The precise mechanism of the analgesic effect of oxycodone is unknown. It is believed that oxycodone, like other opioids, produces analgesia by decreasing pain perception through the central nervous system (CNS).

Following intravenous administration, the volume of distribution (Vss) of oxycodone is 3.71±0.8 L/kg. The plasma clearance (Cl) of 24 mg tablets is 2.54±1.2 mL/min per kg of body weight. Cl of 20 mg tablets and 15 mg tablets is 2.6±3.0 mL/min per kg of body weight. The elimination half-life (t₁/₂) of oxycodone from plasma is 3.85±1.3 hours for 20 mg tablets, 9.7±2.6 hours for 15 mg tablets, and 11.8±7.7 hours for 10 mg tablets. The total body clearance of oxycodone is 2.6±3.0 mL/min per kg of body weight. In patients with renal impairment, elimination of oxycodone is prolonged, with t₁/₂ values of approximately 18 to 24 hours to reach steady-state plasma concentrations of oxycodone with oxycodone tablets. The absorption of oxycodone is complete within 60 minutes following administration.

Effects on Gastrointestinal Tract and Other Smooth Muscle:
Oxycodone may cause an increase in gastric motility and cramping. In patients with ulcer disease, oxycodone may cause gastric bleeding and perforation. Oxycodone may also cause nausea, vomiting, and diarrhea. Oxycodone may cause constipation. The amount of feces produced is not significantly different between patients treated with oxycodone and those treated with placebo.

Effects on Peripheral Vascular System:
Oxycodone may cause peripheral vasoconstriction, leading to a decrease in blood pressure and a decrease in cardiac output. Oxycodone may also cause peripheral vasodilation, leading to a decrease in blood pressure and an increase in cardiac output. The effects of oxycodone on blood pressure and cardiac output may be more pronounced in patients with renal impairment or in patients with a history of cardiovascular disease.

Effects on Renal Function:
Oxycodone is renally eliminated. In patients with renal impairment, the clearance of oxycodone is decreased, leading to an increase in plasma concentrations of oxycodone. This may result in an increase in the duration of action of oxycodone and an increase in the incidence of adverse effects. In patients with renal impairment, the dose of oxycodone should be reduced.

Effects on Other Systems:
Oxycodone may cause an increase in the incidence of constipation, nausea, vomiting, and diarrhea. Oxycodone may also cause an increase in the incidence of drowsiness, dizziness, and confusion. Oxycodone may cause an increase in the incidence of respiratory depression. Oxycodone may also cause an increase in the incidence of urinary retention and decreased libido. Oxycodone may cause an increase in the incidence of pruritus.

Effects on Psychomotor Performance:
Oxycodone may cause an increase in psychomotor impairment. In patients with a history of substance abuse, oxycodone may cause an increase in the incidence of psychomotor impairment.

Effects on Respiratory Function:
Oxycodone may cause an increase in respiratory depression. In patients with a history of respiratory depression, oxycodone may cause an increase in the incidence of respiratory depression.

Effects on CNS:
Oxycodone may cause an increase in CNS depression. In patients with a history of CNS depression, oxycodone may cause an increase in the incidence of CNS depression.

Effects on Visual Function:
Oxycodone may cause an increase in visual impairment. In patients with a history of visual impairment, oxycodone may cause an increase in the incidence of visual impairment.

Effects on Hearing Function:
Oxycodone may cause an increase in hearing impairment. In patients with a history of hearing impairment, oxycodone may cause an increase in the incidence of hearing impairment.

Effects on Cardiovascular Function:
Oxycodone may cause an increase in cardiovascular impairment. In patients with a history of cardiovascular impairment, oxycodone may cause an increase in the incidence of cardiovascular impairment.

Effects on Endocrine Function:
Oxycodone may cause an increase in endocrine impairment. In patients with a history of endocrine impairment, oxycodone may cause an increase in the incidence of endocrine impairment.

Effects on Immune Function:
Oxycodone may cause an increase in immune impairment. In patients with a history of immune impairment, oxycodone may cause an increase in the incidence of immune impairment.

Effects on Hepatic Function:
Oxycodone may cause an increase in hepatic impairment. In patients with a history of hepatic impairment, oxycodone may cause an increase in the incidence of hepatic impairment.

Effects on Renal Function:
Oxycodone may cause an increase in renal impairment. In patients with a history of renal impairment, oxycodone may cause an increase in the incidence of renal impairment.

Effects on Other Systems:
Oxycodone may cause an increase in other systems impairment. In patients with a history of other systems impairment, oxycodone may cause an increase in the incidence of other systems impairment.

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Oxycodone may cause an increase in psychomotor impairment. In patients with a history of psychomotor impairment, oxycodone may cause an increase in the incidence of psychomotor impairment.

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Effects on Other Systems:
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Effects on Renal Function:
Oxycodone may cause an increase in renal impairment. In patients with a history of renal impairment, oxycodone may cause an increase in the incidence of renal impairment.

Effects on Other Systems:
Oxycodone may cause an increase in other systems impairment. In patients with a history of other systems impairment, oxycodone may cause an increase in the incidence of other systems impairment.
5. Women of childbearing potential who become, or are planning to become, pregnant should be advised to consult their physician regarding the effects of oxycodone hydrochloride tablets on the breastfed infant and the potential for infant withdrawal. Women with a history of opioid addiction should be advised of the potential for withdrawal in newborns. Cesarean section may be required in certain instances.

6. Patients should be advised that oxycodone hydrochloride tablets are a prescription opioid. When considering the use of oxycodone hydrochloride tablets in a patient, it is important to consider a patient’s potential for abuse, misuse, and diverted use, as well as his or her risk factors. These risk factors include (1) significant history of drug addiction or abuse or treatment for opioid, alcohol, or other drug dependence; (2) family history of drug addiction; (3) use of multiple medications; (4) recent severe increase in the amount of alcohol or substance used; (5) recent increase in the use of prescription or non-prescription substances; and (6) a strong social or family history of alcoholism or drug addiction. Patients and their caregivers should be counseled on the importance of the following:

- Using oxycodone hydrochloride tablets exactly as prescribed
- Not using oxycodone hydrochloride tablets in combination with other opioids and opiate antagonists
- Using oxycodone hydrochloride tablets with other sedative medications like benzodiazepines or alcohol with caution
- Using oxycodone hydrochloride tablets only for the indication for which it was prescribed
- Using oxycodone hydrochloride tablets only for the duration prescribed
- Not using oxycodone hydrochloride tablets for medically unnecessary purposes
- Not using oxycodone hydrochloride tablets at the same time as other medications that may also cause drowsiness
- Not using oxycodone hydrochloride tablets if the oxycodone hydrochloride tablets have been tampered with, lost, or stolen
- Not using oxycodone hydrochloride tablets in combination with other medications prescribed by other healthcare providers unless specifically directed to do so by those providers

If a patient or other person has taken oxycodone hydrochloride tablets in an amount greater than the amount prescribed by the healthcare provider, the patient or other person should seek immediate medical attention and contact the healthcare provider or local poison control center for information on the treatment of an oxycodone hydrochloride overdose.

OVERDOSAGE

Acute oxycodone hydrochloride tablets overdose may result in respiratory depression, hypotension, and cardiovascular collapse. The most useful supportive measures should be directed at maintaining adequate respiratory and cardiac function, and at treating manifestations of toxicity that may affect the nervous system. In the management of an overdose, immediate hospitalization is required. Important supportive measures should include the following:

- Ventilation: Administer oxygen. If respirations are shallow or if respiratory arrest occurs, perform artificial ventilation. Use of a non-rebreathing mask with 20-40 cm H2O of pressure should be considered. Positive pressure resuscitation should be initiated if the patient is not responsive to conventional ventilatory techniques.
- Ventricular Fibrillation or Pulseless Electrical Activity:用心, and the dose of the antagonist administration should depend on the patient’s weight, the duration and the frequency of oxycodone hydrochloride tablets abuse, and the symptoms of opioid withdrawal in the patient.

OSA is characterized by recurrent episodes of sleep-related apnea, which are defined as complete or partial cessations of ventilation lasting at least 10 seconds during sleep. Risk factors for OSA include obesity, age, gender, and anatomical factors. The prevalence of OSA increases with age, and it is more common in men than in women. OSA is associated with an increased risk of cardiovascular diseases, including hypertension, atrial fibrillation, and stroke. Furthermore, OSA is linked to an increased risk of daytime somnolence and cognitive impairment. Therefore, it is important to diagnose and treat OSA in patients with symptoms or risk factors for the condition.

In conclusion, oxycodone hydrochloride tablets are an effective medication for the treatment of moderate to severe pain. However, it is important to use oxycodone hydrochloride tablets only as directed by a healthcare provider, and to be aware of the potential risks and side effects associated with its use. Patients should also be encouraged to discuss their pain management goals and preferences with their healthcare provider, in order to ensure the most effective and safe use of oxycodone hydrochloride tablets.