthcare provider to ensure the information displayed on this page applies to your personal circumstances. Medical Disclaimer = 0.003 kilograms. 30000 mg to kg. 30000 mg/kg to ug/kg. how to convert 30000 mg to kg. 3000 mg kg to percent. 3000 ppm to mg/kg. 3000 mg/kg to g. 3000 mg/l to kg/m3. 3000 mg converted to kg

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