

VICTORIAN
CLINICAL PRACTICE GUIDELINES
ALS DRUG
STUDY CARDS



READ BEFORE USE

The Drug study cards provided in this booklet are designed as a learning tool for the May 2009 Victorian Ambulance Service Clinical Practice Guidelines. These cards must not be used as a replacement to the Clinical Practice Guidelines, but rather as an adjunct to assist in their learning.

To assemble the study cards, this booklet should be printed double sided (printer setting - duplex) and in colour to highlight important components of each guideline. Following printing, laminate and cut out each card.

The author accepts no responsibility for any errors in these cards and cannot be held liable for any issues arising from their use. In using these cards, the user accepts all liabilities arising from their use.

What IsThe
Presentation
Of
Adrenaline

What IsThe
Pharmacology
Of
Adrenaline

What Are The
Actions
Of
Adrenaline

What IsThe
Metabolism
Of
Adrenaline

What Are The
**Primary Emergency
Indications**
Of
Adrenaline

What Are The
Contraindications
Of
Adrenaline

What Are The
Precautions
Of
Adrenaline

What Is the
Administration Route
For
Adrenaline

What Are The
Side Effects
Of
Adrenaline

What Are The
Special Notes
Of
Adrenaline

A naturally occurring Alpha and Beta-adrenergic stimulant

1 mg in 1ml amp (1:1,000)
1mg in 10ml amp (1:10,000)

By monoamine oxidase and other enzymes in blood, liver and around nerve endings

Excreted by the kidneys

Hypovolaemic shock without adequate fluid replacement

- Increases pulse rate by increasing S.A. Node firing rate (β_1)
- Increases conduction velocity through the A.V. Node (β_1)
- Increases myocardial contractility (β_1)
- Increases irritability of ventricles (β_1)
- Causes bronchodilatation (β_2)
- Causes peripheral vasoconstriction (α)

- Persistent VF or unconscious pulseless VT
- Asystole
- Electro-mechanical dissociation/PEA
- Inadequate perfusion (Cardiogenic)
- Inadequate Perfusion (Non Cardiogenic – Non Hypovolaemic)
- Anaphylactic reactions
- Severe asthma with no IV Access
- Asthma with no BP
- Croup or suspected croup
- Bradycardia with poor perfusion

- IV
- IM
- Nebulised
- ETT
- IV Infusion
- IO

- Elderly Pts
- Pts with cardiovascular disease
- Pts on monoamine oxidase (MAO) inhibitors
- Pts on Beta blockers as higher doses may be required

- Sinus tachycardia
- Supraventricular arrhythmias
- Ventricular arrhythmias
- Hypertension
- Pupillary dilatation
- May increase size of myocardial infarction
- Anxiety/Palpitations

- IV Adrenaline should be reserved for life threatening situations.
- IV Onset

What Is The
Presentation
Of
Aspirin

What Is The
Pharmacology
Of
Aspirin

What Are The
Actions
Of
Aspirin

What Is The
Metabolism
Of
Aspirin

What Are The
**Primary Emergency
Indications**
Of
Aspirin

What Are The
Contraindications
Of
Aspirin

What Are The
Precautions
Of
Aspirin

What Is the
Administration Route
For
Aspirin

What Are The
Side Effects
Of
Aspirin

What Are The
Special Notes
Of
Aspirin

An analgesic, antipyretic, anti-inflammatory and antiplatelet aggregation agent.

- 300mg chewable tablets
- 300mg soluble or water dispersible tablets

Converted to salicylate in the gut mucosa and liver, excreted mainly by the kidneys

- Reduces platelet aggregation
- Inhibits synthesis of prostaglandins - anti-inflammatory actions

- Hypersensitivity to aspirin/salicylates
- Actively bleeding peptic ulcers
- Bleeding disorders
- Suspected dissecting aortic aneurysm
- Chest pain associated with psychostimulant overdose if BP >160

To minimise platelet aggregation and thrombus formation in order to retard the progression of coronary artery thrombosis in acute coronary syndrome

Oral

- Peptic ulcer
- Asthma
- Pts on anti-coagulants, e.g. Warfarin

- Aspirin is contraindicated for use in acute febrile illness in children and adolescents
- The anti-platelet effects of Aspirin persist for the natural life of platelets

- Heartburn, nausea, gastrointestinal bleeding
- Hypersensitivity reactions
- Increased bleeding time

What Is The
Presentation
Of
Atrovent

What Is The
Pharmacology
Of
Atrovent

What Are The
Actions
Of
Atrovent

What Is The
Metabolism
Of
Atrovent

What Are The
**Primary Emergency
Indications**
Of
Atrovent

What Are The
Contraindications
Of
Atrovent

What Are The
Precautions
Of
Atrovent

What Is the
Administration Route
For
Atrovent

What Are The
Side Effects
Of
Atrovent

What Are The
Special Notes
Of
Atrovent

Anticholinergic
bronchodilator

250mcg in 1ml
nebule or polyamp

Excreted by the kidneys

Allows bronchodilatation by
inhibiting cholinergic
bronchomotor tone
(i.e. blocks vagal reflexes
which mediate
bronchoconstriction)

Known hypersensitivity to At-
ropine or its derivatives

Severe respiratory
distress associated with
bronchospasm

Nebulised in combination
with Salbutamol

- Glaucoma
- Avoid contact with eyes

- There have been isolated reports of ocular complications (mydriasis, increased intraocular pressure, acute angle glaucoma, eye pain) as a result of direct eye contact of Ipratropium Bromide formulations
- The nebuliser mask must therefore be fitted properly during inhalation and care taken to avoid Ipratropium Bromide solution entering the eyes
- Ipratropium Bromide must be nebulised in conjunction with Salbutamol and is to be administered as a single dose only

- Headache
- Nausea
- Dry mouth
- Skin Rash
- Tachycardia (rare)
- Palpitations (rare)
- Acute angle closure glaucoma secondary to direct eye contact

What Is The
Presentation
Of
Ceftriaxone

What Is The
Pharmacology
Of
Ceftriaxone

What Are The
Actions
Of
Ceftriaxone

What Is The
Metabolism
Of
Ceftriaxone

What Are The
**Primary Emergency
Indications**
Of
Ceftriaxone

What Are The
Contraindications
Of
Ceftriaxone

What Are The
Precautions
Of
Ceftriaxone

What Is the
Administration Route
For
Ceftriaxone

What Are The
Side Effects
Of
Ceftriaxone

What Are The
Special Notes
Of
Ceftriaxone

Cephalosporin Antibiotic

1g sterile powder in vial

Excreted unchanged in urine
(33% - 67%) and in bile

Antibiotic

Allergy to Cephalosporin Antibiotics

- Suspected Meningococcal Septicaemia
- Severe Sepsis (Consult only)

- IV (preferred)
- IM (if IV access unable to be obtained)

Allergy to Penicillin Antibiotics

- Usual Dose: Adult 1g, Child 50mg/kg
- Ceftriaxone IV must be made up to 10ml using sterile water and dose administered over 2min.
- Ceftriaxone IM must be made up to 4ml using 1% Lignocaine and dose administered in lateral upper thigh

- Nausea, Vomiting
- Skin Rash

<p>What Is The Presentation Of Dextrose 10%</p>	<p>What Is The Pharmacology Of Dextrose 10%</p>
<p>What Are The Actions Of Dextrose 10%</p>	<p>What Is The Metabolism Of Dextrose 10%</p>
<p>What Are The Primary Emergency Indications Of Dextrose 10%</p>	<p>What Are The Contraindications Of Dextrose 10%</p>
<p>What Are The Precautions Of Dextrose 10%</p>	<p>What Is the Administration Route For Dextrose 10%</p>
<p>What Are The Side Effects Of Dextrose 10%</p>	<p>What Are The Special Notes Of Dextrose 10%</p>

A slightly hypertonic crystalloid solution

Composition:

- Sugar: 5% dextrose
- Water

50g in a 500 ml infusion soft pack

Dextrose:

- Broken down in most tissues
- Stored in liver and muscle as glycogen

Water:

- Excreted by the kidneys
- Distributed throughout total body water, mainly in the extracellular fluid compartment

• Provides a source of energy

• Supplies body water

Nil of significance in the above indication

Diabetic hypoglycaemia
(BGL <4mmol/l)
in Pts with an altered
conscious state who are unable
to self-administer
oral glucose

Intravenous infusion

Nil of significance in the above indication

Nil

Nil of significance in the above indication

What Is The
Presentation
Of
Fentanyl

What Is The
Pharmacology
Of
Fentanyl

What Are The
Actions
Of
Fentanyl

What Is The
Metabolism
Of
Fentanyl

What Are The
**Primary Emergency
Indications**
Of
Fentanyl

What Are The
Contraindications
Of
Fentanyl

What Are The
Precautions
Of
Fentanyl

What Is the
Administration Route
For
Fentanyl

What Are The
Side Effects
Of
Fentanyl

What Are The
Special Notes
Of
Fentanyl

A synthetic narcotic analgesic

By the liver and
excreted by the kidneys

- 100mcg in 2ml amp
- 900mcg in 3ml (IN use only)
- Central Nervous System effects:
 - Depression, leading to analgesia
 - Respiratory depression, leading to apnoea
- Dependence (addiction)
- Cardiovascular effects:
 - Decreases conduction velocity through the A.V. Node
- Known hypersensitivity
- Analgesia
- Severe undiagnosed headache
- Intubation Facilitated by Sedation
- Late 2nd Stage Labour
- Rapid Sequence Intubation
- IV
- Elderly Pts
- Impaired renal/hepatic function
- Respiratory depression, e.g. COPD
- IN
- Current asthma
- Pts on monoamine oxidase inhibitors
- Fentanyl is a Schedule 8 drug under the Poisons Act and its use must be carefully controlled with accountability and responsibility.
- Respiratory depression
- Apnoea
- Respiratory depression can be reversed with Naloxone Hydrochloride.
- Rigidity of the diaphragm and intercostal muscles
- 100mcg Fentanyl is equivalent in analgesic activity to 10mg Morphine.

What Is The
Presentation
Of
Glucagon

What Is The
Pharmacology
Of
Glucagon

What Are The
Actions
Of
Glucagon

What Is The
Metabolism
Of
Glucagon

What Are The
**Primary Emergency
Indications**
Of
Glucagon

What Are The
Contraindications
Of
Glucagon

What Are The
Precautions
Of
Glucagon

What Is the
Administration Route
For
Glucagon

What Are The
Side Effects
Of
Glucagon

What Are The
Special Notes
Of
Glucagon

A hormone normally secreted by the pancreas

1mg (IU) in 1ml Hypokit

Mainly by the liver, also by the kidneys and in the plasma

Causes an increase in blood glucose concentration by converting stored liver glycogen to glucose

Nil of significance in the above indication

Diabetic hypoglycaemia (BGL <4mmol/l) in Pts with an altered conscious state who are unable to self-administer oral glucose

IM

Nil of significance in the above indication

Not all Pts will respond to Glucagon, for example those with inadequate glycogen storage in the liver – alcoholics, malnourishment

Nausea and vomiting (rare)

What Is The
Presentation
Of
GTN

What Is The
Pharmacology
Of
GTN

What Are The
Actions
Of
GTN

What Is The
Metabolism
Of
GTN

What Are The
**Primary Emergency
Indications**
Of
GTN

What Are The
Contraindications
Of
GTN

What Are The
Precautions
Of
GTN

What Is the
Administration Route
For
GTN

What Are The
Side Effects
Of
GTN

What Are The
Special Notes
Of
GTN

Principally, a vascular smooth muscle relaxant

By the liver

- Known hypersensitivity
- Systolic blood pressure <110 (tablet)
- Systolic blood pressure <90 (patch)
- Sildenafil "Viagra" or Vardenafil "Levitra" administration in the previous 24 hr. or Tadalafil "Cialis" administration in the previous 4 days (PED5 inhibitors)
- Heart rate >150
- Bradycardia HR <50 (exclAutonomic Dysreflexia)
- Ventricular Tachycardia
- Inferior STEMI with systolic BP <160
- Right Ventricular Infarct

• Buccal/Sub-lingual

• Transdermal

• IV Infusion - interhospital transfer only

• Storage:

- Glyceryl Trinitrate is susceptible to heat and moisture.
- Make sure that tablets are stored in their original, light-resistant, tightly sealed bottles.
- tablets should be discarded and replaced after 1 month.
- The foil pack of the patches should be intact.
- patches should be discarded prior to use by date.
- Do not administer the patient's own medication, as its storage may not have been in optimum conditions or may be old.
- Since both men and women can be prescribed "VIAGRA", "LEVITRA" or "CIALIS", all patients should be asked if and when they last have had the drug to determine if Glyceryl Trinitrate is contraindicated.
- Glyceryl Trinitrate by intravenous infusion may be required for an interhospital Transfer as per Doctor's orders .

• 0.6mg tablets

• Transdermal GTN Patch (0.4mg/hr)

- Venous dilatation promotes venous pooling and reduces venous return to the heart (reduces preload)
- Arterial dilatation reduces systemic vascular resistance and arterial pressure (reduces afterload)
- The effects of the above are:
 - ◇ reduced myocardial oxygen demand
 - ◇ reduced systolic, diastolic and mean arterial blood pressure, whilst usually maintaining coronary perfusion pressure
 - ◇ Mild collateral coronary arterial dilatation may improve blood supply to ischaemic areas of myocardium
 - ◇ Mild tachycardia secondary to slight fall in blood pres-

• Chest pain associated with Acute Coronary Syndrome

Acute Pulmonary Oedema

• Hypertension associated with Acute Coronary Syndrome

• Autonomic Dysreflexia

• No previous administration

• Elderly Pts

• Recent acute myocardial infarction

• Tachycardia

• Hypotension

• Headache

• Skin flushing (uncommon)

• Bradycardia (occasionally)

What Is The
Presentation
Of
Lignocaine

What Is The
Pharmacology
Of
Lignocaine

What Are The
Actions
Of
Lignocaine

What Is The
Metabolism
Of
Lignocaine

What Are The
**Primary Emergency
Indications**
Of
Lignocaine

What Are The
Contraindications
Of
Lignocaine

What Are The
Precautions
Of
Lignocaine

What Is the
Administration Route
For
Lignocaine

What Are The
Side Effects
Of
Lignocaine

What Are The
Special Notes
Of
Lignocaine

A local anaesthetic agent

50mg in 5ml amp (1%)

- By the liver (90%)
- Excreted unchanged by the kidneys (10%)

Prevents initiation and transmission of nerve impulses causing local anaesthesia

Known hypersensitivity

Diluent for Ceftriaxone for IM administration in suspected meningococcal disease

Intramuscular with Ceftriaxone only

When using Lignocaine 1% as diluent for IM Ceftriaxone it is important to rule out inadvertent IV administration due to potential CNS complications

Nil

Nil, unless inadvertent intravenous administration

What Is The
Presentation
Of
Penthrane

What Is The
Pharmacology
Of
Penthrane

What Are The
Actions
Of
Penthrane

What Is The
Metabolism
Of
Penthrane

What Are The
**Primary Emergency
Indications**
Of
Penthrane

What Are The
Contraindications
Of
Penthrane

What Are The
Precautions
Of
Penthrane

What Is the
Administration Route
For
Penthrane

What Are The
Side Effects
Of
Penthrane

What Are The
Special Notes
Of
Penthrane

An analgesic agent

3ml glass bottle
with plastic seal

- By the liver
- Excreted mainly by the lungs

Inhalational analgesic agent
at low concentrations

- Pre-existing renal disease/renal impairment
- Concurrent use of tetracycline antibiotics
- Exceeding total dose of 6ml in a 24 hr. period

Pain relief

Self-administration under
supervision using the hand held
approved Inhaler with oxygen
supplementation

The max. initial priming dose for
Methoxyflurane is 3ml.

This will provide approximately 25min
of analgesia and may be followed by
one further 3ml dose once the initial
dose is exhausted if required

- The approved inhaler must be hand-held by the patient so that if unconsciousness occurs it will fall from the patient's face. (Occasionally the operator may need to assist but must continuously assess the level of consciousness).
- Pre-eclampsia
- Drowsiness
- Decrease in blood pressure and bradycardia (rare)
- Exceeding the max. total dose of 6ml in a 24 hr period may lead to renal toxicity

What IsThe
Presentation
Of
Maxalon

What IsThe
Pharmacology
Of
Maxalon

What Are The
Actions
Of
Maxalon

What Is The
Metabolism
Of
Maxalon

What Are The
Primary Emergency
Indications
Of
Maxalon

What Are The
Contraindications
Of
Maxalon

What Are The
Precautions
Of
Maxalon

What Is the
Administration Route
For
Maxalon

What Are The
Side Effects
Of
Maxalon

What Are The
Special Notes
Of
Maxalon

Antiemetic

10mg in 2ml ampoule

By the liver and excreted by
the kidneys

- Accelerates gastric emptying and peristalsis
- Mild 5HT₃-receptor antagonist

- Children
- Suspected bowel obstruction or perforation
- GI haemorrhage

Nausea/vomiting Adult associated with:

- Chest pain/discomfort of a cardiac nature
- Opioid administration for pain
- Previously diagnosed Migraine
- Cytotoxic or radiotherapy
- Severe gastroenteritis
- Treatment or prophylaxis in awake spinal immobilised Pts
- Eye trauma

- IV
- IM

Undiagnosed abdominal pain

- Not effective for established motion sickness
- Not effective for nausea prophylaxis in the setting of narcotic administration
- Drowsiness
- Lethargy
- Dry mouth
- Muscle tremor
- Extrapiramidal reactions (usually the dystonic type)

What Is The
Presentation
Of
Midazolam

What Is The
Pharmacology
Of
Midazolam

What Are The
Actions
Of
Midazolam

What Is The
Metabolism
Of
Midazolam

What Are The
**Primary Emergency
Indications**
Of
Midazolam

What Are The
Contraindications
Of
Midazolam

What Are The
Precautions
Of
Midazolam

What Is the
Administration Route
For
Midazolam

What Are The
Side Effects
Of
Midazolam

What Are The
Special Notes
Of
Midazolam

Short acting CNS depressant

- In the liver
- Excreted by the kidneys
- 5mg in 1ml amp
- 15mg in 3ml amp
- Anxiolytic, reducing anxiety
- Sedative
- Anti-convulsant

Known hypersensitivity to benzodiazepines

- IM
- IV

- Continuous/recurrent seizures
- Intubation Facilitated by Sedation
- Rapid Sequence Intubation
- Post Intubation Sedation *following:*
 - *Unassisted Intubation Adult Paed*
 - *Intubation Facilitated by Sedation*
 - *Rapid Sequence Intubation Adult*
- Sedation to enable synch cardioversion
- Sedation in the agitated
- Pt Sedation in psychostimulant overdose
- Convulsions associated with Lignocaine toxicity

- Reduced doses may be required for the elderly, Pts with chronic renal failure, congestive cardiac failure or shock
- The CNS depressant effects of benzodiazepines are enhanced in the presence of narcotics and other tranquillisers including alcohol
- Can cause severe respiratory depression in Pts with COPD
- Pts with myasthenia gravis

Midazolam is not permitted for use to facilitate the transport of Pts who have been recommended for transport under the Mental Health Act.

If sedation is required in these circumstances then the Act requires that this only be administered by a pre-registered Medical Practitioner or Registered Nurse.

- Depressed level of consciousness
- Respiratory depression
- Loss of airway control
- Hypotension

What IsThe
Presentation
Of
Morphine

What IsThe
Pharmacology
Of
Morphine

What Are The
Actions
Of
Morphine

What Is The
Metabolism
Of
Morphine

What Are The
Primary Emergency
Indications
Of
Morphine

What Are The
Contraindications
Of
Morphine

What Are The
Precautions
Of
Morphine

What Is the
Administration Route
For
Morphine

What Are The
Side Effects
Of
Morphine

What Are The
Special Notes
Of
Morphine

A narcotic analgesic

10mg in 1ml amp

By the liver and excreted by
the kidneys

- Known hypersensitivity
- Late second stage of labour

• IV

• IM

• Intravenous infusion

- Morphine Sulphate is a Schedule 8 drug under the Poisons Act and its use must be carefully controlled with accountability and responsibility.
- Side effects of Morphine Sulphate can be reversed with Naloxone Hydrochloride.
- Occasional wheals are seen in the line of the vein being used for IV injection. This is not an allergy, only a histamine release

Central Nervous System effects:

- Depression - leading to analgesia
- Respiratory depression
- Depression of cough reflex
- Stimulation - changes of mood, euphoria or dysphoria, vomiting, pin-point pupils
- Dependence (addiction)

Cardiovascular effects:

- Vasodilatation
- Decreases conduction velocity through the

- Pain Relief Adult Paed
- Pulmonary Oedema with shortness of breath and full field crackles
- Post Intubation Sedation *following:*
 - *Unassisted Intubation*
 - *Intubation Facilitated by Sedation*
 - *Rapid Sequence Intubation*

- Elderly Pts
- Hypotension
- Respiratory depression
- Current asthma
- Respiratory tract burns
- Known addiction to narcotics
- Acute alcoholism
- Pts on monoamine oxidase inhibitors

Central Nervous System effects:

- Drowsiness
- Respiratory depression
- Euphoria
- Nausea, vomiting
- Pin-point pupils
- Addiction

Cardiovascular effects

- Hypotension
- Bradycardia

What Is The
Presentation
Of
Narcan

What Is The
Pharmacology
Of
Narcan

What Are The
Actions
Of
Narcan

What Is The
Metabolism
Of
Narcan

What Are The
**Primary Emergency
Indications**
Of
Narcan

What Are The
Contraindications
Of
Narcan

What Are The
Precautions
Of
Narcan

What Is the
Administration Route
For
Narcan

What Are The
Side Effects
Of
Narcan

What Are The
Special Notes
Of
Narcan

A narcotic antagonist

0.4mg in 1ml amp

By the liver

Prevents or reverses the effects of narcotics

Nil of significance in the above indication

Altered Conscious State and respiratory depression secondary to administration of narcotics or related drugs

- IM
- IV

- If Pt is known to be physically dependent on narcotics, be prepared to deal with a combative Pt after administration
- Neonates

Since the duration of action of Naloxone is often less than that of the narcotic used repeated doses may be required.

Naloxone reverses the effects of narcotics with none of the actions produced by other narcotic antagonists when no narcotic is present in the body. (For example, it does not depress respiration or cause pupillary constriction). In the absence of narcotics, Naloxone has no perceivable effects.

Following a narcotic associated cardiac arrest Naloxone should not be administered. Maintain assisted ventilation.

Following head injury Naloxone should not be administered. Maintain assisted ventilation if required.

In neonates if the mother has had a narcotic analgesic within one hour prior to delivery, the baby may have narcotic related respiratory depression for which diluted Naloxone may be advised on consultation.

Symptoms of narcotic withdrawal:

- Sweating, goose fesh, tremor
- Nausea and vomiting
- Agitation
- Dilatation of pupils,
- Excessive lacrimation
- Convulsions

<p>What IsThe Presentation Of Normal Saline</p>	<p>What IsThe Pharmacology Of Normal Saline</p>
<p>What Are The Actions Of Normal Saline</p>	<p>What Is The Metabolism Of Normal Saline</p>
<p>What Are The Primary Emergency Indications Of Normal Saline</p>	<p>What Are The Contraindications Of Normal Saline</p>
<p>What Are The Precautions Of Normal Saline</p>	<p>What Is the Administration Route For Normal Saline</p>
<p>What Are The Side Effects Of Normal Saline</p>	<p>What Are The Special Notes Of Normal Saline</p>

An isotonic crystalloid solution Composition:

- Electrolytes, sodium and chloride in a similar concentration to that of extracellular fluid
- Water

Electrolytes:

- Excreted by the kidneys

Water

- Excreted by the kidneys
- Distributed throughout total body water, mainly in the extracellular fluid compartment

Nil of significance in the above indications

- 10ml polyamp
- 500ml and 1000ml infusion soft pack

Transiently increases the volume of the intravascular compartment

- As a replacement fluid in volume-depleted Pts
- To expand intravascular volume in the non-cardiac, non-hypovolaemic, hypotensive Pt
- e.g. Anaphylaxis Adult Paed, Burns Adult Paed, Sepsis
- As a fluid challenge in unresponsive non-hypovolaemic hypotensive Pts, other than LVF
- e.g. PEA Adult Paed, Asthma
- Vehicle for diluting and intravenous administration of emergency drugs
- Fluid to keep vein open for IV administration of emergency drugs

IV

Nil of significance in the above indications

Nil

Nil of significance in the above indications

What Is The
Presentation
Of
Stemetil

What Is The
Pharmacology
Of
Stemetil

What Are The
Actions
Of
Stemetil

What Is The
Metabolism
Of
Stemetil

What Are The
**Primary Emergency
Indications**
Of
Stemetil

What Are The
Contraindications
Of
Stemetil

What Are The
Precautions
Of
Stemetil

What Is the
Administration Route
For
Stemetil

What Are The
Side Effects
Of
Stemetil

What Are The
Special Notes
Of
Stemetil

Antiemetic

12.5mg in 1ml amp

Metabolised by the liver and excreted by the kidneys	Acts on several central neuro-transmitter systems
--	---

- Children
- Circulatory collapse
- CNS depression
- Previous hypersensitivity

- Treatment or prophylaxis of nausea/vomiting Adult for:
 - Motion sickness
 - Planned aeromedical evacuation
 - Known allergy or contraindication to Metoclopramide administration

IM

- Hypotension
- Epilepsy
- Pts effected by alcohol or on anti-depressants

Nil

- Drowsiness
- Blurred vision
- Hypotension
- Sinus tachycardia
- Skin rash
- Extrapramidal reactions, usually the dystonic type

What IsThe
Presentation
Of
Salbutamol

What IsThe
Pharmacology
Of
Salbutamol

What Are The
Actions
Of
Salbutamol

What Is The
Metabolism
Of
Salbutamol

What Are The
Primary Emergency
Indications
Of
Salbutamol

What Are The
Contraindications
Of
Salbutamol

What Are The
Precautions
Of
Salbutamol

What Is the
Administration Route
For
Salbutamol

What Are The
Side Effects
Of
Salbutamol

What Are The
Special Notes
Of
Salbutamol

A synthetic Beta-adrenergic stimulant, with primarily β_2 effects

- 5mg in 2.5ml nebuler/polyamp
- 500mcg in 1ml amp
- 5mg in 5ml amp

By the liver and excreted by the kidneys

Causes bronchodilatation

Nil of significance in the above indications

Respiratory distress with suspected bronchospasm, associated with:

- Asthma
- Pulmonary oedema
- Severe allergic reactions
- COPD
- Smoke inhalation
- Oleoresin Capsicum spray

- Nebulised
- Intravenous
- Intravenous Infusion
- Endotracheal
- Pressurised Metered Dose Inhaler

- Between doses, oxygen must be administered continuously
- Large doses of IV Salbutamol have been reported to cause intracellular metabolic acidosis

Salbutamol Nebules/Polyamps have a shelf life of one month after the wrapping is opened. The date of opening of the packaging should be recorded and the drug should be stored in an environment of $< 30^{\circ}\text{C}$

- IV Salbutamol has no advantage over nebulised Salbutamol provided that adequate ventilation is occurring.
- Salbutamol by intravenous infusion may be required during interhospital transfers of some women in pre-mature labour
 - The dose is to be prescribed and signed by the referring hospital medical officer

- Sinus tachycardia
- Muscle tremor (common)

What IsThe
Presentation
Of
Water For Injection

What IsThe
Pharmacology
Of
Water For Injection

What Are The
Actions
Of
Water For Injection

What Is The
Metabolism
Of
Water For Injection

What Are The
**Primary Emergency
Indications**
Of
Water For Injection

What Are The
Contraindications
Of
Water For Injection

What Are The
Precautions
Of
Water For Injection

What Is the
Administration Route
For
Water For Injection

What Are The
Side Effects
Of
Water For Injection

What Are The
Special Notes
Of
Water For Injection

- Water for Injection is a clear, colourless, particle free, odourless and tasteless liquid.
- It is sterile, with a pH of 5.6 to 7.7 and contains no antimicrobial agents

10ml in ampoule/polyamp

Distributed throughout the body and excreted by the kidneys

Nil

Used to dissolve Ceftriaxone in preparation for intravenous injection

IV

Nil

Nil

Nil

What Are The
Therapeutic Effects
Of
Adrenaline

What Are The
Therapeutic Effects
Of
Aspirin

What Are The
Therapeutic Effects
Of
Atrovent

What Are The
Therapeutic Effects
Of
Ceftriaxone

What Are The
Therapeutic Effects
Of
Dextrose 10%

What Are The
Therapeutic Effects
Of
Glucagon

What Are The
Therapeutic Effects
Of
GTN

What Are The
Therapeutic Effects
Of
Lignocaine

What Are The
Therapeutic Effects
Of
Maxalon

What Are The
Therapeutic Effects
Of
Midazolam

Onset
Peak
Duration 8-10 days

IV
Onset 30 sec
Peak 3-5 min
Duration 5-10 min

IM
Onset 30-90 sec
Peak 4-10 min
Duration 5-10 min

Neb
Onset 3-5 min
Peak 90-120 min
Duration 6 hr

IV
Onset 3-5 min
Peak
Duration 12-25 min

IV
Onset 3 min
Peak
Duration Depends on severity

IM
Onset Rapid
Peak
Duration 60-90 min

Buccal
Onset 30 sec-2 min
Peak 5-10 min
Duration 15-30 min

Transdermal
Onset up to 30 min
Peak 2 hr
Duration

IV
Onset 1-3 min
Peak 10 min
Duration 20 min

Onset 1-3 min
Peak
Duration 1-2 hr

IM
Onset 3-5 min
Peak 15 min
Duration 30 min

IM
Onset 10-15 min
Peak
Duration 1-2 hr

What Are The
Therapeutic Effects
Of
Morphine

What Are The
Therapeutic Effects
For
Narcan

What Are The
Therapeutic Effects
Of
Normal Saline

What Are The
Therapeutic Effects
Of
Penthrane

What Are The
Therapeutic Effects
Of
Salbutamol

What Are The
Therapeutic Effects
Of
Stemetil

What Are The
Therapeutic Effects
Of
Water For Injection

What Are The
Therapeutic Effects
Of
Fentanyl

IV

Onset 1-3 min
 Peak
 Duration 30-45 min

IM

Onset 1-3 min
 Peak
 Duration 30-45 min

IV

Onset 2-5 min
 Peak 10 min
 Duration 1-2 hr

IM

Onset 10-30 min
 Peak 30-60 min
 Duration 1-2 hr

Analgesia after 8-10 breaths

Lasts approx 3-5 mins once discontinued

Intravascular Half Life
 30-60 min

IM

Onset 20 min
 Peak 40 min
 Duration 6 hr

Neb

Onset 5-15 min
 Peak
 Duration 15-50 min

IV

Onset 1-2 min
 Peak
 Duration 30-60 min

IV

Onset Immediate
 Peak < 5 min
 Duration 30-60 min

IN

Onset
 Peak
 Duration