Department of Emergency Medicine

Medications

Quick Dosage Reference

JEC

Accuracy NOT Guaranteed!

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Emergency Department
Medications Quick Dosage Reference (Adults)

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Pneumonia, community acquired:

Age 6 - 19: mycoplasma, pneumococcus...

Erythromycin 50 mg/kg/d, max 2 gm/d, say 500 mg po qid x 14 d or

PCN V 50 mg/kd/d, max 2 gm/d or

Biaxin 250 - 500 mg po q 12 h x 7 - 14 d

Augmentin 500 mg po q 8 h x 10 - 14 d or

Ceclor (cefaclor) 250 mg or 500 mg po q 8 h x 10 - 14 d or

Cipro 500 mg po q 12 h x ~10 d

Aspiration:

Aq Pen G: PCN 10 - 12 M units /d or

Clindamycin 600 - 900 mg q 6 h in PCN allergic pts

Pnuemonia, nursing home, hosp., etc:

Aspiration, polymicrobial:

Nafcillin & Gentamicin _ or
Clindamycin & Gentamicin _ or (pcn allergic)
Ticarcillin/Clavulanate & Gentamicin _ or
Unasyn (Amp/Sulbactam) & Gentamicin _

Pneumonia, H.flu.:

In pt: Amp 1 gm iv q 6 h or
Ceftriaxone 1.5 gm i.v. q 12 h or
Cipro 400 mg i.v. q 12 h or
Amp/Sulbactam 2 gm __ q 6 h

Out pt: Amoxicillin 0.5 - 1 gm po q 8 h or
Augmentin 0.5 - 1 gm po q 8 h or
Bactrim DS 1 po q 12 h or
Ceclor 500 mg po q 8 h or
Cipro 500 - 750 mg po bid

Pneumonia, atypical mycoplasma:

Biaxin 500 mg po q 12 h x 14 d or

Emycin (tabs 250 mg, 333 mg)

250 mg po qid; or 333 mg po q 8 h; or 500 mg po q 12 h; x 14 d

(S. pneumonia, S.pyogenes (strep, 10 d), mycoplasma pneu,

Bordetella pertussis (whooping cough), Legionnaires 1-4 gm/d, divided

Chlamydia: 500 mg po qid x 7d or 333 mg, 2 po q 8 h x 7d)

Pneumonia, pneumocystic carinii:

Bactrim 1 po q 6 h x 14 d (Not DS)   or i.v. bactrim...

Pentamidine is less used these days

In Patient Pneumonia:

These days cover both typical and atypical.
Rocephin and Zithro or Levaquin etc.

Other options:

Rocephin & Zithro

Levaquin

Vertigo:

Antivert (meclizine): 25 - 100 mg / d, divided.

(tabs: 12.5, 25, 50 mg), e.g. 25 mg, 1 po q8h.

Sleepers:

Restoril (temazepam) (7.5 mg, 15mg, 30 mg) 1 po qhs

Start elderly on 7.5mg

Ambien (zolpiden) Non-benzo sleeper. Short term, 10 d.

10 mg, 1 po qhs. (5mg, 10mg tabs)

UTI, uncomplicated:

1 dose: Bactrim DS 2 po, single dose (3 d preferred regimen...)
3 day: Bactrim DS 1 po q 12 h x 3 d or
Cipro 250 mg po q 12 h x 3 d
(>18 yoa, not pregnant, not lactating) or
Norfloxacin 400 mg po q 12 h x 3 d or
Levaquin 250 mg, 1 po qd x 3 d or
Nitrofurantoin 100 mg po q 6 h x 3 d
(Used in pregnancy) or

If pregnant: 7 d Rx with:

Amoxicillin 250 mg po q 8 h x 7 d or
Macrodantin (Nitrofurantoin): or
100 mg po q 6 h x 7 d (tabs: 50, 100 mg)
Macrobid: 1 po q 12 h, (tabs: 100 mg) (Extended Release form)
Suprax:

Complicated UTI: IDDM, Recurrent, Age > 65 (some say 7 - 10 d)

Norfloxacin 400 mg po q 12 h x 10 - 14 d
Cipro 500 mg po q 12 h x 10 - 14 d
Floxin (Ofloxacin) 300 mg po q 12 h x 10 - 14 d
Bactrim DS 1 po q 12 h x 10 - 14 d

Pyelonephritis:

Outpt: Bactrim DS 1 po q 12 h x 14 d or
Cipro 500 mg po q 12 h x 14 d or
Cipro 750 mg 1 po ... or
Ofloxacin 300 mg po q 12 h x 14 d or
Levaquin 250 mg po q 24 h (250, 500 mg) x 10 d or
Amoxicillin 500 mg po q 8 h x 14 d
Inpt: Bactrim 160mg/800mg i.v. q 12 h or
(DS: 160 trimethoprim, 800 sulfamethoxazole)
Ceftriaxone 1 - 2 gm i.v. qd or
Ciprofloxacin 200 - 400 mg i.v. q 12 h or
Gentamicin 1mg/kg q 8 h i.v., c or s Ampicillin 1 gm q 6 h i.v.
(Do above until afebrile, then f/u with po for 14 d total rx)
If Pregnant with Urosepsis or Pyelonephritis:

Ceftriaxone __ i.v. x 14 d or
Gentamicin __ i.v. c or s Amp x 14 d or
Bactrim i.v. x 14 d

Pyridium (phenazopyridine): 200 mg, po tid x 2 d
(tabs: 95, 100, 200 mg) Bladder anesthetic. Turns urine and contact lenses red!

STD, GC & Chlamydia:
GC coverage:

Ceftriaxone 125 mg or 250 mg IM single dose or

Suprax (cefixime) 400 mg po single dose (OK in preg, OK < 18 yoa) or

Ofloxacin 400 mg po single dose, probably 98% effective for GC Rx.

Cipro 500 mg po single dose or

Cefixime 400 mg po single dose

Chlamydia coverage, for co-existant disease:

Doxycycline 100 mg po bid x 7 d or

Azithromycin 1 gm po single dose or

Ofloxacin 300 mg po q 12 h x 7 d or

Erythromycin 500 mg po qid x 7 d

GC coverage in PCN allergic pt: Spectinomycin 2 gm I.M.

Zithromax: 2 gm po **single dose** covers BOTH GC and Chlamydia

STD, Trichomoniasis: (strawberry cervix, trich seen on wet mount)

Flagyl (Metronidazole)

Antibuse Rxn... No EtOH

Preg: OK after first 12 weeks, used to be contraindicated.

2 gm po single dose or

500 mg po bid x 7 d or

375 mg i po bid x 7d

STD, PID:

Remove IUD, give analgesics, ? NSAIDS, abstinence x 2 wks, Rx partner, f/u in clinic, f/u in 1-3 d in not better!!!

Ofloxacin 400 mg po bid x 14 d and

Clindamycin 450 mg po qid or

Flagyl 500 mg po bid x 14 d

or

Doxycycline 100 mg po bid x 14 d and

Cefoxitin 2 gm IM plus Probenecid 1 gm po or

Ceftriaxone 250 mg IM

or

Cefoxitin 2 gm i.v. q 6 h (In-Patient)

or

Zithro 500 mg iv single dose, then 250 mg po qd for 6 d total

(i.e. Z-Pac except 1 per day after iv load)

Mucopurulent Cervicitis:

Ceftriaxone 250 mg IM (GC) and
Doxycycline 100 mg po bid x 7 d (chlamydia)
Consider VDRL / RPR for syphilis!

Bacterial Vaginosis:

(Gardnerella vaginitis, Nonspecific vaginitis, Haemophilus vag., etc)

(Vag Discharge, pH > 4.5, fishy odor with KOH, + clue cells on micro)

(malodorous vag discharge)

Flagyl 500 mg 1 po bid x 7d OR

Flagyl 2 gm po single dose (less effective) OR

Clindamycin 300 mg 1 po bid x 7d OR

(Don't use Clind. in Preg, increased risk preterm labor) OR

Metronidazole Vag Gel 1 applicator vag, bid x 5d (not in first trimester) OR

(0.75% 1 applicator vaginally, qhs, x 5d OR 1 applicator vaginally bid x 5 d)

Clindamycin Vag Cream 2% 5 gm (1 applicator) intravag qhs x 7d

(Don't use Clind. during pregnancy, due to increased risk pre-term labor)

Change: Can use Metronidazole in preg, at lower dose, isn't teratogenic...

250 mg 1 po tid x 7 d.

Female Urethritis (pyuria s bacteriuria)

Rx for chlamydia while awaiting cultures, f/u c PMD
Doxycycline 100 mg po bid x 7 d consider partners

Yeast Infection:

Vag. candidiasis:

Diflucan (fluconazole) 150 mg po single dose!!

Fluconazole (tabs: 50, 100, 150, 200 mg, 10, 40 mg/ml)

Monistat 3 (miconazole nitrate 200 mg)   1 vag supp q hs x 3 d

Oral Thrush: Mycelex Troche (Clotrimazole, 10 mg)

1 dissolved orally, 5/d, for 14 d, #70.

Chemo/Radio/Steroid/immuno compromised pts with oral candidiasis.

Oral lozenge, suck on them, don't swallow them whole!

Oral Trush: Fluconazole 100 mg 2 po day one, then 1 po qd x 4d, #6.

(vs Swish & Swallow for up to 2 wks...)

GC Joint infection:

Ceftriaxone 1 gm iv / d   or   Cefotaxime 1 gm ___ q 8 h

Epidiymitis:

< 35 yoa: GC, Chlamydia:

Ceftriaxone 250 mg IM single dose and

Doxycycline 100 mg po bid x 10 d

> 35 yoa: Bactrim

Prostatitis: If output: 2 weeks on Cipro.

Strep Pharyngitis:

(Consider a mono-spot test, r/o infectious mononucleosis...)

(Consider throat cultures and immediate or deferred rx)

(Consider a rapid strep test...)

Benzathine Penicillin G: 1.2 mu IM, pt wt > 60 kg, single dose OR

(600 ku IM, pt wt < 60 kg)

CR Bicillin 900/300 mg IM, single dose OR

(900 k u PCN G benzathine)

(300 k u PCN G procaine)

PCN V: 500 mg po bid x 10 d OR

PCN V: 250 mg po tid or qid x 10 d OR

Pen-Vee K (250 mg, 500 mg, 125 mg/5 ml, 250 mg/5 ml)

Amoxicillin:

Tabs: 250, 500, 875 mg

Chewable: 125, 200, 250, 400 mg

Susp: 125/5, 250/5, 200/5, 400/5

Infant Drops: 50 / 5

If PCN allergic:

Erythromycin 250 mg po qid x 10 d OR

Azithromycin 500 mg po day 1, then 250 po qd days 2-5 OR

Kids: Pharyngitis: 12 mg/kg po qd x 5d, max 500 mg/day.

(Oral Suspension: 100 mg/5ml and 200 mg/5ml)

Clarithromycin (Biaxin) bid, 5d

(DON'T use in Pregnancy!)

Dose: 250 mg po q 12h x 10 d

Peds: 15 mg/kg/d, divided q12, x 10d

Tabs: 250 mg, 500 mg

Susp: 125 mg/5ml, 250 mg/5ml

Note: Bactrim is NOT effective

TCN is NOT effective

Steroids:

Prednisone: 1 mg tabs, 20 day tapering dose:

10 mg po qd x 2d, 9 mg po qd x 2d, 8,7,6,....2,1 mg po qd x 2d #110

(Tabs: 1 mg, 2.5 mg, 5 mg, others)

SoluMedrol: (methyl prednisolone) 125 mg i.v. (asthma, allergic rxn, etc.)

10 - 125 mg iv / IM

Oral Medrol 4 - 48 mg po qd

Peds 1-2 mg/kg po / iv / IM

Sterapred DS 12d Unipak 48 tablets, 10 mg

Sterapred DS 14 d Unipak 49 tabs.

Sterapred 12 d Unipak 5 mg

Sterapred Unipak 5 mg

Medrol Dosepack methylprednisolone

24 mg to 0 mg / 7 days

Steroid Cream: ___

Prednisone: 40 - 60 mg po qd x 7 - 14 days without taper.

Note: Do taper if Pt is steroid dependant.

Prednisone tabs: 1, 5, 10, 20, 50 mgs

Pediapred, (Prednisolone): Dose: 5 – 60 mg qd, (po, iv, IM)

5 mg tabs, 15 mg/ 5 ml syrup

Steroids for Spinal Shock:

Methylprednisolone: 30 mg/kg iv/15 min, then

wait 45 min, then 5.4 mg/kg/hr drip for 23 hrs.

Adrenal Crisis:

D_5NS 1 L / 1 hr, then a slower rate.

Solucortef 100 mg iv, and solucortef 100 mg to bag of iv fluid, then

solucortef ??? 200 mg q 6 h x 4 doses. (Solucortef is hydrocortisone)

Analgesics:

Demerol 50 - 100 mg IM, 25 - 50 mg i.v....
(tabs: 50 mg) 1 - 3 po q 3 - 4 hrs, prn pain

Dilaudid: (hydromorphone)
PO: 2 - 4 mg po q 4-6h (Tabs: 1, 2, 3, 4, 8 mg, 5 mg/ml)
1 - 2 mg IM, iv, sq q 4 - 6 h
IV, IM, SQ: 1mg, 2mg, 4mg / ml, iv, IM, or SQ q 4 - 6 h
Give iv over 3 min's
Rectal Suppository: 3 mg, 1 pr q 6 - 8 h
Onset: po: 30 min, parenteral: 15 min, duration 5 hrs.

T3's (Tylenol c codeine; T3: 300 mg/ 30 mg, T4: 300 mg/ 60 mg) mild-mod pain
T3: 1 -2 po q 4 - 6 h, (max 12 / d)
Cherry elixir: 12 mg codeine & 120 mg tyl / 5 ml
T3 Oral Soln: 30 mg codeine & 300 mg tyl / 12.5 ml packaging
Adults: 15 ml po q 4 h
Kids: 3-5 yrs: 5 ml po tid - qid
7-12 yrs: 10 ml po tid - qid

Percocet (oxycodone 5 mg & tylenol 325 mg):
Note: 5 doses available: 2.5/325, 5/325, 7.5/325, 7.5/500, 10/650
Dose 1 - 2 po q 6 h prn 2.5 & 5 doses
1 po q 6 h prn 7.5 & 10 doses
Roxicet oral soln: 5/325 per 5 ml

Percodan (oxycodone 5 mg & ASA 325 mg): 1 po q 6 h prn

Darvocet N 100 (propoxyphene & tylenol) 1 po q 4 h

Ultram 50 mg (Tramadol hydrochloride) 1 po tid (like T3's)
(For age > = 16) (Not controlled)

Vicodin Tablets:

1 - 2 po q 4 - 6 h prn, Max: 8 pills/day

(Hydrocodone (5 mg) and Acetaminophen (500 mg) per tablet)

Analgesic and antitussive...

For Moderate to Mod Severe pain. Sch III

Semisythetic Narc. Preg: Cat. C.

Avoid with CHF, Acute Abd, Severe Hepatic or Renal dis,

Prostatic hypertrophy, Urethral stricture

Vicodin ES Tablets: (**E**xtra **S**trength)

1 po q 4 - 6 h prn pain, Max: 5/d

(Hydrocodone (7.5 mg) and Acetaminophen (750 mg) per tablet)

Vicodin HP (high potency) 1 po q 4 - 6 h (10 mg/ 650 mg)

Vicoprofen: (hydrocodone 7.5 mg / ibuprofen 200 mg)

1 po q 4 h prn Sch III

MS Contin Tabs:

Is an MS slow release preparation.

Indication: Opioids over more than several days.

Contras: Acute or severe bronchial asthma, paralytic ileus.

Note: 200 mg tabs are for narcotic dependant pts only.

Dosing: Estimated 24 hr dose is divided q12 or q8.

Tabs: 15, 30, 60, 100, 200 mg

e.g.: 15 mg po q8h, or 30 mg po q 12h, titrate up.

Tylox: (Oxycodone 5mg & Acetaminophen 500mg) (Schedule II)

Dose: 1 po q 6 h

Lortab: (Hydrocodone and Acetaminophen) (Schedule III)

Dose: 2.5 or 5 mg: 1-2 po q 4-6h, prn, max 8 tabs/day.

7.5 or 10 mg: 1-2 po q 4-6h, prn, max 6 tabs/day.

15 ml (one tablespoon) po q 4-6h, prn, max 6 doses/day.

Tabs: 2.5/500, 5/500, 7.5/500, 10/500 (Hydrocod mg/Acetam mg)

Elixir: 7.5 mg/500 mg per 15 ml

Nubain: (Nalbuphine)

Synthetic Narcotic agonist-antagonist. No studies in pts < 18 yrs old.

Dose: 10 mg SQ, IM, or iv, repeated q 3 - 6 hrs. Max daily dose 160 mg.

Note: May ellicit withdrawal in ts on MS, demerol, codeine, orothers.

Stadol: (Butorphanol)

Stadol NS (Nasal spray)

Synthetic opiod agonist-antagonist.

Dose: 1 mg iv q 3-4 hrs or 2 mg IM q 3-4 hrs.

Nasal spray: 1 mg nasally, repeated in 60-90 min then q 3-4 hrs prn

(1 mg = 1 spray in one nostril)

May give ½ above doses in elderly pts.

Not studied in pts < 18 yrs old.

Supplied: Stadol NS (one bottle gives 14-15 doses)

Fiorinal (butalbital, ASA, caffeine) (controlled)

1 - 2 po q4h, max 6/d, tabs, capsules

Indications: muscle/tension HAs

(anxiolytic, muscle relaxer, barbiturate)

Fioricet with codeine (butalbital, acetaminophen, caffeine, codeine) (controlled)

1 - 2 po q4h, max 6/d, capsules

Indications: tension / muscle HAs

Oxycontin controlled release: 1 po q 12 h typical starting with 10 mg

(tabs: 10, 20, 40 mg)

NSAIDS:

Toradol (Ketorolac) (NSAID):

Analgesic, anti-inflam, anti-pyretic, no opiate receptor actions

Contraindicated in ASA sensitive patients.

Don't give to those with coagulopathy, CVA bld, GI Bleed.

For use up to **5** days of treatment.

60 mg IM, mr 30 mg IM in 1 hr (rec is in 6 hrs)

30 or 60 mg IM, then ½ initial dose q 6 h IM, max 5 days.

Oral: 10 mg po q 4 - 6 hrs, prn pain, max 40 mg / day (tabs: 10 mg)

Motrin: (Ibuprofen): Pain relief 400 mgpo q 4-6 h, max 3200 mg/d

(tabs: 400, 600, 800 mg, OTC: 200 mg)

Naprosyn: (Naproxen, Anaprox): Pain relief: 500 mg po, then 250 po q 6-8 h

max 1250 mg/d, (tabs: 250, 375, 500 mg)

Dolobid: (Diflunisal): Pain relief: 500 mg po q 12 h, (can be q 8h),

max 1500 mg/d (tabs: 250, 500 mg), can double first dose.

Indocin (indomethacin): Acute gout: 50 mg po tid, decrease asap

(tabs: 25 mg, 50 mg)

Relafen (nabumetone): Indications: Rheumatoid & Osteo- Arthritis

1 - 2 PO qd or BID (1000 mg - 2000 mg /day)

Tabs: 500, 750 mg

Daypro (Oxaprozin): NSAID

Max: 1800 mg/day

Dose: 1 - 2 po qd, (may divide the dosing, if desired)

May do one time loading dose of 1200-1800 mg po

Tabs: 600 mg

Celebrex (Celecoxib): 200 mg po qd, or 100 mg po bid.

Contra: Allergy to sulfonamides, ASA, other NSAIDs.

(Tabs: 100, 200 mg)

Note: Celebrex has a sulfonamide chain.

Don't give if Pt is allergic to Bactrim.

OK to give if Pt is allergic to sulfonyureas, (Glucatrol, etc.)

Vioxx (Rofecoxib): typ: 25 mg 1 po qd

Dysmenorrhea: 50 mg po qd

(tabs: 12.5, 25, 50 mg, suspension: 12.5/5, 25/5 ml)

Relafen (Nabumetone): 500 mg 1 po bid

(tabs: 500, 750 mg)

Bextra (Valdecoxib): (Related to Sulfonamides)

For OA, RA: 10 mg po qd

For dysmenorrhea: 20 mg po bid

(tabs: 10, 20 mg)

Ultracet (Tramadol 37.5 mg & Tylenol 325 mg):

2 po q 4 – 6 h, Max 5 days

Don't use in pts with Sz disorder.

Muscle Relaxants, etc.:

Valium:

Muscle relaxation: 2-10 mg po, bid-qid. i.v.: 2-5-10 mg i.v., qh-q4h

EtOH withdraw: 10 mg po tid - qid x 1d, then 5 mg po tid-qid

Seizure: 5-10 mg i.v.

(tabs: 2, 5, 10 mg, i.v.: 5mg/ml)

Robaxisal (Methocarbamol 400 mg, & ASA 325 mg): 2 tabs po qid (typ x 3 d)

Flexeril: (cyclobenzaprine): Related to TCA's. For relief of muscle spasam/pain.

Dose: 10 mg po tid. No EtOH, driving, machinery.

Contras: MAO inhib's, acute MI, CHF, hyperthyroid

Norgesic Forte: (orphenadrin, ASA, caffeine):

For relief musculoskeletal pain, not a direct muscle relaxant.

dose: ½ - 1 tab po tid or qid

Robaxin: (methocarbamol):

Centrally acting skeletal muscle relaxant.

Dose: 500 mg: 3 po qid x 2-3d, then 2 po qid

Dose: 750 mg: 2 po qid x 2-3d, then 1 po q 4 h, or **2 po tid**

(6 gm po first 2-3 days, then 4 gm /d)

Tabs: 500 mg, 750 mg.

1 - 2 gm i.v. or I.M. (max 500 mg/injection site, if IM)

(100 mg/ml vials, i.v. at 300 mg/min, 3 ml/min (10%))

Norflex (orphenadrin):

Analgesic, centrally acting muscle relaxer

60 mg iv or IM

tabs: 1 po bid (100 mg tabs)

Soma (Carisoprodol):

Use in age >= 12 yoa.

Centrally acting muscle relaxer. Mech poorly understood.

1 po qid 350 mg tabs

Skelaxin (Metaxalone): (musculoskeletal pain)

Dose: 2 po tid – qid (tabs: 400 mg)

Coagulation:

Vit K: AquaMephyton (Vit K):
Use to reverse prothrombin deficiency, coumadin anticoag
2.5 - 10 mg IM, sq, or iv; (AVOID i.v. if possible, give slowly!),
mr in 6 - 8 hrs

Factor VIII: Hemophilia: 50 units/kg iv, repeat in 6 hrs, then 25 units/kg in 6 hrs

Factor IX: (Alpha-9-S.D. or Mononine)
75 units/kg, rounded up to a round number. Slow i.v. push.
t1/2 is 22 hrs.

Protamine Sulfate: (Heparin Antagonist)
Typical Dose: 50 mg i.v. over 10 minutes.
Typically: 1 mg protamine sulfate will neutralize 100 units of heparin.
Typically give: 1 - 1.5 mg prot sulf for every 100 units of heparin.
(vials: 10 mg/ml)
Acts within 5 minutes of i.v. administration. Note: Can release the bound heparin, say in 8 - 9 hrs, re-anticoagulating the patient.
Rapid i.v. admin can cause hypotension, bradycardia, SOB, therefore give slowly, or at < 50 mg i.v. / 10 minutes.

Fresh Frozen Plasma: (FFP), T&C for 4 units, transfuse 2 units at a time.

Platelets: T & S needed, give 5 pack groups at a time, recheck plt 1 - 2 hrs post infusion. 1 unit raises plts by 10 k.

Thrombocytopenia:

Give platelets in 5 pack groups, recheck plt ct in 1 - 2 hrs post infusion.
1 unit raises plt ct by 10 k.
Peripheral smear for frag RBC’s, schitzocytes, etc.
PT/PTT, SMAC 7, 16, LFT’s, LDH, Retic Ct, Haptoglobin,
BUN, Cr, T.Bili, D.Bili, Coomb’s Test, T&S (for platelets),
D-Dimer, fibrinogen split products...

Psych sedation:

Haldol (haloperidol): 2 - 5 mg IM, may repeat in 1 hr

0.5 - 5 mg po bid or tid (tabs: 0.5, 1, 2, 5 mg, 2 mg/ml)

Droperidol (Inapsine):2.5 - 10 mg IM ('pre-op meds')

Typical pharmcological take-down:

Haldol 5 mg IM, Ativan 2 mg IM, and Benadryl 50 mg IM.

(Benadryl is sedating, and may (yea, right...) help prevent dystonic rxn's.

Sedation:

Valium (diazepam): 5 mg i.v.

Sz: 0.2 – 0.4 mg/kg up to 5 – 30 mg iv

Sz: 0.2 – 0.5 mg/kg rectal gel pr

Tabs: 2, 5, 10 mg, Soln: 5 mg / 5 ml, Soln: 5 mg / 1 ml, (conc)

Rectal Gel (Diastat): 2.5, 5, 10, 20 mg

Anxiety: 2 – 10 mg po bid – qid

T ½ : 20 – 80 hours!

Versed (midazolam): 2 - 4 mg i.v.

Sedation:

Adult: 5 mg or 0.07 mg/kg IM OR

1 mg iv q 2-3 min, up to 5 mg iv

Peds: 0.25 – 1.0 mg/kg to 20 mg max PO OR

– 0.15 mg/kg IM OR

6 mo-5 yr: 0.05 – 0.1 mg/kg iv, titrate to 0.6 mg/kg max iv

6 – 12 yr: 0.025 – 0.05 mg/kg iv, tit to 0.4 mg/kg max iv

(Oral liq: 2 mg/ml)

Ativan (lorazepam) 0.5 - 2 mg i.v. / IM / po q 6 - 8 h, (max 4 mg),

or 2 - 6 mg / d, divided, p.o. (tabs: 0.5, 1, 2 mg)

Xanax (alprazolam): 0.5 mg 1 po tid (tabs: 0.25, 0.5, 1, 2 mg)

Anticonvulsants:

Drug:	Oral dose mg/day	Therap Level: ug/ml	Days to reach steady state	Serum t1/2
Phenytoin	300 - 400	10 - 20	5 - 10	24 +- 12
Carbamazepine	800 - 1200	8 - 12	2 - 4	12 +- 3
Phenobarbital	90 - 120	15 - 40	15 - 20	96 +- 12
Primidone	150 - 1000	8 - 12	2 - 4	12 +- 3
Valproic Acid	1500 - 3000	50 - 150	2 - 4	12 - 18
Ethosuximide (?)	750 - 1000	40 - 100	5 - 7	24 - 36

Anticonvulsants:

Dilantin: 15 mg/kg, max 1000 mg, i.v., at <= 50 mg/min rate.
(Phenytoin) Normal bld level: 10.0 - 20.0 mg/l
Kids: 5 mg/kg/d, divided bid ot tid, 300 mg/d max
(maintainence: 4 - 8 mg/k/d)
Adults: 100 mg tabs, 1 po tid, or
extended release tabs: 300 mg, 1 po qd
Note: Contra-indicated if pt has a 2' or 3' AV block
Phenytoin Prompt: 30 mg, 100 mg tabs
Phenytoin Extended, Dilantin Kapseals: 30 mg, 100 mg tabs
Parenteral dilantin: 50 mg/ml for i.v. usage.

Cerebyx (Fosphenytoin):
Load: 15 – 20 mg/kg of "phenytoin equivalents (PE)", IM, iv
Max iv rate of 150 mg/min
Note: This replaces iv Dilantin

? Phenobarbital: 10-15 mg/kg, max 300 mg po daily
10 mk/kg iv @ 100 mg/min,
can repeat at 10 mg/kg @ 50 mg/min
Normal bld level: 10.0 - 40.0 mg/l
Typ: 200 - 600 mg i.v. Rate: <= 60 mg / min. (Sz Rx)
Adult: 100 - 300 mg po q hs.

Valproic acid:

Initially: 15 mg/kg/d, divided bid or more if > 250 mg / dose

Therapeutic: 50-100 ug/ml {UH nl: 50 - 100 ug/ml}

(Depakene capsules: 250 mg)

(Depakote capsules: 125 mg, 250 mg)

Valproic Acid:

Therapeutic: 50 - 200 ug/ml

Initial 15 mg/kg/d, divid bid or more if > 250 mg/dose

Depakote 125 mg, 250 mg capsules

Depakene 250 mg capsules

Carbamazepine:

Therapeutic: 6.0 - 10.0 mg/L

(Tegretol)

Mysoline (Primidone): Metab to Phenobarbital.

Start: 125 mg po q hs, incr over 10 days to 250 po tid or qid

(50, 250 mg, 250 mg/ 5 ml)

Klonopine (clonazepam (benzodiazipine))

Indication: panic disorder, Petit mal, myoclnic Sz

Dose: 0.25 – 0. 5 mg po bid-tid, Max 4 mg/d, t½ 18 hrs

(0.5, 1, 2 mg tabs)

Neurontin (Gabapentin):

Start 300 mg po q hs, incr to 300-600 po tid, max 3600 mg/day

Incr dose q 3 – 4 days.

Post herpetic neuralgia: 300 po day 1, 300 bid day 2, 300 tid day 3,

Max 1800 mg / day

(100, 300, 400, 600, 800 mg, 50 mg/ml)

Electrolyte Replacement:

K-CL:

Typ. 20 mEq/d to prevent hypokalemia, or 40 - 100 mEq/d to treat hypokalemia, typ max 20 mEq/dose.

10 mEq: K-Tab, K-Dur 10, Micro-K 10

20 mEq: K-Dur 20

25 mEq: K-Lyte

50 mEq: K-Lyte DS

KCl iv: 10 – 20 mEq iv / hr, (can actually go faster…)

Magnesium Oxide:

140-800 mg po qd or div bid

Tabs: 140, 400, 420, 500

Mag oxide 400 mg (20mEq) 1 - 4 po q d

Magnesium Sulfate:

1 gm IM q 6 h prn or

2 gm iv / 20 min

Peds: 25 mg/kg iv / 20 min

CalMag Plus:

Ca 135 mg, Mg 90 mg per tablet

4 po qd

Ferrous Sulfate:

325 mg, 1 po qd – tid

Anti-Nausea:

Phenergan: (promethazine) For n/v: 25 mg po, iv, pr, q 4 - 6 h; 12.5 - 25 mg i.v.
p.o. tabs: 12.5, 25, 50 mg, p.r. suppositories: 12.5, 25, 50 mg
also i.v., and deep IM

Compazine: (prochlorperazine) For n/v:
oral: 5 - 10 mg po tid or qid (tabs: 5, 10 mg)
rectal: 25 mg bid pr suppositories
IM: 5 - 10 mg deep IM, q 3 - 4 h
i.v.: 2.5 - 10 mg slow i.v. (< 5 mg / min)

Reglan: (Metoclopramide)
Antiemetic, other. SE: Tardive Dyskinesia, EPS.
Dose: 10-20 mg IM, or 10 mg iv, q 2 – 3 h prn
10-15 mg po qid
GERD: 10 mg po up to qid, 30 min before meals and qhs
(tabs: 5, 10 mg, 5 mg/5 ml)

Zofran (Ondansetron): (5-HT3 Receptor Antagonist)
Post-op Nausea:
4 mg iv over 2 – 5 min, or 4 mg IM, or 16 mg po
Peds: 2 – 12 yrs old (< 40 kg): 0.1 mg/kg iv over 2 –5 min
(4, 8, 24 mg, 4 mg/5ml)

Biliary Colic:

Bentyl (Dicyclomine):
For biliary colic: 10-20 mg po/IM qid, up to 40 mg po qid
(10, 20 mg, 10 mg/5 ml)

Grasshopper:
Phenobarb
Donnotal
Maalox
some have viscous Lidocaine

H. Pylori Rx:

Prevacid 30 mg and
Amoxicillin 1 gm and
Clarithromycin 500 mg
all 3 po qd x 14 d

or

Prilosec 20 mg po qd x 4 wks.

or

Prilosec 20 mg and
Amoxicillin 1000 mg and
Clarithromycin 500 mg
all 3 po bid x 10 d, then just Prilosec for 18 more days

Prilosec (omeprazole):

Duodunal ulcer healing, GERD:
20 mg, 1 po qd x 4 wks

Stool Softeners, etc.:

Colase-T (Docusate Na)

Dose:1 to 6 (50mg) tabs po qd, then decrease doasge p first bm.
Kids 6-12 yoa: 1 to 3 capsules.
Capsules: 50 mg, 100 mg

Dulcolax (bisacodyl): 5 mg po tabs (short term course)

5 mg, 10 mg rectal suppositorites
Adults > 12 yoa: 5 - 15 mg **po** single dose / d, or 10 mg **pr** single dose /d

Surfak (softener): 240 mg, 1 po qd x several days

Hemorrhoid care:

Tucks (Witch Hazel): Anus / Perineum wipes tid - qid, prn

supplied: OTC

Anusol oint q 6 h, or suppository, bid - tid, prn (Pramoxine)

supplied: OTC

Asacol (Mesalamine):

For Ulcerative Colitis

400 mg, 1 po bid incr to 2 po bid

Other GI:

Levsin (Hyoscyamine):

0.125-0.25 mg po/sl q4h prn

(0.125, 0.15 mg, tab; 0.125, sl; 0.125 mg/ml soln)

Antidiarrheals:

Lomotil (diphenoxylate & atropine):

2 tabs or 10 ml po qid

(Soln: 2.5 mg Diph, 0.025 mg Atr / 5 ml)

(Tabs: 2.5 mg Diph, 0.025 mg Atr)

Imodium (loperamide):

4 mg po first dose, then 2 mg po p each loose stool,

Max of 16 mg/day.

Peds: > 30 kg: 2 mg po tid

20 – 30 kg: 2 mg po bid

13 – 20 kg: 1 mg po tid

(2 mg, 1 mg / 5 ml)

Kaopectate (Attapulgite): (Donnagel)

1200 – 1500 mg po p each loose stool, Max 9000 mg / day

(Tab 750 mg, Chewable: 300, 600, 750 mg, 750 mg/5 ml)

Peds: …

Pepto-Bismol (Bismuth subsalicylate):

2 tabs or 30 ml po q 30 min – 1hr, up to 8 doses / day.

(Caps 262 mg, Chew 262 mg, 130/15, 262/15, 524/15 ml)

Peds: …

H2 Blockers:

Tagamet: (Cimetadine):

H2 Antagonist.

Indication: Active Rx and maintenance Duodenal Ulcer.

Active Benign Gastric Ulcer.

May be used to Rx GERD.

Active Ulcer: Dose: 800 mg po q hs x 30 days

Maintenance: Dose: 400 mg po q hs (x 30 days)

GERD: 800 mg po bid (x 30 days, up to 12 weeks)

i.v. Dosing: 300 mg iv over 15-20 min., q 6 - 8 hrs.

Tabs: 200, 300, 400, 800 mgs

(Note: Other dosing regimines are available, but above are the recommended.)

I do NOT have a good reference for using Cimetadine to treat anaphylaxis.

Zantac (Ranitidine): 150 mg po bid initial Rx PUD

(tabs: 150 mg, 300 mg)

Active duodenal ulcer: 150 mg po bid or 300 mg po q hs

Also: 50 mg i.v.

Pepcid (Famotidine) Competitive H2 histamine blocker iv or po

Indication: Active duodenal ulcer, and maintenance Rx Active Benign gastric ulcer, Short term Gastroesophageal reflux Rx Esophagitis due to GERD, erosive or ulcerative, Diag.by scope'd.

Not in PDR: Co-Rx for allergic rxn.

Ulcer Rx typically 4 - 8 wks, maint < 1yr.

i.v. Dose: 20 mg iv q 12 h, Renal failure: 20 mg iv q hs, or q 36-48 hrs...

po Dose: Active Duod Ulcer: 20 mg po bid or

40 mg po q hs duration 4 wks, maybe 8 wks.

Maintenance: 20 mg po q hs

Active Gastric Ulcer: 40 mg po q hs

GERD: typ 20 (20 - 40) mg po bid x 6 wks

Oral Suspension: 40 mg / 5 ml

Tabs: 20 mg, 40 mg

Glucagon:

Packaged 1 mg vials with diluting solution.

Don't give more concentrated than 1 mg/ml.

Esophageal Foreign Body: (esoph, duodenum, sm bowel, stomach, colon)

0.5 mg iv, or 2 mg IM, repeat __

Hypoglycemia:

1 mg sq / IM / iv, typically 15 min to respond.

Obviously give D50 if have an iv…

Peds < 20 kg: 0.5 mg sq / IM / iv

(Note: Assumes pt has glycogens stores…)

Anaphylaxis:

(Esp. for patients on B-Blockers)

For Rx hypotension without response to fluids, other rx.

Acts on myocardium to raise cAMP levels.

1 - 5 mg iv or IM, repeat prn.

Decongestants:

Humibid LA (Guaifenesin): 2 po bid x 10 d, loosens secretions.

100-400 mg po q 4h

600-1200 mg po q 12 h extended release

Peds: …

OTC: 100, 200 mg

(200 mg, 100/5, 200/5 ml, Sustained release: 300, 600 mg, 100mg/5ml)

Nasacort AQ (Triamcinolone) intranasal spray

Indications: Adults & Peds > 12 yoa

2 sprays each nostril qd, 16.5 gm bottle

Anti-histamines:

Benadryl:(diphenhydramine)

25 - 50 mg po/iv/IM tid or qid

Peds: 5 mg/kg/d divided q 4-6h

(25, 50 mg, Chew: 12.5 mg, 6.25/5, 12.5/5ml)

Atarax: (Hydroxyzine) for pruritis (Vistaril)

25 – 100 mg po/IM qd – qid or prn

typ 25 mg po tid or qid

(tabs: 10, 25, 50, 100 mg, 10mg/5ml (Atarax), 25mg/5ml (Vistaril))

Zyrtec: (Cetirizine): Tabs

Seasonal allergic rhinitis, chronic urticaria, antihistamine

Don’t use under age 2 yrs. (Is a metabolite of Atarax)

Dose: 5 or 10 mg po qd (Age 6 and up)

Peds: 2-5 yrs: 2.5 mg po qd – bid

(Tabs: 5 mg, 10 mg, 5 mg / 5 ml)

Epi Autoinjectors:

Epi-Pen, Epi-Pen Jr.

EpiPen Autoinjector. 2ml, 0.3 mg, Jr: 0.15 mg

Epi 1:1000. For emergency IM auto-injection.

EpiPen Autoinjector. 0.3 mg/dose, single dose

EpiPen Autoinjector Jr: 0.15 mg/dose, single dose.

Anaphylaxis Homegoing:

Epi Pen 0.3 mg #3

Zyrtec 10 mg, 1 po qd, #3, or Benadryl, or Atarax

Medrol Dosepack, 7d, #1, as directed

Tagamet 400 mg, 1 po qhs, #3 ?Dosing H2 Blocker

Discuss seeing allergist c PMD, Call 911 if Sx reoccur

Cough Syrups:

Vicodin Tuss:

(Hydrocodone & Guaifenesin (expectorant))

To Rx Non-productive coughs assoc with Upper or Lower Resp Tract Infections

Note: 5 ml = 1 teaspoon

5 ml = 5 mg hydrocodone, 100 mg guaifenesin

Adults: 5 ml po p meals, and qhs, (Max: 15 ml/dose), Max: 30 ml/day

Kids: > 12 yoa: 5 - 10 ml / dose, po

6 - 12 yoa: 2.5 - 5 ml / dose, po

Cherry Syrup, Narc.

Dilaudid Cough Syrup: (Hydromorphone & Guaifenesin)

Contra's: Allergic to hydromorphone, Incr ICP, COPD, Status Asthmaticus. Preg: Cat. C.

5 ml = 1 mg hydromorphone, 100 mg guaifenesin

Adults:5 ml po q 3 - 4 h, Peach Syrup

Burns:

SSD: Silver Sulfadiazine Cream 1%

Apply to 2', 3' burns BID. Wash off old layer first!

Contra's: Preg'y near delivery (kern icterus), New Borns, G-6-PD Defic

Cross Reacts with Sulfonamides

Tubes: 25, 50, 85 gms

Jars: 50, 400, 1000 gms

** OR Use Bacitracin ointment, bid, and dressing, instead. (Metro...)

Heroin withdraw: (Opoid or nicotine or alcohol withdrawal, non FDA approved)

Clonidine (Catapres) 0.1 mg patch, change 1 / week. —and— Librium or Valium

PO: 0.1 – 0.3 mg po tid – qid.

Patch: TTS-1, TTS-2, TTS-3

TTS-1 gives 0.1 mg / day x 7 days, may augment with po for 2 – 3 days

until steady state level is obtained.

(Pills: 0.1, 0.2, 0.3 mg)

Tic Douloureux: Rx with Carbamazepine 100 mg po qd, increase to 200 po qd, increase to 1200 mg po qd...over several days/ step.

Intractable Hiccups:

Thorazine (Chlorpromazine) 25 - 50 mg slow iv, then
25 - 50 mg po tid or qid for a day or two...
(tabs: 10, 25, 50, 100 mg)

Hyper-Tet: (HTIG) 250 units deep IM, (dT & TIG are both OK with Preg)

< 5 yrs old:	75 units IM
5 – 10 yrs:	125 units IM
> 10 yrs:	250 units IM

Sinusitis:

Typ Rx for 10 days
Bactrim DS 1 po bid x10 -14 d or
Amoxicillin at 90 mg/kg div tid

Epiglottitis:

Ceftriaxone:	1 -2 g iv q 12 - 24 h	or
Cefotaxime:	1 - 2 g q 4 - 6 h	or
Cefuroxime:	0.75 - 1.5 g iv q 8 h	

Parotitis:

Augmentin, F/U ENT in 2 d, suck lemon drops, milk gland, warm compresses.

Nose Bleeds:

Merocel nasal packing. Insert & wet with NaCl or H2O or epi/cocaine...

Rapid Rhino:

4.5, 5.5, 7.5 cm, (7.5 is Ant/Post usage)

Soak in sterile water until slippery, (30 Sec).

Insert until “ring” is inside nares.

Inflate with AIR until cuff is firm.

Schedule for removal the NEXT DAY.

Note: Usaully cover with po antibiotics while nasal packing is in
to help prevent sinusitis.

Diuretics:

Lasix (furosemide): (tabs: 20 mg, 40 mg, 80 mg, 10mg/ml i.v.) 1 mg/kg.

Bumex (Bumetanide): Loop diuretic. 1 mg = 40 mg of Lasix.

Onset iv is within minutes, lasts 4 hrs at 1-2mg dosage, 6 hr if higher.

Contra’s: Allergy of sulfonamides.

Oral: 0.5 - 2.0 mp, po, single dose / day, Max: 10 mg/day.

IV, IM: 0.5 - 1.0 mg, iv, or IM, (iv over 2 min), repeat q 2-3h prn,

Max: 10 mg/d

Tabs: 0.5, 1.0, 2.0 mg, Ampules: 0.25 mg/ml...

Demadex (torsemide): 5 - 20 mg po / iv qd (tabs: 5, 10, 20, 100)

Paralytics:

Norcuron (Vecuronium):	0.1 mg/kg i.v.	Duration: 15-30 min
Pavulon (Pancuronium):	0.1 mg/kg i.v.	Duration: 45 min
Tracrium (Atracurium):	0.5 mg/kg i.v.	Duration: 15-30 min
Zemuron (Rocuronium):	0.6 mg/kg i.v.	Duration: 30 min
Mivacron (Mivacurium):	0.15 mg/kg i.v.	Duration: 20 min

Anectine (Succinylcholine): 1 mg/kg i.v. Duration: minutes

Peds: 2 mg;kg i.v.

If < 5 yr old, pretreat with Atropine, 0.02 mg/kg i.v.

OD, GI Decontamination:

Activated Charcoal, with sorbital:

Premixed: 70% Sorbitol & 30 gm act char in 150 ml

Typ: 50 - 100 gm act char p.o. or down og tube...

Charcoal NOT indicated for:

acids, alkalis, ethanol, methanol, iron, lithium,

potassium, N-methylcarbamate. controversial: cyanide

Charcoal Pulsed doses for: (20 - 40 gms q2h to q4h)

phenobarbital, carbamazine, phenylbutazone

theophylline, maybe for: TCA’s

Mag Citrate:

4 ml/kg = 4-8 oz for adults. 10 oz bottles, adult 1 bottle po.

Mag overload in renal pts...

or Mag sulf 30 gm po (300 ml 10% sol’n)

Actidose with Sorbitol:

120 ml: 25 gm AC & 48 gm Sorb

240 ml: 50 gm AC & 96 gm Sorb

(tubes and bottles)

Actidose Aqua:

15 gm	in 72 ml	tube
25	in 120	tube & bottle
50	in 240	tube & bottle

Antidotes:

Narcan: 2 - 4 mg iv, repeat prn

0.01 mg/kg or 0.4 - 2.0 mg iv / IM / sq / ET

Glucose: D50 1 - 2 amps, get a red top first...

Romazicon: (flumazenil)

Conscious sedation reversal dose:

0.2 to 0.3 mg i.v. q 30 sec to total of 3.0 mg in any 1 hr

MR in 20 - 30 min, t1/2 is 30 - 60 minutes

Over Dose reversal dose:

0.2 mg (2 ml) / 30 sec i.v., wait another 30 sec, then

0.3 mg (3 ml) / 30 sec i.v., wait another 30 sec, then

0.5 mg (5 ml) / 30 sec i.v., MR q 1 min total of 3 mg given

Physiostigmine:

Methylene blue:

Converts MetHb back to nl.

MetHb is from: Nitrites, Nitrates, chlorates, nitroprusside, phenacetin

15% MetHb gives cyanosis

60% MetHb gives “chocolate” blood, >= 60% fatal...

Methylene blue 1%: 0.1 ml/kg i.v. over 10 minutes

Alternative rx for MetHb: Ascorbic acid (Vit C) 1 gm i.v. slowly

Without Rx, 20-30% will reconvert to nl in 3 days

Mucomist, (Tyl O.D.):

Dilute Mucomyst (20%) or Mucomyst (10%) to 5%,

then give 140 mg/kg p.o. loading dose, followed by

70 mg/kg p.o. q 4 h for 72 hrs. -- OR --

Give same loading and maintenance doses i.v., but only

for 48 hrs. (No FDA approval for i.v. use...)

Calcium Gluconate (HF acid burns):

% infilt, 0.5 ml / cm^2

Gel:

Wear gloves!!!

Dose for other: 2.25 – 14 mEq slow i.v., or 500-2000 mg po bid-qid

(10% injectable, (1000 mg/10 ml); 4.65 mEq/10 ml) 10, 50, 100, 200 ml

Organophosphates O.D.:

Atr: 2 mg iv, repeat q 5-15 mins, HIGH doses until atropinized

(mydriasis, tachy, flushing, anhydrosis (dry))

Pralidoxime, Protopam, 2-PAM: (acetylcholineesterase reactivator)

1 gm (20 - 40 mg/kg) i.v. in N.S. over 20-30 mins

repeat in 1 - 2 hrs, prn, then q12 hr prn

Deferoxamine (Desferal):

For Iron O.D.

Give if significant Sx, hypotension, n/v, lethargy

Give if serum iron > 350 mcg/dl 3-4 hrs after ingestion

Give if serum irol level > TIBC

Dose: 80 mg/kg i.v. over 4 hrs, no faster than 15 mg/kg/hr

Repeat q8h until asx, & serum iron < 80 mcg/dl

Ethylene Glycol:

Thiamine 50 - 100 mg iv

Pyridoxine 2 - 5 gms i.v. (or p.o.)

Ethanol Drip

Lasix / Mannitol for u.o.

Hemodialysis (Serum Level > 20 mg% (or 50 mg%), or

Metab acidosis, CNS Sx, or Visual Sx)

EtOH drip:

Use pharm supplied absolute alcohol (95-100%)

Dilute prior to admin, typically to 10%

Goal is level of 100 mg% (22 mmol/L)

Loading dose: 1 ml / kg i.v.

Maint. dose: 0.1 ml / kg / hr i.v.

Increase x 3 if on dialysis

May need to run for 2 - 3 days!

Hyperkalemia:

CaCl: 10%, 13.6 mEq = 1 g = 1 amp (100 mg/ml)

Bicarb: eg 1 amp i.v.

D50, Insulin: e.g D50 1 amp i.v., Hum Reg 5 units i.v.

Kay-Exolate: (Sodium Polystyrene) 15g - 60g / day

Typically: 15 g po qid

or Retention Enema, with sorbital.

Hyperbaric Oxygen:

For HbCO poisoning

HbCO t1/2:

R.A.	=	5 hrs 20 min
100% mask	=	90 mins
HBO 3 atm	=	23 mins

St. Vin. Charity
Aultman
AGMC
Toledo
Pittsburgh
Dayton, Wright Pat AFB

Fire Dept. Protocol for Carbon Monoxide Levels:

< 10 ppm	Normal
> 10 ppm	Elevated, Exit the building
> 100 ppm	Forced evacuation, potentially lethal

Steady State Exposure vs HbCO Level:

50 ppm CO	8 % COHb
100	16 %
200	30 %

OSHA TLV is 35 ppm for 8 hr day giving a 5 % COHb level.

Diabetic's Oral Agents:

Glucotrol (Glipizide, sulfonylurea) Indication: NIDDM, Type II

Dose: Typically: 5 mg, 1 po a breakfast.

Geriatrics: 2.5 mg, 1 po a breakfast.

Up to 15 mg per dose, > 15 mg split dosing, Max 40 mg po / day

Tabs: 5 mg, 10 mg

Glucotrol XL (Glipizide)

Dose: 5 mg 1 po c breakfast

Geriatrics: 5 mg, 1 po c breakfast

Tabs: 5 mg, 10 mg, Max: 20 mg / day

DiaBeta (Glyburide, sulfonlurea) Indication: NIDDM, Type II

Dosage: Starting: 2.5 - 5 mg po qd, (can start at 1.25 mg po qd)

Typically titrate up q weekly, by 2.5 mg, prn.

Range: 1.25 - 20 mg po qd, single or divided doses.

Tabs: 1.25, 2.5, 5 mg

Micronase: (Glyburide, sulfonylurea) Indication: NIDDM, Type II

Dosage: Starting: 2.5 - 5 mg po qd, (can start at 1.25 mg po qd)

Typically titrate up q weekly, by 2.5 mg, prn.

Range: 1.25 - 20 mg po qd, single or divided doses.

Tabs: 1.25, 2.5, 5 mg

Newer diabetic agents:

DKA Diag:

Glucose > 300 mg/dL

Bicarb < 15 mEq/L

Acetone, serum > 2:1 dilution

pH < 7.30

Note: Facticious Hyponatremia Na decr 5 mEq/L per 180 mg/dL glu elev.

Glu Inrc 100 gives Na Decr 1.6-1.8 mEq/L

Note: total body K deficit.

EKG, CXR, UA, CBC, SMAC, Phos, Ca, Mg, Acetone

R/O MI, Infection, change in dosage or diet, compliance, new onset DM, etc.

Asthma:

Typically: First aerosol: Proventil & Atrovent, subsequent aerosols just Proventil.

Terbutaline: 0.25 mg sq, MR q 20 - 30 min

Epi: 0.2 - 0.5 ml of 1:1000 s.q, MR q 15 min, 'max' 3 doses

Susphrine: 0.1 - 0.3 ml sq

Amminophyline: Loading dose: 5 - 6 mg/kg i.v. over 20 - 30 min

Normal bld level: 10.0 - 20.0 mg/l (ug/ml) (0-14d old: 6 - 11 mg/l)

Maintainence: 0.9 mg/kg/hr kids, smokers
0.5 mg/kg/hr adults
0.25 mg/kg/hr CHF, liver disease

Loading: 0.5 mg/kg gives 1 ug/ml increase in bld level

Theo-Dur:

Quibron: 150 mg, 300 mg capsules.

Initially: 16 mg/k/d or 400 mg/d, whichever is less, divided q 8 h.

e.g. 70 kg pt: 373 mg po q8 = 300 mg 1 po q8h.

Steroids:

SoluMedrol: (methyl prednisolone) 125 mg iv

Homegoing tapering dose of prednisone:

or Methyl prednisolone 0.5-1/mg/kg/d starting dose !

Peak Expiratory Flow Rates:

Adults:

PEFR Male: 500 - 700 L/Min
Female: 380 - 550 L/Min

PEFR < 30% - 50% predicted, or last known = severe distress

Aerosols:

Can do proventil and atrovent aerosols, combined.

Proventil (albuterol) B2 adrenergic bronchodilator
2.5 mg q 20 min
or 3 ml (2-5mg) in 3 cc NS aerosol
or 0.15 mg/kg/dose q 20 min,
(max 5 mg/dose, 15 mg/hr)
or Continuous Aerosol: 5-15 mg/hr x 1-2 hrs

Albuterol PO:
Peds 2 – 6 yrs: 0.1 – 0.2 mg/kg/dose po tid, Max 4 mg tid
6 – 12 yrs: 2 – 4 mg po tid
Adults: 2 – 4 mg po tid-qid, OR
4 – 8 mg po q12h, up to 16 mg po q2h Ext Release
(2, 4 mg, 2 mg/ 5 ml syrup, Ext Rel: 4, 8 mg)

? Alupent (metaproterenol) 0.3 ml (10-15mg) 5% in 2.5 cc NS aerosol
Alupent (metaproterenol) 20 mg po tid or qid (tabs: 10, 20 mg)
wt. < 60 lbs: 10 mg po tid
Alupent Solution, 5%: 10 ml, 30 ml bottles.
(For home aerosol machines...)

Albuterol MDI:
(Ventolin inhaler)
(Proventil inhaler)
2 inhalations q 4 - 6 h prn Multi-dose inhaler (MDI 200)

Alupent Inhaler:
2 - 3 puffs, q 3 - 4 h, 12/d max
(200 dose inhaler, MDI)

Beclovent MDI: (Beclomethasine):

Serevent:

2 puffs bid, (MDI 120 dose)

Not for acute attacks, use a B Agonist instead!

Atrovent (ipratropium bromide) anticholinergic bronchodilator.

Note: Don’t use this alone, is is slower in onset, and not effective in all patients.

2 puffs qid, max 12/24h. MDI 200

or 1 unit dose (500 ug), qid aerosol.

Azmacort (Triamcinolone acetonide)

Metered dose aerosol anti-inflamatory steroid.

240 puffs / inhaler.

Per Puff: triamcinolone 200 ug, (100 ug delivered)

Dose: 2 puffs tid or qid, Max 16 puffs/day.

Age: 6-12 yoa, 12 puffs Max per day.

Not recomm < 6 yoa.

Xoponex: (   )

1.25 mg per aerosol

Thrombolytics:

Streptokinase: (Streptase) Contra if pt had SK in the past...

Typical: 1.5 mu iv / 60 min   (OK @ U.H.)

Can add Heparin up front, at time of Strepto, or delayed.

Heparin: 5 ku i.v. bolus, then 1 ku / h i.v. drip

tPA: (Activase, Alteplase)   (NEEDS Heparin with it!   ASA, too...)

10 mg iv over 2 min bolus, then
50 mg / first hour, then
20 mg/hr x 2 hrs, for total 100 mg in three hrs
(if pt < 65 kg, then do per kg dosing...)

OR:

Reconstitute t-PA 100 mg in 100 ml D5W
15 mg (15 ml) iv bolus over 2 min, then
50 mg (50 ml) iv over 30 min, then
35 mg (35 ml) iv over 60 min, then
50 ml NS to flush iv bag and tubing

r-tPA (Alteplase)   15 mg ivp, then
0.75 mg/kg (max 50 mg) over 30 min, then
0.5 mg/kg (max 35 mg) over 60 min

Eminase: (Anistreptase, APSAC) Contra if pt had SK in past

30 units i.v. over 2 - 5 min, No Drip needed!

Retavase: 10 units iv, repeat 10 units iv in 30 min.
Use with heparin.

TNKase (Tenecteplase):

Single bolus for MI, not for CVA/BAT.

Do give ASA.

Do give Heparin, typ 5 k bolus, 1 k/hr for PTT of 50 - 75 Sec.

Side Effects similar to tPA: ICH 1%, CVA 2%, Death 7%

Dose: Single bolus iv over 5 Sec.

Wt:	mg:
<60	30
60-70	35
70-80	40
80-90	45
>90	50

Lovenox (Exoxaparin):

DVT: 1 mg/kg SC q 12h until oral anticoag estab.

Unstab Angina: 1 mg/kg SC q 12h x 2-8 days, with ASA

DVT prophylaxis: 40 mg SC qd

(Syringes: 60, 80, 100, 120, 150 mg)

Cardiac Heparin Table:

Weight (lbs)	Weight (kg)	Heparin Bolus (Units Hep)	Heparin Drip (Units Hep / Hr)
110	50	4000	900
132	60	4800	1080
154	70	5600	1260
176	80	6400	1440
198	90	7200	1620
220	100	8000	1800
242	110	8800	1980
264	120	9600	2160
286	130	10400	2340
308	140	11200	2520
330	150	12000	2700

Notes:
Bolus: 80 units/kg
Drip: 18 units/kg/hr

Heparin:

5,000 units iv push, then 1,000 units / hr drip

Mix 25,000 units in 250 ml D5W (100 units/ml), 10 ml / hr = 1 k units/hr

MI/Unstable Angina:

80 units/kg i.v. bolus, then 18 units/kg/hr i.v. drip

Pulm Embolism Thrombolytics:

Note: Check for T wave inversion in V1-4.
Consider D-Dimer, (ELISA method)

Heparin:
10 k units i.v. bolus, then 25 - 30 k units / d x 10 d
(PTT 1.5 - 2.5 x nl, plt count)
Start coumadin on day 4, PT 1.5 - 2 x nl
No coumadin if pregnant.
or Heparin 80 units/kg bolus, 18 units/kg/hr drip

or rt-PA (Alteplase): 100 mg iv / 2 hrs

or Streptokinase: 250,000 units / 30 min loading, then
100,000 units / hr for 24 hrs

or Urokinase: 4,400 units / kg loading over 10 min, then
4,400 units/kg/hr for 24 hrs

or Reteplase: 10 units bolus x 2, 30 min apart.
(Note: Not (yet) approved)

Common drips:

NTG: (Tridil) Mix 50 mg / 250 D5W (200 u/ml) or 100 mg / 250 D5W (400u/ml)
Start 10 - 20 u/min, range 10 - 210 u/min

Dopamine: (Intropin) Mix 400 mg / 250 ml D5W (1.6 mg/ml)
Start 2.5 - 5 ug/kg/min, titrate up to 50 ug/kg/min
Don't mix with Bicarb.

Dobutamine: (Dobutrex) Mix 250 mg / 250 D5W (1 mg/ml)
Start 2.5 - 10 ug/kg/min, titrate up to 40 ug/kg/min
Don't mix with Bicarb.

Nipride: (Na Nitropruside) Mix 50 mg / 250 D5W (200 ug/ml)
Start 0.5 - 10 ug/kg/min, titrate up 1ug/kg/min to effect
Block from light.

Amrinone: (Inocor) Mix 5 amps (500 mg) in 100 ml NS (2.5 mg/ml)
Give 0.75 mg/kg bolus over 2 - 3 mins, then
give 5 - 10 ug/kg/min maintenance drip.
May repeat 0.75 mg/kg bolus over 30 minutes, if needed, x once.
Do not mix with Lasix.

Phenylephrine: 25 u/min for BP, in Pts with cardiogenic shock.

Levophed (Norepinephrine): (Alpha1, Beta 1)
2 - 4 ug/min iv drip   (4 mg / 500 ml D5W = 8 ug/ml)

Epinephrine: (Alpha 1, Beta 1, Beta 2)
1 - 4 ug/min iv drip   (1 mg/250 D5W = 4 ug/ml)
Anaphylaxis:
May give ½ dose at sting site, if not finger, toe, ear, nose, penis.
If adult on B-blocker, consider glucagon, too.
Adult: 0.3 - 0.5 ml (0.3-0.5 mg) of 1:1000 sq, q 15 min, x3
iv slow push: 1 ml (0.1 mg) of 1:10,000, in 10 ml NS, iv over 5 - 10 min
Peds: 0.01 ml/kg, max 0.5 ml, of 1:1000 sq, q 15 min, x3
iv slow push: 0.01 ml/kg (10 ug/kg) of 1:10,000 iv over 1 - 2 min

ACLS meds:

epi: 0.5 - 1.0 mg i.v. Drip 1 mg/250 D5W at 1 ug/min

atropine: 0.5 - 1.0 mg i.v.

lido: (Xylocaine) Drip: 2 - 4 mg/min

bretylium: (Bretylol) Drip: 1 - 4 mg/min

pronestyl: (Procainamide) Drip: 1 - 4 mg/min

Give 20 mg/min i.v. until:

Dysrhythmia resolves, hypotension, QRS widens 50%,

or a total of 1 gm given

Drips Mix: (Lido, Bret, Pron): Mix 1 gm / 250 D5W (4mg/ml)

or Mix 2 gm / 250 D5W (8mg/ml)

Isoproterenol: (Isuprel) Mix 1 mg / 250 D5W (4 ug/ml)

Drip 2 - 20 ug/min

Epinephrine: Mix 1 mg / 250 D5W (4 ug/ml)

Drip 2 - 10 ug/min

Norepinephrine: (Levophed) Mix 4 mg / 1000 D5W (4 ug/ml)

Drip 8 - 16 u/min

Labetalol: (Normodyne) Mix 200 mg (2 x 20 ml vials) to 160 ml diluent

an then drip at 120 ml / hr, or

Mix 200 mg (2 x 20 ml vials) in 250 ml diluent

and then drip at 180 ml / hr

Effective dose: 50 - 200 mg

Max. dose: 300 mg

Magnesium: 1 - 2 gm i.v. for torsades de pointes, hypomag, refract vf

NaHCO3: (Bicarb) 1 mEq/ kg i.v.

Phenylephrine drip: 25 u/min for BP, for Rx cardiogenic shock.

Bretylium: (Bretylol):

VF: 5 mg/kg iv, repeat 10 mg/kg iv q 15 min, Max: 35 mg/kg

VT: 5 - 10 mg/kg iv / 10 min

Drip: 1 - 2 mg/min

Packaged: 1 amp = 500 mg

MI without CHF or Asthma:

Metoprolol (Lopressor) 5 mg i.v., 3 doses q5-15 min, hold for CHF, brady.

HTN: 50 mg po bid (tabs: 50 mg, 100 mg)

Amiodarone (Cordarone, Pacerone): Incr INR's on Coumadin by up to 100%

Cardiac Arrest:

300 mg iv push

MR 150 mg iv for VT/VF

Max: 2.2 gm over 24 hrs

After Circulation restored may do drip:

Drip: 1 mg/min x 6 hrs, then 0.5 mg/min

For Stable SVT, per cardiology:

150 mg I push, then drip at 1 mg/min

PSVT Antiarrhythmics:

Adenocard: 6 mg iv, repeat 12 mg iv, repeat 12 mg iv   FAST push

Peds: 0.05 - 0.1 mg/kg iv

Repeats can be spaced sev mins apart, as

physio half life is so very short, ~90 Sec.

Verapmil   5 mg iv   repeat 10 mg iv   (over 2 - 5 min)

Clonidine (Catapres) (Imidzoline derivative):

Alpha2 agonist --> Decr plasma catecholes

po --> lowers BP in 30-60 min.

SE: Rebound HTN with skipped doses.

D/C slowly, otherwise get rebound HTN.

Give last dose at hs.

For HTN: 0.1 mg po bid

For HTN Urgency: 0.2 mg po, then 0.2 mg po q 6h, total: ___

Transderm: (0.1 mg/24, 0.2 mg/24h, 0.3 mg/24h patches)

Labetalol:

Alpha 1, Beta Antagonist.

Relative Contra: Bronchospasm, CHF, either could get worse.

OK with CAD. Lowers BP without incr HR.

Good choice for pts with excess catecholamines:

Pheochromocytoma, Clonidine withdrawal.

Dose: 20 - 40 mg iv, peak effect in 10 min.

Repeat q 30 min, or drip 2 mg/min. T1/2: 2-3 hrs.

Digoxin (Lanoxin):

Afib/CHF: 0.125-0.25 mg po qd

Rapid Afib/Aflut/PAT Loading: 0.5 mg iv, then 0.25 mg iv q6h x 2 doses,

Then 0.125-0.375 mg iv/PO qd

(0.125, 0.25, 0.5 mg, 0.05 mg/ml; 0.05, 0.1, 0.2 mg)

OR

Give additional iv doses at q2-6h, hold if HR < ___ (eg 100).

Give iv over 5 min, SLOW iv push.

Max load of 1 mg iv.

Digibind (Digoxin-Immune Fab):

Rx Digoxin toxicity.

After RX with this, levels are meaningless, and must follow clinically.

Dose: 2-20 vials iv

One formula: Num Vials = (Serum Dig Level in ng/ml) x Weight (kg) / 100

Brevibloc (Esmolol):

B1 blocker, t1/2 9 mins

Mix: 2 x 2.5 g amps in 500 D5W

10 mg / ml

Dosage:

(PDR: SVT Rx)

1) Loading dose:
   500 u / k / m iv over 1 min
2) Maintenance drip:
   50 u / k / m for the next 4 mins
3) If no response over this 5 min, then
   repeat the same loading dose, and
   double the above mainten. drip.

4) Continue the mainten. drip, titrate as needed.
5) Max Drip 300 ug/kg/min.

e.g.

70 kg patient:

1) 70 kg, 500 u/k/m x 1 min = 35 mg / 1 min
   10 mg/ml, gives 3.5 ml over 1 min bolus
2) 50 u/k/m x 4 min = 3.5 mg/min x 4 mins
   10 mg/ml, gives 0.35 ml/min x 4 mins drip
3) Continue 0.35 ml/min drip

100 kg patient:

1) 100 kg, 500 u/k/m x 1 min = 50 mg / 1 min
   10 mg/ml, gives 5 ml over 1 min bolus
2) 50 u/k/m x 4 min = 5 mg/min x 4 min
   10 mg/ml, gives 0.5 ml/min x 4 mins drip
3) Continue 0.5 ml/min drip

Cardizem (Diltiazem) Ca Blocker

Caution if CHF, on Beta-Blocker. (maybe SVT)

Mix in NS, D5W, or D5W0.5NS

Uses: Angina (esp. Prinzmetal variant angina),

HTN single agent, HTN in combination

(SVT: Wide Complex Tachy which is prob not VT,

in pt without asthma, instead of Pronestyl.)

I.V.:

1) Bolus: 0.25 mg/kg i.v. over 2 mins

(70 kg Pt = 20 mg)

2) After 15 min Rebolus: 0.35 mg/kg i.v. over 2 mins

(70 kg Pt = 25 mg)

3) Then Drip at 5 - 15 mg/hr, usually start at 10 mg/hr

Angina:

30 mg po qid, increase every 3 - 4 d to 360 mg divided tid or qid

Cardizem CD (120, 180, 240, 300 mg tabs): i po qd, increase

q 14 d prn, start at 120 or 180 mg

HTN:

Cardizem SR (60, 90, 120 mg tabs): 60 - 120 po bid -- or—

Cardizem XR (180, 240 mg tabs): 180 - 240 po qd -- or—

Cardizem (30, 60, 90, 120 mg tabs): 30 mg po tid, increase to

360 mg /d divided tid

EMS EKG Notes:

Standard Layout:

I	aVR	V1	V4
II	aVL	V2	V5
III	aVF	V3	V6

Common infarct patterns: (excluding paced rhythms, bundle branch blocks, others)

Type	ST & Q	Recip	Vessel
Anterior:	V1-V4	Inf.	LAD
Ant. Septal:	V2, V3		
Ant. Lateral:	V5, V6		
Inferior:	II, III, aVF	V2,V3	RCA +/or Circumflex
Lateral:	I, aVL, V5,6	V1,2 or Inf.	Circumflex
Posterior:	Tall R in V1		
	Q in Inf.		
	T elevation in V1,2,3		

Typical abnormalities:

ST elevation (ischemia, >1 mm Std leads, > 2 mm precordial leads is abnl)

St elev. & Q's (evolving or old)

ST depression (ischemia)

Tall, peaked T's (Early acute MI, high K)

T inversion (ischemia or subendocardial infarct)

Q's (old injury)

Where to put those patches:

V1	4th ICS, right sternal boarder
V2	4th ICS, left sternal boarder
V3	Midway between V2 and V4
V4	5th ICS, Midclavicular line
V5	5th ICS, Anterior axillary line
V6	5th ICS, Mid axillary line

Limb leads: RA, LA, RL, LL anywhere on the extremities.

EKG Bundle Branch Blocks:

BBB: QRS > 0.10 sec (2.5 boxes)   (0.04 Sec / little box)

RBBB: 3 subsets

LBBB: 2 subsets

RBBB:

RR' in V1, V2, QRS > 0.12 Sec (3 boxes),

V1, V2 T's may be inverted.

Rounded S in I, V4,5,6

LBBB:

RR' in V4,5, or 6, QRS > 0.12 sec (3 boxes),

T's may be neg in RR' leads.

LAFB:

LVH:

High voltage in both Limb and Precordial leads, and neg ST-T in V5 and V6.

Limb: (IR + IIIS) > 25 mm

Precordial: (V1S + V5or6R) > 35 mm

Use absolute value of amplitudes, not pos part - neg part...

Cardiac Acute MI Screen Panel normals:

Myoglobin	(<= 60)
CK	(0 - 140)
CK MB Screen	Neg
LD	(60 - 210)
% LD1	(< 38 %, (>= 38% = flipped))
AST/GOT	(10 - 50)

Tropinin I:	Nl:	< 0.1 ng/ml	No evidence of myocardial injury
	Intermediate:	0.1-1.5 ng/ml	Clinical correlation needed
	Elevated:	> 1.5 ng/ml	Evidence of myocardial injury

Dig, Nl level: 0.5 - 2.0 ug/L

HR: 300, 150, 100, 75, 60, 50, 43, 37.5, 33, 30.

Acute Cor Pulmonale (Pulm Embolism) EKG: S1-Q3-T3 Pattern

Lead I c S, III c Q, shallow T inversion in >= 1 inf leads.

May have slight inf ST elev. No Q's in Lead II.

CVA EKG: May have diffuse, deep T inversion, prominent U waves,

and QT Prolongation.

Opthamalogic:

Polysporin opthalmic oint: (polymyxin & B Bacitracin)

apply tid or qid   (1/8 oz tubes)

Sodium Sulamyd opthalmic oint 10%: (Sulfa!)

apply qid and qhs   (3.5 gm tube)

apply q2h for staph (white plaques...)

(or Bleph 10 ointment or solution)

Sulfacetamide Na 10%

Gantrisin opthalmic sol 4%: (sulfisoxazole): (Sulfa!)

apply 3 gtts tid   (1/2 oz bottle c dropper)

Garamycin Opthalmic ointment 0.3% (Gentamicin sulfate)

apply tid Drops: 0.3% 2 drops q 1-6 h

TobraDex opthal ointment, apply tid

0.1 % Dexamethasone and Tobramycin 0.3%

Pred Forte (Prednisolone acetate) 1%, apply qid - 6 /d (5 ml bottle)

Tobrex 0.3% opthalmic ointment

...

Ciloxan (Cipro):   0.3 % ophthalmic solution, (2.5, 5 ml bottles)

Under 1 yr old is not recommended. Preg Cat C.

Conjunctivitis: 2 gtts q 2 h while awake x 2 d, then

2 gtts q 4 h while awake, total 7 days.   or

½” ribbon tid x 2d, then bid x 5d, (3.5 gm tube)

Corneal Ulcer: 2 gtts q 15 min x 6h, then 2 gtts q 30 min to 24 hrs,

Day #2: 2 gtts q h, Day 3-14: 2 gtts q 4 h

Bacitracin opthalmic ointment: bid - qid, x _ d.

Voltaren Opthal Soln (diclofenac) 0.1% Soln., (2.5, 5 ml bottles)

1 drop qid x 3 d

Indication: NSAID drops, for corneal abrasion with antibiotics

Contra: soft lens, ASA allergy

Acular PF eyedrops.

NSAID for FB / corneal abrashion. (~$44 / bottle)

1 drop qid prn x 3 d, disp # 12.

(0.4 ml unit dose packs)

Traumatic Iritis: Isopto-Homatropine 5%, 2 gtts bid, 5 ml bottle.

Or 1 drop qd – tid

Cycloplegia 1 – 3 d, Mydriasis x 1 d

(also steroid drops...(maybe))

Cyclogyl (Cyclopentolate): (0.5, 1, 2 %)

1 drop qd – tid

Cycloplegia 6-24hrs, Mydriasis x 1 d

Otic:

Auralgan otic sol: For pain relief c OM

Fillcanal c dropper, insert cotton pleget

Repeat q 2h prn pain (10 ml bottle c dropper)

Cortisporin otic suspension:

(neomycin & polymyxin B sulfates & hydrocortisone)

For otitis externa, rx 7 - 10 d MAX, is a steroid...

4 gtts to ear qid, lie on side > 5 mins... (10 ml bottle c dropper)

may use saturated cotton wick, change wick at least qd

Cort otic susp is safe c ruptured TM (per CCF).

Cerumenex drops:

Fill canal, insert cotton plug, wait 30 mins, then flush c lukewarm water

may repeat x 1, (soft rubber syringe not included)

(6 ml, 12 ml bottles c dropper)

Gout:

Colchicine (0.5 mg, 0.6 mg, 0.65 mg) **Contra:** ASA with clochicine concurrently

Note: Think twice about using colchicine…

Acute gout attack: 0.5 - 1.3 mg p.o., then 0.5 - 0.65 mg p.o. q 1 - 2 hrs until pain relief or nausea/vomiting/diarrhea. Typically: 4 - 8 mg.

Initial i.v. dose: 2 mg i.v., then 0.5 mg i.v. q 6 h.

(Direct i.v., or with N.S., over 2 - 5 mins)

Allopurinal: Typically 100 mg p.o. qd, increase weekly to 300 mg p.o. qd.

(tabs: 100 mg, 300 mg)

Indomethacin: (Indocin):

(25 mg, 50 mg, 75 mg tabs, (75 mgs are extended release))

p.o., rectally, (even i.v. for patent ductus arteriosus (PDA))

25 mg p.o. bid or tid, up to 200 mg / d.

or 75 mg SR p.o. bid (Indocin SR)

Send synovial fluid to lab in purple top tube, and syringe, for crystals, GS, C&S.

....

Ethibond:

Don’t use if < 1 yr old.

Don’t use on fingers, or on high tension areas.

DON’T get it in an eye!

Clean wound as usual.

Squeeze middle to push purple liquid down to the lower tip, then release. This activates it. Activator is in the sponge.

Then resqueeze it to move the goo to the tip.

Apply 5 layers, 10 Sec apart.

Homegoing:

Don’t soak wound.

Don’t use antibiotic ointment.

Some Antibiotics:

Biaxin: (clarithromycin)   (tabs: 250 mg, 500 mg)

(DON'T use in Pregnancy!)

M. Pneumonia (Zithro doesn't cover this well, EES does)

S. Pneumonia, H. Flu, M. Catarrhalis, S. Pyogenes (group A strep)

Lower resp tract: 250 - 500 mg po q 12 h x 7 - 14 d

Acute Maxillary sinusitis: 500 mg po q 12 h x14 d (s. pneumonia)

URI: 250 - 500 mg po q 12 h x 10 - 14 d

Tabs: 250 mg, 500 mg

Susp: 125 mg/5ml, 250 mg/5ml

XL Tabs: 500 mg

Biaxin XL: Biaxin XL Pac "1 Biaxin XL Pac" or 2 x 500 mg po qd x 7d

Sinusitis: 2 Biaxin XL Pacs, or 2 x 500 mg po qd x 14 d

Emycin 333:   1 po tid x __ days, or (333 mg)

E-mycin: 250 – 500 mg po qid x __ days OR   (250, 500 mg)

500 mg 1 po bid x __ days.

EES: 400 mg 1 po qid x __ days.   (400 mg tabs, 200/5, 400mg/5ml)

Zithromax: (azithromycin)   1 dose / d

H. Flu, M.Cat., S.Pneumonia, NOT indicated for mycoplasma pneumonia...

Lower resp tract: 500 mg po day 1, then 250 mg po days 2 - 5,

Skin: same as above.

Chlamydia: 1 gm po single dose rx.

(Category B for use in pregnancy)

2 gm po single dose covers GC and Chlamydia

Capsules: 250 mg, 100 mg/5ml, 200 mg/5ml

Zithromax iv: (Pneumonia or PID)   (macrolide, azithromycin)

Peds: Not tested under 6 months old. Don't take with food.

Pneumonia: Zithromax 500 mg iv qd x 2d then 500 mg po qd x 7-10d total.

PID: Zithromax 500 mg iv qd x 2d, then 250 mg po qd x 7 d total,

(Note: poor anerobic coverage, may need second agent...)

Amoxicillin: 1 p.o. q 8 h.

(Tabs: 250 mg, 500 mg, Chewable: 200 mg, 400 mg, 200mg/5ml, 400mg/5ml)

Tabs: 250, 500, 875 mg

Chewable: 125, 200, 250, 400 mg

Susp: 125/5, 250/5, 200/5, 400/5

Infant Drops: 50 / 5

PCN V: 500 mg po bid x 10 d OR

PCN V: 250 mg po tid or qid x 10 d OR

Pen-Vee K (250 mg, 500 mg, 125 mg/5 ml, 250 mg/5 ml)

Augmentin (Amoxicillin / clavulanate) 1 po q 8 h

(tabs: 250 mg, 500 mg) Otitis, URI, UTI, Skin, Sinusitis

or 875 mg 1 po bid (new dosing)

Ceclor (cefaclor) 1 po q 8 h x 10 - 14 d (tabs: 250 mg, 500 mg)

Otitis, URI, UTI, Skin, Sinusitis, lower resp.

Ceclor CD 500 mg, 1 po bid

Keflex: (cephalexin, 1st gen cephalosporin)

Usage: resp tract, skin, bone, GU infections

Keftab (250 mg, 500 mg tabs, 125/5, 250mg/5ml)

Dose: 250-500 mg po qid, Peds: 25-50 mg/kg/d (Not for OM, sinusitis)

Skin, pharyngitis, UTI: 500 mg po q 12 h x 10 d

Other: 250 mg po q 6 h

Duricef (Cefadroxil): 1st Generation

UTI: 1 -2 gm po qd or divided bid

Skin: 500 mg po bid.

(500mg, 1 gm tabs, 125, 250, 500 mg/5ml susp)

(Hand cases, Dr. Papas, Ancef 1 gm iv, the Duricef 500 mg po bid)

Cefazolin (Ancef, Kefzol): 1st Gen Cephalosporin

0.5 – 1.5 gm iv q 6-8 h

Peds: 25-50 mg/kg/d, divided q8h, up to 100 mg/kg/d for severe infections

Cefuroxime (Zinacef, Ceftin) IM or iv or po

750mg - 1.5 gm iv q 8h x 5-10 d, IM or iv.

Peds: < 3 mo not recom.

50-100 mg/kg/d divided q 6h or divided q8h

up to 240 mg/kg/d in meningitis

Indications: Lower Resp: (Strep, staph, H flu, Kleb)

UTI, Skin, Sepsis, GC, Bone & Joint, Otitis Media

Meningitis (Strep pneumonia, H flu, neisseria, staph)

Early Lyme Disease: 500 mg po bid x ...

Uncomp GC: 1000 mg po single dose

Pharyngitis: 20 mg/kg/d, div bid

(125 mg/5 ml (50, 100, 200 ml bottles), 250 mg/5ml (50, 100 ml bottles))

UTI: 125 mg po bid ___ days

Otitis media, Lower resp tract, skin: 250 - 500 mg po bid ___ days

Tabs: 250 - 500 mg po bid (125, 250, 500 mg)

Oral Susp: 30 mg/kg/d divided bid

Ceftriaxone: (Rocephin) for GC:

250 mg IM single dose, (new rec is 125 mg, doesn't come that way, yet)

i.v. for lower resp tract, skin, UTI, GC, PID, bact sepsis,

bone/joint, abd, meningitis:

1 - 2 gm IM or i.v. as single dose, or divided q12, per day

(given i.v. over 30 mins)

Suprax (Cefixime): 3rd Gen Cephalo

(tabs: 200, 400 mg, oral susp: 100 mg/5 ml)

If over 50 kg or >= age 12 then dose as an adult.

UTI, Preg UTI, OM, Bronchitis, GC, …

Adults: 400 mg, 1 po qd or 200 mg, 1 po q 12h

Peds: 8 mg/kg/d, single daily or div q 12 h

Claforan (Cefotaxime): 3rd Gen Cephalo

1-2 gm iv/IM q 6-8h,

Peds: 50 – 180 mg/kg/d IM/iv divided q4-6h

Mefoxin (Cefoxitin): 1-2 gm iv/IM q 6-8h 2nd Gen Cephalo

Omnicef (Cefdinir, 3rd Gen):

Dose: 300 mg po bid or 600 mg po qd

Peds: 14 mg/kg/d, qd or divided bid

(300 mg caps, 125 mg/ 5 ml)

Zosyn (Piperacillin & Tazobactam):

Pneumonia in adults: 3.375 gm iv q 4 h, WITH an aminoglycoside, x 7-14 d

Adults: 12 gm / 1.5 gm / day, iv over 30 min.

Gentamicin (aminoglycoside, nephro & otic toxicity...)

Serum levels: Avoid prolonged peaks above 12 mcg/ml

Troughs should be <= 2 mcg/ml

Adjust dosing interval for renal impairment.

i.v.: over 30 min in NS or D5W

Dose: 3-5 mg/kg/d, divided over q 8 h, may be iv or IM

e.g. 1 mg/kg iv or IM q 8 h OR

or 2 mg/kg iv/IM first dose, then 1.7 mg/kg iv/IM q8h OR

Alternative: 5-7 mg/kg i.v. qd (No levels needed with this regimine…)

Peds: 2-2.5 mg/kg iv/IM q8h

Timentin (Ticarcillin & Clavulanate)

Ticarcillin is a PCN base!

Clav. is a Beta-lactamase inhibitior

Use: septicemia, lower resp, bone & joint, skin, UTI, Gyn, Intra-abd.

Dose: 3.1 gm iv q 4 - 6 h (systemic and UTI infections) (iv over 30 min)

GYN: 200-300 mg/kg/d, divided q 6 h.

Pt. < 60 kgs: 200-300 mg/kg/d, divided q 4 or 6 h

Unasyn (Amp/Sulbactam): (Indications: Skin, Intra-abd, Gyn Inf)

1.5 - 3.0 gm i.v. or I.M. q 6 h

Clindamycin (Cleocin) 150 mg, ii po q 6h for PCN allergic pts with nasal packing.

(150-450 mg po q6h)

Up to 600 mg IM per shot.

i.v.: 600 - 2700 mg / d, divided bid or tid or qid, per day.

Indications: Anerobic coverage, skin, intra-abd, bone, joint, sepsis.

Note: Assoc. with clostridium difficile enterocolitis (as are most antibiotics...),

Can occur up to several weeks AFTER complete Rx with antibiotic!

Adults: 150 - 450 mg po q 6 h, (capsules: 150 mg, 300 mg, 75mg/5ml soln)

Kids: 8 - 20 mg / k/ d, divided tid or qid.

Clostridium difficile enterocolitis Rx:

Vancomycin: 40 mg/kg/day, Max 2000 mg/d, PO, divided tid-qid, x 7-10 d

(125, 250 mg, 500 mg/6 ml soln)

Vancomycin (Vancocin): 1 gm i.v., over 1 hour, q 12 h

Peds: 10-15 mg/kg iv q 6h

Tobramycin: (Aminoglycoside)

or 3-5 mg/kg qd...new dosing

3 mg/kg/d iv, divided q 8 h or q 12 h OR

5 mg/kg/d iv, divided q 8 h or q 12 h, for sepsis

Fortaz: (Ceftazidine)

Pentacef: (Ceftazidine)

Tazidine: (Ceftazidine)

1 gm iv or IM, q 8 - 12 h OR

2 gm iv or IM, q 12 h, for bone

Metronidazole: (Flagyl): (tabs: 200 mg, 250 mg, 375 mg, 400 mg, 500 mg)

iv: Load 15 mg/kg iv over 1 h, then 7.5 mg/kg iv q 6 h

po:

Note: Antibuse reaction. No alcohol!

Nafcillin (Unipen, Nafcil)

1 - 2 gm q 4h, iv or IM

Fluoroquinolones:

Note: Don't use in Peds!

Don't use if < 18 yrs old.

Don't use in pregnancy.

Interact with: Theophylline, Anticoags, Fe, cimetidine, caffeine, others

Note: Trovan (Trovafloxacin (po), Alatrofloxacin (iv)) is now restricted, it is not for general use, due to rare (fatal) hepatotoxicity.

Ciprofloxacin: (Cipro) for: **(avoid Cipro with theophylline)**

Cipro Doesn't cover Strep pneumoniae...

po & iv Lower resp tract:

500 mg po q 12 h x ~10-14 d

400 mg iv q 12 h (over 60 mins)

UTI / urosepsis:

200 mg iv q 12 h, (400 if complicated)

Skin & joint:

500 mg po q 12 h x ~ 10d days to 6 weeks for joints

Dr. Talan: Adult GI Cipro 500 po bid x 3 d.

Indications: Sinusitis, Lower Resp Infect, UTI, Prostatitis, Skin, Bone & Joint, Infectious diarrhea, Uncomplicated cervical & urethreal GC

Intra-abd infections when used with Flagyl

Sinusitis, Prostatitis, Intra-abd, Infect diarrhea: 500 po q 12 h

Resp: 500 or 750 po q 12 h

UTI: Severe: 250 - 500 mg po q 12 h x 7 - 14 d

UTI: Uncomplicated: 100 mg po q 12 h x 3 d

Skin, Bone, Joint: 500 - 750 po q 12 h

Uncomplicated GC: 250 mg po single dose.

Tabs: 100, 250, 500, 750 mg

Diverticulitis:

Cipro 500 mg po bid x __ days OR

Augmentin 875 mg po bid x 10 d OR

Flagyl 500 mg po tid x 10-14 d

Levaquin: (Levofloxacin)

po: 500 mg po qd x 10-14d

iv: 500 mg iv / 1 hr, qd

(tabs: 250, 500 mg)

Community acquired pneumonia, maxillary sinusitis, exac chronic bronchitis

Floxin: (ofloxacin) (> 18 yoa)   (tabs: 200, 300, 400 mg)

Lower resp tract:	400 mg po q 12 h x 10 d
Skin:	400 mg po q 12 h x 10 d
UTI:	200 mg po q 12 h 3d/7d/10d
Chlamydia:	300 mg po q 12 h x 7 d
GC:	400 mg po single dose

i.v.: Same doses as p.o., q 12 h, given over 60 min

Zagam (Sparfloxacin):

2 po day 1, then 1 po days 2-10   (tabs: 200 mg)

Avelox (Moxifloxacin):

Exac Chronic Bronchitis:	400 mg, 1 po qd x 5d
Acute Bact Sinusitis:	400 mg, 1 po qd x 10d
Commun Acquired Pneum:	400 mg, 1 po qd x 10 d
Skin, Soft Tissue:	indication coming soon

No change in dose with renal insuff or mild hepatic insuff.

Not P450 metabolised. It does prolong the QT interval.

"ABC" pack of 5 pills.

Contras: Peds, < 18 yoa, Preg pts

Don't use in pts with prolongation of QT int.

Don't use with uncorrected hypokalemia.

Don't use if on Class 1A (quinidine, procanamide)

Don't use if on Class III (amiodarone, sotalol)

Invanz (Ertapenem): (Beta Lactam)

Indications: intra abd perf/sepsis, skin (Staph/Strep)

If severe enal disease then decr to 500 mg qd

No change with hepatic disease

Dose: 1 gm iv/IM qd

Herpes Zoster:

Famvir: (famciclovir) 500 mg po q 8 h x 7 d or

(tabs: 125, 250, 500 mg)

Acyclovir: (tabs: 200 mg, 800 mg)

Primary or initial non-primary infection:

200 mg po q 4 h, 5 x /d x 7 - 14 d or

5 mg/kg i.v. q 8 h...

Recurrent infection:

At first sign of recurrence: 800 mg po q 4h, 5/d, 5d or

400 mg po tid or

200 mg 5 x /d x 5 - 10 d

Acute Herpes Zoster (Shingles): {Same dose for chicken pox...}

800 mg po q 4h, 5/d, 7 - 10 d

HSV Meningoencephalitis:

10 mg/kg iv q 8 h x 10 d, (give over 1 hr), (500, 1000 mg vials)

Valacyclovir: (Valtrex)

(Valtrex is converted to acyclovir, which as active against HSV1, HSV2, and varicella zoster virus (VZV)).

Herpes Zoster: 1gm po tid x 7 days, started asap after onset Sx.

Initial Genital Herpes: 1gm po bid x 10 days.

Recurrent Gen Herpes: 500 mg po bid x 5 days.

Shingles (Herpes Zoster): 500 mg, 2 po tid x 7d, #42

Caplets: 500 mg, 1 gm.

Anti-Influenza:

Flumadine (rimantadine): Rx Influenza A.

100 mg po bid x 7 d. (100 mg, 50 mg/5ml)

Mycelex Troche: (Clotrimazole)

Chemo/Radio/Steroid/immuno compromised pts with oral candidiasis.

Dose: 1 po, 5/d, x 14 d, #70 oral lozenge,

suck on them, don't swallow them whole!

Clotrimazole 1% cream, solution:

Fungal skin infections, Candidiasis, Tinea Corporus/Pedis/Cruris

Apply bid x 2 wks - 1 mo

(Crm: 15, 30, 90 gm, Soln: 10, 30 ml, OTC: 15 gm crm)

Nystatin:

For yeast (Monilia infection)

Tinea Versicolor:

Ketoconazole 200 mg, 1 po qd x 7d

and / or Keto 2% cream, apply 1/d x 2 wks

Tinea: Imidazole

Sporanox (Itraconazole):

Oral/Esoph candidiasis: 100-200 mg soln po qd or

100 mg po bid, in 10 ml increments, swish and swallow.

(caps: 100 mg, soln: 10 mg/ml)

Don't use Bactrim in patients with severe Hepatic or Renal disease.

Don't use Bactrim with Coumadin.

Griseofulvin (NOTE: Poss cross Rxn with PCN)

Tinea Corporis, T. Cruris, T. Capitis : Rx 2 - 4 wks

Fulvicin 330 mg, 1 po qd

or

Grisactin Ultra 330 mg, 1 po qd

Tinea Pedis, T. Unguium : Rx 3 - 4 Months
Above meds, 660 - 750 mg/d

Clotrimazole: oral and topical
Lotrimin 1% Cream
Clotrimazole 1% Lotion, 1% Solution
Apply q am and q hs for up to 8 wks.

Clotrimazole oral and topical: 1% cream, 1% lotion, 1% solution
apply q am, q hs x up to 8 weeks, Lotrimin 1% cream

Genital Warts: Condylox (Podofilox) or Aldara (Imiquimod).

Vermox (mebendazole):   100 mg tabs, 1 po bid x 3d, MR in 3 weeks.
(can cause stomach cramps!)
For Pin worm (Enterobius vermicularis) and others.

Pramasone:
2.5% lotion, 4 fl oz
tid to rash

Tinea Versicolor:
Ketoconazole 200 mg 1 po qd x 7d   AND/OR
Keto 2% cream apply 1/d x 2 weeks

Tinea Cruris: (male) Monistat Derm 2%, bid to groin x 2 wks, qs.

Lice Rx: Kwell or Eurax, sterilize clothes, bedding...

Scabies: Kwell cream or lotion, apply x 2 24 hrs apart, then
3rd dose 12 hrs after 2nd dose.

Eurax: (Crotamiton)

Use: eradication of scabies (Sarcoptes scabiei)

Don't apply to eyes, mouth, open/weeping wounds

Directions to pts:

1) Take a shower or bath.

Massage Eurax cream or lotion into all skin from chin down to toes, including folds and creases

2) Reapply in 24 hrs.

3) One 60 gm tube is enough for two applications.

4) Clothing and bed linin should be changed the next day. (HOT wash).

5) Re-shower or bath 48 hours after last application.

(Cream: 60 g tubes, Lotion: 60 g (2 oz) bottles, and 16 oz bottles!)

Scabies: Elimite (Permethrin) 5% cream.

Griseofulvin (Note: Possible PCN cross reaction)

(Other refs: T. Capitis Rx 4-6 wks)

Adults: Tinea corporis,T. Cruris, T. Capitis: 330-375 mg po qd, 2-4 wks.

Fulvicin: 330 mg 1 po qd OR

Grisactin Ultra: 330 mg 1 po qd

Tinea Pedis, T. Unguium: 660-750 mg/d x 3-4 months (Other refs: 4-6 months)

Peds: Grifulvin V: tabs: 250, 500 mg, Susp: 125 mg/5ml, bottles of 120 ml.

Dose: 5 mg / lbs / day

Wt: 30 - 50 lbs: 125 - 250 mg/d

Wt: > 50 lbs: 250 - 500 mg/d

Rocky Moutain Spotted Fever:

TCN 25 - 50 mg/kg/d x 10 d OR

Chloramphenicol 50 mg/kg/d

Malaria:

NOTE: Do a THICK peripheral bllod smear to confirm the diagnosis.

Chloroquine 600 mg then 300 mg in 6 hrs, then 300 mg @ 24 and 48 hrs

PLUS Primaquine 26.3 mg po qd x 14 d

OR, if chloroquine resistant:

Quinine and pyrimothamine??? / sulfadiazine, TCN, or clindaycin

Legionnaire's Disease: (fever, cough, GI sx)

Erythromycin 1 gm i.v. qid until better, then

0.5 gm po qid until 3 weeks total.

Can add Rifampin 600 mg q 12 h if multilobar pneumonia   OR

Zithro 500 mg iv qd x 2 d, then 500 mg po qd for a 7-10 d total course.

(iv is given over 1 hr, in 250 m, NOT 50 ml)

If EES allergic: Bactrim 160/800 mg i.v. q 8 h and rifampin

Sputum for Legionella DFA, Urine for Legionella antigen.

Primary Syphilis:

Benzathine Pen G 2.4 M units IM single dose, and

Doxycycline 100 mg po bid x 15 d

Pseudomembranous Colitis:

Change to Cipro and Flagyl

Stool studies: C. Difficile toxin, leukocytes

Diverticulitis without perf:

Bactrim DS 1 po bid AND   Flagyl 500 mg 1 po q 6h   OR

Cefoxitin or Clindamycin AND Antipseudomonal aminoglycoside   OR

Cipro and Flagyl (250 mg tabs)   OR

Augmentin

Meningitis Prophylaxis:

Rifampin:

600 mg 1 po q 12 h x 4 doses.

Kids > 1 yr: 10 mg / kg x 4 doses.

Kids < 1 yr: 5 mg / kg x 4 doses.

Pneumococcal meningitis: No family prophylaxis.

H. Flu. meningitis: Prophylaxis:

Adults: 600 mg po, x 4 days.

Children: 20 mg/kg po, x 4 days.

(Tabs: 150, 300 mg, iv: , Specially compounded susp: 10 mg/ml)

Neisseria Meingitis Prophylaxis:

NOTE: Can do ANY ONE of the following:

Rifampin: (150 mg, 300 mg, Pharm can compound 10 mg/ ml susp syrup)

600 mg 1 po q 12 h x 4 doses.

Kids > 1 yr: 10 mg / kg po x 4 doses.

Kids < 1 yr: 5 mg / kg po x 4 doses.

Cipro 500 mg po single dose, for adults

(Also used in kids, but “contraindicated”, but used by ID in kids c CF, etc)

Ceftriaxone: 250 mg IM single dose

Peds: < 15 yrs, 125 mg IM single dose

Azithromycin 500 mg PO single dose

(As effective as Rif bid x 2d, PIDJ 17:816, 1998)

COMA work-up:

ABC's

iv, monitor, pulse ox, Glucose

EKG, CXR, poss abd KUB

D50, Narcan, Thiamine

foley, ua & for xtals

ABG's, HbCO

EtOH, ASA, tylenol levels

measured Serum osmolality

CBC with diff, E'lytes, BUN, Cr, Hepatic profile

Tox screen, serum & urine

Pregnancy test (urine or serum B-hCG)

Ketones: DKA, NKHOC, AKA

Coags: pt/ptt, consider fibrinogen, fib split products

NG for blood, ? OD: lavage, act charcoal & sorbital

Consider Head CT, consider LP

Anion gap:

Osmolar gap:

Careful Physical and history...

Trauma: C-spine, OG!, T&C, 2 ivs, etc.

Check pt's Temp!!! (sepsis, hypotherm, hypertherm)

Consider blood cult's

Psychiatry medical clearance:

CBC c diff, SMAC 23, PT/PTT, Fingerstick Glucose
B12, folate, thyroid profile
VDRL, UA, U-tox screen
Consider EKG, CXR, Head CT, LP, etc.
Consider pt's meds: OD, Tox etio, etc.

Typical Psych Rx:

Schitzophrenia:	Haldol, Trilafon, Navane, Prolixin, Thorazine, Resperdal, Clozaril
Major Depression:	Tofranil, Elavil, Norpramin, Nardil, Parnate, Zoloft, paxil, Prozac, Effexor, Serzone
Bipolar Mood Disorder:	Lithium, Depakote, Tegretol
Anxiety Disorder:	Valium, Librium, Ativan, Xanax
Panic Disorder:	Tofranil, Xanax, Klonopin, Paxil
Obsessive-compulsive Disorder	Prozac, Anafranil, Luvox, Zoloft

Anion Gap:

AG = NA - (Cl + HCO3) Nl = (8 - 12)

AG = (Na + K) - (Cl + HCO3) Nl = (12 - 15)

e.g. AG = 140 - (98 + 10) = 32

Causes for Increased Anion Gap:

- Metabolic Acidosis
- Dehydration
- Sodium Salts
- Antibiotics, (Disodium Carbenicillin)
- Hypocapnea

Drug induced AGMA:	**Non-Drug induced AGMA:**
ASA	Renal failure, (uremia)
Iron	DKA
Methanol (formic acid)	Lactic acidosis
Ethylene Glycol (glycolic acid)	Alcoholic Ketoacidosis
Isoniazid	Alcoholic Lacticacidosis
Carbon Monoxide	
Cyanide	Hypotension
Toluene	Seizure
Paraldehyde	Sepsis

Osmolal Gap:

Normal serum osmolality = 280 - 295 mOsm

Obtain a lab measured serum osmolality (by freezing point depression!)

Calculated osmolality = (2*Na) + (BUN/2.8) + (Glu/18) + (EtOH/4.6)

A measured Osm > 10 mOsm greater than the calculated Osm constitutes an Osmolal Gap.

(Alcohols, dye, acetone, glycerol, sorbitol, mannitol)

(Alcohols: methanol, ethanol, isopropanal, ethylene glycol)

Anticholinergic Toxicity:

Blind as a Bat
Dry as a Bone
Hot as Hades
Red as a Beet
Mad as a Hatter

Cholinergic Toxicity:

S Salivation
L Lacrimation
U Urination
D Defecation
G Gastric Motility
E Emesis
M Miosis
M Muscle Fasciculation

Local Anesthetics:

Esters:

Procaine (neocaine, novocaine)
Chloroprocaine
Tetracaine (pontocaine)

Amides:

Lidocaine (Xylocaine, Dilocaine, Ultracaine)
Mepivacaine (carbocaine)
Prilocaine
Bupivacaine (marcaine)
Etidocaine (dura

Lidocaine: Adult dosage up to 3 – 5 mg/kg
1% Soln = 10 mg/ml of Lido
70 kg pt: 21-35 ml of 1% Soln

Lido with Epi: Dose 5 – 7 mg/kg
Reversal of Lido/Epi: Phentolamine 0.5 mg injected at site.

Sexual Assault:

Screen for STDs, cultures, GC, chlamydia, trich, ..., VDRL/RPR
Bank serum for syphilis, HIV serology
Offer Hep. B vaccine series
Ceftriaxone 125 mg IM and (GC)
Flagyl 2 gm po single dose and (trich)
Azithromycin 1 gm po single dose or (chlamydia)
Doxycycline 100 mg po bid x 7 d
Ovcon 50 2 po q d x 2 d, #4, (pregnancy prevention, p (-) HCG!)
Follow up with PMD, WHC, Rape counselling center.
Ask pt to file police report.
Offer social service consult for above follow up referrals, etc.

Typical Stroke Syndromes: Ref: EM Reports Sept. 29, 1997

Vascular Region:	Clinical Findings:
Internal Carotid Art.	Variable, hemiparesis, aphasia in dominant hemisphere
Anterior watershed	Hemiparesis greatest in leg, with sensory loss
Posterior watershed	Hemianopia
MCA	Hemiparesis, hemisensory loss, aphasia in dominant hemisphere
Superficial Ant Cerebral Art.	Contralateral leg weakness, sensory loss
Deep Ant Cerebral Art.	Movement disorders
Superficial Ant Cerebral Art.	Hemianopia
Deep Ant Cerebral Art.	Dysesthesia
Lacunar	Pure motor or sensory loss
Vetebral Art	Impaired contralat pain and thermal sense, ipsilat Horner syndrome, nystagmus, vertigo, ipsilat limb ataxia
MCA, Superior division	Contralat face, arm, leg sensory and motor deficit, ipsilat head and eye deviation, Broca aphasia
MCA, Inferior division	Homonymous hemianopia, Wernicke aphasia
Basilar Art.	Coma, quadriplegia, “Locked-in” syndrome

OB / Vag. Bleeding Items:

Vag. Bleeding:

Methergine: 0.2 mg, 1 po q 6 h for 2 d

To constrict uterus for heavy vaginal bleeding.

Make sure Pt. isn't pregnant!

Some Rx 1 d, not 2 days.

RhoGam: For Spontaneous Ab, if mother is Rh neg, to prevent her sensitization to Rh + fetal blood, and future immunologic destruction of Rh + blood in next fetus...

Up to 13 wks gest, 1 vial Rho(D) immune globulin, microdose, IM within 72 hrs of the bleeding.

Post 13 wks, look up dose in PDR...

Pregnancy: Gest Sac visible by US at 5 wks

FHT visible at 5.5 - 6 wks

Ut @ pelvic brim at 12 wks.

Ut @ umbilicus at 20 wks.

Beta HCG: MIU/ml

Weeks post LMP	BHCG
4	3 – 26
5	19 - 7340
6	1080 - 56500
10	54100 - 288000
18	8910 - 66000

Dr. Pap: Typ B-HCG doubles q 3 d

For Hyperemesis Gravidarium hydrate the pt with D5LR, is reportedly better to shut off ketosis with a D5 containing solution, not just NS.

Can use phenergan or compazine, too.

Hyperemesis Gravidarium pts:

Consider ultrasound to r/o hydatidiform mole or multiple pregnancy...

OB Trauma: Nl trauma labs, and T&S, PT/PTT, Fibrinogen, D-Dimer (split products), and Kleinhauer-Betke stain (for fetal cells in maternal circulation)

At UH KB stain takes 3 days...

Analgesics: OK to use MS or Demeral, home on T3's or Demeral

Hydralazine:

Arterial dilator

SE: Reflex tachycardia, incr cardiac O2 consumption.

Used for PIH/Eclampsia

Dose: 10-20 mg iv, q 30 min prn OR 20-50 mg IM

Preterm Labor:

Terbutaline 0.25 - 0.50 mg sq

Mag: 4 - 6 gm bolus over 30 min, then
drip at 2 - 4 gm / hr.

Nitrazine test:

Amniotic fluid, with a pH of 7.1 - 7.3, turns paper yellow.

(>7.3 is blue)

Menometrorrhagia: Irreg or Excessive vag bld'ing during menstration and between menstral periods. This is a Sx, not a Diag.

Menometrorrhagia: Consider Provera, if it isn't working,

then Aygestin 5 mg, 1 po tid today, then 1 po bid x 7d

Menometrorrhagia: Long Standing, Dr. Doty, BCP 2 po qd until bleeding stops, then 1 po qd, OR Provera 10 mg, 1 po qd x 12 d

Dr. Lee: Pt 2-3 wks post cervical cone, D&C, with significant Vag bleeding, and soft Uterus: Hemabate 1 cc IM. It clamps down the Ut, bleeding stops.

APGAR Table:

FHTs are audible after about 12 weeks, by doptone.

Blighted Ovum: Incomplete AB, passed a sac c blood, s any embryo like tissue.

Lumbar Puncture / Spinal Tap Studies:

Normal opening pressure: 70 - 180 mmH2O
Collect 0.5 - 2.0 ml / tube
Tube #1 Cell count, diff, GS, C&S, AFB, Fungal stains & cultures
Tube #2 Glucose, Protein
Tube #3 cell count, diff
Tube #4 Hold in lab for special studies, VDRL, etc.

Direct Antigens (rapid):

SCH: H influ, S. pneumonia, Group B strep, N. meningit, E. coli
WRH: H Flu B Ag, Neis Men A, B, C, Ags, Strep Pneu Ag, Group B Strep Ag

Adults:	Opening Pressure (mm H2O)	Protein (mg/100 ml)	Glucose (mg/100 ml)	Cells
Normal	70 - 180	15 - 45	45 - 80	0 - 5 lymphs
Bact. Men.	increased	50 - 1500	decr, usually < 20	20 - 10k polys
Viral Men.	Nl or incr	Nl or slightly incr	Nl	10 - 500 lymphs (Poly's early)
Tb, Fungal	often incr	incr, but < 500	decr, usually 20 - 40	10 - 500 lymphs
Subarach. Hem. (xanthochromic after 2 - 8 hrs)	Usually incr	incr	Nl	WBC/RBC ratio is same as blood

Normal Adult CSF: <= 5 leukocytes/mm3, max 1 granulocyte (PMN).

Any eosinophil is abnl.
Basophil may be present c or s CNS infection.
Bacterial meningitis: Usually markedly eleated, poss > 10,000 cells/mm3.
Typically: > 500 cells/mm3.
Viral meningitis: Typically < 500 cells/mm3, approx 100% mononuclears.
Traumatic tap: approx 1 wbc / 700 rbcs.
Nl Glu: 50-80 mg/dl
Nl CSF/Serum Glu = 0.6/1.0
Nl Protein: 15-45 mg/dl., Elevated > 150 mg/dl typ c bact memingitis.

Some fun facts:

Nasal Packing:

Keflex, or Amp, or Bactrim coverage for sinusitis, out in 48 hrs

Peritonsilar Abcess:

I&D by ENT

Unasyn 3 gm iv in ED, the Augmentin po

Neutropenic pts: Piperacillin & Tobramycin

Bartolin's Cyst:

I&D, place a WORD Cath. (stays up to 6wks!)

OB/GYN f/u, +/- antibiotics

Note: inject cath cap with non-leur lock syringe c NS

Aerosols:

Can add 0.5 - 1.0 mg Atropine to aerosols, improves efficacy.

Pt. with + urinary freq & dysuria, nl ua, consider TB, etc, or

urinary retention, (prostate, meds, etc)

D/C c foley, antibiotics, f/u

HIV Pts:

In addition to usual cultures, (bld x 2, urine, sputum GS C&S, CSF...)

get fungal, viral, mycobact blood cults.

AIDS Pts: MAC: Mycobacterium avium intracell.

VRE: Vanc resistant enterococcus

Vitrious Senuresis (sp??), opthomology, Increased pressure on retina, may detach, nothing specific to do until it does detach. Sx: flashing white lights, in one eye, x 2 d (Were the Sx in this pt, who also had + PMHx migraine and cluster headaches...)

Cluster HA's: Rx with 100 % O2, and compazine, etc.

EtOH Withdraw:

Librium, (chlordiazepoxide), (tabs: 5 mg, 10 mg, 25 mg)

(?? 100 mg/ml for i.v.)

Typically: 5 - 10 mg p.o. qid, tapering dose.

Continuous Abdominal Dialysis Pts with peritonitis: Rx with Tobra and Vanc.

Trigeminal Neuralgia: Try dilantin 1 gm i.v. to help break the pain, per neuro surg...

Painless hematuria: "SHIT": Stone, Hematologic, Infection, Trauma, Tb, Tumor

Urinary Retention, male pt's post foley removal...:

Cipro 500 mg, 1 po q 12 h and

Cardura 2 mg, 1 po q hs, (duxazosin mesylate, tabs: 1, 2, 4, 8 mg)

(Is an antihypertensive, and is an alpha blocker, will decrease urinary outflow resistance in men)

Kidney stones: Add Cal, Uric acid, Phosphorus to smac.

Inanition: Exhaustion secondary to lack of food.

Diag for cachectic eldery pt who are not eating, and are weak…

Per Dr. Warren, MSE.

Growth Factor: Neurogen: 480 ug sq, for chemo pts.

Glucophage (metformin): Oral diabetic agent

NOTE: Don't give these pt's Iodinated contrast dye,

(consider ultrasound instead of IVP...)

New Onset DM: Draw a C-peptide, in addition to other stuff. (Dr. Zuhar Madhun)

Renal Transplant Pts: Don't use Aminoglycosides, NSAIDS, or ACE Inhibitors.

Alveolar-Arterial Gradient:

$PO_2 = FiO_2 - 1.2 * (PCO_2)$

ABG Golden Rules:

Delta PCO2 of 10 gives delta pH of 0.08 (Incr CO2 -> Decr pH)

Delta pH of 0.15 = Delta Base 10 mEq/L.

No pCO2 = 40 mmHg

Cipro: Restricted iv at UH... Would be a good choice for PCN allergic pts with both resp and urinary infections. Instead, per Keith Armitage:

Erythromicin 500 mg iv, and Gent 300 mg iv (for gram neg coverage), then home on Floxin.

Don't give aminoglycosides to renal transplant pts. No NSAIDS, No Ace inhibitors, either.

Occular Migraine: Prodrome to migrane, usually bilat, usually vascular. 30-50% chocolate precipitates its. (Vs Flashing = retinal tear.) Sz is 1 –2 min of zig-zag lines, gets bigger, then disappears. Usually symmetric, therefore in the optic tract, not in the eye itself.

Pregnant: MS and Demerol iv, Demoral or T3's po OK.

Fluor-I-Strip: Fluorescein

INR Ratio:	2.0 - 3.0	Rx PE, Prophalaxis, Rx DVT
	2.5 - 3.5	Mechanical Prosthetic Valve

1 oz = 30 ml

Elbow Fat Pad Sign:

Ant. Fat Pad is Normal, UNLESS "SAIL SIGN".

Post. Fat Pad is ABNORMAL.

XRay: Lat C-Spine Pre-Odontoid space normal:

Adult: <= 2 mm   Peds: <= 3-5 mm

BiPap Example:

IP 12 cm, EP 5 cm, rate 12, titrate O2 for sat > 90.

No IV Dye for the following:

Sickle Cell Pts

Multiple Myeloma Pts, (can ppt Bence Jones proteins in urine)

Pheochromocytoma Pts

Renal Insuff Pts

+/- Pts on Glucophage

Glascow Comma Score Table:

.

.

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Eyes:

Miosis: Constricted

Mydriasis: Dilated

New Onset Afib:

Don't forget: Do Hep, Do Thyroid panel, echo, search for cause…

EKGs Consider: Wandering Atrial Pacemaker

Sick Sinus Syndrome

GI Bleeding:

Abstain from: smoking, caffeine, EtOH, OJ, chocolate

Cigarette smoking withdraw:

Zyban (Welbutrin SR) po

It hits the same CNS nicotine receptors.

Volar = Palmar

Dorsal = Back, Posterior

IVP Dye & Glucophage:

Hold Glucophage 48 hrs after giving IVP dye.

Upper Lip: Philtrum to tubercle

Interactions: Bactrim and coumadin

For hypercalcemia, Ca pt c multi. Myeloma:

Aredia 90 mg/ 2 hrs iv.

Hordeolum / Sty

Alcohol Metabolism Rate: (Wide range)

Unhabituated: 15 – 20 mg/dl/hr

Chronic abuse: 25 – 35 mg/dl/hr

Biliary Colic: Use Demerol, NOT MS, for pain relief.

MS can, in theory, increase sphincter spasam, and pain.

Hutchinson's Sign: Acute herpes zoster involvement of the tip of the nose is very strongly correlated with corneal involvement. Get a opthomology consult.

Labrynthitis: c hearing loss

Benign Positional Vertigo: s hearing losss.

Rectal Fissure:

Colace and Metamucil

Lidocaine gel 2% c tip applicator

½ h before BM, #1 tube, per rectum

Sitz baths

No Anusol or Prep H, which weaken the tissue.

Migraine HA, without relief, try:

Depakote 1000 mg iv / 1 hr, per Dr. Hugh Miller

Guillian Barre: Typically loose their reflexes

U/A Glitter Cells: Sign of old pyelo or old STD

PCP Tox Screen:

+ for PCP, Benadryl, Dextromethorphan, OTC cough Rx

Acute Glaucoma:

Diamox 500 mg po, then 250 mg po qid

Timoptic 1 drop, repeat 10 min, then bid (0.5%)

PredForte 1% q 4 h

Atropine drops bid

Sengstaken - Blakemore Balloon: 3 lumens

Minnesota 4 Lumen Tube:

Newer, 2 balloons, 2 aspiration ports.
Insert by mouth, not nose.
Inflate gastric balloon c 100 ml NS.
Get KUB to prove position is in the stomach, and
not in distal esoph or in lung.
Then fill gastric balloon to total of 250 ml NS.
Then pull up firmly to seat it against LES, but
not too hard so as to pull it into the esoph.
Then secure tube with sponge / tape, or traction pulley c 2 lbs wts.
Note: Usually do NOT need to inflate the esoph balloon,
as the gastric balloon will tamponade the varicosities.
Do put esoph aspiration port to low suction, so that any
bleeding / secretions will not be aspirated.
Note: Book says some fill balloons with air, others use water.
Don't over-inflate the esoph balloon, as doing so will cause
rupture or pressure necrosis of the esoph. 1 oz = 30 ml
MSE ER 3/15/98 I put one in.

Benadryl syrup, OTC: 12.5 mg / 5 ml

Peritoneal Dialysis Pt c sepsis, source unknown:

Vanc 1 gm iv
Ceftaz 1 gm iv
Diflucan 200 mg iv

Tucks Clear Gel (OTC): (Witch Hazel & Glycerin)
Tucks Hemorrhoidal Pads (OTC)

Tiazac 180 mg 1 po q am
Hydrodiuril 25 mg 1 po q am
Xanax 0.5 mg: 1 po tid

Pseudomemb Colitis:

Change to Cipro and oral Flagyl.

Stool for C. difficile toxin, leukocytes, stool pathogens.

Traveler's Diarrhea:

Cipro 500 mg po bid   or

Norflox 400 mg po bid   or

Oflox 300 mg po bid

Above for 3 - 5 d.   or

Bactrim DS 1 po bid x 3 d

Poss add imodium 4 mg po, then 2 mg po p each loose bm.

Note: Wellbutrin LOWERS the Sz threshold.

Phenergan with Dextromethorphan Syrup

Indication: Cough, URI Sx c allergy, cold

6.25 mg Phen & 15 mg Dextro / 5 ml Syrup

Adults: 5 ml (1 teaspoon) po q 4-6 h, Max 30 ml / d.

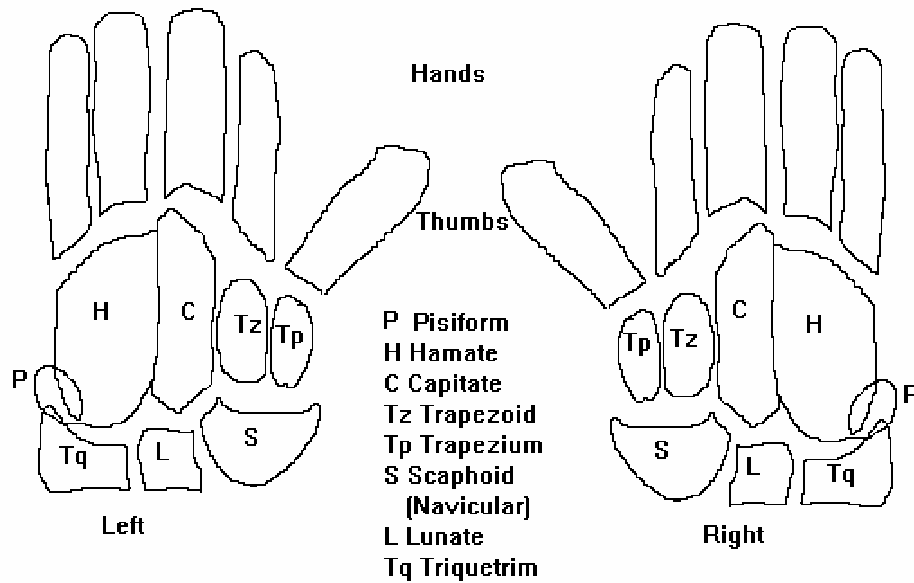
Peds: 6-12 yrs: 2.5 - 5 ml po q 4-6 h, Max 20 ml / d.

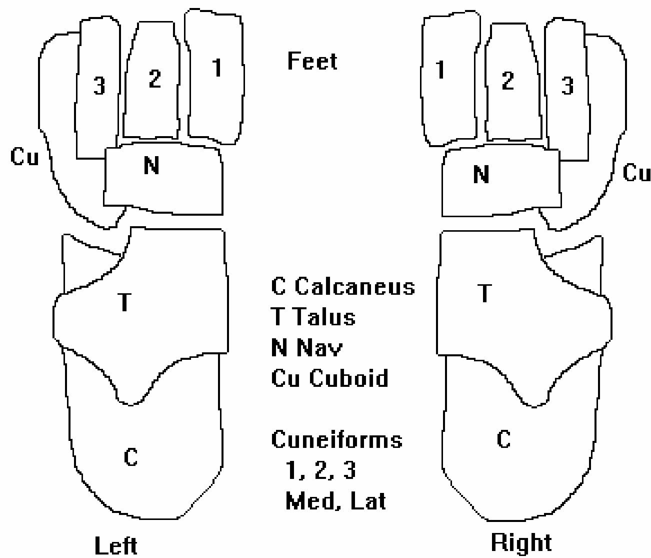
2-6 yrs: 1.25-2.5 ml po q 4-6 h, Max 10 ml / d.

< 2 yoa, Not Recomm.

Non-displaced supra-condylar fx: Long arm post splint, padded, sling, f/u 2d.

OK, so I'm not Frank Netter...





Some more Quick References:

Cranial Nerves:

I	Olfactory	(s)	smells
II	Optic	(s)	vision
III	Occulomotor	(m)	eye motor, etc.
IV	Trochlear	(m)	eye motor, etc.
V	Trigeminal	(s+m)	chews, feels front of head
VI	Abducens	(m)	eye motor, etc.
VII	Facial	(s+m)	tastes, salivates, cries, facial expression
VIII	Vestibulocochlear	(s)	hearing, balance
IX	Glossopharyngeal	(s+m)	tastes, salivates, swallows, carotid body, etc.
X	Vagus	(s+m)	tastes, swallows, talks, Vagus Output
XI	Accessory	(m)	turns head, lifts shoulders
XII	Hypoglossal	(m)	tongue motor

Sensory Dermatomes:

T5 Nipple line
T10 Umbilical level

Hand:		Foot:	
C6	Thumb	L4	Great toe
C7	Index, Long	L5	Middle toe
C8	Ring, Little	S1	Little toe

Motor:

Radial:	Elbow and wrist extensors, MCP extension, triceps reflex.
Medial:	Wrist, thumb, index, middle digit flexion, other.
Ulnar:	Wrist, ring, little digit flexion, AB & ADduction of digits.

Bones:

Epiphysis = Head of long bone

Diaphysis = Shaft

Physis = The Growth Plate

Metaphysis = The End of the Shaft, adj to the Growth Plate

Schiotz Tonometer Table **(J. Sklar Manufacturing Co., Inc.)**

Scale Reading		**Plunger Load (gms)**			
		5.5	**7.5**	**10**	**15**
0.0		41	59	82	127
0.5		38	54	75	118
1.0		35	50	70	109
1.5		32	46	64	101
2.0		29	42	59	94
2.5		27	39	55	88
3.0		24	36	51	82
*	*	*	*	*	*
3.5		22	33	47	76
4.0		21	30	43	71
4.5		19	28	40	66
5.0		17	26	37	62
5.5		16	24	34	58
6.0		15	22	32	54
6.5		13	20	29	50
7.0		12	19	27	46
7.5		11	17	25	43
8.0		10	16	23	40
8.5		9	14	21	38
9.0		9	13	20	35
9.5		8	12	18	32
10.0		7	11	16	30
10.5		6	10	15	27
11.0		6	9	14	25
11.5		5	8	13	23
12.0			8	11	21
12.5			7	10	20
13.0			6	10	18
13.5			6	9	17
14.0			5	8	15
14.5				7	14
15.0				6	13
15.5				6	11
16.0				5	10
16.5					9
17.0					8
17.5					8
18.0					7

File: Schiotz.wks
Nl pressure is approx < 22
(TonoPen Nl is 10 – 21 mmHg)

Calcium Channel Blockers:

Brand	Generic
Adalat	Nifedipine
Calan	Verapamil
Cardene	Nicardipine
Cardizem	Diltiazem
Covera-HS	Verapamil
Dilacor XR	Diltiazem
DynaCirc	Isradipine
Isoptin	Verapamil
Nimotop	Nimodipine
Norvasc	Amlodipine
Plendil	Felodipine
Posicor	Mibefradil
Procardia	Nifedipine
Sular	Nisoldipine
Tiazac	Diltiazem
Vascor	Bepridil
Verelan	Verapamil

Beta Adrenergic Blockers:

Brand	Generic
Betapace	Sotalol
Blocadren	Timolol
Cartrol	Carteolol
Inderal	Propranolol
Kerlone	Betaxolol
Levatol	Penbutolol
Lopressor	Metoprolol
Sectral	Acebutolol
Tenormin	Atenolol
Toprol	Metoprolol
Zebata	Bisoprolol

Beta Blockers with Diuretics:

Brand	Generic
Inderide	Propranolol & HCTZ
Lopressor HCT	Metoprolol & HCTZ
Tenoretic	Atenolol & Chlorthalidone
Timolide	Timolol & HCTZ
Ziac	Bisoprolol & HCTZ

Labetalol: alpha & beta blocker

Tricyclic Antidepressants, and Combos:

Brand	Generic
Ascendin	Amoxapine
Elavil	Amitriptyline
Etrafon	Perphenazine & Amitriptyline
Limbitrol	Chlordiazepoxide & Amitriptyline
Norpramin	Desipramine
Pamelor	Nortriptyline
Sinequan	Doxepin
Tofranil	Imipramine
Triavil	Perphenazine & Amitriptyline
Vivactil	Protriptyline

Migraine HA:

Compazine 5-10 mg iv   or
Compazine & Toradol   or
Compazine & Narc's   or

Narcotics:

5-ht...

IMITREX (sumatriptan):

Indications:

1) the acute treatment of migraine attacks with or without aura and

2) the acute treatment of cluster headache episodes.

Don't give IV: Causes Angina, MI, Coronary Vasospasam.

Don't give to pt's with Hx of Angina, MI, or uncontrolled HTN.

Don't give to pt's who have taken Ergotamine meds in the last 24 hrs,

(Dihydroergotamine, methysergide)

Don't use in pt's on MAO inhibitors, or decrease dose in half (see PDR).

Adult Dose: 6 mg SQ

May give second 6 mg SQ dose 1 hr later, if needed.

May use a smaller does if side effects limit dosing.

HOW SUPPLIED:

IMITREX Injection 6 mg (12 mg/mL) containing sumatriptan

ED: 0.5 mL in 1 mL) in cartons of two syringes, or in 6mg vials.

Home: IMITREX® SELFdose System kit containing two unit-of-use syringes, one IMITREX® SELFdose Unit, and instructions for use.

Imitrex (sumatriptan succinate) **Tablets**: 25, 50 mg

Imitrex Tablets:

Indicated for the acute treatment of migraine attacks with or without aura.

DOSAGE PO:

Adult dose: Rec. dose Tablets is a single 25-mg tablet taken with fluids;

The maximum single dose recommended is 100 mg.

There is no evidence that an initial dose of 100 mg provides substantially greater relief than 25 mg.

If a satisfactory response has not been obtained at 2 hours,
a second dose of up to 100 mg may be given.

If headache returns, additional doses may be taken at intervals of
at least 2 hours up to a daily maximum dose of 300 mg.
If headache returns following an initial treatment with Imitrex INJECTION, additional doses of single Imitrex Tablets
(up to 200 mg per day) may be given with an interval of at
least 2 hours between tablet doses.

The **maximum dose** given in a 24-hour period to patients with migraine headaches has been 300 mg.

D.H.E. 45 (dihydroergotamine mesylate):

Indicated to abort or prevent vascular headache, migraine, migraine variants, or so-called “histaminic cephalalgia”. For best results, treatment should commence at the first symptom or sign of a migraine headache attack.

CONTRAINDICATIONS:

Pt’s with CAD, Angina, Uncontrolled, HTN, PREGNANCY (is oxytocic), nursing mothers, Don’t use with other vasoconstrictors.

Don’t give to pt’s on: MACROLIDE ANTIBIOTICS (e.g., Erythromycin)

DOSAGE AND ADMINISTRATION:

D.H.E. 45 (Given IM or IV)

IM:

1 mL IM at the first sign of headache, repeated at 1 hour intervals,

total dose of 3mL.

Optimal results are obtained by titrating the dose over the course of several headaches to find the minimal effective dose for each patient; this dose should then be employed at onset of subsequent attacks.

IV:

Where more rapid effect is desired, the IV route may be used to a maximum

of 2 mL. Total weekly dosage should not exceed 6 mL.

No more than 3 mL intramuscularly or 2 mL intravenously should be injected for any single migraine attack.

No more than 6 mL should be injected during any 7-day period.

Comes in 1 ml amps containing 1 mg dihydroergotamine.

Other Drugs:

Thiamine: 50 - 100 mg i.v. or IM (avoid Wernicke's enceph)

Kayexolate: 30 g po with Sorbitol 50 ml of 20% (15 gm bottles)

Lactulose: 30 - 45 ml po / ng / pr tid. (packaged: 10 g / 15 ml)
To treat high ammonia, hepatic encephalopathy

Metoprolol, (Lopressor) 5 mg iv, 3 doses (q5min), if no CHF, for AMI.
Mannitol: 12.5 - 25 gm i.v.

Tiazac 180 mg 1 po q am

Hydrodiuril 25 mg 1 po q am

Ditropan (oxybutynin)
Tenoretic (Atenolol, Chlorthalidone) (B-blocker & diuretic)

Tabs: "100" Aten 100 mg, Chlor 25 mg
"50" Aten 50 mg, Chlor 25 mg

Dose: 50 1 po qd up to 100 1 po qd

Contr: Bronchospasam

Tenormin (Atenolol)

Tabs: 25, 50, 100 mg

i.v.: 5 mg/10 ml

HTN: start 50 mg po qd x 1 - 2 wks, then increase to 100 mg 1 po qd prn.

DON'T stop suddenly if have CAD: Angina, MI, Vent arrhythmias.

Angina: 50 mg 1 po qd

Acute MI: 5 mg iv / 5 min, repeat 5 mg iv ten minutes later, then
50 mg po after iv dose, and q 12h.

Zestril: (Lisinopril) (ACE Inhibitor)

HTN: 10 mg 1 po qd, increase to 20 - 40 mg /d, single dose.

Tabs: 2.5, 5, 10, 20, 40 mg

Procardia (Nifedipine) For initial Rx HTN: 10 mg po tid, nl is 10-20 mg po tid

Ca channel blocker (capsules: 10 mg, 20 mg)

For angina: Start 10 mg po tid, titrate up to 30 mg po qid, max 180 mg/d

Procardia XL (Nifedipine) Initial HTN Rx: 30 mg po qd. (tabs: 30 mg, 60 mg, 90 mg)

NTG, Topically:

Transderm Nitro (5mg/24h) 1 patch topically qd

Nitro-Dur NTG Patches:

20/40/60/80/120/160 mg patches

Wear for 10 - 12 hrs / day, giving a 12 off period.

Lopressor 5 mg iv Plavix:

Antiplatlet 75 mg po qd

OK with ASA allergy

Lomotil (Diphenoxylate HCl and Atropine):

Contra: Pseudomembranous enterocolitis,

Enterotoxin producing bact

May worsen: Toxigenic E coli, Salmonella, Shigella

Peds: Don't use under age 2 yrs.

Related to Narcotic Meperidine, Controlled, Schedule V

Dose:

Tabs:

Liq:

Bite Wounds:

Dog bite: dT &

Cat bite: dT &

Human bite: dT &

Open Fracture, initial cult & antibiotics:

C-difficela Enterocolitis:

? Vanc...

flagyl

Lopressor 15 mg 1 po …

Norvasc 5 mg 1 po …
Zestril (   ) ace inhibitor, 10 - 40 mg po qd

Psych Diag: Reactive Depression

Bell's Palsy, Facial Nerve, VII

Idiopathic is diag of exclusion.
(Lyme Dis, tumors, etc)
Jaw +/or ear pain is common.
Typ upper and lower facial motor weakness.
Typ incomplete eyelid closure, decr lacrimation,
Drooling. Some c/o vague numbess to the area,
(But CN7 is pure motor…, may be due to some
involvement of CN5.) Can have change in taste.
Prognosis: 56-80% have recovery in 2wk-2mo.

Rx: Lacrilube artificial tears.
Acyclovoir for poss HSV
Steroids, medrol dose pack, or
    60 mg po qd x 5 d, then 5 day paper.
    OR 60 po qd x 10 d

Anemia W/U:

Retic count	B12
Serum iron	folic acid
TIBC	hemocult
Ferritin	

Jaundice W/U:

CBC, SMAC, Amy, Lipase,
HbsAg, IgM Anti HBc, IgM Anti HAV,
Anti HCV

Pediatrics

Weight and Vital Signs by Age:

Age:	Weight (Kg):	HR:	RR:	SBP:
Premies:				
< 40 wks.	< 3.3	100 - 180	30 - 50	MAP = Gest. Age.
Newborn:	3.3	100 - 180	30 - 50	54 - 75
Infant:				
< 1 yoa	7.5	100 - 180	30 - 40	75 - 100
Toddler:				
1 yoa	10	100 - 180	25 - 32	90 - 130
2 yoa	12			
3 yoa	14			
Child:				
4 yoa	17	60 - 150	22 - 28	95 - 135
6 yoa	20			
8 yoa	25			
10 yoa	33	50 - 100	20 - 24	95 - 140
12 yoa	40			
14 yoa	50	50 - 100	12 - 20	95 - 140
16 yoa	60			

Intubation and Tube Sizes, by Age:

Age:	ET Tube:	OG/NG	Suction Cath	Chest Tube
Premie	2.5 - 3.0	5	6	10 - 14
Term NB	3.0 - 3.5	5 - 8	6	12 - 18
6 mo	3.5 - 4.0	8	8 - 10	14 - 20
1 yoa	4.0 - 4.5	10	10	14 - 20
2 yoa	4.5	10	10	16 - 24
4 yoa	5.0	10 - 12	10	20 - 28
6 yoa	5.5	10 - 12	14	20 - 32
8 yoa	6.0*	14 - 18	14	28 - 34
10 yoa	6.5*	14 - 18	14	28 - 38
Teen	7.0 - 8.0*	14 - 18	14	28 - 42

* No cuff for kids < = 6 yoa.
Estimate, for > 1 yoa: ((Age (yrs))/4) + 4 = ET ID size.
Chest Tubes and Suction Caths are measured in Fr sizes.

Intubation Meds:

Atropine:	0.02 mg/kg iv, IO, 0.04 mg/kg ET
Lidocaine:	1.5 mg/kg iv, ET, IO
Thiopental:	3 - 5 mg/kg iv, IO
Succinylcholine:	1 - 2 mg/kg iv, IO
Pancuronium:	0.1 mg/kg iv, IO
Vecuronium:	0.08 - 0.1 mg/kg iv

Resuscitation Meds:

Epinephrine: First Dose: 0.01 mg/kg iv, IO, 0.1 mg/kg ET (Epi: 1:10,000)
Then: 0.1 mg/kg iv, IO, ET

Atropine: 0.02 mg/kg iv, IO, 0.04 mg/kg ET   Min.: 0.1 mg/dose, Max.: 2 mg

Na Bicarb: 1 - 2 mEq/kg iv, IO, (8.4%).
Neonates: Dilute to 4.2% (0.5 mEq/ml)

CaCl2 (10%): 20 mg/kg iv, IO   Max.: 1 gm.

Glucose: 0.5 - 1 gm/kg iv, IO   Dilute D50 to D25, then give 2 - 4 ml/kg
Neonates: Use D10W

Adenosine: 50 ug/kg iv, IO Rapidly   For SVT. Double for repeat dose.
Max.: 6 mg/dose.

Lidocaine: 1 mg/kg iv, IO, ET   Drip: 20 - 50 ug/kg/min.

Bretylium: 5 mg/kg iv, IO over 8-10 min   Repeat at double the dose.

Dopamine: 3 - 20 ug/kg/min   (Renal: 3-5, Inotropic: 5-10, Pressor: 10-20)
Dobutamine: 5 - 20 ug/kg/min
Epi Drip: 0.1 - 1.0 ug/kg/min
Isoproternol: 0.1 - 1.0 ug/kg/min

Prostaglandin E1: 0.05 - 0.1 ug/kg/min   For documented structural cardiac disease.
Watch for apnea.

More Meds:

Decadron	0.15 mg/kg iv, IO q 6 h	(for meningitis, with antibiotics, of course)
Diazepam: Valium	0.25 - 0.35 mg/kg iv, IO 0.5 - 0.7 mg/kg PR	
Furosemide: Lasix	1 mg/kg iv, IO, IM	
Lorazepam: Ativan	0.1 mg/kg iv, IO	
Mannitol:	0.5 - 1.0 g/kg iv, IO	
Naloxone: Narcan	0.1 mg/kg iv, IO, ET, IM	Can double dose, repeat x3...
Phenobarbital:	15 mg/kg iv, IO, IM Loading dose	
Phenytoin:	15 mg/kg iv, IO,	Max. Loading 1500 mg/24 hrs. Infuse at 1 mg/kg/min in NS.
Ampicillin:	100 - 200 mg/kg/24 hrs, divided qid, iv. 200 - 400 mg/kg/24 hrs, divided qid, iv.	

Cefotaxime:

Neonates < 7 d old:	100 mg/kg/day iv, divided q12h
Neonates > 7 d old:	150 mg/kg/day iv, divided q8h
Kids:	100 - 200 mg/kg/day iv, divided q6h

Ceftriaxone: 50 - 75 mg/kg/24 hrs, iv, IM, divided q12h

Meningitis: 50 - 75 mg/kg first dose, then 100 mg/kg/24h, iv, divided q 12h

For Meningitis: Add Vancomycin to Ceftriaxone, to cover

Pen Resistant Strep Pneumonia. Vanc: 10 mg/kg iv q6h

Adults: 1 gm ivq 12h, over 1h

Gentamcin: 7.5 mg/kg/24h, iv, IM, divided q8h

Nafcillin: 100 - 200 mg/kg/24h, iv, divided q6h

Sedation:

Versed (Midazolam): 0.15 mg/kg iv/IM

Asthma Meds:

Albuterol Aerosol (0.5%)

< 10 kg Pt. wt.	0.25 ml in 2 ml NS	Repeat q 20 min, or continuously
> 10 kg Pt. wt.	0.5 ml in 2 ml NS	
Atropine Aerosol	0.05 mg/kg in 2 ml NS	Max.: 2.5 mg/dose
Epinephrine:	0.01 ml/kg SQ, 1:1000	Max.: 0.5 ml dose. Repeat q 10-15 min, x 3
Epinephrine Aerosol	0.05 ml/kg in 2 ml NS	Max.: 0.5 ml/dose. Repeat q 10 min (1:100, for Croup)

0.5 ml of 2.25% Racemic epi in 3 ml NS, repeated q 1 - 2 h

Solumedrol:	2 mg/kg iv	Max.: 100 mg/dose
Terbutaline sq:	0.01 ml/kg **SQ**	Max.: 0.5 ml/dose, q10 min, x3
Terbutaline Aerosol:	0.1 - 0.3 mg/kg/dose	Repeat q 10 - 15 min.
Aminophylline:	6 mg/kg Loading Dose, iv, over 20 min. Drip: 0.8 - 0.9 mg/kg/hr	

Most pharmacies have Albuterol syrup, many do NOT have Alupent syrup.

Maintenance Fluids:
D5 ¼ NS or D5 ½ NS

0 - 10 kg:	100 ml/kg/24 hrs
11 - 20 kg:	1000 ml + 50 ml/kg/24 hrs (for each kg from 11 - 20)
21 - 70 kg:	1500 ml + 20 ml/kg/24 hrs (for each kg from 21-70)
> 70 kg:	2500 ml/24 hrs

Approx Wt in kg = (2 x Age (yrs)) + 8

Occult Bact...

1) URI, non-toxic, well hydrated   vs

2) CBC, Bld Cult, etc.
Viral: < 15, few bands, --> Home

Else: Elev CBC c bands, LP, Cults, Ceftriaxone

Impetigo:

Bactroban Ointment (2%) (Mupirocin)

Dose: apply topically, tid, 1 - 2 weeks

(1 gm single dose packets, 15 gm, 30 gm tubes)

Recommended Immunization Schedule:
[Per AAP, AAFP, & CDC, January, 1997]

DTaP/DTP	Diphtheria, Tetanus, Pertussis (Whooping cough) 2m, 4m, 6m, 15-18m, 4-6 yrs,
Td	Diphtheria, Tetanus, (No Pertussis) 11-12 yrs - 14-16 yrs
Poliovirus	2m, 4m, 12-18m, 4-6 yrs
MMR	Measles, Mumps, Rubella (German Measles) 12-15 m, 4-6 yrs or 11-12 yrs
Hib	H. influenzae type b 2,m, 4m, 6m, 12-15m (based on type of vaccine given, 6m dose may not be needed.)
Hep B	Hepatitis B Timing is variable, based on mother's Hep B status. e.g.: Birth-2m, 1-4m, 6-18m, 11-12 yrs
Varicella (Chickenpox)	12-18m, 11-12 yrs

Croup:

Give Mist, poss Racemic Epi, then Decadron 0.6 mg/kg IM single dose.

Racemic Epi: 2.25 % solution in 3 ml of NS, nebulizer

< 20 kg: 0.25 ml

20 - 40 kg: 0.5 ml

> 40 kg   0.75 ml   If better, obs 4 - 6 hrs, then home if continue to do well. Used to admit if gave racemic epi...

Steroids:

Dexamethasone 0.6 mg/kg IM single dose, t1/2 = 54 hrs.   or

1 mg /kg/dose po

Some Rx po qd x 3 d.

....

Alupent syrup (Metaproterenol) 10 mg / 5 ml

Age 6 - 9 (< 60 lbs):   1 teaspoon tid or qid   5 ml po tid or qid

> 9 yoa (> 60 lbs):   2 teaspoons tid or qid 10 ml po tid or qid < 6 yoa "Not Recommended", but some experience with 1.3 - 2.6 mg/kd/day

PO: < 60 lbs: 10 mg 1 po tid or qid

> 60 lbs.:   20 mg 1 po tid or qid

(Tabs: 10, 20 mg, Syrup: 10 mg / 5 ml)

Ventolin (albuterol):   Beta2 agonist, Preg Cat C

tabs: 2, 4 mg,   Syrup: 2 mg / 5 ml

Age < 2 yrs: Not recommended

Age 2-6 yrs: 0.1 mg/kg po tid

Max initially is 2 mg po tid,

increase to 0.2 mg/kg po tid,

Max 4 mg po tid.

Age 6-14 yrs: 2 mg po tid-qid,

Max 24 mg/d

Age > 14 yrs: 2 - 4 mg po tid-qid,

Max 8 mg po qid

Azithromycin 500 mg po day 1, then 250 po qd days 2-5 OR

Kids: Pharyngitis: 12 mg/kg po qd x 5d, max 500 mg/day. (for PCN allergic pts)

Kids: Otitis Media or Community Acquired pneumonia:

10 mg/kg po day 1, then 5 mg/kg po day 2-5 (Max: 500, 250 mg)

(Oral Suspension: 100 mg/5ml and 200 mg/5ml)

Clarithromycin (Biaxin) bid, 5d

(DON'T use in Pregnancy!)

Dose: 250 mg po q 12h x 10 d

Peds: 15 mg/kg/d, divided q12, x 10d

Tabs: 250 mg, 500 mg

Susp: 125 mg/5ml, 250 mg/5ml

Add: Also used for Peds Otitis Media.

Peds Zithromax: (Azithromycin) Macrolide.

Pneumonia, Otitis Media:

10 mg/kg/d, day 1, then 5 mg/kg/d, days 2-5, Max 500 then 250 /day.

Pharyngitis, Tonsilitis (for PCN allergic pts):

12 mg/kg/day, days 1-5. (Kids < 2 yoa not tested).

Up to 500 mg po qd

Urethritis/Cervicitis due to:

Chlamydia: 1 gm po single dose

N. Gonorrhea: 2 gm po single dose

Don't take with food.

Use under 6 mo old not tested.

Capsules: 250 mg, Susp: 100 mg/5ml, 200 mg/5ml

Nipride Peds: 0.25-2.0 ug/kg/min drip rate.

Peds Steroids:

Meningitis: Dexamethasone 0.15 mg/kg iv before first dose antibiotics

Croup: Dex 0.6 mg/kg iv or IM x once

Asthma: Prednisone 2 mg/kg po OR

Decadron 0.2 mg/kg po, iv, or IM OR

Methylprednisolone 2 mg/kg iv

Adrenal Crisis Hydrocortisone 3 mg/kg iv

Prelone (Prednisolone): 15 mg/5 ml, 5 mg/5 ml

Prednisone: 5 mg/5 ml

Ibuprofen:

6 mo - 12 yrs 10 mg/kg q 6 - 8 h, Max: 40 mg/kg/day

Adults: 400 mg po q 4 - 6 h

Suspension: 100 mg/5 ml

Oral Drops: 40 mg/ml !

Chewable Tabs: 50 mg, 100 mg

Caplets: 100 mg

Benadryl (diphenhydramine):

Syrup: 12.5 or 5 mg / 15 ml

Elix: 12.5 mg / 5 ml

tabs: 25, 50 mg

Anaphylaxis: 1 - 2 mg/kg/dose, q 6h, po / IM / iv

Other: 5 mg/kg/day, div q6h, po / IM / iv, Max: 300 mg/d

Demeral (Meperidine) 1 - 2 mg / kg / dose, q 3 - 4 hrs, po, IM, or iv, prn.

Max: 100 mg/dose in kids.

Syrup: 50 mg/5 ml

Tabs: 50 mg, 100 mg

Vials: 25, 50, 100 mg / ml

Phenergan: (Promethazine) 0.25 - 0.5 mg / kg / dose, Max: 12.5 mg/day

??? Max per day or per dose...

Cefzil (cefprozil):

OM: 15 mg/kg/dose, po, bid

Pharyngitis: 7.5 mg/kg/dose, po, bid

(tabs: 250, 500 mg, susp: 125, 250 / 5 ml)

Mycostatin Cream (Nystatin)

apply bid, 30 gm tube

Digoxin Ellixir: 50ug/ml, 2 oz bottle

3 yr old SVT, load 2 ml po tonight, 2 ml in am, then
1 ml po bid…

Augmentin:

(Amoxicillin & Clavulanate (Beta-lactamase inhibitor))
Sinusitis, Otitis Media, Lower Resp, Skin, UTI
Adult: High 875 mg 1 po q 12h
500 mg 1 po q 8h
Low 500 mg 1 po q 12h
250 mg 1 po q 8h

Peds Age < 3 months: 30 mg/kg/day divided q 12h
Peds Weight >= 40 kg Dose as adult
45 mg/kg/d divided q 12h for: OM, Sinusitis, Resp, Severe Infection
25 mg/kg/d divided q 12h for: Less severe infections

Weight:			Augmentin 25mg/kg/d			Augmentin **45mg/kg/d**	
			200mg/5ml po q 12h (Rounded)	400mg/5ml po q 12h (Rounded)		200mg/5ml po q 12h (Rounded)	400mg/5ml po q 12h (Rounded)
Kg	lbs	mg/d	ml	ml	mg/d	ml	ml
1	2.2	25	0.31	0.16	45	0.6	0.3
2	4.4	50	0.625	0.31	90	1.1	0.6
5	11	125	1.5	1	225	3	1.5
10	22	250	3	1.5	450	5.5	3
15	33	375	5	2.5	675	8.5	4
20	44	500	6	3	900	11	5.5
25	55	625	8	4	1125	14	7
30	66	750	9	5	1350	17	8.5
35	77	875	11	5.5	1575	19.5	10
40	88	1000	12.5	6	1800	22.5	11

Supplied:

Oral Suspension: 200mg/5ml, 400mg/5ml (Old: 125, 250 mg/5ml)
Chewable tabs: 125, 200, 250, 400 mg
Tabs: 250, 500, 875 mg

Amoxicillin:

Adults: 250 or 500 mg 1 po q 8h   (Lower Resp use higher dose.)

Peds Weight: >= 20 kg dose as adults

Peds: 20-40mg/kg/d divided q8 h   NOW: 45mg/kg/d divided bid OK

Peds Gonorrhea > 2 yoa:

50 mg/kg amoxicillin po and 25 mg/kg probenecid po Single Dose.

Table: 40 mg/kg/day:

Weight: Kg	lbs	mg/d	125mg/5ml po q 8 h ml (Rounded)	250mg/5ml po q 8 h ml (Rounded)
1	2.2	40	0.5	0.26
2	4.4	80	1	0.53
4	8.8	160	2	1
5	11	200	2.5	1
6	13.2	240	3	1.5
8	17.6	320	4	2
10	22	400	5	2.5
12	26.4	480	6	3
14	30.8	560	7.5	3.5
16	35.2	640	8.5	4
18	39.6	720	9.5	5
20	44	800	10.5	5

Tabs: 250, 500 mg
Chewable: 125, 250 mg

Bactrim: (Sulfamethoxazole and Trimethoprim)

UTI, Sinusitis, Shigellosis (UTI dosage x5d), Bronchitis,
Otitis Media, Pneumocystis Carinii Pneumonia
Not recommended Peds < 2 months old.
Note: Bactrim Susp 20 ml = 1 Bact DS tab.

Adults:

UTI, Bron, etc. Bactrim DS 1 po bid x 10-14d {3d JC}

8-10 mg/kg Trim. iv/day, divided q 6 or8 or 12h

Shigellosis: Bactrim DS 1 po bid x 5 d

Peds:

OM, UTI: 8mg/kg Tri. & 40 mg/kg Sulf. / 24, divided q 12h

Pneumocystis Carinii Pneumonia:

Adults and Peds, documented disease:

15-20 mg/kg Trim & 75-100 mg/kg Sulf. / 24h, divided q6h, x 14-21d.

Prophylaxis:

Adults: Bact DS 1 po qd

Peds: 150 mg/M(squared)/day Trim & 750 mg/M(squared)/day Sulf./day div q 12h, on 3 consecutive days per week. Max: 320 mg Trim/1600 mg Sulf / day.

Supplied:

Bactrim Tablets:	80 mg Trim. & 400 mg Sulfam.
Bactrim DS Tablets:	160 mg Trim. & 800 mg Sulfam.
Bactrim Peds Susp.:	40 mgTrim & 200 mg Sulfam / 5 ml (per teaspoon)
Bactrim iv:	160mg/800mg per 10 ml, mix with D5W.
	iv over 60-90 min, Do NOT give IM.
	10 ml and 30 ml vials.

Weight:

Kg lbs

I.V. Bactrim:

DOSAGE AND ADMINISTRATION:

CONTRAINDICATED IN INFANTS LESS THAN 2 MONTHS OF AGE. CAUTION—BACTRIM IV INFUSION MUST BE DILUTED IN 5% DEXTROSE IN WATER SOLUTION PRIOR TO ADMINISTRATION. DO NOT MIX BACTRIM IV INFUSION WITH OTHER DRUGS OR

SOLUTIONS. RAPID INFUSION OR BOLUS INJECTION MUST BE AVOIDED.

DOSAGE:

CHILDREN AND ADULTS:

Pneumocystis Carinii Pneumonia: Total daily dose is 15 to 20 mg/kg (based on the trimethoprim component) given in 3 or 4 equally divided doses every 6 to 8 hours for up to 14 days. One investigator noted that a total daily dose of 10 to 15 mg/kg was sufficient in 10 adult patients with normal renal function. (REF. 6)

Severe Urinary Tract Infections And Shigellosis: Total daily dose is 8 to 10 mg/kg (based on the trimethoprim component) given in 2 or 4 equally divided doses every 6, 8 or 12 hours for up to 14 days for severe urinary tract infections and 5 days for shigellosis. The maximum recommended daily dose is 60 mL per day.

For Patients With Impaired Renal Function: When renal function is impaired, a reduced dosage should be employed using the following table:

Creatinine Clearance (mL/min)	Recommended Dosage Regimen
Above 30	Usual standard regimen
15-30	½ the usual regimen
Below 15	Use not recommended

Method Of Preparation: Bactrim IV Infusion must be diluted. EACH 5 ML SHOULD BE ADDED TO 125 ML OF 5% DEXTROSE IN WATER. After diluting with 5% dextrose in water the solution should not be refrigerated and should be used within 6 hours. If a dilution of 5 mL per 100 mL of 5% dextrose in water is desired, it should be used within 4 hours.

Dilution: EACH 5 ML OF BACTRIM IV INFUSION SHOULD BE ADDED TO 125 ML OF 5% DEXTROSE IN WATER.

Note: In Those Instances Where Fluid Restriction Is Desirable, each 5 mL may be added to 75 mL of 5% dextrose in water. Under these circumstances the solution should be mixed just prior to use and should be administered within 2 hours.

DO NOT MIX BACTRIM IV INFUSION-5% DEXTROSE IN WATER WITH DRUGS OR SOLUTIONS IN THE SAME CONTAINER.

ADMINISTRATION: The solution should be given by intravenous infusion over a period of 60 to 90 minutes. Rapid infusion or bolus injection must be avoided.

Bactrim IV Infusion should **not be given intramuscularly**.

Ceclor: (Cefaclor) :

Adults—The usual adult dosage is 250 mg – 500 mg po q 8 hours.

Children—Usual 20 mg/kg/day in divided doses every 8 hours.

Serious infections, otitis media, etc. 40 mg/kg/day

Maximum dosage of 1 g/day.

Ceclor Suspension
20 MG/KG/DAY

Child's Weight	125 mg/5 mL	250 mg/5 mL
9 kg	½ tsp t.i.d.	
18 kg	1 tsp t.i.d.	½ tsp t.i.d.

40 MG/KG/DAY

Child's Weight	125 mg/5 mL	250 mg/5 mL
9 kg	1 tsp t.i.d.	½ tsp t.i.d.
18 kg		1 tsp t.i.d.

B.I.D. Treatment Option—For the treatment of otitis media and pharyngitis, the total daily dosage may be divided and administered every 12 hours.

Ceclor Suspension
20 MG/KG/DAY
(PHARYNGITIS)

Child's Weight	187 mg/5 mL	375 mg/5 mL
9 kg	½ tsp b.i.d.	
18 kg	1 tsp b.i.d.	½ tsp b.i.d.

40 MG/KG/DAY
(OTITIS MEDIA)

Child's Weight	187 mg/5 mL	375 mg/5 mL
9 kg	1 tsp b.i.d.	½ tsp b.i.d.
18 kg		1 tsp b.i.d.

Tabs: 250 mg, 500 mg

125 mg/5 mL, strawberry flavor 75-mL size) (150-mL size)

187 mg/5 mL, strawberry flavor 50-mL size) (100-mL size)

250 mg/5 mL, strawberry flavor 75-mL size) (150-mL size)

375 mg/5 mL, strawberry flavor 50-mL size) (100-mL size)

*/*After mixing, store in a refrigerator. Shake well before using. Keep tightly closed. The mixture may be kept for 14 days without significant loss of potency.

Erythromycin:

DOSAGE AND ADMINISTRATION:

Children: Age, weight, and severity of the infection are important factors in determining the proper dosage. In mild to moderate infections the usual dosage of erythromycin ethylsuccinate for children is 30 to 50 mg/kg/day in equally divided doses every 6 hours. For more severe infections this dosage may be doubled. If twice- a-day dosage is desired, one-half of the total daily dose may be given every 12 hours. Doses may also be given three times daily by administering one-third of the total daily dose every 8 hours.

The following dosage schedule is suggested for mild to moderate infections:

BODY WEIGHT	TOTAL DAILY DOSE
Under 10 lbs	30-50 mg/kg/day 15-25 mg/lb/day
10 to 15 lbs	200 mg
16 to 25 lbs	400 mg
26 to 50 lbs	800 mg
51 to 100 lbs	1200 mg
over 100 lbs	1600 mg

Adults: 400 mg erythromycin ethylsuccinate every 6 hours is the usual dose. Dosage may be increased up to 4 g per day according to the severity of the infection. If twice-a-day dosage is desired, one-half of the total daily dose may be given every 12 hours. Doses may also be given three times daily by administering one-third of the total daily dose every 8 hours.

For adult dosage calculation, use a ratio of 400 mg of erythromycin activity as the ethylsuccinate to 250 mg of erythromycin activity as the stearate, base or estolate.

In the treatment of streptococcal infections, a therapeutic dosage of erythromycin ethylsuccinate should be administered for at least 10 days. In continuous prophylaxis against recurrences of streptococcal infections in persons with a history of rheumatic heart disease, the usual dosage is 400 mg twice a day.

For prophylaxis against bacterial endocarditis (REF. 1) in patients with congenital heart disease, or rheumatic or other acquired valvular heart disease when undergoing dental procedures or surgical procedures of the upper respiratory tract, give 1.6 g (20 mg/kg for children) orally 1 ½ to 2 hours before the procedure, and then, 800 mg (10 mg/kg for children) orally every 6 hours for 8 doses.

For treatment of urethritis due to C. Trachomatis or U. Urealyticum: 800 mg three times a day for 7 days.

For treatment of primary syphilis: Adults: 48 to 64 g given in divided doses over a period of 10 to 15 days.
For intestinal amebiasis: Adults: 400 mg four times daily for 10 to 14 days. Children: 30 to 50mg/kg/day in divided doses for 10 to 14 days.
For use in pertussis: Although optimal dosage and duration have not been established, doses of erythromycin utilized in reported clinical studies were 40 to 50 mg/kg/day, given in divided doses for 5 to 14 days.
For treatment of Legionnaires' Disease: Although optimal doses have not been established, doses utilized in reported clinical data were those recommended above (1.6 to 4 g daily in divided doses).

HOW SUPPLIED:

E.E.S. 200 LIQUID (erythromycin ethylsuccinate oral suspension, USP) is supplied in 1 pint bottles and in packages of six 100-mL bottles. Each 5-mL teaspoonful of fruit-flavored suspension contains activity equivalent to 200 mg of erythromycin.

E.E.S. 400® LIQUID (erythromycin ethylsuccinate oral suspension, USP) is supplied in 1 pint bottles. Each 5-mL teaspoonful of orange, fruit-flavored suspension contains activity equivalent to 400 mg of erythromycin.

Both liquid products require refrigeration to preserve taste until dispensed.

Refrigeration by patient is not required if used within 14 days.

E.E.S. GRANULES (erythromycin ethylsuccinate for oral suspension, USP) is supplied in 100-mL and 200-mL size bottles. Each 5-mL teaspoonful of reconstituted cherry-flavored suspension contains activity equivalent to 200 mg of erythromycin.

E.E.S. 400 Filmtab tablets (erythromycin ethylsuccinate tablets, USP) 400 mg.

Demerol: meperidine hydrochloride

INDICATIONS AND USAGE:

For the relief of moderate to severe pain (parenteral and oral forms)

CONTRAINDICATIONS:

Hypersensitivity to meperidine. Meperidine is contraindicated in patients who are receiving monoamine oxidase (MAO) inhibitors or those who have recently received such agents.

WARNINGS:

Head Injury And Increased Intracranial Pressure. The respiratory depressant effects of meperidine and its capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions, or a preexisting increase in intracranial pressure.

Intravenous Use. If necessary, meperidine may be given intravenously, but the injection should be given very slowly, preferably in the form of a diluted solution. Rapid intravenous injection of narcotic analgesics, including meperidine, increases the incidence of adverse reactions; severe respiratory depression, apnea, hypotension, peripheral circulatory collapse, and cardiac arrest have occurred.

Usage In Pregnancy And Lactation. Meperidine should not be used in pregnant women prior to the labor period, unless in the judgment of the physician the potential benefits outweigh the possible hazards, because safe use in pregnancy prior to labor has not been established relative to possible adverse effects on fetal development. When used as an obstetrical analgesic, meperidine crosses the placental barrier and can produce depression of respiration and psychophysiologic functions in the newborn. Resuscitation may be required (see section on OVERDOSAGE). Meperidine appears in the milk of nursing mothers receiving the drug.

PRECAUTIONS:

As with all intramuscular preparations, DEMEROL intramuscular injection should be injected well within the body of a large muscle.

Supraventricular Tachycardias. Meperidine should be used with caution in patients with atrial flutter and other supraventricular tachycardias because of a possible vagolytic action which may produce a significant increase in the ventricular response rate.

DOSAGE AND ADMINISTRATION:

FOR RELIEF OF PAIN

Meperidine is less effective orally than on parenteral administration. The dose of DEMEROL should be proportionately reduced (usually by 25 to 50 percent) when administered concomitantly with phenothiazines and many other tranquilizers since they potentiate the action of DEMEROL.

Adults. The usual dosage is 50 mg to 150 mg intramuscularly, subcutaneously, or orally, every 3 or 4 hours as necessary.

Children. The usual dosage is 0.5 mg/lb to 0.8 mg/lb intramuscularly, subcutaneously, or orally up to the adult dose, every 3 or 4 hours as necessary.

Each dose of the syrup should be taken in one- half glass of water, since if taken undiluted, it may exert a slight topical anesthetic effect on mucous membranes.

FOR PARENTERAL USE: Lots of concentrations.

FOR ORAL USE **TABLETS: 50 mg, 100 mg**

SYRUP: Nonalcoholic, banana-flavored **50 mg per 5 mL** teaspoon, bottles of 16 fl oz.

Phenergan Syrup: promethazine hydrochloride

Phenergan Syrup Plain: Each teaspoon (5 mL) contains 6.25 mg promethazine.

Phenergan Syrup Fortis: Each teaspoon (5 mL) contains 25 mg promethazine.

ACTIONS/CLINICAL PHARMACOLOGY:

Promethazine is a phenothiazine derivative.

Promethazine is an H1 receptor blocking agent. In addition to its antihistaminic action, it provides clinically useful sedative and antiemetic effects.

INDICATIONS AND USAGE:

Antiemetic therapy in postoperative patients.

Active and prophylactic treatment of motion sickness.

Perennial and seasonal allergic rhinitis. Vasomotor rhinitis.

Allergic conjunctivitis due to inhalant allergens and foods.

Mild, uncomplicated allergic skin manifestations of urticaria and angioedema.

Amelioration of allergic reactions to blood or plasma.

Anaphylactic reactions, as adjunctive therapy...

Preoperative, postoperative, or obstetric sedation.

Adjunctive to meperidine or other analgesics for control of postoperative pain.

Sedation in both children and adults, as well as relief of apprehension...

CONTRAINDICATIONS:

Individuals known to be hypersensitive or to have had an idiosyncratic reaction to promethazine or to other phenothiazines.

WARNINGS:

Promethazine may cause marked drowsiness. Promethazine may lower seizure threshold. Antihistamines should be used with caution in patients with narrow-angle glaucoma, stenosing peptic ulcer, pyloroduodenal obstruction, and urinary bladder obstruction due to symptomatic prostatic hypertrophy and narrowing of the bladder neck.

PRECAUTIONS:

GENERAL

Promethazine should be used cautiously in persons with cardiovascular disease or with impairment of liver function.

DRUG/LABORATORY TEST INTERACTIONS

Pregnancy Tests: Diagnostic pregnancy tests based on immunological reactions between HCG and anti-HCG may result in false-negative or false-positive interpretations.

Glucose Tolerance Test: An increase in blood glucose has been reported in patients receiving promethazine.

PREGNANCY

Teratogenic Effects—Pregnancy Category C

Promethazine taken within two weeks of delivery may inhibit platelet aggregation in the newborn.

LABOR AND DELIVERY

Phenergan, in appropriate dosage form, may be used alone or as an adjunct to narcotic analgesics during labor and delivery. (See "Indications and Usage" and "Dosage and Administration.")

NURSING MOTHERS

It is not known whether promethazine is excreted in human milk. Caution should be exercised when promethazine is administered to a nursing woman.

PEDIATRIC USE

This product should not be used in children under 2 years of age because safety for such use has not been established.

ADVERSE REACTIONS:

Nervous System—Sedation, sleepiness, occasional blurred vision, dryness of mouth, dizziness; rarely confusion, disorientation, and extrapyramidal symptoms such as oculogyric crisis, torticollis, and tongue protrusion .

OVERDOSAGE:

TREATMENT

Treatment of overdosage is essentially symptomatic and supportive. Severe hypotension usually responds to the administration of norepinephrine or phenylephrine. **EPINEPHRINE SHOULD NOT BE USED**, since its use in patients with partial adrenergic blockade may further lower the blood pressure.

Limited experience with dialysis indicates that it is not helpful.

DOSAGE AND ADMINISTRATION:

Allergy:

The average oral dose is 25 mg taken before retiring; however, 12.5 mg may be taken before meals and on retiring, if necessary. Children tolerate this product well. Single 25-mg doses at bedtime or 6.25 to 12.5 mg taken three times daily will usually suffice. After initiation of treatment in children or adults, dosage should be adjusted to the smallest amount adequate to relieve symptoms.

Phenergan Rectal Suppositories may be used if the oral route is not feasible but oral therapy should be resumed as soon as possible if continued therapy is indicated.

The administration of promethazine hydrochloride in 25-mg doses will control minor transfusion reactions of an allergic nature.

MOTION SICKNESS:

The average adult dose is 25 mg taken twice daily. The initial dose should be taken one-half to one hour before anticipated travel and be repeated 8 to 12 hours later, if necessary. On succeeding days of travel, it is recommended that 25 mg be given on arising and again before the evening meal. **For children, Phenergan Tablets, Syrup, or Rectal Suppositories, 12.5 to 25 mg, twice daily, may be administered.**

NAUSEA AND VOMITING:

The average effective dose of Phenergan for the active therapy of nausea and vomiting in children or adults is 25 mg. When oral medication cannot be tolerated, the dose should be given parenterally (cf. Phenergan Injection) or by rectal suppository. 12.5 to 25-mg doses may be repeated, as necessary, at 4- to 6-hour intervals.

For nausea and vomiting in children, the usual dose is 0.5 mg per pound of body weight, and the dose should be adjusted to the age and weight of the patient and the severity of the condition being treated.

SEDATION:

This product relieves apprehension and induces a quiet sleep from which the patient can be easily aroused. Administration of 12.5 to 25 mg Phenergan by the oral route or by rectal suppository at bedtime will provide sedation in children. Adults usually require 25 to 50 mg for nighttime, presurgical, or obstetrical sedation.

Phenergan Syrup Plain and Phenergan Syrup Fortis are not recommended for children under 2 years of age.

HOW SUPPLIED:

Phenergan Syrup Plain: Each teaspoon (5 mL) contains 6.25 mg promethazine.

Phenergan Syrup Fortis: Each teaspoon (5 mL) contains 25 mg promethazine.

Phenergan® (Promethazine Hydrochloride) Syrup Plain. 4 fl. oz. (118 mL).

Phenergan® (Promethazine Hydrochloride) Syrup Fortis: bottle of 1 pint (473 mL).

Tablets:

Each tablet of Phenergan contains 12.5 mg, 25 mg, or 50 mg promethazine hydrochloride.

IV & IM:

Promethazine Hydrochloride Injection, USP is a sterile solution for deep intramuscular or intravenous administration.

SUBCUTANEOUS INJECTION IS CONTRAINDICATED, AS IT MAY RESULT IN TISSUE NECROSIS

Tylenol with Codeine, e.g. Tyl #3's:

No. 2 Codeine Phosphate*......... 15 mg Acetaminophen....................300 mg
No. 3 Codeine Phosphate*......... 30 mg Acetaminophen....................300 mg
No. 4 Codeine Phosphate*......... 60 mg Acetaminophen....................300 mg
Each 5 mL of elixir contains:
Codeine Phosphate*................12 mg Acetaminophen.................. 120 mg
Alcohol............................ 7%

Codeine is an alkaloid, obtained from opium or morphine.
TYLENOL with Codeine combine the analgesic effects of a centrally acting analgesic, codeine, with a peripherally acting analgesic, acetaminophen.

The plasma elimination half-life ranges from 1 to 4 hours for acetaminophen, and from 2.5 to 3 hours for codeine.

TYLENOL with Codeine: relief of mild to moderately severe pain.
PREGNANCY: Teratogenic Effects: Pregnancy Category C.
LABOR AND DELIVERY: Narcotic analgesics cross the placental barrier...
Safe has not been established in **children below the age of three years**.
TYLENOL with Codeine tabs are a Schedule III controlled substance.
TYLENOL with Codeine elixir is a Schedule V controlled substance.
Adult dosage for tablets is:

	Single Doses (Range)	Maximum 24 Hour Dose
Codeine Phosphate	15 mg-60mg	360mg
Acetaminophen	300 mg-1000mg	4000mg

Doses may be repeated up to every 4 hours.

Children: the dose of codeine phosphate is **0.5 mg/kg**.
TYLENOL with Codeine elixir:
120mg of acetaminophen and 12 mg of codeine phosphate/5 mL and is given orally.

The usual doses are:

Children: (7 To 12 Years): 10 mL (2 teaspoonfuls) 3 or 4 times daily.
(3 To 6 Years): 5 mL (1 teaspoonful) 3 or 4 times daily.
(Under 3 Years): safe dosage has not been established.
Adults: 15 mL (1 tablespoonful) every 4 hours as needed.

HOW SUPPLIED:

TYLENOL with Codeine tablets #2, #3, or #4.

TYLENOL with Codeine elixir:

120mg acetaminophen and 12 mg codeine phosphate/5mL, bottles of 1 pint.

(= T yl Cod 30mg/12.5 ml)

Children's Motrin (Ibuprofen):

5 ml = 100 mg
If < 2 yoa, Doc's recomm. only.
Possible cross reaction with ASA.
4 doses / day Max.
Packaged: Orange Liq: 2 ml, 4 Fl Oz bottles.

Age:	Wt.	Dose:	PO q 6-8 h, Max 4 doses / day
2 - 3 yr	24 - 35 lbs	1 tsp	
4 - 5	36 - 47	1.5 tsp	
6 - 8	48 - 59	2 tsp	
9 - 10	60 - 71	2.5 tsp	
11	72 - 95	3 tsp	

MOTRIN Suspension: orange, 100 mg / 5 mL (20 mg/mL).
MOTRIN Oral Drops: 40 mg of ibuprofen per mL.
MOTRIN Chewable Tablets: 50 mg or 100 mg
MOTRIN Caplets: 100 mg of ibuprofen per tablet.

Peds Indications: For reduction of fever in patients aged 6 months and older, etc.

CHILDREN 6 mo – 12 yrs

Fever Rx & Pain Rx: 10 mg/kg po q 6-8 h. MAX daily dose is 40 mg/kg.

ADULTS

ANALGESIA: 400 mg every 4 to 6 hours as necessary

PRIMARY DYSMENORRHEA: 400 mg every 4 hours, as necessary,

RHEUMATOID ARTHRITIS AND OSTEOARTHRITIS:

1200-3200 mg daily (300 mg q.i.d. or 400 mg, 600 mg or 800 mg t.i.d. or q.i.d.).

MOTRIN® (ibuprofen) SUSPENSION 100 MG/5 ML
Orange-colored, berry-flavored suspension
-Bottles of 120 mL
-Bottles of 480 mL
MOTRIN® (ibuprofen) ORAL DROPS, 40 MG/ML
(intended for pediatric use only)
Pink-colored, berry flavored suspension
-Bottles of 15 mL
MOTRIN® (ibuprofen) CHEWABLE TABLETS, 50 mg, 100 mg

MOTRIN® (ibuprofen) CAPLETS, 100 MG

Children's Tylenol (Acetaminophen):

< 2 yoa, Doc's recomm only.
Infant Tylenol: Grape or Cherry Susp. 0.8 ml = 80 mg = 1 dropperful.
Children's Tyl Elixir (Susp): Cherry. 5 ml = 160 mg.
Child Chewable Tablets: 80 mg

Dosages:

All dosages may be repeated every 4 hours, but not more than 5 times daily.

Infant:

0 - 3 mo 0.4 ml
4 - 11 mo 0.8 ml
12 - 23 mo 1.2 ml
2 - 3 yr 1.6 ml
4 - 5 yr 2.4 ml

Child:

4 - 11 mo 0.5 tsp
12 - 23 mo 0.75 tsp
2 - 3 yr 1 tsp
4 - 5 yr 1.5 tsp
6 - 8 yr 2 tsp
9 - 10 yr 2.5 tsp
11 - 12 yr 3 tsp

Chewable Tabs:

2 - 3 yr 2 tabs
4 - 5 yr 3 tabs
6 - 8 yr 4 tabs
9 - 10 yr 5 tabs
11 - 12 yr 6 tabs

Elixir Susp: 2, 4 fl ozs.

TUSSI-ORGANIDIN DM NR* (*Newly Reformulated) Liquid

Each 5 mL (1 teaspoon) contains:

Guaifenesin, USP : 100 mg
Dextromethorphan Hydrobromide, USP : 10 mg

TUSSI-ORGANIDIN® DM NR* (*Newly Reformulated) combines the expectorant, guaifenesin and the cough suppressant, dextromethorphan hydrobromide. Guaifenesin is an expectorant the action of which promotes or facilitates the removal of secretions from the respiratory tract. By increasing sputum volume and making sputum less viscous, guaifenesin facilitates expectoration of retained secretions. Dextromethorphan is a synthetic nonopioid cough suppressant, the dextro isomer of the codeine analogue of levorphanol. Dextromethorphan acts centrally to elevate the threshold for coughing, but does not have addictive, analgesic or sedative actions and does not produce respiratory depression with usual doses.

INDICATIONS AND USAGE:

Temporarily relieves cough due to minor throat and bronchial irritation as may occur with the common cold or inhaled irritants. Calms the cough control center and relieves coughing. Helps loosen phlegm (mucus) and thin bronchial secretions to rid the bronchial passageways of bothersome mucus, drain bronchial tubes, and make coughs more productive.

CONTRAINDICATIONS:

Hypersensitivity to any of the ingredients. The use of dextromethorphan-containing products is **contraindicated in patients receiving monoamine oxidase inhibitors (MAOIs).**

DOSAGE AND ADMINISTRATION:

Adults And Children 12 Years Of Age And Older: 2 teaspoonfuls (10 mL) every four hours not to exceed 12 teaspoonfuls (60 mL) in 24 hours.

Children 6 Years To Under 12 Years Of Age: 1 teaspoonful (5 mL) every four hours not to exceed 6 teaspoonfuls (30 mL) in 24 hours.

Children 2 To Under 6 Years Of Age: ½ teaspoonful (2.5 mL) every four hours not to exceed 3 teaspoonfuls (15 mL) in 24 hours.

Children 6 Mo. To Under 2 Years Of Age: A common dosage is 1/8 teaspoonful to ¼ teaspoonful (0.6mL to 1.25 mL) every 4 hours or ½ teaspoonful (2.5 mL) every 6-8 hours, not to exceed 1.5 teaspoonfuls (7.5 mL) in 24 hours. Individualized dosage should be determined by evaluation of patient.

HOW SUPPLIED:

Guaifenesin 100 mg and dextromethorphan hydrobromide 10 mg per 5 mL of clear yellow liquid in bottles of one pint and 4 fl oz TUSSI-ORGANIDIN® DM- S* NR.*

TUSSI-ORGANIDIN® DM-S NR is TUSSI- ORGANIDIN® DM NR* Liquid either in a 4 fl oz unit of use container with a 10 mL graduated oral syringe and fitment or in a 30 mL sample container.

Guaifenesin:

HUMIBID L.A. TABLETS: GUAIFENESIN

HUMIBID PEDIATRIC CAPSULES: GUAIFENESIN

HUMIBID DM TABLETS: GUAIFENESIN/DEXTROMETHORPHAN

HUMIBID DM SPRINKLE CAPSULES: GUAIFENESIN/DEXTROMETHORPHAN

HUMIBID L.A. TABLETS: 600 mg guaifenesin.

HUMIBID® DM TABLETS: 600 mg guaifenesin and 30 mg dextromethorphan ACTIONS/CLINICAL PHARMACOLOGY:

Guaifenesin is an expectorant which increases respiratory tract fluid secretions and helps to loosen phlegm and bronchial secretions. By reducing the viscosity of secretions, guaifenesin increases the efficiency of the mucociliary mechanism in removing accumulated secretions from the upper and lower airway.

Dextromethorphan is an antitussive agent which has no analgesic or addictive properties. The drug acts centrally and elevates the threshold for coughing. It is about equal to codeine in depressing the cough reflex.

INDICATIONS AND USAGE:

HUMIBID® L.A. TABLETS and HUMIBID® PEDIATRIC CAPSULES:

temporary relief of coughs associated with respiratory tract infections and sinusitis, pharyngitis and bronchitis, and asthma, when these conditions are complicated by tenacious mucus and/or mucus plugs and congestion.

HUMIBID® DM TABLETS:

temporary relief of coughs associated with upper respiratory tract infections and sinusitis, pharyngitis and bronchitis, particularly when these conditions are complicated by tenacious mucus and/or mucus plugs and congestion.

HUMIBID L.A. TABLETS, HUMIBID PEDIATRIC CAPSULES, HUMIBID DM TABLETS, are effective in productive as well as non-productive cough, but are of particular value in dry, non-productive cough which tends to injure the mucous membrane of the air passages.

CONTRAINDICATIONS:

Patients receiving monoamine oxidase inhibitor (MAOI) therapy and for 14 days after stopping MAOI therapy.

DOSAGE AND ADMINISTRATION:

HUMIBID® L.A. TABLETS:

Adults and adolescents over 12 years of age: One or two tablets every 12 hours not to exceed 4 tablets (2400 mg) in 24 hours.

Children 6 TO 12 years: One tablet every 12 hours not to exceed 2 tablets (1200 mg) in 24 hours.

Children 2 TO 6 years: ½ tablet every 12 hours not to exceed 1 tablet (600 mg) in 24 hours.

HUMIBID® DM TABLETS:

Adults and adolescents over 12 years of age: One or two tablets every 12 hours not to exceed 4 tablets in 24 hours.

Children 6 TO 12 years: One tablet every 12 hours not to exceed 2 tablets in 24 hours.
Children 2 TO 6 years: ½ tablet every 12 hours not to exceed 1 tablet in 24 hours.

HUMIBID® PEDIATRIC CAPSULES:

Adults and adolescents over 12 years of age: Two to four capsules every 12 hours not to exceed 8 capsules in 24 hours.

Children 6 TO 12 years: Two capsules every 12 hours not to exceed 4 capsules in 24 hours.

Children 2 TO 6 years: One capsule every 12 hours not to exceed 2 capsules in 24 hours.
HOW SUPPLIED:
HUMIBID® L.A. TABLETS:
HUMIBID® PEDIATRIC CAPSULES:
HUMIBID® DM TABLETS:

Additional Notes:

CHMCA Dr. Norman Christopher, ED Director
Pollauf
Pope

ACH:

Weigand
Schuckman
Steer
Custudio

Adrenal Insufficiency:
(Addison's Disease)
Adrenal Gland, Ant. Pituitary, or Hypothalamus Disorder
Low Na
High K
Low Glu
(But K can actually be High or Low…)

Hypothyroidism:
Lab: Low free T4
Lab: TSH is elevated in primary hypothyroidism,
Otherwise it may be low.

Elizabeth Coubler Ross:
Crisis
Anxiety High
Denial
Anger
Remorse
Grief
Reconciliation

Additional Notes:

Additional Notes:

Additional Notes:

Some Names and Numbers:

Phone Numbers of Interest

All Area Codes are 330 unless marked otherwise.

WRH 800-828-1789
WRH ED 334-2903
Fax 334-1400
Doc 334-2901
Doc Office 334-2906

AGMC ER 384-6611
AGMC Opr 800-221-4601
AGMC Page 384-6111
AGMC Radiolog 344-6450
AGMC Intensivist 800-221-4601

ACH ER 375-3361
375-7105
ACH ED Doc 375-7109

CHMCA ER 543-3763
Hosp 800-262-0333
Hosp 543-3000
CCF Intake 216-444-2200
CCF Access 216-4448303

Metro Life Flight 800-233-5433
Med Flight 800-222-5433

WEMS 335-2855
WFD Non-ER 334-1382

EMP: 800-828-0898

Children's Choice Pediatrics, Stow, OH
Dr. Marshall 686-8424

Summit Cty Coroner's Office:

330-643-2101
330-643-2103

Dan Ellenberger office 844-1384 UH page 35165
UH Emergency Dept. 844-3722
UH Com Center: 844-7515 or 844-1111
UH I.D. Office for Rabies Questions:844-1709
UH Peds Clinic: 844-3971 Opens Mondays at 8:30 am
Poison Control UH: 216-231-4455
Metro TB Clinic: (216) 459-5239
Cleveland Clinic Intake #: 216-444-2200
Meridia South Point ER: 216-491-6110
Cuyahoga Cty Coroner's Office: 216-721-5610 (-5612)
Mobile Crisis, psych evals, dispositions: 216-623-6888
North Coast (old CPI) psych 216-787-0500

St. Vincent Charity ER: 216-363-2538
Poison Control: 1-800-362-9922
Mt. Sinai East Carter's Dictation #: 83811
MSE ED Dictation service: 330-794-8811
MHMC Gen number: 216-398-6000
216-778-7800
MHMC ED: 216-778-4152
MHMC Burn Unit: 216-778-5643
Metro Life Flt: 800-233-5433
MLF Office: 778-3090
JD Polk, MD: 778-5245
CHMCA Tranfer Number: 800-221-KIDS (5437)
CHMCA Burn: 543-8224
CHMCA Pt # Burn: 543-8525
CHMCA 800-262-0333
Cleveland Clinic Foundation: 216-444-2200
St. Vincent Charity: 861-6200
Kaiser Repatriation #: 216-524-5092
Bedford ED: 440-439-2121
Bedford Gen #: 440-439-2000
Akron City Hosp: 330-375-3000
Summa ACH Trauma #: 888-771-8181
Barberton Citizen's Hosp: 330-745-1611
Linda Mallow
AGMC Trauma Line: 800-344-4822
Info: 330-344-6658
ER: 330-384-6611
Akron Crystal Clinic: 330-668-4040
Dr David Kay, Ortho ext 122

Wade Park VA 216-791-3800
St. Thomas Hosp Detox 330-379-5257

Poison Control, Cincinnati 800-872-5111

EPS Offices: 800-842-0255
Dar Saghafi, MD Office: 330-332-7639
State Alarm: 800-321-7400

Goodyear Pharm: 330-796-0230
Hudson CVS Pharm 330-650-0605
Kenny Klemenic W 330-562-0220
Sky Park 330-334-9921
Mitchell Communications 330-644-0122

Tim Phillips, Wad EMS: 336-3670

335-2855
cell   330-20-3232

Dr. Nick Papas, Hand/Plastic Surg
Akron Office: 5th floor, Prof Building
Across from CHMCA
Nichole: 330-375-5395

WRH Medscribe B/U Dictation: 800-329-1619
Cust Service: 800-329-1606

Aultman Hosp: 330-452-9911
ER: 330-438-6203

Summit Hand Center, Crystal Clinic:

3975 Embassy Parkway, Suite 201, Akron, OH 44333
330-522-4263   330-688-4055

Medscribe Dictation Service:

#099 Auto dials the service

6200 my doc number
Type: 1 = Routine

6 = Stat / Admit

Med Rec # …… (6 digits)

Keypad:

2 Dict

4 Pause

3 Brief Rewind

to End Dictation, copy down dict # given.

Note: Spell out your name, pt's name, PMD's name, give date, time, etc.

Version History:

eddrugs1.wks V1.0 9/94 (This Document, Works for Win)
eddrugs1.wks V1.x 1/95
eddrugs1.wps V2.1 6/95
eddrugs1.wps V2.2 10/95
eddrugs1.wps V2.3 3/31/96
eddrugs1.wps V2.4 6/96
eddrugs1.wps V2.5 2/4/97
eddrugs1.wps V2.6 5/97
eddrugs.wps V2.8 11/8/97

(Now incorporates Title page (x2), Table of Contents,

Adult Quick Ref, Peds Quick Ref, Peds PDR pages,

Tonometry and Heparin tables, Version Hx, all in one file.)

eddrugs.wps V2.9 5/10/98
ED Drugs V3 0 10/2000

Current:

ED Drugs V3 1.doc 10/2003

On Line version 6/04, = V3.1 s home numbers, ACEP #, etc.

(Old) Associated file:

edmedstc.wps 6/95 (Table of Contents, Works for Win)
rev. 3/96
rev. 6/96
rev. 2/4/97
rev. 5/97
edmedstp.ppt 6/95 (Title Page, PowerPoint for Win)
rev. 3/96
rev. 6/96
rev. 5/97

PedsJC1.wps V. 1.0 1/30/97
V.

JCPDR.wps V. 1.0 1/30/97
V. 1.1 5/6/97

The End