

# Enteric coated granules for improved enzyme delivery in cystic fibrosis



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Mimics the normal digestive process

## A predictable release for cystic fibrosis patients

**PRESCRIBING INFORMATION:** Presentation: Brown/yellow capsules containing enteric coated granules of pancreatin equivalent to: 9,000 BP units of amylase; 8,000 BP units of lipase; 210 BP units of protease. Available in packs of 100. Basic N.M.S. price £13.33. Indication: Pancreatic exocrine insufficiency. Dosage and administration: Adults and children: Initially one or two capsules with meals, then adjust according to response. The capsules should be swallowed whole, or for ease of administration they may be opened and the granules taken with fluid or soft food, but without chewing. If the granules are mixed with food, it is important that they are taken immediately; otherwise dissolution of the enteric coating may result. Contra-indications, Warnings, etc. Contra-indications: Substitution with pancreatic enzymes is contra-indicated in the early stages of acute pancreatitis. Warnings: Use in pregnancy: There is inadequate evidence of safety in use during pregnancy. The product is of porcine origin. Rarely, cases of hyper-uricosuria and hyper-uricaemia have been reported with high doses of pancreatin. Overdosage could precipitate meconium ileus equivalent. Perianal irritation could occur, and, rarely, inflammation when large doses are used. Product Licence Number: 5727/0001. Name and address of Licence Holder Kali Chemie Pharma GmbH, Postfach 220, D-3000, Hannover 1, West Germany.

**duphar**

Further information is available from:

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# Three good reasons for



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*A well-digested babymilk for the baby bottle-fed  
from birth, or moving on from breast milk.*

# Little Experts to smile.

The first days with baby are full of new experiences and little discoveries to share. Feeding is just one of the areas that new parents often find a little bewildering. What to feed? When to feed? How much to feed?

These three babies all have different needs, but each is happily settling down to a regime of good feeding. There's Jennifer getting the very best with her mother's breast milk. And Simon and Chloe whose mothers decided to bottle-feed, are being fed Milupa baby milks – the very acceptable alternative.

**Breast milk.** Jennifer was breastfed from birth and soon happily settled to this ideal way of feeding, and she thrived on it. Had she been born premature, Jennifer could still have been fed on her mother's own expressed breast milk, or Milupa's new preterm formula – Milupa

Prematil, specially formulated for low birthweight babies. Or a combination of both.

**Aptamil.** Simon was bottle-fed straight from birth. For him, Aptamil was just right. This formula is designed for babies who have never been breastfed, and those bottle-fed from an early age.

Chloe was breastfed at birth, then bottle-fed later, and so needed a different nutritional balance from Aptamil.

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Milupa baby milks are used in hospitals throughout Great Britain and Europe.

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Their smiles say it all.

**IMPORTANT:** Breast milk is the best milk for a baby. A doctor, midwife, nurse or health visitor should be consulted for any advice needed. If a baby milk is used it is important for the baby's health that all preparation instructions are followed carefully.

# milupa®

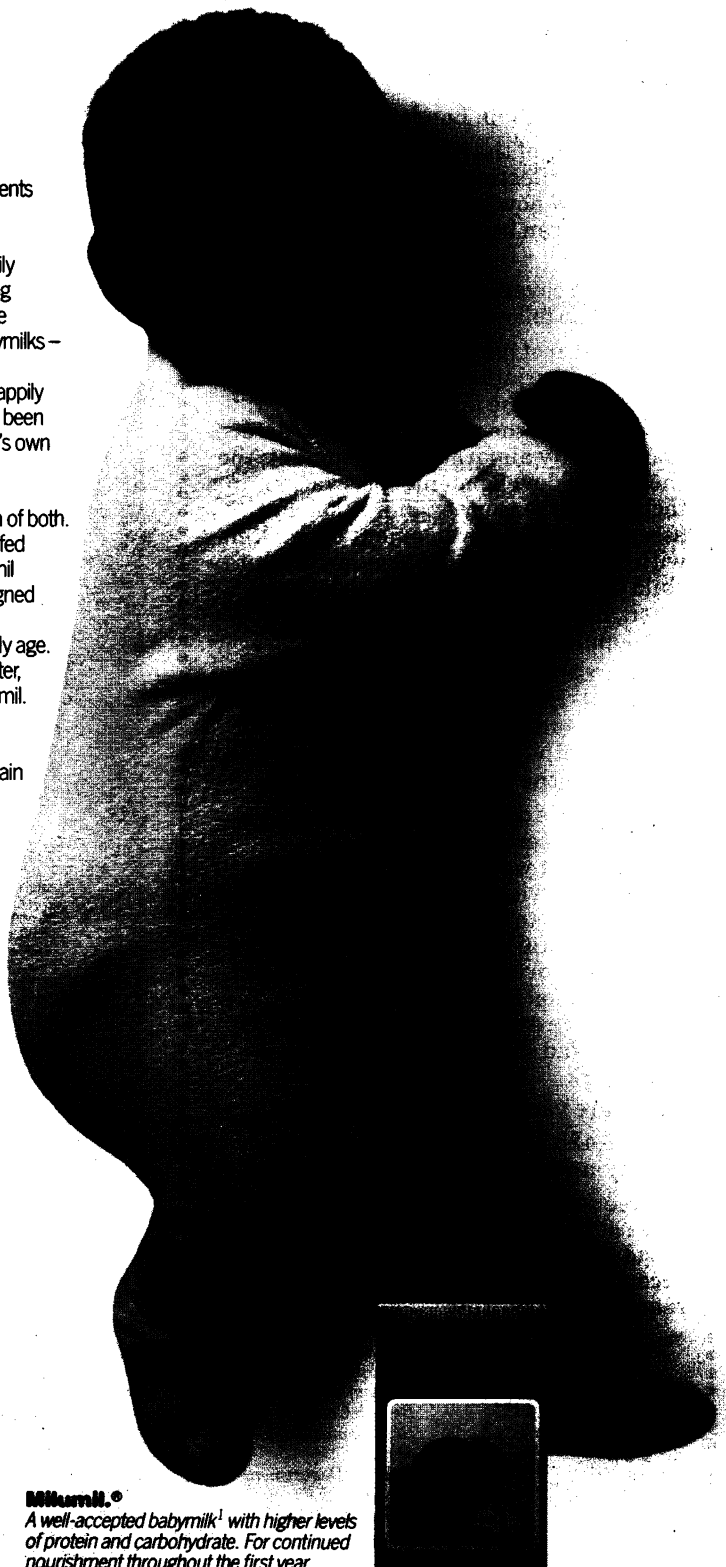
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1. G. Elborn and M.M. Kerr. June 1982 Midwives Chronicle and Nursing Notes p. 210-211.

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The topics covered in the course will include the following:

The pattern of normal development; the range and variations of normal development; the factors affecting development; the methods used to detect and quantify abnormal development; the theories of development; observation techniques; sensory examination and assessment; the development of children with abnormalities; the organization of child development services and what, when, how and by whom should development work be done.

The course will be directed by **Professor K S Holt**, Head of the Department of Developmental Paediatrics, Institute of Child Health, University of London, and Director of the Wolfson Centre.

The course is designed for paediatricians who are concerned with child development work either in practice or in planning services. Although attention will be given to children with developmental problems it will not be possible to cover all aspects of childhood rehabilitation in detail. Participants should have experience of working with children and should be able to discuss their work.

There are vacancies for 30 members.

Fee: £1,425 residential,  
£995 non-residential.

Course sessions are expected to take place at the Institute of Child Health. Resident participants will be accommodated at a hotel within easy reach of the Institute.

 The  
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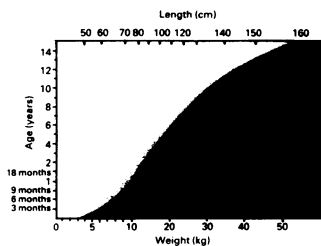


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Endotracheal tube

Length (cm)	Internal diameter (mm)
18-21	7.5-8.0
18	7.0
17	6.5
16	6.0
15	5.5
14	5.0
13	4.5
12	4.0
10	3.5

Paediatric resuscitation chart



Adrenaline (ml of 1/10 000) intravenous or endotracheal	0.5	1	2	3	4	5
Atropine (mg) intravenous or endotracheal	0.1	0.2	0.4	0.6	0.6	0.6
Bicarbonate (ml of 8.4%) intravenous	5	10	20	30	40	50
Calcium chloride (mmol)* intravenous	1	2	4	6	8	10
Diazepam (mg) intravenous per rectum	1.25 2.5	2.5 5	5 10	7.5 10	10 10	—
Glucose (ml of 50%) intravenous	10	20	40	60	80	100
Lignocaine (mg) intravenous or endotracheal	5	10	20	30	40	50
Salbutamol (µg) intravenous	25	50	100	150	200	250
Initial DC defibrillation (J)	10	20	40	60	80	100
Initial fluid infusion in hypovolaemic shock (ml)	50	100	200	300	400	500

\* One millilitre calcium chloride 1 mmol/ml = 1.5 ml calcium chloride 10% = 4.5 ml calcium gluconate 10%

## A child is dying: what do you do?

Resuscitating children is different from resuscitating adults—and more difficult. Because cardiorespiratory arrest in children is uncommon each doctor's experience of handling it is limited, and there is a tendency to forget the recommended drug doses; also, because children come in so many different sizes it is hard to judge the correct dose, especially if you do not know the child's weight. Yet delay or inaccuracy in treatment might be fatal. **The Paediatric Resuscitation Chart**, devised by Dr Peter Oakley and based on the guidelines of the Resuscitation Council (UK), gives you at a glance the essential information for making rapid and accurate decisions. The chart is available as an A2 size poster or a pocket sized postcard.

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Single copies of a postcard version of the chart are available, free of charge, on receipt of an A5 stamped addressed envelope (16cm x 24cm; 6in x 9in). Bulk orders please write to the Book Department.

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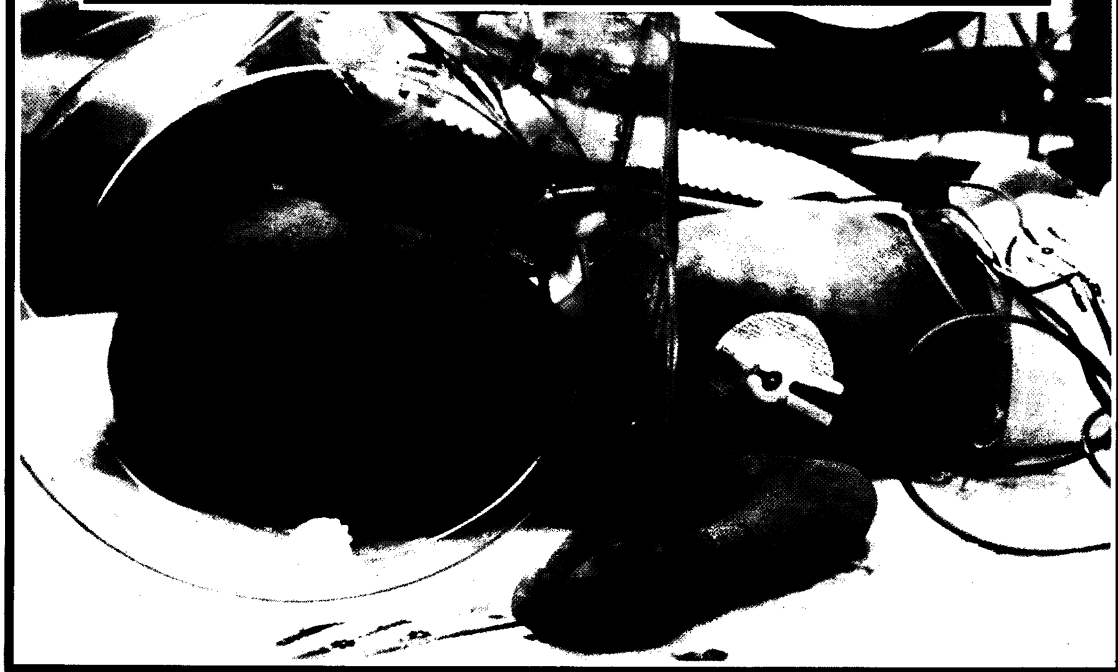
BRITISH MEDICAL JOURNAL, BMA HOUSE, TAVISTOCK SQUARE, LONDON WC1H 9JR



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due to RSV



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Not just the symptoms

## Prescribing Information ▼

### Indications

Virazid is indicated in the treatment of infants and children with severe respiratory syncytial virus bronchiolitis.

### Dosage

Treatment is carried out using a small particle aerosol generator (SPAG) for 12-18 hours per day for at least 3 and no more than 7 days. The concentration of ribavirin in the reservoir is 20mg/ml in the SPAG unit and the average concentration for a 7 hour period is 0.19mg/l of air.

### Presentation

Virazid is a sterile lyophilised powder of ribavirin to be reconstituted for aerosol administration. Each 100ml glass vial contains 6g of ribavirin and, when reconstituted to the correct volume of 300ml with Water for Injections BP, will

contain 20mg/ml ribavirin at a pH of approximately 5.5.

### Contra-Indications

Ribavirin is contra-indicated in females who are or may become pregnant and it should be noted that ribavirin can be detected in human blood even four weeks after oral administration has ceased.

### Precautions

In infants requiring assisted ventilation, Virazid should only be used when there is constant monitoring of both patients and equipment.

### Side Effects

Several serious adverse events occurred in severely ill infants with life-threatening underlying disease many of whom required

assisted ventilation. These events included worsening of respiratory status, bacterial pneumonia and pneumothorax. The role of ribavirin aerosol in these events has not been determined.

Anaemia has been reported with oral and intravenous administration but no such incidents have been reported with aerosol administration. Reticulocytosis has been reported with aerosol use.

### Warnings

Precipitation of the drug in respiratory equipment and consequent accumulation of fluid in the tubing has caused difficulties for patients requiring assisted ventilation. In infants requiring assisted ventilation Virazid should only be used when there is constant monitoring of both patients and equipment.

Directions for use during assisted ventilation are given in the SPAG manual which should be read carefully before such administration.

Full prescribing information is available upon request.

▼ Special reporting to the CSM required.

Basic NHS Price: 1 x 6g vial £195.

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Product Licence Holder: Viratek Inc. USA

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#### **PRESCRIBING INFORMATION**

**HUMAN VELOSULIN®** ▽ (Neutral Insulin Injection, human insulin (emp)). **HUMAN INSULATARD®** ▽ (Isophane Insulin Injection (NPH), human insulin (emp)). **HUMAN MIXTARD®** 30/70 ▽ (Neutral Suspension comprising 30% Neutral Insulin Injection and 70% Isophane Insulin Injection (NPH), human insulin (emp)). **HUMAN INITARD®** 50/50 ▽ (Neutral Insulin Injection and 50% Isophane Insulin Injection (NPH), human insulin (emp)). **Presentation** HUMAN VELOSULIN, HUMAN INSULATARD, HUMAN MIXTARD 30/70 and HUMAN INITARD 50/50 are available in 10 ml. vials containing 100 iu/ml. To aid identification the metal sealing rings of the vials have tactile marks as follows: Human Velosulin – one mark; Human Insulatard – two marks; Human Mixtard 30/70 – three marks; Human Initard 50/50 – four marks. The vials are fitted with tamper-evident caps. **Uses** The treatment of insulin-requiring diabetes. **Dosage and Administration** The dosage of insulin is determined by the physician according to the needs of the patient. Human Velosulin may be given by s.c., i.m., or i.v. injection. Human Insulatard, Human Mixtard 30/70 and Human Initard 50/50 should be re-suspended by inverting the vial several times before being given by s.c. or i.m. injection (they must not be given intravenously). Intermixing does not affect the characteristics of any of these insulins. **Use in pregnancy:** Insulin requirements usually fall during the first trimester and increase during the second and third trimesters. **Use in the elderly:** Insulin may have a more prolonged action due to reduced clearance rates. **Contra-indications warnings etc. Contra-indications:** Hypoglycaemia. **Precautions:** Patients transferring from other insulins may require a dosage adjustment. Concomitant therapy with thyroxine, corticosteroids, oral contraceptives, diuretics, beta blockers and M.A.O.I.s may affect insulin requirements. **Side and Adverse Effects:** Hypoglycaemia. Local reactions, lipodystrophy and hypersensitivity reactions are rarely reported with human insulins. **Pharmaceutical Precautions** be used. **Legal Category P. Package Quantities** 10 ml. glass vials. **Basic NHS Price** Human Insulatard 3132/0034; Human Mixtard 30/70 3132/0037; Human Initard 50/50 Insulatard 0003/0212; Human Mixtard 30/70 0003/0213; Human Initard 50/50 0003/0214. House, Garland Court, Garland Road, East Grinstead, West Sussex. RH19 1DN. Foundation Ltd, Crewe Hall, Crewe, Cheshire CW1 1UB. Tel: Crewe (0270) 583151.



Store between 2–8°C, protected from sunlight. Insulin which has been frozen should not be used. **Product Licence Numbers** NORDISK-UK: Human Velosulin 3132/0031; 3132/0040. THE WELLCOME FOUNDATION LTD: Human Velosulin 0003/0211; Human Insulatard 0003/0212; Human Mixtard 30/70 0003/0213; Human Initard 50/50 0003/0214. Further information is available on request from either: Nordisk-UK, Nordisk Tel: East Grinstead (0342) 410373, or Wellcome Medical Division, The Wellcome Foundation Ltd, Beckenham, Kent SE18 3QF. Tel: Beckenham (0181) 614000. **Reference** I. Heine R.J. et al, Diabetologia, 1984; 27: 558–562. \*Registered Trade Mark



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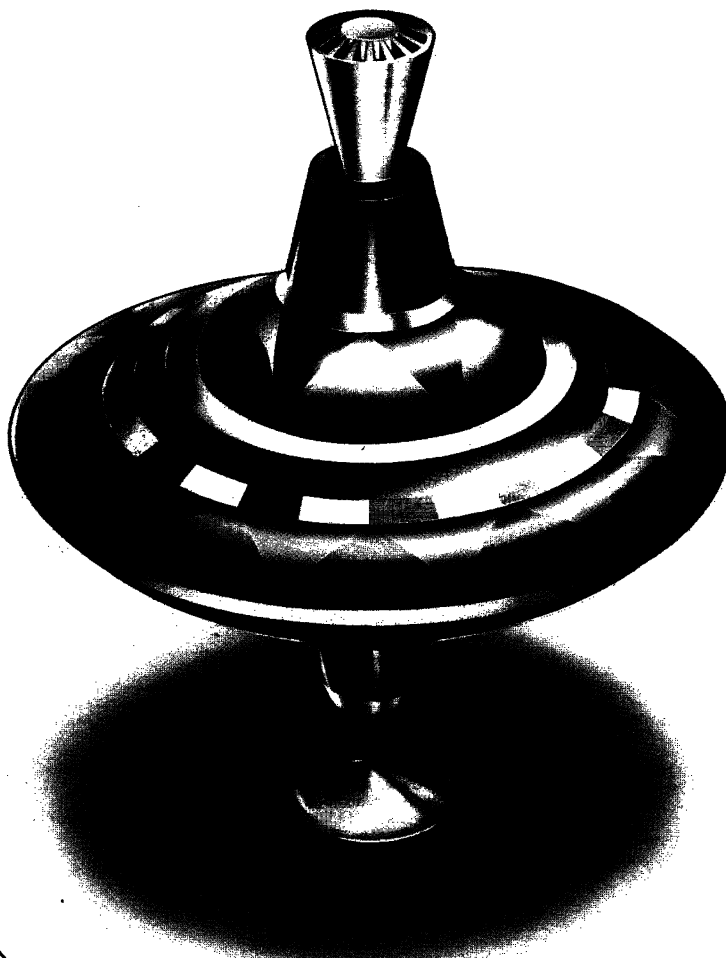
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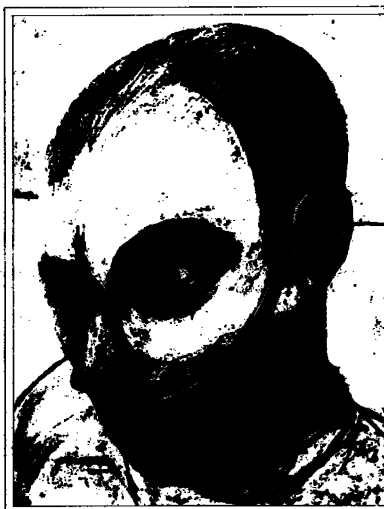
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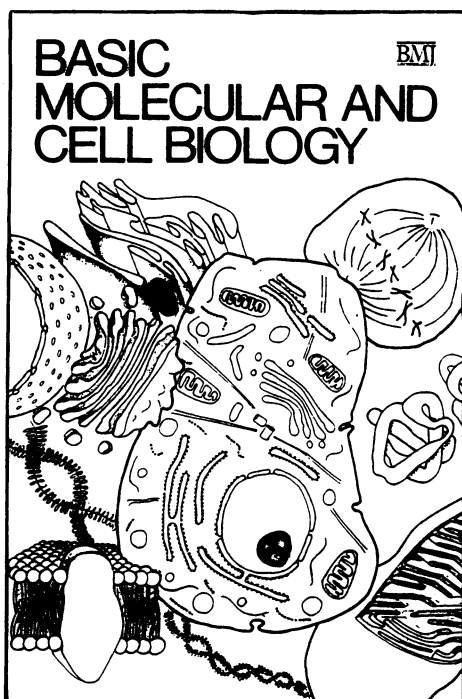
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# NOCTURNAL ENURESIS?

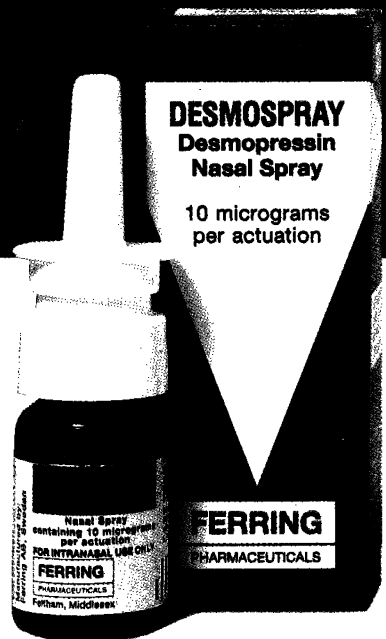


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