

VIRAZIDTM

Ribavirin

Effective therapy
for bronchiolitis
due to RSV



Now you can treat the infection 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.

Product Licence Number: 4657/0004

Product Licence Holder: Viratek Inc. USA

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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.

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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.

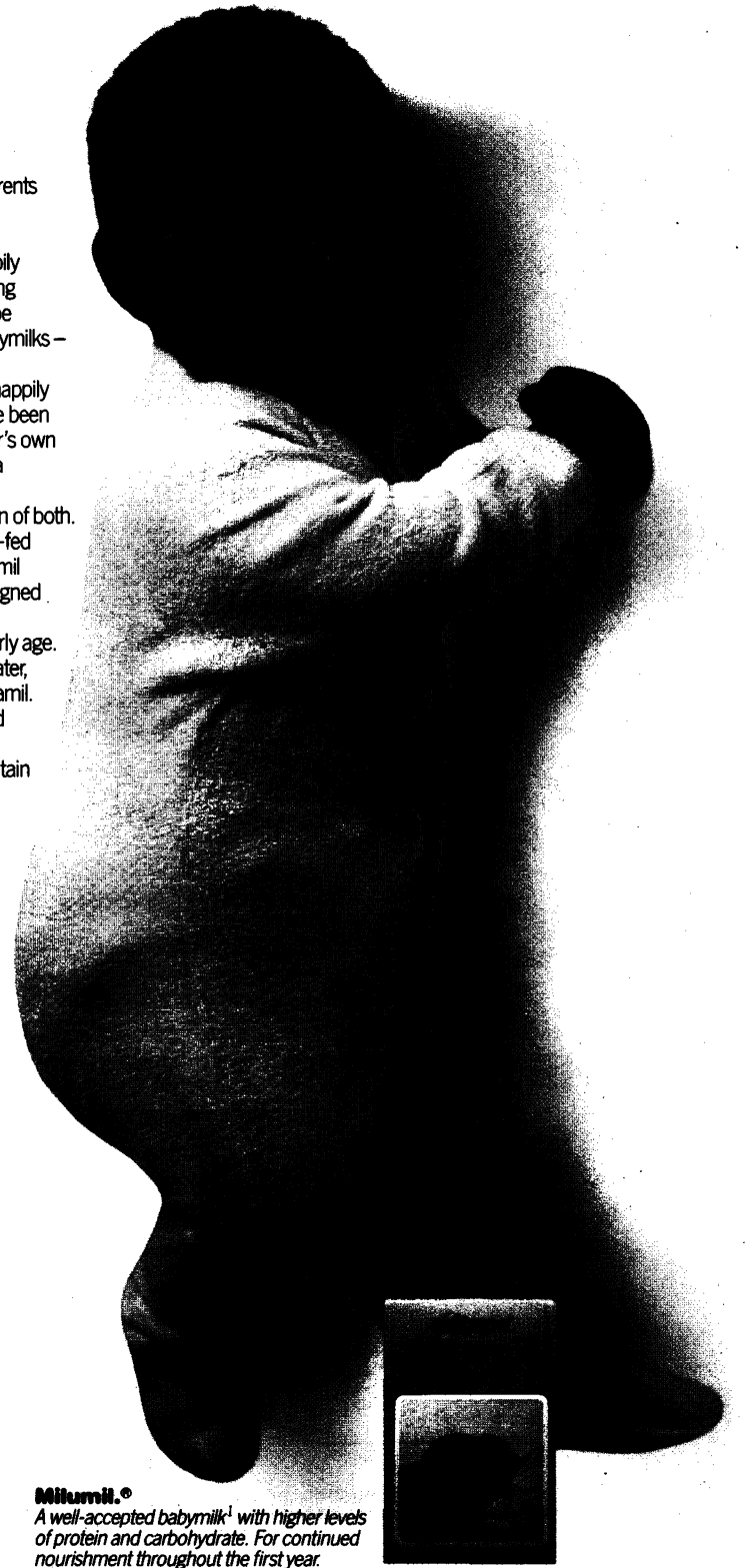
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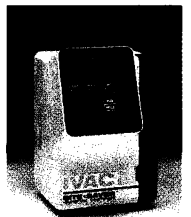
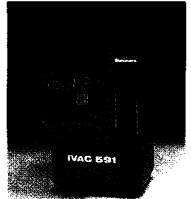
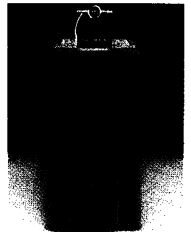
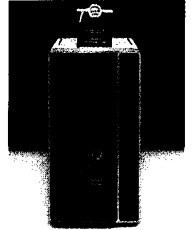
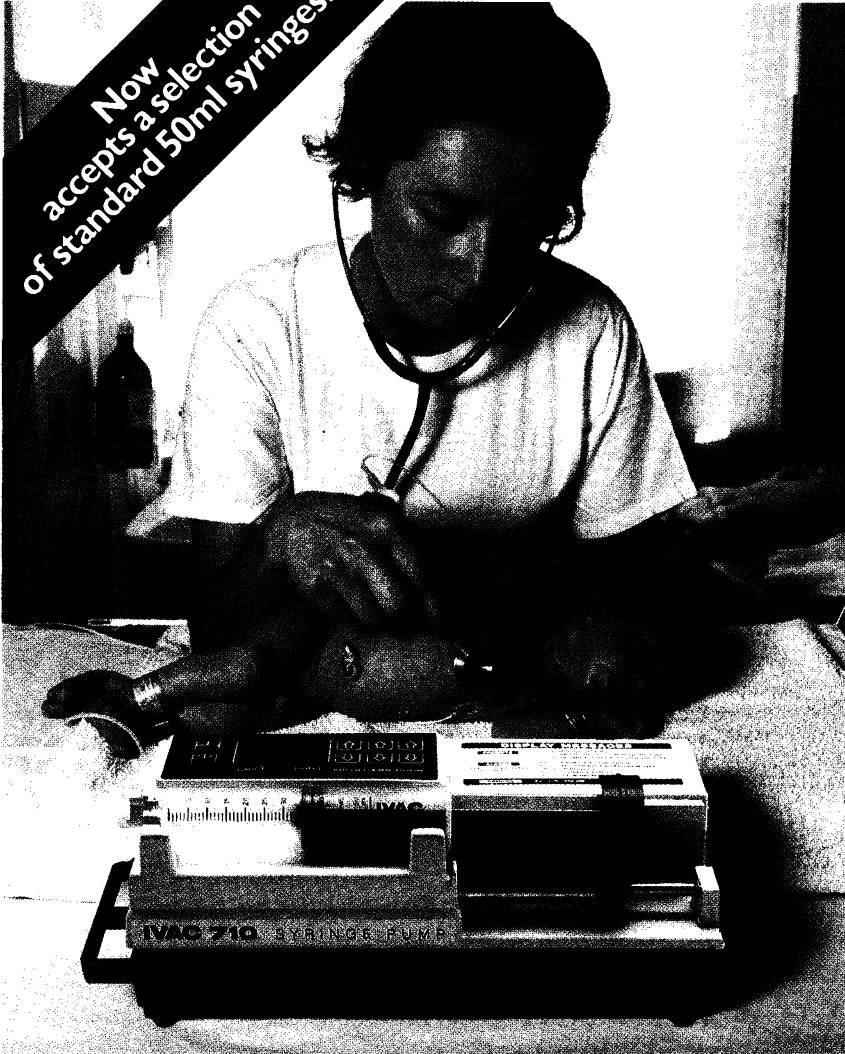
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1. G. Elborn and M.M. Kerr. June 1982 Midwives Chronicle and Nursing Notes p. 210-211.

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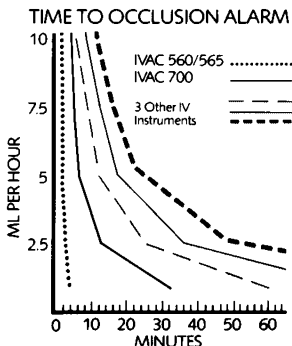


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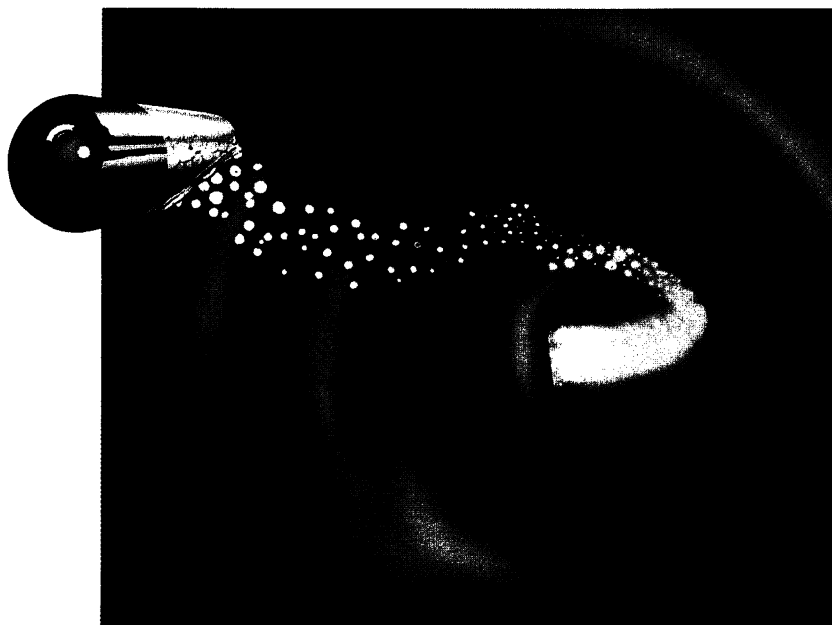
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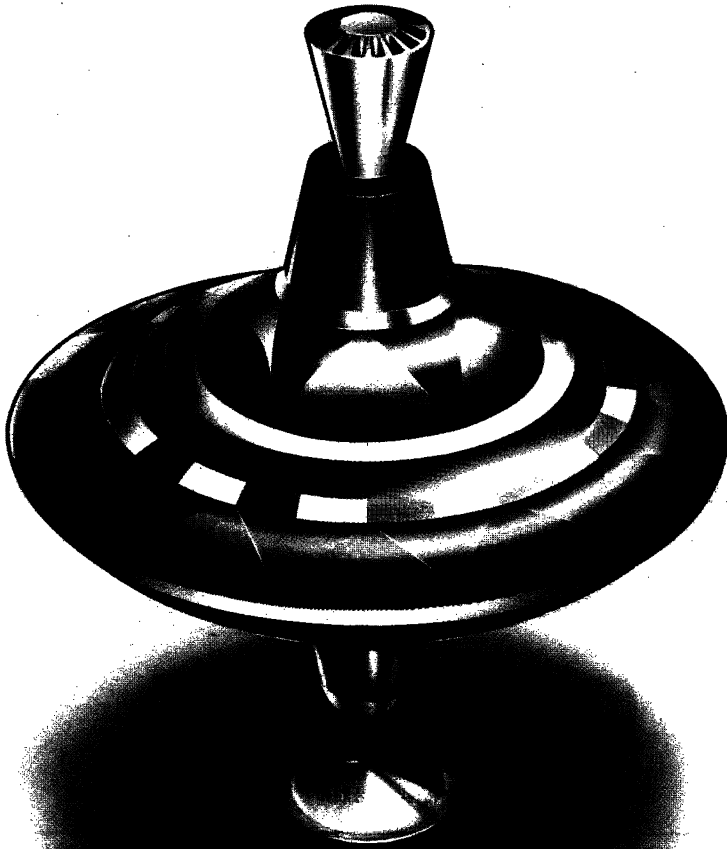
Prescribing Information – Presentation: Brown-yellow capsules containing enteric coated granules of pancreatin equivalent to: 9,000 BP units of amylase, 8,000 BP units of lipase, 210 BP units of protease. Available in packs of 100. Basic NHS price £13.33. **Indication:** Pancreatic exocrine insufficiency. **Dosage and administration:** Adults and children: Initially one or two capsules with meals, then adjust according to response. The capsules can 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:
Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: 0703 472281.

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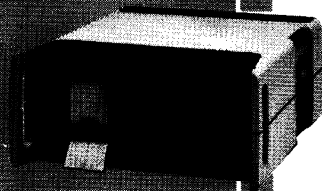
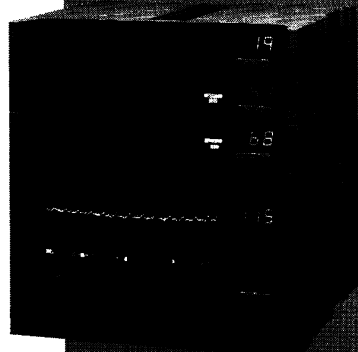
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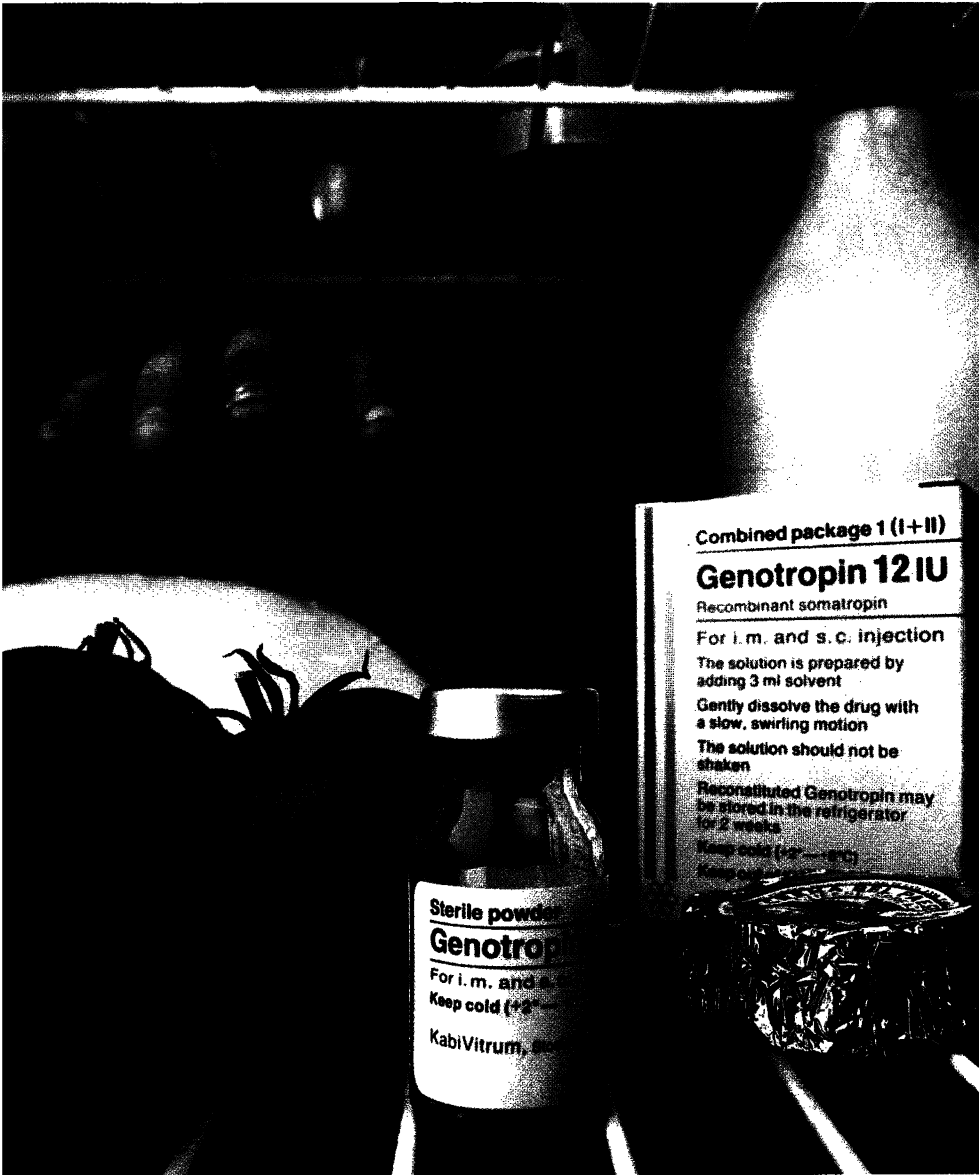
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PRESCRIBING INFORMATION ▼ **Presentation** A vial of sterile lyophilised powder containing 12 IU somatropin (rbe) supplied with 3 ml of Water for Injections with 0.25% m-cresol for reconstitution. **Indications** The treatment of short stature caused by decreased or absent secretion of pituitary growth hormone. **Reconstitution** Add 3 ml of Water for Injections with 0.25% m-cresol to the lyophilised powder in the vial. Dissolve the drug gently without shaking vigorously. **Dosage and Administration** Administer by subcutaneous or intramuscular injection. Generally a dose of 0.5 - 0.7 IU/kg body weight per week is recommended divided into six or seven subcutaneous injections. Alternatively two to three intramuscular injections can be given. **Contra-Indications** Only patients with unfused epiphyses should be treated. **Precautions** Patients with diabetes mellitus may require adjustment of their antidiabetic therapy. Patients treated with Genotropin should be regularly assessed by a child growth specialist. If given subcutaneously, the injection site should be rotated to prevent lipatrophy. **Pregnancy and Lactation** In the event of pregnancy occurring during Genotropin therapy, treatment should be discontinued. No information is available as to whether peptide hormones pass into breast milk. **Side-Effects** A few children developed transient local skin reactions during clinical trials. Some patients develop antibodies to growth hormone although the frequency with Genotropin has been low in clinical trials. **Pharmaceutical Precautions** Store between 2-8°C and protect from light. Reconstituted Genotropin 12 IU Multidose may be stored for up to 2 weeks in the refrigerator. **Legal Category** POM. **Package Quantities** Combined pack containing one vial of somatropin (rbe) 12 IU and one vial of Water for Injections with 0.25% m-cresol. **Product Licence Numbers** Genotropin 12 IU Multidose PL 0022 0079. Water for Injections with 0.25% m-cresol PL 0022 0081. **Price** NHS Price £91.50. **Product Licence Holder** KabiVitrum Ltd, KabiVitrum House, Riverside Way, Uxbridge, Middlesex UB8 2YE. Further information is available on request from the product licence holder.

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1989 8385-0751-4 Pa £45.95 \$75.85
8385-0075-7 Cl £54.50 \$89.70

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Julien I. E. Hoffman

both of the University of California, San Francisco

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0 19 261785 0, 376 pp., illus., paperback, March 1989

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'an outstanding and challenging book.' *The Lancet*
0 19 261687 0, 320 pp., illus., paperback, May 1988 £9.95

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For this second edition, the text has been updated throughout. The new understanding of the mechanism of asthma is presented, and important new innovations in treatment are included.

Facts
0 19 261692 7, 194 pp., illus., Oxford Paperbacks, 1987
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Parasitic Infections in Pregnancy and the Newborn

Edited by **Caroline L. MacLeod**

Parasitic infections occur frequently in tropical regions, but there is little help available for those who have to treat diseases that affect pregnant women or newborn children. This book provides a reference and practical resource text.

0 19 261653 6, 316 pp., illus., April 1988 £15.00

Paediatric Problems in General Practice

Second Edition

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This book aims to help the GP with the problems of dealing with children, covering both common and rarer life-threatening problems. The new edition has been extensively rewritten and expanded, with new coverage of teenage motherhood, sexual abuse, allergy in disease, and other topics.

Oxford General Practice Series No. 13
0 19 261736 2, 332 pp., illus., paperback, October 1988
£15.00

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Bronchopulmonary Dysplasia

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A well-illustrated, thoroughly referenced volume covering this increasingly frequent disease in premature infants. This book includes current advances in pathogenesis, pathophysiology, and clinical management, and also presents the most detailed descriptions to date of the pathology of acute, reparative, and long-standing ('healed') phases of BPD.

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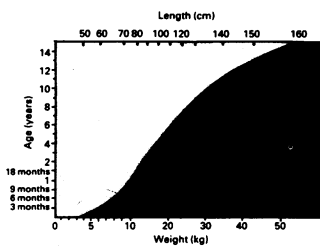
Eligibility to work in Canada is essential. We invite qualified professionals to respond by submitting a curriculum vitae, quoting reference # C158C, to: Dr. Robert M. Ehrlich, The Hospital for Sick Children, 555 University Avenue, Toronto, Ontario, Canada M5G 1X8.



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Endotracheal tube	
Length (cm)	Internal diameter (mm)
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18	7.0
17	6.5
16	6.0
15	5.5
14	5.0
13	4.5
12	4.0
11	3.5
10	3.0-3.5

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	1.25	2.5	5	7.5	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%

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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.

Credit cards are accepted: ACCESS, VISA, AMERICAN EXPRESS (please give full details)

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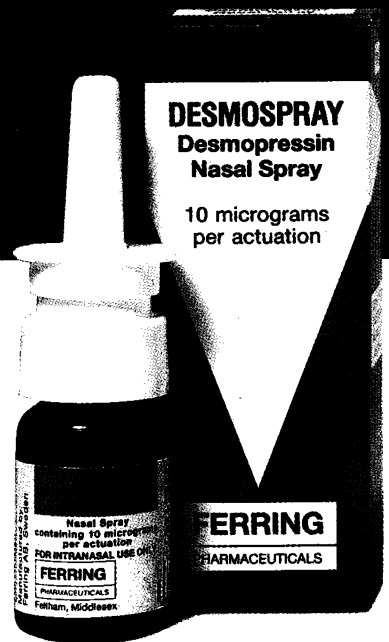
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Presentation: Metered dose pre-compression atomiser delivering 10 micrograms Desmopressin per spray. **Uses:** Desmopressin is a structural analogue of the natural antidiuretic hormone vasopressin, with increased antidiuretic activity and prolonged duration of action. The pressor activity is greatly reduced as a result of which side-effects are rarely seen. **INDICATIONS and DOSAGE:** Primary Nocturnal Enuresis Adults and children from 5 years of age: one spray in each nostril (20 micrograms) at bedtime. The dose may be increased up to 2 sprays in each nostril (40 micrograms) if the lower dose is not sufficiently effective. The treatment should not be prescribed for more than 28 days. **Treatment of Diabetes Insipidus:** The average maintenance dose in adults and children is one or two sprays (10 to 20 micrograms) once or twice daily. **Contra-indications:** When used to control Primary Nocturnal Enuresis DESMOSPRAY should only be used in patients with normal blood pressure. **Precautions:** DESMOSPRAY should be used with caution in pregnant patients although the oxytocic effect is very low. Care should be taken with patients who have reduced renal function and/or cardiovascular disease. Fluid overload should be avoided and patients should only take as much fluid as required to satisfy thirst. **Legal category:** POM **Package quantity:** 5 ml bottle **Basic N.H.S. Price:** £19.92 **PL No. 3194/0024 PL Holder:** Ferring Pharmaceuticals Ltd, 11 Mount Road, Feltham, Middlesex TW13 6JG. DESMOSPRAY is a trademark.

Further information is available and should be consulted before prescribing - Ferring Pharmaceuticals Ltd, 11 Mount Road, Feltham, Middlesex TW13 6JG

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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 Suspension comprising 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. **Reference** I. Heine R., et al, Diabetologia, 1984; 27; 558-562. *Registered Trade Mark



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Quick and intermediate acting insulins developed to be compatible.
No interaction when mixed!
Predictable effect in individually titrated regimens.