| **S. No.** | **Drug name** | **Dose** | **Adverse effect** |
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| 1. 1 | 5-Fluorouracil | 500mg/m2 iv over 1-3 hrs weekly for 6-8 wks | Mylosuppression,GI toxicity in the form of mucositis and diarrhea,skin toxicity manifested by the hand-foot syndrome,and neurotoxicity. |
|  | Abacavir | Adult tab300mg. twice daily,  Child-8mg/kg | Hypersensitivity reactions: skin rash, gastrointestinal disturbances (nausea, vomiting, diarrhoea, abdominal pain), cough, dyspnoea, malaise, headache, lethargy, oedema, lymphadenopathy, hypotension, myalgia, arthralgia, renal impairment; lactic acidosis and hepatic disorders. |
| 1. 2 | Abacavir + lamivudine | Adult tab300mg. twice daily,  Child-8mg/kg  150 mg bd for HIV infection,100 mg od for HBV infection | Abacavir - hypersensitivity reactions: skin rash, gastrointestinal disturbances (nausea, vomiting, diarrhoea, abdominal pain), cough, dyspnoea, malaise, headache, lethargy, oedema, lymphadenopathy, hypotension, myalgia, arthralgia, renal impairment; lactic acidosis and hepatic disorders..  Lamivudine –nausea, vomiting, diarrhoea, abdominal pain; cough; headache, fatigue, insomnia; malaise, fever, rash, alopecia, muscle disorders; nasal symptoms; peripheral neuropathy reported; rarely, pancreatitis (discontinue); neutropenia, anaemia, thrombocytopenia and red-cell aplasia; lactic acidosis; raised liver enzymes and serum amylase. |
| 1. 2 | Acetazolamide | Tab-250mg-1gm daily in divided doses | Nausea, vomiting, diarrhoea, taste disturbance; loss of appetite, paraesthesia, flushing, headache, dizziness, fatigue, irritability, depression; thirst, polyuria; reduced libido; metabolic acidosis and electrolyte disturbances on longterm therapy; occasionally drowsiness, confusion, hearing disturbances, urticaria, melaena, glycosuria, haematuria; abnormal liver function; renal calculi, blood disorders including agranulocytosis and thrombocytopenia; rashes including stevensjohnson syndrome and toxic epidermal necrolysis; transient myopia reported; blood dyscrasias; crystalluria. |
|  | Activated charcoal | ˂12 yr-1g/kg  ˃12 yr-50 gm every 4-6 hr | Black colouring of stools (normal), constipation; vomiting in the event of rapid administration of large quantities.do not administer charcoal simultaneously with other drugs by oral route. Administer 2 hours apart. |
| 1. 3 | Acetylsalicylic acid | 300-900 mg,TDS or QID | Allergic reactions, epigastric pain, peptic ulcer, haemorrhage;dizziness, tinnitus (early signs of overdose); reye’s syndrome in children |
|  | Actinomycin D | 15 µg/kg/d iv | Hair loss; nausea; vomiting; mouth sores; diarrhoea. |
|  | Adenosine | Oral-40-80 mg,TDS  Inj-3mg/2 sec f/b 6mg/2min | Transient facial flush, chest pain, dyspnoea, bronchospasm, choking sensation, nausea, light-headedness; severe bradycardia reported (requiring temporary pacing); ecg may show transient rhythm disturbances; edema; constipation. |
|  | Adrenaline | 1mg/ml IM  Slow iv-0.1mg/ml | “Epinephrine fastness”, tachycardia and arrhythmias, hypertension, tremor, anxiety, sweating, nausea, vomiting, weakness, hyperglycaemia, dizziness, pulmonary oedema have all been reported; headache common. |
|  | Allopurinol | Adult-tab 100-300 mg daily in divided doses  Child-10-20 mg/kg daily | Rash (see precautions above); hypersensitivity reactions occur rarely, and include fever; lymphadenopathy; arthralgia; eosinophilia; erythema multiforme (Stevens-Johnson syndrome) or toxic epidermal necrolysis; vasculitis; hepatitis; renal impairment. |
|  | Alprostadil | 2.5-25 μg usefull for male erectile dysfunction | Common side effect are bleeding and pain at injection site (short term) , painful erection. Rare side effects are bruising or clotted blood in the penis at the injection site,usuaaly caused by an incorrect injection |
|  | Alteplase | 100 mg (as a 15 mg iv bolus f/b 50 mg infused over 30 mints and then 35 mg infused next 60 mints) | Hemorrhage including intracranial, gastrointestinal or genitourinary bleeding, transient hypotension, reperfusion dysrythmias, cerebral edema, seizures, allergic-type reactions, nausea, vomiting. |
|  | Amino acid (Essential) |  | Fever, infection at injection site, blood clot, abnormal increase in blood volume. |
|  | Amiodarone | Tab-200 mg TDS for 1 wk f/b 200mg BD for next 1 wk then maintenance 200 mg daily or reduced  iv-5 mg/kg bw over 20-120 mints | Nausea, vomiting, taste disturbances, raised serum transaminases (may require dose reduction or withdrawal if accompanied by acute liver disorders), jaundice; bradycardia; pulmonary toxicity (including pneumonitis and fibrosis); tremor, sleep disorders; hypothyroidism, hyperthyroidism; reversible corneal microdeposits (sometimes with night glare); phototoxicity, persistent slate-grey skin discolouration; less commonly onset or worsening of arrhythmia, conduction disturbances, peripheral neuropathy and myopathy (usually reversible on withdrawal); very rarely, chronic liver disease including cirrhosis, sinus arrest, bronchospasm (in patients with severe respiratory failure), ataxia, benign intracranial hypertension, headache, vertigo, epididymo-orchitis, impotence, haemolytic or aplastic anaemia, thrombocytopenia, rash (including exfoliative dermatitis), hypersensitivity including vasculitis, alopecia, impaired vision due to optic neuritis or optic neuropathy (including blindness), anaphylaxis on rapid injection, also hypotension, respiratory distress syndrome, sweating and hot flushes. |
|  | Amlodipine | Tab-5-10 mg OD | Headache, flushing, peripheral oedema (common adverse effects at the start of treatment); dizziness, hypotension, tachycardia, nausea, gingival hyperplasia, rash. |
|  | Ampicillin | 250mg-1gm QID  Child- half of the adult dose  Im/iv-500 mg every 6hrly | Nausea and vomiting, diarrhoea; rashes, high fever (hypersensitivity or toxic response-may be serious reaction, discontinue treatment); hypersensitivity reactions including urticaria, angioedema, anaphylaxis, serum sickness like reaction, haemolytic anaemia, interstitial nephritis (see also notes above); rarely, antibiotic-associated colitis; neutropenia, thrombocytopenia, coagulation disorders; sore tongue; asthma. |
|  | Arsenic trioxide | Induction 0.15 mg/kg/day iv for 60 days.  Consolidation therapy 0.15 mg/kg/day iv for 5 days in a week for 5 wks | Nausea ,vomiting,chills,convulsions,cough,decreased urine output,dry mouth,eye pain,headache,increased thirst,irregular heart beat,loss of appetite,muscle pain,numbness or tingling in hands,feet or lips,tiredness or weakness. Less common side effects are abdominal cramp,black tarry stool, bluish lips or skin, blurred vision, chest pain, dizziness , fever , flushed, dry skin, increased hunger , increased urin output, swollen glands, unexplained weight loss , unusual bleeding or bruising. |
|  | Artemether+ lumifantrine | 20/120 mg(5-14 kg)  40/240 mg(15-24kg)  60/360 mg(25-34kg)  80/480 mg(˃34 kg)  BD for 3 days | Headache, dizziness, sleep disturbances, abdominal pain, arthralgia, myalgia,pruritus and rash, cardiotoxicity (after high doses); |
|  | Atazanavir+ ritonavir | 400 mg OD,  300 mg OD with 100 mg RTV with meals | Atazanavir cause asymptomatic unconjugated hyperbilirubinemia & increase in pr interval in ecg. Ritonavir may cause:nausea, vomiting, diarrhoea (may impair absorption-close monitoring required), abdominal pain, taste disturbances, dyspepsia, anorexia, throat irritation; vasodilatation; headache, circumoral and peripheral paraesthesia, hyperaesthesia, dizziness, sleep disturbances, asthenia, rash, hypersensitivity reactions, leukopenia; raised liver enzymes, bilirubin and uric acid; occasionally flatulence, eructation, dry mouth and ulceration, cough, anxiety, fever, pain, myalgia, weight loss, decreased thyroxine, sweating, pruritus, electrolyte disturbances, anaemia, neutropenia, increased prothrombin time; pancreatitis (see also pancreatitis, above); lipodystrophy and metabolic effects, see notes above; postural hypotension, abnormal stool, albuminuria. |
|  | Atenolol | 12.5-50 mg OD | Gastrointestinal disturbances (nausea, vomiting, diarrhoea, constipation, abdominal cramp); fatigue; cold hands and feet; exacerbation of intermittent claudication and raynaud phenomenon; bronchospasm; bradycardia, heart failure, conduction disorders, hypotension; sleep disturbances, including nightmares; depression, confusion; hypoglycaemia or hyperglycaemia; exacerbation of psoriasis; rare reports of rashes and dry eyes (oculomucocutaneous syndrome-reversible on withdrawal). |
|  | Atorvastatin | 10 mg OD increase at 4 wks interwal max dose 80 mg | Myopathy is the serious adverse effect; headache; infrequent elevation of creatinine phosphokinase; rhabdomyolysis; insomnia; dizziness; abdominal pain, constipation, diarrhoea, dyspepsia, flatulence and nausea. |
|  | Atracurium | iv-5-10 µg/kg/min  (300-600µg/kg/hr) | Skin flushing; hypotension, tachycardia; bronchospasm and very rarely; anaphylactoid reactions, acute myopathy have also been reported after prolonged use in intensive care; prolonged musculoskeletal block, wheezing or bronchial secretion, erythema, dyspnoea. |
|  | Azathioprine | Tab 25-50 mg OD | Hypersensitivity reactions including malaise, dizziness, vomiting, fever, muscular pains, arthralgia; rash; hypotension or interstitial nephritis call for immediate withdrawal; haematological toxicity includes leukopenia and thrombocytopenia (reversible upon withdrawal); liver impairment, cholestatic jaundice; hair loss; increased susceptibility to infections and colitis in patients also receiving corticosteroids; nausea; rarely, pancreatitis, pneumonitis, hepatic venoocclusive disease; microcystosis. |
|  | Albendazole | 400 mg single dose  Child-200 mg | Gastrointestinal disturbances, headache, dizziness; neurological disorders (headache, seizures) in patients with undiagnosed neurocysticercosis. |
|  | Aluminium-hydroxide | 300 and 840 mg tab  1 tab QID | Constipation (except when tablets contain magnesium salts or magnesium hydroxide). Decreases intestinal absorption of many drugs such as tetracycline, iron salts, isoniazid, ethambutol, chloroquine, atenolol, digoxin, fluoroquinolones, corticosteroids, indometacin, ketoconazole, thyroxine, etc. Do not administer simultaneously with these drugs, administer 2 hours apart. |
|  | Amitryptline | 50-75 mg daily in divided doses and increase gradually 150-225 mg daily | Drowsiness (caution when driving/operating machinery), orthostatic hypotension, sexual dysfunction; anticholinergic effects: dry mouth, blurred vision, constipation, tachycardia, disorders of micturition. These adverse effects are transitory or disappear with dose reduction. Treatment should be discontinued in the event of severe reactions (mental confusion, urinary retention, cardiac rhythm disorders); psychic disorders: exacerbation of anxiety, possibility of a suicide attempt at the beginning of therapy, manic episode during treatment. |
| 1. 4 | Amoxicillin | 250mg-1gm QID  Child- half of the adult dose  Im/iv-500 mg every 6hrly | Gastrointestinal disturbances, allergic reactions, sometimes severe. In the event of allergic reaction, stop treatment immediately. Reduce dosage in patients with severe renal impairment. |
|  | Amoxicillin+  clavunic acid | 625 mg TDS  iv-1.2 gm TDS | Gastrointestinal disturbances (mainly diarrhoea); allergic reactions sometimes severe (stop treatment immediately); jaundice and cholestatic hepatitis in the event of prolonged treatment (> 10 to 15 days). |
| 1. 5 | Amphotericin B | 250 µg daily increase gradually 1 mg/kg bw | Intolerance reactions during administration: fever, chills, headache, nausea, vomiting, hypotension; local reaction: pain and thrombophlebitis at injection site; allergic reactions; muscle or joint pain, cardiovascular disorders (arrhythmias, heart failure, hypertension, cardiac arrest), neurologic (seizures, blurred vision, dizziness), haematological or hepatic disorders; disturbances in renal function (reduced glomerular filtration, hypokalaemia, hypomagnesiemia). |
| 1. 6 | Atropine | 0.6 mg/ml  Adult-1.8-3 mg iv bolus f/b doubling dose every 3-5 min  Child-20-30 µg/kg initially,same as above | Urinary retention, dryness of the mouth, constipation, dizziness, headache, dilatation of the pupils, tachycardia. Administer with caution and under close supervision to patients taking other anticholinergic drugs (antidepressants, neuroleptics, h-1 antihistamines, antiparkinsonians, etc.). |
| 1. 7 | Artemether-lumifantrine | 20/120 mg(5-14 kg)  40/240 mg(15-24kg)  60/360 mg(25-34kg)  80/480 mg(˃34 kg)  BD for 3 days | Nausea, headache, dizziness and gastrointestinal disturbances. |
| 1. 8 | Artesunate- sulfadoxime/pyrimithamine | 200+1500+75 mg  AS-once a day for 3 days and SP as a single dose on day one | Artesunate cause-gastrointestinal disturbances, headache and dizziness. Sulfadoxine/Pyrimethamin cause gastrointestinal disturbances; allergic reactions, sometimes severe (toxic epidermal necrolysis and stevens-johnson syndrome); anaemia, leukopenia, agranulocytosis, thrombocytopenia, haemolytic anaemia in patients with G6PDdeficiency. |
| 1. 9 | Ascorbic acid | Daily requirement-70-150 mg daily  Scurvy-300-1000 mgdaily maximum upto 6000mg without evidence of toxicity | Gastrointestinal disturbances and nephrolithiasis for doses > 1 g/day; may interfere with the measurement of glucose in blood and urine for doses ≥ 2 g/day. |
| 1. 10 | Azithromycin | 500 mg OD for 3 days  Child-˃6 momth-10 mg/kg od\*3days | Gastrointestinal disturbances, heart rhythm disorders (QT prolongation), allergic reactions sometimes severe. In the event of allergic reaction, stop treatment immediately. |
| 1. 1 | Artesunate | 200 mg OD\*3days  Child-4mg/kg/d\*3d | Gastrointestinal disturbances, headache and dizziness. |
| 1. 11 | Aciclovir | 200-800mg five times daily for 5-7 days  Child-<2yr-half dose  >2yrs-adult dose | Nausea, vomiting, abdominal pain, diarrhoea, headache, fatigue, rash, urticaria, pruritus, photosensitivity; rarely, hepatitis, jaundice, dyspnoea, angioedema, anaphylaxis; neurological reactions (including dizziness, confusion, hallucinations, drowsiness), acute renal failure; decrease in haematological indices; on intravenous infusion, severe local inflammation (sometimes resulting in ulceration), fever, agitation, tremor, psychosis and convulsions somnolence, visual abnormalities. |
|  | Aceclofenac | 100 mg BD | Injection site reactions; transient epigastric pain, risk of thrombotic events; toxic epidermal necrolysis; Abnormality in kidney function. |
|  | Alprazolam | 0.25-1 mg  BD/TDS | Drowsiness and lightheadedness on the next day; confusion and ataxia (especially in the elderly); amnesia; dependence; paradoxical increase in aggression; muscle weakness; occasionally: headache, vertigo, hypotension, salivation changes, gastro-intestinal disturbances, visual disturbances, dysarthria, tremor, changes in *libido,* incontinence, urinary retention; blood disorders and jaundice reported; skin reactions; rarely, apnoea and insomnia. |
|  | Amikacin | Inj-15mg/kg in two divided doses | Vestibular and auditory damage, nephrotoxicity; rarely, hypomagnesaemia on prolonged therapy, antibiotic-associated colitis, stomatitis; also reported, nausea, vomiting, rash, blood disorders; acute muscular paralysis; albuminuria; azotemia. |
|  | Aminophylline | Oral-250-500mg  iv-LD-5mg/kg  MD-0.5mg/kg/hr  Child-6m-9y=1mg/kg/hr  10-16y=0.8mg/kg/hr | Convulsions; hypokalemia; dizziness, headache; palpitation, tachycardia, diarrhoea; anxiety; urinary retention; restlessness; tremors; abdominal pain; exfoliative dermatitis; erythema. |
|  | Anti-D immunoglobulin | infant in rhesus-negative mother:  250 μg immediately or within 72 h. | Soreness at the place of injection, bloody urine, decreased frequency of urination or amount of urine, fever, increased blood pressure, increased thirst, loss of appetite, lower back pain, nausea or vomiting, pale skin, swelling of the face, fingers, or lower legs, troubled breathing unusual bleeding or bruising unusual tiredness or weakness  weight gain |
|  | Anti snake venom | 60-100 ml in 5% dextrose or normal saline  intravenously over one hour; start at 1 ml of  diluted solution per minute initially, watching  for reaction. Skin  In hemotoxic snake bites,  may repeat a second dose at 6 h. if bleeding/  clotting abnormalities continue, or whole  blood clotting time is still prolonged at 6 h; In  neurotoxic snake bites, may repeat at 1-2 h. | Blood-clotting problems., injury to muscles, low blood pressure leading to shock, kidney damage, nervous system problems, severe allergic reactions, swelling. |
|  | Aceclofenac | 100 mg bd | Injection site reactions; transient epigastric pain, risk of thrombotic events; toxic epidermal necrolysis; Abnormality in kidney function. |
| 1. 12 | Baclofen | 5-25mg TDS  Child-0.75-2mg/kg daily | Drowsiness; mental confusion; weakness; ataxia; rise in serum transaminases, sudden withdrawal after chronic use may cause hallucinations; tachycardia and seizures, respiratory or cardiovascular depression. |
| 1. 13 | Barium sulphate | Susp-100%w/v  250%w/v  Route and doses d/p procedure | Constipation or diarrhoea; abdominal cramps and bleeding; perforation of bowel resulting in peritonitis; adhesions; granulomas and high mortality rate; electrocardiographical changes-may occur with rectal administration; pneumonitis or granuloma formation-following accidental aspiration into lungs; bloating; constipation; stomach pain; ringing in ears; nausea; vomiting; pale skin; weakness. |
| 1. 14 | Benzoyl peroxide | 2.5% solution(cream or lotion od for first week increase upto 5% and maximum strength of solution is 10% | Excessive dryness of skin, marked scaling, erythema, edema and contact sensitization (in 1–2% patients). |
| 1. 15 | Bicalutamide | 150 mg OD for prostate cancer | Swelling of face, arms, hands, lower legs or feet body ache, cough, dizziness, fever, painful or difficult urination, slow or fast heartbeat, voice changes, wheezing,blood in urine, blurred vision |
| 1. 16 | Bleaching powder | 1gm chlorine/L  Apply solution containing 1000 parts/million | Handle concentrated products with caution (avoid jolts and exposure to high temperatures or flames). Do not bring dry products, particularly hth and chlorinated lime, in contact with organic materials (e.g. Corpses): risk of explosion. Avoid inhaling vapours and dust when opening or handling the containers. |
| 1. 7 | Bleomycin | 15&30 mg twice a week | Dermatitis; nephrotoxicity; hepatotoxicity |
| 1. 18 | Bortezomib | 1.3 mg/m2 iv bolus dose(4 doses)at an interwal of 3 days f/b 10 days rest in 21 days cycle | Asthenic condition (including fatigue, malaise and weakness), diarrhea, nausea, constipation, peripheral neuropathy, vomiting, pyrexia, thrombocytopenia, psychiatric disorders, decreased appetite and anorexia, neutropenia, neuralgia, leukopena, anemia. |
| 1. 19 | Budesonide | 200-800 µg in single or two divided doses  Child-50-400µg twice daily | Inhalation leads to hoarseness of voice, opportunistic fungal infection in oropharynx, respiratory infection, headache. |
|  | Budesonide +formoterol | 160μg/9μg q12 hr  Not more than 320μg/9μg q12 hr | Budesonide - inhalation leads to hoarseness of voice, opportunistic fungal infection in oropharynx, respiratory infection, formoterol - toxicity: tremor, tachycardia overdose: arrhythmias |
|  | Bupivacaine | 2.5 mg/ml solution, max 60ml | With excessive dosage or following intravascular injection; light-headedness; dizziness; blurred vision; restlessness; tremors and occasionally convulsions rapidly followed by drowsiness; unconsciousness and respiratory failure; cardiovascular toxicity includes hypotension; heart block and cardiac arrest; hypersensitivity and allergic reactions also occur; epidural anaesthesia occasionally complicated by urinary retention; faecal incontinence; headache; backache or loss of perineal sensation; transient paraesthesia and paraplegia very rare. |
|  | Betamethasone | Tab-0.5 mg  Inj-4mg/ml  Cream/oint-0.1%  1-2 times daily until improvement occurs | Exacerbation of local infection; local atrophic changes particularly on the face and in skinfolds; characterized by thinning of the dermis; depigmentation; dilatation of superficial blood vessels and formation of striae; perioral dermatitis; acne at site of application; suppression of the hypothalamic-pituitary-adrenal axis with prolonged or widespread use (particularly under occlusion); subcapsular cataract; osteoporosis; glaucoma; intracranial hypertension; psychic instability. |
|  | Benzathine benzylpenicillin | 1.2 MU/2ml im single dose | Gastroinstestinal disturbances, pain at injection site, allergic reactions sometimes severe; Jarisch-Herxheimer reaction (fever, chills, myalgia, tachycardia) in patients with syphilis; convulsions in the event of high dosages or renal impairment; symptoms of shock with neuropsychiatric disorders if accidentally injected intravascularly. |
|  | Bisacodyl | 5-10 mg HS  Oral/rectal | Diarrhoea, abdominal cramps, hypokalaemia. In the event of diarrhoea: exclude a faecal impaction or intestinal obstruction, stop treatment for 24 hours and then start again with a half dose. |
|  | Benzyl penicillin | 2.4-24MU iv used for different kind of infection in devided doses | Hypersensitivity reactions such as exfoliative dermatitis, pain at injection site; thrombophlebitis of injected vein, diarrhoea, nausea, joint pain, angioedema, serum sickness like reactions, haemolytic anaemia, interstitial nephritis. |
|  | Bromhexine + Guaiphenesin | 8 mg+100 mg/10 ml | Rhinorrhoea and lacrimation,nausea, gastric irritation, hypersensitivity |
|  | Caffine | 100-200 mg orally for reliving for headach & migraine | Nervousness, insomnia , high dose causes tremors, convulsions, arrhythmias |
|  | Calamine | Lotion-50 & 100 ml(8%)  Cream-5&10%w/v apply 3-4 times daily | Clean the skin before applying the lotion. Do not apply to exudative and/or superinfected lesions, mucous membranes or eyes. In case of contact with eyes or mucous membranes, flush immediately with plenty of water. |
|  | Calcium carbonate | 500-1500mg/d  Pregnancy-500-1000mg/d | Mild constipation or rarely loose motions may be produced. The absorbed calcium can be dangerous in renal insufficiency. Milk alkali syndrome - headache, anorexia, weakness, abdominal discomfort, abnormal ca deposits and renal stones due to concurrent hypercalcaemia and alkalosis. |
| 1. 0 | Capecitabine | 1.25 gm/m2 bd orally for 2wks and repeated after a gap of 3wks | Myelosuppression, nausea , vomiting, mucosities, diarrhea , Hand and Foot syndrome |
| 1. 21 | Capreomycin | Im-1gm daily 2-4M then 1-2gm two –three times/wk | Hypersensitivity reactions including urticaria and rashes; eosinophilia; leucocytosis or leucopenia, rarely, thrombocytopenia; changes in liver function tests; nephrotoxicity, electrolyte disturbances; hearing loss with tinnitus and vertigo; neuromuscular block after large doses, pain and induration at injection site. |
| 1. 2 | Carbimazole | Initially 15-45mg daily in 4 divided doses  Maint dose-25-50 mg for 1 yr | Nausea, mild gastro-intestinal disturbances; headache; rashes and pruritus, arthralgia; rarely, myopathy, alopecia, bone marrow suppression (including pancytopenia and agranulocytosis); vasculitis; cholestatic jaundice, hepatic necrosis |
| 1. 23 | Carboplatin | 400mg/M2 iv over 15-60 min,to be repeated after 4 wks | Acute toxicity – nausea vomiting  Chronic toxicity – myelosuppression, peripheral neuropathy, renal toxicity, hepatic dysfunction. |
| 1. 5 | Cefadroxil | 0.5-1 gm BD orally | Rashes, itching, urtricaria, nephrotoxicity. |
| 1. 26 | Ceftazidime | 1-3gm every TDS/BD  Child-˂2M-25-60mg/kg in two divided doses  ˃2M-30-100mg/kg in 2-3 divided doses | Diarrhoea, nausea, vomiting, abdominal discomfort, headache; rarely, antibioticassociated colitis (particularly with higher doses); allergic reactions including rashes, pruritus, urticaria, serum sickness-like reaction, fever and arthralgia and anaphylaxis; erythema multiforme, toxic epidermal necrolysis reported; transient hepatitis, cholestatic jaundice; eosinophilia and blood disorders (including thrombocytopenia, leukopenia, agranulocytosis, aplastic anaemia and haemolytic anaemia); reversible interstitial nephritis; nervousness, sleep disturbances, confusion, hypertonia and dizziness; phlebitis, angioedema, myoclonia, candidiasis, transient elevation of blood urea and serum creatinine. |
|  | Cetrizine | 10mgOD  ,5mg BD | Sedation and arrhythmias in overdose. |
|  | Cetrimide | Solution 100ml and 1 litre pack(2%w/v),cream-1gm(0.5%w/v) applied affected area | Skin irritation and occasionally sensitisation; rarely, burns. |
|  | Chlorambucil | Initially 150µg/kg body weight then MD 100µg/kg body weight(starts 4 weeks after first course) | Hepatotoxicity; peripheral neuropathy; cystitis; seizures; pulmonary fibrosis. |
|  | Chlorhexidine | Solution- 100ml(2% and 4%w/v),  Mouthwash- 100ml(0.2%w/v) | Occasional skin sensitivity and irritation; upper respiratory tract infection. |
|  | Cholecalciferol | 400-4000 IU for t/t of rekets and osteomalesia increase upto 6 Lac IU once in 3-6 month orally or im | Do not administer to patients with hypercalcaemia, hypercalciuria, calcic lithiasis. Stop treatment if signs of overdosage occur: headache, anorexia, nausea, vomiting, increased thirst, polyuria. Avoid combination with thiazide diuretics (hydrochlorothiazide, etc.). Monitor, if possible, calcaemia and calciuria during curative treatment. Combine with a calcium supplementation at the start of curative treatment (500 mg to 1 g/day). |
|  | Cisplatin | Ovarian- 50mg/m2 BSA once/3 week  Bladder-50-70mg/m2 BSA once/ 3-4 week  Testicular- 20mg/m2 5 days/week for 3 courses | Tinnitus; neuropathy,vomiting |
|  | Clarithromycin | Tab-250-500mg BD for 7-14 days  Child -<8 kg-7.5 mg/kgBWt BD, 8-11 kg 62.5 mg BD, 30-40kg -250 mg BD | Nausea, vomiting, abdominal discomfort, diarrhoea (antibiotic-associated colitis reported); less frequently urticaria, rashes and other allergic reactions; reversible hearing loss reported after large doses; cholestatic jaundice, pancreatitis, cardiac effects (including chest pain and arrhythmias), myasthenia-like syndrome, Stevens-Johnson syndrome, toxic epidermal necrolysis also reported, dyspepsia, tooth and tongue discolouration, smell and taste disturbances, stomatitis, glossitis and headache; less commonly hepatitis, arthralgia and myalgia; rarely, tinnitus; very rarely, pancreatitis, dizziness, insomnia, nightmares, anxiety, confusion, psychosis, paraesthesia, convulsions, hypoglycaemia, renal failure, leucopenia and thrombocytopenia; on intravenous infusion, local tenderness, phlebitis. |
|  | Clobazam | Oral-0.25-1.5 mg/kg/d OD/BD  Child-0.25-1mg | Sedation, dizziness, hyperactivity, behavioural problem, irritability, drooling, weight gain, sleep disturbance, blurring, diplopia. |
|  | Clofazimine | 300 mg OM  50 mg OD | Reversible discolouration of skin, hair, cornea, conjunctiva, tears, sweat, sputum, faeces and urine; dose-related gastrointestinal symptoms including pain, nausea, vomiting and diarrhoea; severe mucosal and submucosal oedema, with prolonged treatment with high doses-may be severe enough to cause subacute small-bowel obstruction (see also precautions); pruritus, ichthyosis, elevated blood sugar, diminished vision, dizziness, eosinophillic enteropathy. |
|  | Clomiphene | 50 mg OD for 5 days starting within 5 days of onset of menstruation and second course of 100 mg daily for 5 days may be given in absence of ovulation | Visual disturbances; ovarian hyperstimulation; hot flushes; abdominal discomfort; occasional nausea and vomiting; depression; insomnia; breast tenderness; headache; intermenstrual spotting; menorrhagia; endometriosis; convulsions; weight gain; rashes; dizziness and hair loss. |
|  | Clonazepam | 0.5-5 mg TDS max 20mg OD  Child-initial dose 0.01-0.03 mg/kg/d,BD/TDS then MD 0.1-0.2mg/kg/d | Sedation, dullness, cns depression, ataxia, bronchial hypersecretion, abnormal eye movement, blood dyscrasias. |
|  | Clopidogrel | LD-300mg f/b 75 mg OD | Bleeding, neutropenia, thrombocytopenia, other bone marrow toxicity, diarrhoea, epigastric pain, rashes, paraesthesia, vertigo. |
|  | Clozapine | 300-900 mg/d in de-Divided doses | Sedation, agranulocytosis, convulsions (dose dependent),myocardities , severe ileus and sialorrhoea, least chances of extrapyramidal side effect. |
|  | Coagulation factor IX |  | Allergic reactions including chills; fever; hepatitis; pulmonary embolism; disseminated intravascular coagulation. |
|  | Coagulation factor VIII |  | Allergic reactions including chills; fever; hepatitis; anaphylaxis; fulminating hepatitis. |
|  | Coal tar | Cream-20gm  Lotion-50 ml  1-4 times dail | Irritation; photosensitivity reactions; rarely, hypersensitivity, skin; hair and fabrics discoloured; stinging. |
|  | Colchicine | 0.5 mg given every 8 hrs over a days with subsequent tappering | Nausea; vomiting; abdominal pain; excessive doses may cause severe diarrhoea; gastrointestinal haemorrhage; rash; renal and hepatic damage; rarely, peripheral neuritis; myopathy; alopecia; inhibition of spermatogenesis with prolonged treatment; blood disorders. |
|  | Cryoprecipitate |  | Haemolytic transfusion reaction, allergic reaction , septic reaction , febrile non haemolytic reaction , transfusion related acute lung injury. |
|  | Cyclophosphamide | iv-40-50mg/kg in divided doses over 2-5 days  oral-1-5 mg/kg | Haemorrhagic cystitis; colitis; cardiac toxicity; anorexia; thrombocytopenia; dermatitis |
|  | Cycloserine | 250 mg BD for 2 wks  Child-10 mg/kg | Mainly neurological, including headache, dizziness, vertigo, drowsiness, tremor, convulsions, confusion, psychosis, depression (discontinue or reduce dose if symptoms of CNStoxicity); rashes, allergic dermatitis (discontinue or reduce dose); megaloblastic anaemia; changes in liver function tests; heart failure at high doses reported. |
|  | Cyclosporine | iv-3-5 mg/kg over 2-4 hr before transplantatio  adult & child-initially 5mg/kg bd for 2wks,can be reduced to 1.5-3mg/kg/d according to pts response | Dose-related and reversible increases in serum creatinine and urea unrelated to tissue rejection; burning sensation in hands and feet during initial therapy; electrolyte disturbances including hyperkalaemia, hypomagnesaemia; hepatic dysfunction; hyperuricaemia; hypercholesterolaemia; hyperglycaemia, hypertension (especially in heart transplant patients); increased incidence of malignancies and lymphoproliferative disorders; increased susceptibility to infections due to immunosuppression; gastrointestinal disturbances; gingival hyperplasia; hirsutism; fatigue; allergic reactions; thrombocytopenia (sometimes with haemolytic uraemic syndrome), also mild anaemia; tremors; convulsions, neuropathy; dysmenorrhoea or amenorrhoea; pancreatitis, myopathy or muscle weakness; cramps, gout, oedema; headache; gingival hypertrophy; renal dysfunction; hypertrichosis; paresthesia; renal toxicity; gastrointestinal symptoms. |
|  | Cytosine arabinocyde | 100mg/M2, BSA,every 12 hrly for 7 days | Git disturbances. |
|  | Carbamazepine | Initially 100/200 mg BD slowly increase upto 400/1200 mg daily in divided doses  Child-initially 5-10 mg/kg/d in 2-3 times daily, increase gradually upto 30-35 mg/kg/d | Headache, dizziness, gastrointestinal and visual disturbances, rash, leucopenia, confusion and agitation in elderly patients, drowsiness (use with caution when driving or operating machinery); rarely: severe allergic reactions (lyell's and stevens-johnson syndromes), agranulocytosis, anaemia, bone marrow depression, pancreatitis, hepatitis, cardiac conduction defect. In these cases, stop treatment. |
|  | Cefixime | 200-400 mg/d as singale/dividede doses  Child>6M-8mg/kg/d as a single dose or divided doses | Gastrointestinal disturbances (especially diarrhoea), headache, dizziness, allergic reactions (rash, pruritus, fever). In the event of allergic reaction, stop treatment immediately. |
|  | Chloroquine | Adult-600 mg after 6 hrs 300 mg f/b 300 mg for next 2 days  Child-10mg/kg f/b 5 mg/kg after 6 hrs thereafter once a day for 2 days | Gastrointestinal disturbances, headache, transitory pruritus (lasting 72 hours), allergic reactions (urticaria, angioedema), visual disturbances. |
|  | Chlorpheneramine | 4mg every 4-6 hrs  Child<2yrs-1mg bd,  2-5 years-1mg every 6 mg  6-12 yrs-2mg every 6 hrs | Drowsiness (rarely, paradoxical stimulation with high doses, or in children or elderly), hypotension, headache, palpitations, psychomotor impairment, urinary retention, dry mouth, blurred vision, gastrointestinal disturbances; liver dysfunction; blood disorders; also rash and photosensitivity reactions, hypersensitivity reactions (including bronchospasm, angioedema, anaphylaxis); sweating and tremor, injections may be irritant; flatulence, diarrhoea. |
|  | Ciprofloxacin | UTI,RTI-250-500 mg BD  Acute cystitis-100 mg BD for 3 days  Chr. Proatatitis-500 mg BD for 28 days,  Gonorrhoea-5oo mg OD | Gastrointestinal disturbances, neurological disorders (headache, dizziness, confusion, hallucinations, seizures), allergic reaction, peripheral neuropathy, photosensitivity (protect skin from sun exposure), arthralgia, myalgia, tendon damage (especially achilles tendinitis), QTinterval prolongation, hypo/hyperglycaemia, haemolytic anaemia in patients with G6PDdeficiency. In the event of allergic reaction, severe neurological disorders, peripheral neuropathy or tendinitis, stop treatment immediately. |
|  | Clomipramine | Initially 25 mg daily at bedtime increased over 2 weeks to 100-150 mg daily | Drowsiness (caution when driving/operating machinery) or insomnia, orthostatic hypotension, sexual dysfunction; anticholinergic effects: dry mouth, blurred vision, constipation, tachycardia, disorders of micturition. These adverse effects are transitory or disappear with dose reduction. Treatment should be discontinued in the event of severe reactions (mental confusion, urinary retention, cardiac rhythm disorders); psychic disorders: exacerbation of anxiety, possibility of a suicide attempt at the beginning of therapy, manic episode during treatment. |
|  | Clotrimazole | 200/100 mg vaginal pessary/tablet at bed time for3- 7 days,500 mg as single dose  Child- cream-apply 2-3 times a day for 14 days | Local irritation, burning sensation and itching, abnormal liver function, unpleasant mouth sensation. |
|  | Cefazolin | 1-4 gm daily in 2-3 divided doses  Child-50-100 mg/kg every 6 hr | Eosinophilia; diarrhoea; fever; convulsions; neutropenia, anaphylaxis, phlebitis, oral candidiasis, leucopenia; transient rise in sgot and sgpt and alkaline phosphatase. |
|  | Cotrimoxazole | Adult-80/160:400/800  Children-20/40:100/200 used for GIT,UTI,RTI and Typhoid/chancroid in divided doses | Gastrointestinal disturbances, hepatic or renal disorders (crystalluria, etc.), metabolic disorders (hyperkalaemia); neuropathy, photosensitivity, haemolytic anaemia in patients with G6PDdeficiency; allergic reactions (fever, rash, etc.) Sometimes severe (Lyell's and Stevens-Johnson syndromes, haematological disorders, etc.). In these cases, stop treatment immediately; megaloblastic anaemia due to folinic acid deficiency in patients receiving prolonged treatment (in this event, administer calcium folinate). Adverse effects occur more frequently in patients with hiv infection.. |
|  | Calcium gluconate | 1 gm slow I/V f/by continuous I/V of about 4 gm | Tingling sensations, warm flushes, dizziness; tissue necrosis in the event of extravasation; hypercalcaemia in the event of too rapid iv injection or overtreatment. First signs of hypercalcaemia include nausea, vomiting, thirst and polyuria. In severe cases, hypotension, bradycardia, arrhythmia, syncope and cardiac arrest may develop. |
|  | Cefotaxime | 1-2 gm I/V, I/M every 8-12 hr max, 12g /day  Child-50-100mg/kg/day | Gastrointestinal disturbances (diarrhoea, nausea), haematological disorders (neutropenia, leucopenia), heart rhythm disorders if IV injection is too fast, allergic reactions and cutaneous reactions (stevens-johnson and lyell syndromes), sometimes severe. |
|  | Ceftriaxone | UTI,Pneumonia,PID,Meningitis-4 gm initially once daily for 10 days  Typhoid-4gm daily for 2 days f/by 2 gm next 2 days  Child- Meningitis- 75-100 mg/kgfor 7-9 days  Typhoid-5mg/kg for 7 days | Gastrointestinal disturbances, hepatic dysfunction, blood disorders (anaemia, leucopenia, neutropenia), renal dysfunction; allergic reactions sometimes severe (stevens-johnson syndrome). |
|  | Clindamycin | 150-300 mgevery 6hr and in severe infection 300-450mg every 6 hr  Child-2-4 mg/kg every 6 hr,in severe 3-4 mg/kg every 8 hr  I/V-0.6-2.7 gm/day in 3-4 divided doses  Child-20-4-mg/kg in 3-4 divided doses  Neonate-15-20 mg/kg in 3-4 divided doses  Bacterial vaginosis-pessary or 2% cream; 100mg once night at bed time 3-4 day | Pseudomembranous colitis, rash, jaundice, severe allergic reactions. In these cases, stop treatment. |
|  | Cloxacillin | 250-500 qid30 min before food,Osteomyelitis 8 gm daily in 2-3 divided doses  I/V-surgical prophylaxis-1-2 gm at induction thereafter 500 mg every 6 hr | Gastrointestinal disturbances (particularly diarrhoea), allergic reactions sometimes severe; rarely, haematological disorders. |
|  | Condom |  | People with an allergy to latex can cause allergic symptoms. |
|  | Cefpodoxime | 200-400 mg BD | Diarrhea,loose stools,Abdominal or stomach cramps or tenderness,black, tarry stools,bladder pain,bleeding gums |
|  | Cephalexin | 250-500mg every 6-12 hr increased up to 1-1.5 gm every 12 hr  Child- <1 YR-125 mg BD,>1-5 yr 125 mg TDS, 5-12 yr 250 mg TDS | Diarrhoea and rarely, antibiotic-associated colitis (more likely with higher doses), nausea and vomiting, abdominal  discomfort, headache; allergic reactions including rashes, pruritus, urticaria, serum sickness-like reactions with rashes, fever and arthralgia and anaphylaxis; Stevens- Johnson syndrome, toxic epidermal necrolysis reported; disturbances in liver enzymes, transient hepatitis and cholestatic jaundice; other side-effects reported include eosinophilia and blood disorders (including thrombocytopenia, leucopenia, agranulocytosis, aplastic anaemia and haemolytic anaemia); reversible interstitial nephritis, hyperactivity, nervousness, sleep disturbances, hallucinations, confusion, hypertonia and dizziness; dyspnoea, colitis, increased blood urea, creatinine, alkaline phosphatase, bilirubin, LDH |
|  | Chymotrypsine+Trypsin | To reduce tissue damage in burn patient a 1:6 ratio in a combined amount of 2 lakh units USP four times daily for 10 days | Nausea, vomiting, abdominal pain, bloating, blood in the urine, allergy. Side effects occur very rarely. Allergic reaction include: skin rash, itching, redness, swelling of the face, swelling of the tongue, swelling of the throat, difficulty breathing. Allergic reactions can lead to anaphylactic shock.  Ocular s/e- inflammation of the middle layer of the eye, hypersensitivity reactions, corneal edema. |
|  | Dacarbazine | 3.5 mg/kg/d for 10d repeat after 4 wks | Myelosuppression, cns toxicity with neuropathy, ataxia , lethargy , confusion |
| 1. 27 | Darunavir | 800 mg ODwith food for ARV treatment | Diarrhea, headache, nausea,rash, hyperlipidemia, increase liver enzyme, increase serum amylase. |
| 1. 28 | Daunorubicin | 30-50 mg/m2 BSA iv daily for 3 days repeat every 3 wks | Myelosuppression, mucositis, cardiotoxicity ( acute form occurs as arrhythmias and conduction abnormalities. Chronic form occurs as cardiomathy associated with heart failure) |
| 1. 29 | Desferrioxamine | 50 mg/kg im or  20 mg/kg iv | Anaphylaxis; flushing, urticaria, hypotension, shock (especially if given by too rapid intravenous infusion); gastrointestinal disturbances; fever, headache, arthralgia, myalgia; arrhythmias; renal impairment; blood disorders; neurological disturbances including neuropathy, paraesthesia and dizziness; convulsions; yersinia and mucormycosis infections; visual disturbances (including lens opacity and retinopathy) and hearing loss; rash; rarely, growth retardation (in young children); rarely, acute respiratory distress syndrome; pain on intramuscular or subcutaneous injection; local irritation on prolonged subcutaneous infusion; reddishbrown discolouration of urine. |
| 1. 30 | Dextran-40 | Adult- 500-1000 ml (10-  20 ml/kg) in first 24 hours; thereafter 500 ml  every 1-2 days for up to 2 weeks.  Thromboembolism prophylaxis: Adult- 500-  1000 ml (10-20 ml/kg) on day of surgery, then  500 ml daily for 2-3 days, then 500 ml every  second or third day, for up to 2 weeks.  Shock: Adult- initially 500-1000 ml (10-20 ml/  kg) infused as rapidly as needed; may follow  with 500 ml (10 ml/kg) during the same 24  hour period; thereafter 500 ml (10 ml/kg)  may be repeated daily for up to 5 days. | Nausea, vomiting, local injection site reaction, hypersensitivity and anaphylactoid reactions, increased serum sgot and sgpt concentrations, osmotic nephrosis. |
| 1. 31 | Dicyclomine | Adult- 10-20 mg three times a day.  *Parenteral*  IM injection: 80 mg daily in 4 divided doses | Dry mouth; nausea; vomiting; constipation; taste loss; anorexia; dizziness; dyskinesia; lethargy, respiratory arrest; drowsiness; photophobia, blurred vision; increased ocular pressure; tachycardia; urinary retention. |
| 1. 32 | Diloxanide furoate | Adult- 500 mg every 8 h for 10 days.  Child- 20 mg/kg body weight daily in three  divided doses for 10 days. | Flatulence; occasionally vomiting, pruritus and urticaria; furred tongue. |
| 1. 33 | Diltiazem | Adult-30 mg 2 to 5 times a day before food  and at night (bed time), increase gradually to  240 mg in 3 to 4 divided doses daily | Bradycardia, sino-atrial block, AV block; palpitation; dizziness; hypotension, malaise; asthenia; headache; hot flushes; gastrointestinal disturbances; oedema (notably of ankles); rarely, rashes (including erythema multiforme and exfoliative dermatitis), photosensitivity; hepatitis; gynaecomastia; gum hyperplasia; extrapyramidal symptoms; depression reported; gastrointestinal haemorrhage; sinus arrest. |
| 1. 34 | Dimercaprol | 2-5 mg/kg used by im route prepared in 100 mg/ml peanut solution | Hypertension, tachycardia; malaise, nausea, vomiting, abdominal pain, salivation, lacrimation, sweating, burning sensation in the mouth, throat and eyes; feeling of constriction in throat and chest; headache, muscle spasms, tingling of the extremities; fever in children; local pain and abscess at injection site, iron toxicity potentiation. |
| 1. 35 | Dinoprostone | 0.25 mg im & repeated every 1-2 hrs | Uterine hypertony, gastrointestinal disturbances, modification of the foetal heart rate, foetal distress. |
| 1. 36 | Dobutamine | 2.5-10 μg/kg/min infusion adjusted based on clinical response | Tachycardia and marked increase in systolic blood pressure indicate overdosage; phlebitis; rarely, thrombocytopenia. |
| 1. 7 | Docetaxel | 100mg/m2 iv over 1 hr& repeated every 3 wks | Neurotoxicities , fluid retension, myelosuppression with eutropenia |
| 1. 38 | Domperidone | 10-40 mg  Children-0.3-0.6 mg/kg TDS | Rarely, gastro-intestinal disturbances (including cramps) and hyperprolactinaemia; very rarely, extrapyramidal effects and rashes; headache; dizziness; dry mouth; nervousness; flushing. |
| 1. 39 | Donepezil | 5mg OD at bed time | Nausea, vomiting, diarrhoea, fatigue, insomnia, muscle cramps, bradycardia, convulsions, gastrointestinal, haemorrhage, hepatitis, urinary incontinence, influenza, pruritus, increased liver transaminases. |
| 1. 40 | Dopamine | 2-10 μg/kg/min adjusted by clinical response | Nausea and vomiting; peripheral vasoconstriction; hypotension with dizziness; fainting; flushing; tachycardia; ectopic beats; palpitations; anginal pain; headache; dyspnoea; hypertension particularly in overdosage. |
| 1. 41 | Doxorubicin | 60-75 mg/m2 BSA iv daily for 3 days repeat every 3 wks | Infusion reactions, cardiotoxicity, bone marrow suppression, liver impairment, nausea and vomiting, reversible alopecia, stomatitis, conjunctivitis, keratitis, mucositis, discolouration of body fluids, local skin reactions and tissue damage, secondary leukemias. |
| 1. 42 | Dexamethasone | Adult-0.5-10 mg daily in divided doses  Child-0.02-0.3 mg/kg in 3-4 devided doses | Nausea, dyspepsia, malaise, hiccups; hypersensitivity reactions including anaphylaxis; perineal irritation after intravenous administration; adverse effects associated with long-term corticosteroid treatment; hyperglycaemia, abdominal distension, angioedema, bradycardia, acne, erythema, cushing’s syndrome, oropharangeal candidiasis, hypothalamic pituitary adrenal axis suppression. |
| 1. 43 | Dapsone | 100 mg daily for MBL & PBL | Haemolytic anaemia in patients with g6pd deficiency, dose-related haemolytic anaemia, neutropenia, methaemoglobinaemia, pruritus, rash, gastrointestinal disturbances, peripheral neuropathies, agranulocytosis; hypersensitivity reactions during the first month of treatment (fever, jaundice, hepatitis, adenopathy, exfoliative dermatitis, etc.) Requiring permanent discontinuation of treatment. |
| 1. 44 | Diazepam | 5 mg TDS orally  10-40 mg iv in tetanus | Feeling of inebriation, drowsiness (administer with caution when driving or operating machinery); dependence and tolerance when used for more than 10-15 days. At the end of treatment, reduce doses gradually to avoid withdrawal syndrome or rebound effect; in the event of overdose: ataxia, muscular weakness, hypotension, confusion, lethargy, respiratory depression, coma. |
| 1. 45 | Diethyl carbamazepine | 100 mg TDS | Nausea, vomiting, headache, dizziness, drowsiness, fever, joint pain, urticaria, transient haematuria, subcutaneous nodules, lymphangitis, localized oedema; in patients with associated onchocerciasis: severe ocular damages (optic nerve lesions, retinal lesions); in patients with associated loiasis: encephalitis (potentially fatal) if *loa loa* microfilaraemia is high. |
| 1. 46 | Digoxin | 0.25 mg OD orally | In the event of overdose: gastrointestinal disturbances (nausea, vomiting, diarrhoea), blurred vision, headache, confusion, conduction and rhythm disorders. If so, reduce dose or stop treatment |
|  | Diclofenac | 50 mg BD orally  75 mg deep im | Gastrointestinal disturbances, allergic reactions (rash, eczema, bronchospasm), renal impairment |
|  | Doxycycline | 100 mg OD orally | Gastrointestinal disturbances; anorexia, erythema (discontinue treatment); photosensitivity; hypersensitivity reactions; headache and visual disturbances; hepatotoxicity, blood disorders, pancreatitis and antibiotic-associated colitis reported; staining of growing teeth and occasional dental hypoplasia; erythematous rashes, nasophryngitis, sinusitis, increased blood glucose levels, haemolytic anaemia, neutropenia. |
|  | Dextromethorphan | 10-20 mg  Child-2-6 yrs(2.5-5 mg)  6-12 yrs(5-10 mg) | Dependency; dizziness; restlessness; mental confusion; excitation; gastrointestinal disturbance. |
|  | Disodium hydrogen citrate | 15-30 ml BID/TID  Child-<7 ye 2ml tid  >7-<12 yr-5ml tid | Anxiety, flatulence, stomach cramps, diarrhea, metabolic alkalosis especially in renal impairment (overdose), gastrointestinal ulceration, reduced potassium level in blood, breathing difficulties, shortened breath, metabolic alkalosis, mood swings, nausea, tiredness |
|  | Drotaverine | 40-80 mg TDS orally  20 mg/ml iv | Headache,dizziness,constipation and flushing. Fall in BP can occur on i.v. injection |
|  | Enalapril | Adult- Hypertension: initially 5 mg once  daily;  usual maintenance  dose 20 mg daily in 1 to 2 divided doses.  In severe hypertension may be  increased to max. 40 mg once daily | Hypotension, dry cough at night, hyperkalaemia, headache, dizziness, nausea, renal impairment, allergic reactions, angioedema; rarely: hepatitis, neutropenia and agranulocytosis in immunodeficient patients, anaemia in patients with chronic renal impairment. |
|  | Efavirenz | Adult- 100 mg five times daily or 200 mg  thrice daily or 300 mg twice daily, start  treatment after 14th week of gestation until  the start of labour.  Prevention of HIV transmission in neonates.  Child- neonates- 2 mg/kg every 6 hour for first  6 weeks of life, starting with12 hour after  birth. | Rash including stevens-johnson syndrome , dizziness, headache, insomnia, somnolence, abnormal dreams, fatigue, impaired concentration (administration at bedtime especially in the first 2-4 weeks reduces cns effects); nausea; less frequently vomiting, diarrhoea, hepatitis, depression, anxiety, psychosis, amnesia, ataxia, stupor, vertigo; also reported raised serum cholesterol, elevated liver enzymes (especially if seropositive for hepatitis b or c), pancreatitis. |
|  | Enoxaparin | 20-40 mg OD sc | Nausea, diarrhea,fever,anemia, atrial fibrillation, heartfailure, lung edema,pneumonia,injection site reaction (swelling,pain, bruising or redness), unusual bleeding (nose,mouth, vagina, rectum), feeling light headed ,short breath, rapid heart rate, black or bloody stool or vomit like coffee ground, loss of movement in any part of body, sudden weakness ,severe headache , confusion or p[roblemwith speech ,vision or balance, numbness, tingling,or muscle weakness |
|  | Entecavir | 0.5 mg PO qday | Diarrhea, dyspepsia, nausea, vomiting, fatigue, headache, dizziness, somnolence, insomnia, anaphylactoid reaction, lactic acidosis,increased transaminase, alopecia, decompensated liver disease with HBV infection (peripheral edema, ascitis, hepatic encephalopathy, upper respiratory infection), and renal failure |
|  | Erythropoietin | Anaemia of chronic renal failure  Adult: As epoetin alfa: Initially, 50 U/kg  subcutaneous/intravenous 3 times weekly  for predialysis and haemodialysis patients  and 50 U/kg twice weekly for peritoneal  dialysis patients, dose may be increased  according to response in steps of 25 U/kg 3  times weekly at 4 weekly intervals.  Child: As epoetin alfa: Initially, 50 U/kg 3  times weekly. Dose may be increased at 4  weekly intervals in increments of 25 U/kg  3 times weekly until a target haemoglobin  concentration of 9.5-11 g/100 ml is reached.  Usual maintenance dose: <10 kg: 225-450 U/  kg/week; 10-30 kg: 180-450 U/kg/week and  >30 kg: 90-300 U/kg/week.  Anaemia in zidovudine-treated HIV-infected  patients  Adult: As epoetin alfa: Initially, 100 U/kg  subcutaneous/intravenous thrice weekly for  8 weeks; increase every 4-8 week by 50-100  U/kg according to response. Max: 300 U/kg  thrice weekly.  Subcutaneous  Anaemia related to non-myeloid malignant  disease chemotherapy  Adult: As epoetin alfa or zeta: Initially, 150  U/kg 3 times weekly. Dose may be increased  at 4-8 week intervals to 300 U/kg 3 times  weekly. Stop treatment if response is still  inadequate after 4 week of treatment using  this higher dose.  Intravenous  Increase yield of autologous blood  Adult: As epoetin alfa or zeta: 600 U/kg over  2 minutes twice weekly for 3 week before  surgery; in conjunction with iron, folate and  B12 supplementation. | Nausea, vomiting, increased risk of hypertension, myalgia, arthralgia, rashes and urticaria, headache, confusion, generalized seizures, thrombosis specifically during  dialysis, fever, diarrhoea, tissue swelling, flulike syndrome, paraesthesia, constipation, nasal or chest congestion, immunogenicity leading to pure red cell aplasia. |
|  | Escitalopram | Initially 10 mg once daily. Maximum- 20 mg  daily. | Insomnia, nausea, ejaculation disorder |
|  | Esmolol | *Intravenous infusion*  Usually with a range of 50 to 200 μg/kg  body weight/min under strict professional  supervision of cardiologist | Throbbing headache; flushing; dizziness, postural hypotension; tachycardia  (paradoxical bradycardia also reported); abdominal pain; collapse; neurological  deficit. |
|  | Ethinylestradiol+levonorgestrel | Levonorgestrel + Ethinylestradiol  0.15 mg + 0.03 mg  0.25 mg + 0.05 mg  Levonorgestrel 0.15 mg + Ethinylestradiol  0.03 mg + Ferrous fumarate 60 mg. | Menstrual irregularities (including oligomenorrhoea and menorrhagia); nausea, vomiting, headache, dizziness; breast discomfort, depression; skin disorders; disturbances of appetite; weight increase; change in libido. Nausea and vomiting, abdominal cramps and bloating, weight increase; breast enlargement and tenderness; premenstrual like syndrome; sodium and fluid retention; thromboembolism; altered blood lipids; cholestatic jaundice; rashes and chloasma; changes in libido; depression, headache, migraine, dizziness, leg cramps. |
|  | Ethinylestradiol+norethisterone | Norethisterone + Ethinylestradiol  0.5 mg + 0.03 mg  1.0 mg + 0.03 mg | Nausea and vomiting, abdominal cramps and bloating, weight increase; breast enlargement and tenderness; premenstrual like syndrome; sodium and fluid retention; thromboembolism altered blood lipids; cholestatic jaundice; rashes and Chloasma; changes in libido; depression, headache, migraine, dizziness, leg cramps (rule out venous thrombosis); contact lenses may irritate; impotence; hypertension. |
|  | Ethionamide | 10-15 mg/kg/d | Nausea, vomiting, diaeehea,stomach pain, loss of appetite, increase salivation, metallic taste, blister or ulcer in mouth, red or swollen gums, trouble swallowing, headache, dizziness, drowsiness, depressed mood, restless feeling |
|  | Ethyl alcohol | Apply undiluted solution | Do not apply to mucous membranes, wounds or burns: it is painful, irritating and slows the healing process. Do not apply on neonatal skin. |
|  | Etoposide | Adult- Initially 50 to 100 mg/m2 body surface  area daily by infusing over 30 to 60 min.  Thereafter, no injection for 3 to 4 weeks is  given. Small cell lung cancer: 350 mg/m2  daily.  *Oral*  Adult- 100 to 200 mg/m2 body surface area  from day 1 to 5 taken on empty stomach,  thereafter no treatment for 3 to 4 weeks | Alopecia; gastrointestinal disturbances; thrombophlebitis; neuritis. Myelosuppression and it can cause hypotension during infusion. |
|  | Erythromycin | Adult and child over 8 years- 250 to 500 mg  every 6 h or 0.5 to 1g every 12 h upto 4g  daily in severe infections.  Child- 1 month to 2 years; 12.5 mg/kg body  weight every 6 h; 2 to 8 years 250 mg every  6 h (doses doubled for severe infections).  Early syphilis: 500 mg three times daily for  14 days. | Gastrointestinal disturbances, reversible hearing disorders, heart rhythm disorders (QT prolongation); allergic reactions sometimes severe. In the event of allergic reaction, stop treatment immediately. Avoid combination with drugs that prolong the qt interval (Amiodarone, Chloroquine, Co-Artemether, Fluconazole, Haloperidol, Mefloquine, Moxifloxacin, Ondansetron, Pentamidine, Quinine, etc.). Administer with caution and monitor use in patients taking Carbamazepine or Digoxin (increased their plasma levels). Avoid use in neonates less than 2 weeks (risk of pyloric stenosis). |
|  | Ethambutol | Adult- 15 mg/kg body weight as a single  dose, retreatment with 25 mg/kg body  weight as a single dose for two months,  thereafter reduce to 15 mg/kg body weight.  Given as combination therapy with other  anti-tubercular drugs.  Child- Same as for Adult. Do not use under  3 years. | Retrobulbar optic neuritis. Patients should be warned that they must immediately stop treatment and seek medical attention in the event of visual disturbances such as blurred vision, reduced visual acuity, blind spot (scotoma), green-red colour blindness. Visual alterations are usually reversible a few weeks after stopping ethambutol. The dosage must be carefully adjusted to the body weight (adverse effects are dose-dependant), especially for children under 5 years, as it is more difficult to detect visual alterations at this age. |
|  | Ethinylestradiol | Adult- Hormone replacement: 10 to 20 μg  daily. Palliation in breast cancer in postmenopausal  women: 0.1 to 1 mg 3 times daily. | Reduced menstrual flow, vaginal candidiasis, nausea, weight gain, breast tenderness, mood changes, acne and headache. Other rare and severe adverse effects require discontinuation of treatment: hypertension, cardiovascular and thromboembolic disorders, jaundice, migraine, visual disturbances. Hepatic enzyme inducers (Rifampicin, Rifabutin, Nevirapine, Ritonavir, Phenobarbital, Phenytoin, Carbamazepine, Griseofulvin, etc.) Reduce the contraceptive efficacy. Use a non-hormonal contraceptive method (copper intrauterine device, condoms) or injectable medroxyprogesterone, or as a last resort an oral contraceptive containing 50 micrograms Ethinylestradiol (however there is a risk of contraceptive failure and risk of adverse effects is increased). Clinical examinations must be carried out before (blood pressure, breasts) and during treatment (blood pressure). |
|  | Ethamsylate | 250-500 mg daily TDS,oral,  oral/iv | Headache,rash,nausea,transient hypotension |
|  | Ethiophylline+  Theophylline | 100-300 mg BD | Nausea,loss of appetite, stomach pain,diarrhea,weight loss, restlessness, insomnia, nervousness and irritability |
|  | Ferrous salt | Anaemia-Initial dose :600 mg/day(120 mg/day element iron) for 3 month in divided doses(1-3 times a day)  In anaemia associated renal failure-1000mg/day(200mg/day element iron)1-3 timed daily | Gastrointestinal disturbances (epigastric pain, diarrhoea or constipation, black stools). Do not exceed recommended doses, especially in children. Toxic dose: 30 mg/kg of elemental iron (100 mg/kg of ferrous sulfate). Signs of overdose: bloody diarrhoea, heart failure. Absorption of both ferrous salts and doxycycline or antacids is decreased when they are given concomitantly. Administer each drug at least 2 hours apart. Do not administer simultaneously with Doxyccline or antacids: administer 2 hours apart. |
|  | Fentanyl | 1-2μg/kg i.v. every 15 min. for conscious sedation | Black,tarry stool,blurred vision,chest pain,confusion,convulsion,cough,decreased urine,difficult or labored breathing,dizziness,dry mouth,fainting,fever or chills,increased thirst,lightheadedness,loss of appetite,lower backpain or side pain, mood change, muscle pain,nausea, vomiting,numbness and tingling, pounding in ears,rapud breathing , sore throat, sunken eyes , swelling of hands,ankles ,feet, or lpower legs ,ulcer ,sore or white spot in mouth,unusual bleeding or bruising,unusual tiredness or weakness,wqrinkled skin. Abnormalor stomach pain,changein walking and balance,clumsiness or unsteadiness,decresed awareness or responsiveness, seeing, hearing or feeling things that are not there , seizure ,severe constipation, |
| 1. 47 | Ferrous salt +folic acid | 200 mg+400μg OD/BD | Reduced menstrual flow, vaginal candidiasis, nausea, weight gain, breast tenderness, mood changes, acne and headache. Other rare and severe adverse effects require discontinuation of treatment: hypertension, cardiovascular and thromboembolic disorders, jaundice, migraine, visual disturbances. Hepatic enzyme inducers (Rifampicin, Rifabutin, Nevirapine, Ritonavir, Phenobarbital, Phenytoin,etc.) Reduce the contraceptive efficacy. Use a non-hormonal contraceptive method (copper intrauterine device, condoms) or injectable medroxyprogesterone, or as a last resort an oral contraceptive containing 50 micrograms ethinylestradiol (however there is a risk of contraceptive failure and risk of adverse effects is increased). Clinical examinations must be carried out before (blood pressure, breasts) and during treatment (blood pressure). Do not combine with Sulfadiazine-Pyrimethamine in patients with toxoplasmosis nor Sulfadoxine- Pyrimethamine in patients with malaria: folic acid reduces the efficacy of these treatments. |
| 1. 48 | Filgrastim | Induction therapy-5μg/kg SC/IV qday initially increase according to severity and duration  BMT-10μg/kg/day infused over 4-24 hr | Gastrointestinal disturbances (epigastric pain, diarrhoea or constipation, black stools).  Do not exceed recommended doses, especially in children. Toxic dose: 30 mg/kg of elemental iron (100 mg/kg of ferrous sulfate). Signs of overdose: bloody diarrhoea, heart failure. Absorption of both Ferrous salts and Doxycycline or antacids is decreased when they are given concomitantly. Administer each drug at least 2 hours apart. Do not administer simultaneously with doxyccline or antacids: administer 2 hours apart. |
| 1. 49 | Flunarizine | Adults- 10 mg at night.  Child < 40 kg- 5 mg at night. | Drowsiness; weight gain; depression; gastric pain, dry mouth; insomnia; extrapyramidal side effects. |
| 1. 50 | Fluroscein | Adult and Child- Detection of lesions and  foreign bodies in eye: instill sufficient solution  dropwise to stain damaged area. | Local allergic reaction (rare). Wait 15 minutes before administering any other kind of eye drops. |
| 1. 51 | Fluphenazine | test dose of 12.5 mg, then  after 4 to 7 days, 12.5 to 100 mg repeated at  intervals of 2 to 5 weeks, adjusted according  to the response.  . | Less sedating and fewer hypotensive and anticholinergic symptoms; higher incidence of extrapyramidal symptoms (most likely to occur a few hours after injection and continue for about 2 days but may be delayed); systemic lupus erythematosus; pain at injection site, occasionally erythema, swelling, nodules; tardive dyskinesia, neurological disturbances, blood dyscrasias |
| 1. 52 | Framycetin | Topical  Skin infections: Adult- as 1% dressing  Ophthalmic  Blepharitis along with conjunctivitis:  Adult- as 0.5 % ointment, apply 2-3 times  daily.  Otitis externa  Adult- 0.5% drops. | Ototoxicity, gastrointestinal symptoms, inflammation, transient irritation, contact  Dermatitis, burning sensation, pruritus. |
| 1. 53 | Fresh frozen plasma | 10-20ml/kg body weight  Number of unit=desired dose(ml)/200ml/unit | Allergic and anaphylactic reaction ,antibodies associated with anaphylaxis ,transfusion related acute lung injury, transfusion associated circulatory overload , |
| 1. 54 | Fusidic acid | Tab-500mg tid  Suspension-adult-15ml tid  Children-1ml/kg/day tid  Injectable-adult-500mg tid  Child-20mg/kg/day into 3 equal doses | Gastrointestinal discomfort, diarrhea, headache,hepatotoxicity,granulocytopenia, thrombocytopenia,and venous spasm,contact dermatitis |
| 1. 55 | Fluconazole | Adult- Mucosal: 50 to 100 mg daily for 14  to 30 days. Vaginal: 150 mg as a single dose.  Oral: systemic loading dose of 400 mg on first  day and thereafter 200 to 400 mg once daily  for at least 28 days.  Prophylaxis of fungal infection: 50 to 100 mg  once daily. | Reduce the dose by half in patients with renal impairment. Gastrointestinal disturbances, headache, skin reactions sometimes severe, anaphylactic reactions; severe hepatic disorders, haematological (leukopenia, thrombocytopenia) and cardiac disorders (QT-prolongation). Stop treatment in the event of anaphylactic reaction, hepatic disorders or severe skin reaction. Avoid or monitor combination with: drugs that prolong the QT interval (Amiodarone, Chloroquine, Erythromycin, Haloperidol, Mefloquine, Pentamidine, Quinine); warfarin, carbamazepine, phenytoin, rifabutin, benzodiazepines, calcium-channel blockers, certain Anti Retrovirals (e.g. Nevirapine, Saquinavir, Zidovudine): increased blood concentration of these drugs. |
| 1. 56 | Furosemide | Adult- Oedema: initially 40 mg daily on  waking up. Maintenance. 20 to 40 mg daily;  may be increased to 80 mg daily or more  in resistant oedema: max 600 mg daily in  severe cases.  Child- 1 to 3 mg/kg daily (max. 40 mg daily).  *Slow intravenous injection*  Adult- Acute pulmonary oedema: 20 to 50  mg, if necessary increase by 20 mg step-bystep  every 2 h; if effective single dose is more  than 50 mg, at a rate not exceeding 4 mg/  min.  Child- 0.5 to 1.5 mg/kg daily (max. 20 mg  daily).  *Slow intravenous infusion*  Adult- Oliguria (glomerular filtration rate less  than 20 ml/min): at a rate not exceeding 4  mg/min, initially 250 mg over 1 h.  If urine output not satisfactory during the h  after first dose, infuse 500 mg over 2 h then;  if no satisfactory response is there in an h  after second dose, infuse 1g over 4 h.  If no response is there after third dose,  dialysis is probably necessary | Hypokalaemia, especially in cases of cirrhosis, denutrition, congestive heart failure.  Closely monitor combination with Digoxin (Furosemide enhances toxicity of Digoxin). |
|  | Fluoxetine | 20 mg/day initially (max 60 mg). | Allergic reactions (rare): stop treatment; Insomnia or drowsiness (caution when driving/operating machinery), gastrointestinal disturbances (take during a meal), headache, dizziness, blurred vision; psychic disorders: exacerbation of anxiety, possibility of a suicide attempt at the beginning of therapy, manic episode during the course treatment; withdrawal symptoms (dizziness, paresthesia, nightmares, etc.) Possible if the treatment is discontinued abruptly. Do not combine with another antidepressant.monitor combination (up to 5 weeks after the discontinuation of fluoxetine) with: Carbamazepine, Haloperidol, Risperidone, Phenytoin (increases they toxicity), drugs which lower the seizure threshold (antispychotics, Mefloquine, tramadol, etc.), Lithium and other Serotonergics. Avoid Aspirin and NSAIDS (risk of bleeding) and alcohol during treatment. |
|  | Follic acid | 150μg/ day-1-3yr  200μg/ day- 4-8yr  300μg/ day-9-13yr  400μg/ day-14 yr and above | Do not combine with sulfadiazine-pyrimethamine in patients with toxoplasmosis nor sulfadoxine- pyrimethamine in patients with malaria: folic acid reduces the efficacy of these treatments. |
|  | Glimepiride | Adult 1-2 mg daily.  Max dose 8 mg daily | Hypoglycaemia due to excessive doses, especially in elderly patients; insufficient intake of sugar; hepatic or renal failure. Treat mild hypoglycaemia with intake of oral sugar and iv injection of hypertonic glucose solution if severe; adjust dosage; allergic reactions. Avoid combination with: co-trimoxazole, aspirin and other anti-inflammatory drugs, Beta-blockers (risk of hypoglycaemia), Barbiturates, glucocorticoids, oral contraceptives (antagonise hypoglycaemic effect), etc. Avoid combination with alcohol: antabuse reaction. |
|  | Gadobenate | 0.2 ml/kg rapid iv bolus f/by saline flush according to imaging | Dry mouth, nausea, vomiting, headache , dizziness, unpleasant taste in mouth, numbness or tingly feeling, mild itching or rash, cold feeling ,warmth, pain ,or bruising at injected site, decreased urine, drowsiness, confusion, mood change, increase thirst, loss of appetite, swelling , weight gain, feeling short of breath, seizure, pounding heart beat or fluttering in your chest, pain, burning, swelling, blistering ,or skin changes at injection site |
|  | Ganciclovir | 5mg/kg iv qday, over 1 hr for 14-21 days  Maintenance- 5 mg/kg qday or  6 mg/kg qday for 5 days / wks or  1000 mg po TID | Neutropenia W/ ANC <1000/cu.mm (25-50%) thrombocytopenia (20%)  1-10% elevated LFT ,anemia, confusion headache, nausea/vomiting, neuropathy, paresthesia pruritus, retinal detachment, rash, sepsis, weakness blood and lymphatic disorders: pancytopenia, bone marrow failure cardiac disorders: arrhythmias ear and labyrinth disorders: tinnitus, ear pain, deafness eye disorders: visual impairment, vitreous disorders, eye pain, conjunctivitis, macular edema gastrointestinal disorders: abdominal pain, dyspepsia, flatulence, constipation, mouth ulceration, dysphagia, abdominal distention, pancreatitis, gastrointestinal perforation, eructation, dry mouth general disorders and administration site conditions: fatigue, injection site inflammation, edema, pain, malaise, asthenia, chest pain, multiple organ failure blood immune system disorders: hypersensitivity infections and infestations: candida infections including oral candidiasis, upper respiratory infection, influenza, urinary tract infections, cellulitis investigations: blood alkaline phosphatase increased, hepatic function abnormal, aspartate aminotransferase increased, alanine aminotransferase increased, creatinine clearance decreased metabolism and nutrition disorders: weight decreased musculoskeletal and connective tissue disorders: back pain, myalgia, arthralgia, muscle spasms, leg cramps, myasthenia nervous system disorders: headache, insomnia, dizziness, paresthesia, hypoaesthesia, seizures, somnolence, dysgeusia (taste disturbance), tremor psychiatric disorders: depression, confusional state, anxiety, agitation, psychotic disorder, thinking abnormal, abnormal dreams renal and urinary disorders: kidney failure, renal function abnormal, urinary frequency, hematuria respiratory, thoracic and mediastinal disorders: cough, dyspnea skin and subcutaneous tissues disorders: dermatitis, alopecia, dry skin, urticaria, rash vascular disorders: hypotension, hypertension, phlebitis, vasodilation blood and lymphatic disorders: hemolytic anemia, agranulocytosis, granulocytopenia cardiac disorders: cardiac arrest, conduction disorder, torsade de pointes, ventricular tachycardia congenital, familial and genetic disorders: congenital anomaly endocrine disorders: inappropriate antidiuretic hormone secretion eye disorders: cataracts, dry eyes gastrointestinal disorders: intestinal ulcer hepatobiliary disorders: cholelithiasis, cholestasis, hepatic failure, hepatitis immune system disorders: anaphylactic reaction, allergic reaction, vasculitis |
|  | Gifitinib | 250 mg q day until disease progression or unacceptable toxicity | Abdominal pain , clay coloured stool, dark urine, decreased appetite,vomitingcoffee ground colour diarrhea, fever, headache, itching and skin rashes, nausea, vomiting, swellinf of feet and chest, unusual tiredness,yellow eyes and skin, discharge or excessive tearing,dry eye, blistering ,peeling of skin,heart burn, joint and muscle pain, redness or soreness around fingernail or loosening of fingernail, hepatotoxicity, cns haemorrhage, elevated creatinine |
|  | Gemcitabine | 1g/m2 body surface area for over 30 min once  a week for up to 7 weeks, if not tolerated  reduce or withhold. After one week rest  administer by infusion once weekly for  three weeks, withhold for 4th week before  repeating. | Nausea, vomiting, oral mucositis, hyperuricaemia, bone marrow suppression, alopecia, thromboembolism, flu like syndrome; edema; thrombocyathemia; somnolence; hematuria; dyspnoea; loss of appetite. |
|  | Glutaraldehyde | Disinfection of clean instruments - immerse  in undiluted solution for 10 to 20 min; up to  2 h may be required for certain instruments  (for example bronchoscopes with possible  mycobacterial contamination); rinse with  sterile water or alcohol after disinfection.  Sterilization of clean instruments - Immerse  in undiluted solution for up to 10 h; rinse with  sterile water or alcohol after disinfection | Nausea (occupational exposure); headache; airway obstruction; asthma; rhinitis; eye irritation and dermatitis and skin discolouration. |
|  | Glycerine | *Oral*  0.5-1.5 g/kg every 6-8 hourly.  *Parenteral*  Intravenous- 0.5 to 1.0 g/kg every 4-6 hours;  do not exceed 0.2-1.0 g/kg/hour.  Administer as a 10% solution every 4 hours | Excessive bowel activity, cramping pain, rectal irritation ,tenesmus, allergic reaction |
|  | Glycopyrrolate | 0.1-0.3 mg i.m for preanaesthetic medication in adults | Body aches or pain, chills, constipation,vomiting, wheezing, cough, decrease frequency of urination,difficuly with breathing, ear congestion, feeling of warmth,headache, loss of voice,nasal congestion,painfull urination,redness of face, neck, arms and upper chest, runny nose,sore throat, unusual tiredness, abdominal distention ,confusion, convulsion, increase in heart rate, rapid breathing, low blood pressure, increased ocular tension, dialation of pupil, cycloplegia, suppression of lactation, anaphylaxis |
| 1. 57 | Glyceryltrinitrate | *Sublingual*  Adult- 0.5 to 1 mg, repeated as required.  *Intravenous infusion*  10 to 200 μg/min. | Orthostatic hypotension (especially in elderly patients), headache, nausea, flushing of the face, haemolysis in patients with G6PD deficiency, severe hypotension with risk of circulatory collapse in the event of overdose. Use the lowest effective dose in patients taking another nitrate derivative, a vasodilator or an antihypertensive drug and in elderly patients. Combination with antihypertensive drugs, diuretics, vasodilators and alcohol enhances hypotensive effects.  Do not combine with Sildenafil (risk of acute coronary syndrome). |
| 1. 58 | Griseofulvin | Adult- 500 mg once a day or in divided doses,  in severe infections dose may be doubled.  Reduce when response occurs. Administer  with meals.  Child- Under 50 kg: 10 mg/kg bo | Gastrointestinal disturbances, headache, skin reactions (eruption, urticaria, etc.); photosensitivity (protect exposed skin from sun exposure). Monitor patients taking Warfarin (anticoagulant effect decreased). Avoid alcohol during treatment (antabuse effect). |
| 1. 59 | Gentamicin | *Intravenous infusion*  Once daily dose regime; 5 to 7 mg/kg body  weight, then adjust as per serum gentamicin  concentration.  *Intramuscular or slow intravenous injection*  over at least 3 min.  Multiple daily dose regimen: 3 mg/kg body  weight divided into 8 hly doses. | Renal impairment, irreversible auditory and vestibular damage, blockage of neuromuscular transmission, allergic reactions. Do not combine with another aminoglycoside. Monitor combination with: Furosemide, Amphotericin B, vancomycin (enhanced renal and/or auditory toxicity); neuromuscular blockers, general anaesthetics (potentialization of their effects). |
| 1. 60 | Glucose | *Intravenous infusion*  Fluid replacement  Adult and Child- Determined on the basis of  clinical and wherever possible, electrolyte  monitoring.  Treatment of hypoglycaemia  Infusion of 50% glucose solution into a large  vein.  Adult-25 ml | Vein irritation; severe tissue damage (necrosis) in the event of extravasation. The solution is viscous: use a large vein and a large calibre needle. |
|  | Gliclazide | 40- 320 mg daily, doses >160 mg daily may  be given in 2 divided doses.  Modified release tablets 30-120 mg daily. | Abdominal pain,back, muscle or joint pain, constipation, diarrhea,dizziness, headache, heartburn, increased skin sensitivity to sun, nausea, vomiting, swelling of legs, cold sweat, confusion, drowsiness, difficulty in concentrating,fast heart rate,slurred speech, unusual tiredness, hunger, unexpected weight gain, |
|  | Glibenclamide | *Oral*  Adult- initially 5 mg once daily with or  immediately after breakfast; max. 15 mg  daily.  Elderly- 2.5 mg, but it should preferably be  avoided, adjusted according to response  (max. 15 mg daily). | Abdominal pain,back, muscle or joint pain, headache, heartburn, nausea, hypoglycaemia, angioedema, maculopapular eruption, urticaria,erythema,cholestatic jaundice,leucopenia,pancytopenia,agranulocytosis,aplastic anaemia, haemolytic anaemia |
| 1. 61 | Haloperidol | *Oral*  Adult-Schizophrenia and other psychoses,  mania, psychomotor agitation and violent  behaviour and severe anxiety (adjuvant):  initially 1.5 to 3 mg 2 to 3 times daily or 3 to  5 mg 2 to 3 times daily in severely affected  or resistant patients (up to 30 mg daily in  resistant schizophrenia).  Elderly or debilitated-Schizophrenia and  other psychoses, mania, psychomotor  agitation and violent behaviour and severe  anxiety (adjuvant): initially half adult dose.  Child-Schizophrenia and other psychoses,  mania, psychomotor agitation and violent  behaviour and severe anxiety (adjuvant):  initially 25 to 50 μg/kg daily in 2 divided  doses (max. 10 mg daily).  *Intramuscular injection*  Adult- Acute psychotic conditions: initially  2 to 10 mg, subsequent doses every 4 to  8 h according to response (up to every h  if necessary) to max. of 18 mg; severely  disturbed patients may require initial dose of  up to 18 mg.  Elderly or debilitated- Acute psychotic  conditions: initially half adult dose.  Child- Acute psychotic conditions: not  recommended. | Drowsiness (caution when driving/operating machinery), extrapyramidal syndrome, early and tardive dyskinesia, sexual dysfunction, QT-prolongation, ventricular arrhythmia, orthostatic hypotension; neuroleptic malignant syndrome (unexplained hyperthermia with neuromuscular disorders), rare but requiring immediate treatment discontinuation. In the event of extrapyramidal symptoms, combine with Biperiden. Avoid combination with: Carbamazepine, Rifampicin, fluoxetine, lithium, drugs that prolong the QT interval (Amiodarone, Chloroquine, Erythromycin, fluconazole, Mefloquine, Pentamidine, Quinine).  Avoid alcohol during treatment. |
|  | Hydrochlorthiazide | *Oral*  Adult- Hypertension: 12.5 to 25 mg daily.  Heart failure: initially 25 mg daily on waking  up, increasing to 50 mg daily if necessary.  Elderly- Initially 12.5 mg daily for  hypertension as well as heart failure. | Dehydration, hypotension, hypokalaemia, photosensitivity, hyperglycaemia. |
|  | Haemodialysis fluid |  | Infection including peritonitis; hernia; haemoperitoneum; hyperglycaemia, protein malnutrition; blocked catheter; fluid and electrolyte imbalance, disequilibrium syndrome, muscle cramp |
|  | Halothane, | Induction of anaesthesia using specially  calibrated vaporiser; in oxygen or oxygen–  nitrous oxide.  Introductory dose: 0.5 to 3%.  Maintenance dose: 0.5 to 1.5%.  Adult- Increase gradually 2 to 4%.  Child- 1.5 to 2%.  Maintenance of anaesthesia using specially  calibrated vaporiser; oxygen; oxygen–nitrous  oxide 0.5 to 2%. | Arrhythmias; bradycardia; respiratory depression; hepatic damage; malignant hyperthermia; cyanosis; post operative nausea and vomiting. |
|  | Homatropine | Adult- 1 to 2 drops in each eye till the desired  effect is achieved.  Child- 1 to 2 drops in each eye till the desired  effect is achieved. | Ocular side-effects of mydriatics and cycloplegics include transient stinging and raised intra-ocular pressure; on prolonged administration, local irritation, hyperaemia, oedema and conjunctivitis can occur. Contact dermatitis can occur with the antimuscarinic mydriatic drugs, especially atropine. Systemic side-effects of atropine and cyclopentolate can occur in the young and the old; posterior synechia, headache, drowsiness, loss of taste, photophobia, brow ache, lacrimation. |
|  | Hormone releasing IUD, | For contraception, the device can be inserted  at any time between day 4 and day 12 after  the start of menstrual bleeding; not to be  fitted during heavy menstrual bleeding.  Emergency contraception, the device may be  inserted up to 120 h (5 days) after unprotected  intercourse, at any time of menstrual cycle; if  intercourse has occurred more than 5 days  previously, device can still be inserted up  to 5 days after the earliest likely calculated  day of ovulation; device can be removed at  the beginning of menstruation if no longer  required. | Heavy bleeding, perforation of uterus; cramps. |
|  | Human chorionic gonadotropin, | 5000-10000 units IM once 1 day following the last dose of menotropins  Recombinent chorio gonadotropin=250μg S.C. once 1day following last dose of follicle –stimulating agent | Bloating, stomach or pelvic pain,decresed amount of urine,feeling of indigestion,nausea,vomiting ,diarrhea, shortness of breath, weight gain ,swelling of feet and face,acne,increase in height,growth of pubic hair,difficult breathing, slurred speech, sudden loss of coordination |
|  | Hydrogen peroxide, |  | Redness,stinging,irritation at application site,allergic reaction |
|  | Hydroxocobalamine | 500μg, 1000μg inj. OD | Blurred vision, dizziness, headache, nervousness,pounding in ears, redness of skin, slow or fast breath, red coloured urine,nausea, |
|  | Hydroxychloroquine | 400 mg/day for 4-6 wks | Nausea, vomiting, stomach cramp, loss of appetite, weight loss ,diarrhea, dizziness,spinning sensation,headache, ringing in ears ,nervousness, irritability, hair loss, itching,blurred vision, bleeding, confusion, seeing halos around light, uncontrolled movement, seizure, muscle weakness, unusual behaviour,ten, sjs, photosensitivity,macular degeneration,agranulocytosis, thrombocytopenia, G-6PD deficiency, leukopenia,cardiomyopathy |
|  | Hydroxypropyl methylcellulose | 1-2 drop as needed for dry eye | Blurred vision, change, decresed and loss of vision, pain in eye, redness of white part of eye, tearing of eye, throbbing eye pain |
|  | Hydroxyurea, | 20-30 mg/kg daily or 80 mg/kg twice wkly | Nausea, vomiting ,diarrhea, constipation, skin discoloration, hair loss , flu like symptoms, rash, headache, dizziness, drowsiness, weight gain, anemia, myelosuppression, leukemia |
| 1. 62 | Heparin | 5000-10000U f/by 750-1000U/hr i.v.  Deep s.c. 10000-20000 U every 8-12 hr | Severe thrombocytopenia, usually after 5 days of heparin, with thrombo-embolic complications requiring discontinuation of treatment; localised reactions at the injection site, rarely, necrosis; allergic reactions, osteoporosis after prolonged use, alopecia; haemorrhage in case of overdosage, pre-existing lesions, trauma use with caution and reduce dosage in elderly patients and in hepatic or renal failure. Overdosage: neutralise heparin by slow iv injection of protamine. 1 mg Protamine neutralises 100 i.u of heparin. Reduce doses of protamine if more than 15 minutes has elapsed since heparin administration. Laboratory tests: monitor coagulation parameters in order to adjust dose. Partial thromboplastin time should be maintained at 1.5 to 2 times the control value (Howell's test at 2 to 3 times the control value). Monitor platelet count prior to initiation of treatment and then 2 times per week. Avoid combination with aspirin, non-steroidal anti-inflammatory drugs: increased risk of haemorrhage. Closely monitor clinical and biological parameters in case of combination with corticosteroids, dextran, and transition to an oral anticoagulant.  **2** |
| 1. 63 | Hydrocortisone | *Intramuscular injection or slow intravenous*  *injection or intravenous infusion*  Adult-100 mg to 500 mg, 3 to 4 times in 24 h  or as required.  *Slow intravenous injection*  Child- Up to 1year: 25 mg. 1 to 5 years: 50mg | Avoid prolonged administration in patients with peptic ulcer, diabetes mellitus or cirrhosis. Administer with caution to patients receiving digitalis glycosides: increases digitalis toxicity associated with hypokalaemia. |
|  | Hyoscine butylbromide | 0.3-0.5 mgoral i.m. also as transdermal patch | Urinary retention, dryness of the mouth, constipation, blurred vision, tachycardia (anticholinergic effects). |
|  | Human albumin | Albumin 5%- initially 250 or 500 ml@1-2ml/min f/by additional albumin with in 15 to 30 min.if response is inadequate  Albumin 25%= 200-300 mi iv to reduce oedema (100ml over30-45 min.) | Anaphylactoid reaction ,fever ,chills, rash, nausea, vomiting, tachycardia, hypotension. |
|  | Hydroethyle starch+ NS | *Intravenous infusion*  500 to 1000 ml (daily max. 1500 ml). | Anaphylactoid reaction hypersensitivity, mild influenza like reaction, bradycardia, tachycardia, bronchospasm and non-cardiogenic pulmonary edema. It is also decrease hematocrit and disturbance in coagulation ns: pulmonary oedema in the event of too rapid infusion or infusion of excessive amounts. Do not use as vehicle for the administration of Amphotericin B (incompatibility): use only 5% glucose solution. |
| 1. 65 | Ibuprofen | *Oral*  Adult- and Child over 12 years- initially 300 to  400 mg 3 to 4 times daily, increase if necessary  (max. 2.4g daily), maintenance dose of 0.6 to  1.2g daily may be adequate.  Infant or Child over 3 months- 5-10 mg/kg  3 to 4 times/day, Maximum daily dose: 40  mg/kg/day.  *Intravenous injection and infusion*  Neonate- initially by intravenous injection  (over atleast 5 min) 25-100 μg/kg then by  continuous intravenous infusion 5-40 μg/  kg/h. adjusted according to response. | Allergic reactions, epigastric pain, peptic ulcer, haemorrhage, renal impairment. Administer with caution to elderly or asthmatic patients. Do not combine with: methotrexate, anticoagulants and other NSAIDS. Monitor combination with diuretics and angiotensin-converting enzyme inhibitors (drink plenty of fluids to avoid renal failure). |
| 1. 66 | Ipratropium | *Aerosol inhalation*  Adult- Metered dose inhaler; 20 to 40 μg, in  early treatment up to 80 μg at a time, 3 to 4  times daily.  Child- Metered dose inhaler; up to 6 years;  20 μg 3 times daily. 6 to 12 years; 20 to 40 μg  3 times daily. | Throat irritation, headache, cough, vomiting; anticholinergic effects: dryness of the mouth, constipation, dilation of the pupils, blurred vision, urinary retention, tachycardia. Administer with caution to elderly patients and patients with closed-angle glaucoma, BPH, urinary retention. Avoid or monitor combination with drugs known to have anticholinergic effects: tricyclic antidepressants (Amitriptyline, clomipramine), H1 antihistamines (Chlorphenamine, Promethazine), antiparkinsonians (Biperiden), antispasmodics (Atropine, Hyoscine Butylbromide), neuroleptics (Chlorpromazine), etc. (increased risk of adverse effects). |
|  | Isoniazid | Adult- 3 to 5 mg/kg body weight up to 300  mg as single dose daily.  Child- 10 to 15 mg/kg body weight as a single  dose, not to exceed 300 mg/day | Peripheral neuropathy, especially in malnourished, alcoholic, diabetic, HIV-infected patients; pregnant and breast-feeding women; patients with renal impairment or chronic hepatic disease and patients receiving high doses of isoniazid; hepatic disorders (jaundice), especially in alcoholic patients, patients receiving Rifampicin, patients > 35 years; hypersensitivity reactions, psychotic reactions. If signs of hepatotoxicity (e.g. Jaundice) develop, isoniazid should be discontinued until symptoms resolve. Administer with caution and closely monitor patients taking phenytoin, Carbamazepine, Benzodiazepines (risk of toxicity), Warfarin (risk of bleeding), Cycloserine (increased risk of peripheral neuropathy). Administer pyridoxine (vitamin B6) in patients at risk of peripheral neuropathy (child: 5 mg/day; adult: 10 mg/day). |
| 1. 68 | Isosorbide di nitrate | *Sublingual*  Adult- Angina acute attack: 5 to 10 mg,  repeated as required.  Angina prophylaxis: 120 mg daily in divided  doses.  Angina prophylaxis: 20 to 120 mg. | Orthostatic hypotension (especially in elderly patients), headache, nausea, flushing of the face, haemolysis in patients with g6pd deficiency, severe hypotension with risk of circulatory collapse in the event of overdose. Use the lowest effective dose in patients taking another nitrate derivative, a vasodilator or an antihypertensive drug and in elderly patients. Combination with antihypertensive drugs, diuretics, vasodilators and alcohol enhances hypotensive effects. Do not combine with sildenafil (risk of acute coronary syndrome). |
|  | Ifosfamide, | 1.2g/m2/day iv infusion over 30 min.3-4 wk | Immunosuppresion, neoplasm, (AML, ALL, RCC, Myelodysplastic syndrome, thyroid cancer), myelosuppression, DIC, HUS, angioedema, hypersensitivity reaction, SIADH, hypokalemia, hypocalcemia, hypophosphatemia, hyperglycemia, status epilepticus, leukoencephalopathy, asterixis, gait disturbance, panic attack, delusion, delirium,mutisim,echolalia,amnesia,conjunctivitis, visual impairement, deafness, vertigo,tinnitus, cardiac toxicity, pulmonary embolism, deep vein thrombosis, vasculitis, respiratory failure, pancreatitis ,colitis, hepatic failure, ten, sjs, palmoplanter erythodesesthesia, petechiae, skin hyperpigmentation, hyperhiderosis, pruritis, rhabdomyolysis, rickets, osteomalacia, arthralgia, growth retardation, nephrogenic diabetes insipidus, fanconi syndrome, renal failure, infertility |
|  | Imatinib | 400-600 mg/day. | Acute-nausea and vomiting; chronic fluid retention with ankle and periorbital edema, diarrhoea, myalgias, congestive heart failure. |
|  | Intraperitoneal dialysis solution | Dextrose - 1.5% w/v, 2.5% w/v and 4.25%  w/v. | Infection including peritonitis; hernia; haemoperitoneum; hyperglycaemia, protein malnutrition; blocked catheter; fluid and electrolyte imbalance, disequilibrium syndrome, muscle cramp. |
|  | Iohexol |  | Headache,pain, nausea and vomiting, dizziness, feeling of heaviness, hypotention, tinnitus paresthesia, photophobia,vertigo,sensation of heat, hypertoniaallergy,brady andtachycardia, vasovagal reaction,rhinitis , laryngitis, dry mouth, dyspepsia |
|  | Iron sucrose | 50 mg/100mg in 2.5 /5 mlfor i.v. inj. | Nausea, vomiting, diarrhea, constipation, altered taste, back pain ,joint pain, cough, headache, pain swelling or redness at injection site, dizziness, fainting, hypotension, irregular heart beat ,chest pain, blurred vision, |
|  | Isoflurane | 1.5-3% induces anaesthesia in 7-10 min.and 1-2%is used for maintenance | Shallow breathing,low blood pressure,slow or fast heart rate,shivering,nausea, vomiting,abdominal distention, malignant hyperthermia,hepatic necrosis and failure |
|  | Isosorbide-5-mononitrate | *Oral*  20 mg 2 to 3 times a day initially, or 40 mg  twice daily (max 120 mg daily individual  dose | Postural hypotension, tachycardia (but paradoxical bradycardia also reported); throbbing headache; dizziness; less commonly nausea; vomiting; heartburn; flushing; temporary hypoxaemia; rash; application site reactions with transdermal patches; very rarely, angleclosure glaucoma; decreased cardiac output; urinary and faecal incontinence. Specific side-effects following injection (particularly if given too rapidly) include severe hypotension, diaphoresis, apprehension, restlessness, muscle twitching, retrosternal discomfort, palpitation, abdominal pain, syncope; prolonged administration has been associated with methaemoglobinaemia. |
|  | IUD containing copper | For contraception, the device can be inserted  at any time between day 4 and day 12 after  the start of menstrual bleeding; not to be  fitted during heavy menstrual bleeding.  Emergency contraception, the device  may be inserted up to 120 h (5 days) after  unprotected intercourse, at any time of  menstrual cycle; if intercourse has occurred  more than 5 days previously, device can still  be inserted up to 5 days after the earliest  likely calculated day of ovulation; device can  be removed at the beginning of menstruation  if no longer required. | Uterine or cervical perforation, displacement, expulsion; pelvic infection exacerbated; heavy menstrual bleeding; dysmenorrhoea; pain and bleeding and occasionally epileptic seizure or vasovagal attack on insertion. |
|  | Ispaghula, | *Oral*  Adult- 6 teaspoonful of water or milk at night  before bed time.  Child- 1-3 teaspoonful in water or milk before  bed time. | Diarrhoea (dose related), nausea, vomiting, hypokalaemia; dehydration; hypernatremia; bloating and abdominal cramps. |
| 1. 69 | Insulin (soluble) | *Subcutaneous, intramuscular, intravenous*  *injection or intravenous infusion.*  Adult and Child- Diabetes mellitus: according  to individuals requirement | Hypoglycaemia due to overdosage or inadequate diet. Treat mild hypoglycaemia with intake of oral sugar and iv injection of hypertonic glucose solution if severe; local reactions: pain, erythema at the injection site, lipodystrophy. Rotate injection sites systematically and use all available sites (upper arm, thighs, abdomen, upper back). Patient monitoring: blood and urine glucose concentrations, urine ketone tests. Blood glucose concentrations should be maintained within the range of 4.4 to 8 mmol/litre under fasting (8 mmol = 1.4 g).  Diabetes is controlled when:  There are no glucose and ketones in urine;  Before-meal blood glucose levels are < 1.2 g/litre (< 6.67 mmol/litre);  Postprandial blood glucose levels are ≤ 1.4 g/litre (< 7.78 mmol/litre).  Treatment of diabetes must be initiated in hospital under close supervision. Treatment includes: insulin administration, specific diet, education and counselling under medical supervision (self-monitoring of blood glucose, self-administration of insulin, knowledge about signs of hypoglycaemia and hyperglycaemia). Closely monitor combination with: drugs enhancing hypoglycaemiceffect: acetylsalicylic acid, angiotensin-converting enzyme inhibitors, beta-blockers (which in addition, may mask symptoms of hypoglycaemia); drugs increasing blood glucose levels: glucocorticoids, salbutamol, chlorpromazine, oral contraceptives. Avoid alcohol: enhances and prolongs hypoglycaemic effect of insulin. Use sterile technique. |
| 1. 70 | Intermediate acting (NPH) insulin | Type 1 DM -0.5-1 u/kg/day s.c. in divided doses  .TypE 2 DM- beginning dose 0.2 u/kg/day | Same as above  Do not administer if known allergy to protamine. |
| 1. 71 | Kanamycin | *Intramuscular and intravenous injection*  Adult- 1g daily as a single dose.  Child- 6 to 15 mg/kg body weight daily in  divided doses, 8 to 12 h (slow injection),  usual duration of therapy 7 to 10 days. | Nephrotoxicity; ototoxicity; skin rash; urticaria; neuromuscular blockade; malabsorption syndrome. |
| 1. 72 | Ketamine | *Intravenous injection*  Short Procedures: Initially 6.5 to 13 mg/kg  adjusted according to response (10 mg/kg  usually produces 12 to 25 min. of surgical  anesthesia).  Procedures not involving intense pain:  initially 4 mg/kg; (usual dose is 1 to 4.5 mg/  kg).  Short procedure over at least 60 min: initially  4 mg/kg (2 mg/kg usually produces 5 to 10  min. of surgical anesthesia).  Longer Procedure: induction by intravenous  injection using solution containing 1 mg/ml.  Longer procedure: induction dose 0.5 to 2  mg/kg; maintenance 10 to 45 mg/kg/min.  rate adjusted according to response. | Hallucinations and other emergence reactions during recovery possibly accompanied by irrational behaviour (effects rarely, persist for more than few hour but can recur at any time within 24 h); transient elevation of pulse rate and blood pressure common; arrhythmias have occurred; hypotension and bradycardia occasionally reported; confusion; delirium; mobilliform rash; transient erythema; diplopia; increased intraocular pressure; anorexia; nausea; vomiting; local pain and exanthema at injection site; apnoea; laryngospasm. |
| 1. 73 | Labetalol | 50 mg BD increased up to 100-200 mg TDS  20-80MG I.V. BOLUS EVERY 10 MIN.(0.5-2.0 mg/min. i.v. infusion | Nausea,acid or sour stomach,belching,unpleasant taste, decresed sexual intercourse, headache, loss of strength, sensation of spinning, stuffy nose, irregular heart beat, light coloured stool, puffiness of face |
| 1. 74 | Lamivudine + nevirapine + Stavudine | Lamivudine + Nevirapine + Stavudine  40 mg + 10 mg + 70 mg  150 mg + 40 mg + 200 mg  150 mg + 30 mg + 200 mg  100 mg + 30 mg + 200 mg  Adult- One tablet twice daily. Patients with  body weight less than 50 kg, 2 mg/kg body  weight two times a day.  Child- 3 months to 12 years; half adult dose  is given two times a day | Nausea, vomiting, diarrhoea, abdominal pain; cough; headache, fatigue, insomnia; malaise, fever, rash, alopecia, muscle disorders; nasal symptoms; peripheral neuropathy reported; rarely, pancreatitis (discontinue); neutropenia, anaemia, thrombocytopenia and red-cell aplasia; lactic acidosis; raised liver enzymes and serum amylase rash including stevens-johnson syndrome and rarely, toxic epidermal necrolysis hepatitis or jaundice reported nausea, vomiting, abdominal pain, diarrhoea, headache, drowsiness, fatigue, fever; hypersensitivity reactions (may involve hepatic reactions and rash, see precautions above); anaphylaxis, angioedema, urticaria also reported; granulocytopenia. Peripheral neuropathy (dose-related, see above); pancreatitis; nausea, vomiting, diarrhoea, constipation, anorexia, abdominal discomfort; chest pain; dyspnoea; headache, dizziness, insomnia, mood changes; asthenia, musculoskeletal pain; influenzalike symptoms, rash and other allergic reactions; lymphadenopathy; neoplasms; elevated liver enzymes and serum amylase; neutropenia, |
|  | Lamivudine + zidovudine | TABLET lamivudine + zidovudine  150 mg + 300 mg.  Dose Adult- 2 tablets three times a day or as  prescribed.  Child- Half the adult dose | Nausea, vomiting, diarrhoea, abdominal pain; cough; headache, fatigue, insomnia; malaise, fever, rash, alopecia, muscle disorders; nasal symptoms; peripheral neuropathy reported; rarely, pancreatitis (discontinue); neutropenia, anaemia, thrombocytopenia and red-cell aplasia; lactic acidosis; raised liver enzymes and serum amylase anaemia (may require transfusion), neutropenia and leukopenia (all more frequent with high dose and advanced disease); also nausea and vomiting, abdominal pain, dyspepsia, diarrhoea, flatulence, taste disturbance, pancreatitis, liver disorders including fatty change and raised bilirubin and liver enzymes (see hepatic disease, above); chest pain, dyspnoea, cough; influenza-like symptoms; headache; fever; paraesthesia, neuropathy; convulsions; dizziness; somnolence, insomnia; anxiety; depression; malaise; anorexia; asthenia; myopathy; myalgia; pancytopenia, thrombocytopenia; gynaecomastia; urinary frequency; rash, pruritus, pigmentation of nail, skin and oral mucosa |
|  | Lorazepam | 2 to 6 mg/day given in divided doses, initial  dose of 2 to 3 mg/day given twice or thrice  a day.  Elderly or debilitated patients: Initial dosage  of 1 to 2 mg/day in divided doses. | Nausea and vomiting, dizziness; weakness; blurred vision; vertigo. Ule h |
|  | L-asparaginase | 50-200ku/kg i.v. /dayfor 2-4 wks | Fever, chills , nausea, vomiting,allergic reaction, poor appetite, stomach cramping,central neurotoxicity-sleepiness,agitation, drowsiness, hallucination, seizure,confusion, coma  Increased blood glucose leval,altered liver function,increased both bleeding and clotting |
|  | Leflunomide | Active rheumatoid arthritis: Adults- 100  mg once daily as loading dose for 3 days.  Maintainance dose- 10-20 mg daily. | Diarrhoea occurs in approximately 25% of patients, other adverse effect associated are mild alopecia, weight gain, increased blood pressure. Leukopenia and thrombocytopenia occur rarely. |
|  | Letrozole | 2.5mg od orally | Hypercholesterolemia,hot flushes, arthralgia,night sweat, bone fracture, weight increase or decrease, nausea, fatigue, myalgia, edema, back and bone pain, vaginal bleeding and irritation, headache, osteopenia, alopecia, vomiting, endrometrial hyperplasia, myocardial infarction, cerebrovascular accident,second malignancies |
|  | Levetiracetam | Initial dose- 10-20 mg/kg/day, increase by 10  mg/kg/day every 1-2 week upto 40-60 mg/kg/  day in two divided doses.  *Intravenous injection*  20-30 mg/kg at the rate of 5 mg/kg/min | Most frequent somnolence, asthenia (dose dependent); headache, hair loss, vertigo,  Nausea, infection; behavioral changes such as hostility aggression, apathy, anxiety, depression, psychosis. |
|  | Levofloxacin | 500 mg orally  500mg/100ml i.v.for 3-5 days | Nausea, vomiting, diarrhea, constipation, abdominal pain, dyspepsia, insomnia, anxiety , confusion, agitation, sleep disorder, anorexia abnormal dreaming , tremor, convulsion, anaemia, thrombocytopenia, granulocytopenia, allergic reaction, hyperglycemia ,hypoglycemia, paresthesia, vertigo, somnolence, hypertonia, hyperkinesias abnormal gait, peripheral neuropathy, encephalopathy, pseudotumour cerebri, hyoacusis tinnitus, ventricular tachycardia, arrhythmia, arrest, phlebitis epitaxis, urticaria, gastritis, stomatitis, pancreatitis, arthralgia, abnormal renal function, pancytopenia, aplastic anemia, anaphylactic reaction, hepatic failure |
|  | Levothyroxine | *Oral*  Adult- Hypothyroidism: Initially 50 to 100 μg  daily (25 to 50 μg for those over 50 years)  before breakfast, increased by 25 to 50 μg  every 3 to 4 weeks until normal metabolism  maintained (usual maintenance dose, 100 to  200 μg daily); where there is cardiac disease,  initially 25 μg daily or 50 μg on alternate days,  adjusted in steps of 25 μg every 4 weeks.  Child- Congenital hypothyroidism and  juvenile myxoedema; Up to 1 month: initially  5 to 10 μg/kg daily. Over 1 month: initially 5  μg/kg daily, adjusted in steps of 25 μg every 2  to 4 weeks, until mild toxic symptoms appear,  then reduce dose slightly. | Anginal pain, arrhythmias, palpitations,tachycardia, skeletal muscle cramps; diarrhoea, vomiting; tremors; restlessness excitability, insomnia, headache, flushing, sweating; excessive loss of weight and muscular weakness; heat intolerance |
|  | Lignocaine | Adult- Ventricular arrhythmias: loading dose  of 50 to 100 mg (or 1 to 1.5 mg/kg) at a rate  of 25 to 50 mg/min by intravenous injection,  followed immediately by intravenous infusion  of 1 to 4 mg/min, with ECG monitoring of all  patients (reduce infusion dose if required for  longer than 24 h). | Dizziness; paraesthesia; drowsiness, confusion; apnoea, respiratory depression; coma; seizures and convulsions; hypotension, arrhythmias, heart block; cardiovascular collapse and bradycardia (may lead to cardiac arrest); nystagmus often an early sign of lidocaine overdosage; blurred vision, disorientation. |
|  | Lignocaine + adrenaline | 2% with 1:2000000 | Dizziness; paraesthesia; drowsiness, confusion; apnoea, respiratory depression; coma; seizures and convulsions; hypotension, arrhythmias, heart block; cardiovascular collapse and bradycardia (may lead to cardiac arrest); nystagmus often an early sign of lidocaine overdosage; blurred vision, disorientation. Stinging, blurred vision, photophobia, eye pain, conjunctival hyperaemia, headache or browache; occasionally, conjunctival sensitization and local skin reactions; after prolonged use conjunctival pigmentation and macular oedema in aphakia; systemic adverse reactions are rare following topical use at normal dosage but tachycardia, hypertension, arrhythmia, dizziness, sweating may occur; dyspnoea, weakness |
|  | Linezolid | 600 mg OD orally  600mg/300ml i.v. | Chills, confusion, dizziness, fainting,fast heartbeat, fever, lightheadedness,pale skin, rapid ,shallow breathing, rash,unusual bleeding or bruising, unusual tiredness or weakness, black, tarry stool, bleeding gums ,chest pain , convulsion ,increased thirst, loss of appetite , loss of voice ,pinpoint red spot on skin, discolouration of tongue, itching of vagina, pain during sexual intercourse,white curd like vaginal discharge,serotonin syndrome, peripheral neuropathy, antibiotic associated colitispancytopenia, sideroblastic anemiaelevated alkaline phosphatase,ldh and fasting glucose, lactic acidosis, rarely renal failure,anaphylaxis reaction |
|  | Lithium | *Oral*  Adult-Treatment of mania: initially 0.6 to  1.8g daily.  Prophylaxis of mania, bipolar disorder and  recurrent depression: initially 0.6 to 1.2g  daily.  Elderly-Treatment of mania: initially 300 to  900 mg daily.  Prophylaxis of mania, bipolar disorder and  recurrent depression: initially 300 to 900 mg  daily. | Gastrointestinal disturbances; fine tremor, renal impairment (particularly impaired urinary concentration and polyuria); polydipsia, weight gain and oedema (may respond to dose reduction); hyperparathyroidism and hypercalcaemia reported; signs of intoxication include blurred vision; muscle weakness, increasing gastrointestinal disturbances (anorexia, vomiting, diarrhoea); increased cns disturbances (mild drowsiness and sluggishness, increasing to giddiness with ataxia, coarse tremor, lack of co-ordination, dysarthria) and require withdrawal of treatment; with severe overdosage (serum concentrations above 2 mmol/litre), hyperreflexia and hyperextension of the limbs; convulsions; toxic psychoses; syncope; renal failure; circulatory failure; coma; occasionally death; goitre, raised antidiuretic hormone concentration, hypothyroidism, hypokalaemia, ecg changes, exacerbation of psoriasis and kidney changes may occur; sinus bradycardia, leukocytosis, glycosuria, weight gain |
|  | Lactulose | 10 to 20g (15 to 20 ml/day, max 45 ml/day | Abdominal discomfort, flatulence and diarrhoea. In the event of diarrhoea, exclude a faecal impaction and intestinal obstruction; reduce the dose. |
|  | Levodopa+ carbidopa | Adult- Parkinsonism: expressed in terms of  levodopa, initially 100 mg (with carbidopa  10 mg) twice daily, increased by 100 mg  (with carbidopa 10 mg) every few days as  necessary, to a max. of 1.5g.  Optimum daily dose must be determined for  each patient by careful monitoring and be  taken after meals. | Early in treatment, when dose is not adjusted : anorexia, vomiting, orthostatic hypotension, cardiac arrhythmia, agitation, insomnia or drowsiness, depression; frequent delayed adverse effects, signs of excessive dosage, mainly: dyskinesia, tremor; psychiatric disorders more frequent in elderly patients: confusion, hallucinations, delirium, depression with or without suicidal tendencies; later in treatment : fluctuation of the effect during the day (daily dosage may be divided into smaller doses and taken more frequently); or reduction of the effect (progression of the disease). Administer with caution in psychiatric disorders, cardiac disease, gastro-duodenal ulcer. Do not administer simultaneously with maois, antidepressants, neuroleptics, reserpine. |
| 1. 76 | Levonorgestrel | Adult- Contraception: 1 tablet (‘pill’) (30 μg)  daily, starting on the first day of the cycle and  then continuously. | Amenorrhoea, menstrual disturbances, nausea, weight gain, breast tenderness, mood changes, acne, headache. Hepatic enzyme inducers (rifampicin, rifabutin, nevirapine, ritonavir, phenobarbital, phenytoin, carbamazepine, griseofulvin, etc.) Reduce the contraceptive efficacy. Use copper intrauterine device or condoms or injectable medroxyprogesterone. |
| 1. 77 | Loperamide | *Oral*  Adult- 4 mg initially thereafter 2 mg after  every motion.  Child- 2 mg followed by 2 mg after every  motion. | Constipation, allergic skin reactions, drowsiness, dizziness. In the event of overdosage, treat with naloxone. |
| 1. 78 | Lopinavir+ ritonavir | Adult and child with body surface area  1.4 m2, body weight 40 kg and over- 2 tablets  twice daily.  Child over 2 years with body weight 40  kg and body surface area 0.5 to 0.9 m2 - 2  tablets (Lopinavir 100 mg + Ritonavir 25  mg), twice daily. Body surface area 0.9 to  1.4 m2 - 3 tablets twice daily. | Gastrointestinal disturbances (mainly diarrhoea), skin rash, pruritus; hepatic disorders (raised transaminases), pancreatic disorders, metabolic disorders (lipodystrophy, hyperlipidaemia, diabetes mellitus with glucose intolerance and/or insulin resistance). Lpv/r reduces the efficacy of oral contraceptives: use a non-hormonal contraception or injectable medroxyprogesterone or an oral contraceptive containing 50 µg ethinylestradiol per tablet. Avoid combination with rifampicin. Use rifabutin if possible. Administer with caution to patients with haemophilia (risk of haemorrhage) or renal or hepatic impairment. |
|  | Losartan | Hypertension and diabetic nephropathy:  Adult- 50 mg once daily, increased to 100 mg  daily as single dose or in two divided doses,  if needed.  Child- ≥ 6 years, initially 700 μg/kg, increased  to a max. of 50 mg once daily, if needed.  Elderly over 75 years initially 25 mg daily.  Maintenance dose 25 to 100 mg orally in 1  to 2 divided doses. | Headache,abdominal pain, nausea, diarrhea,sore throat, stuffy nose, tiredness , cough and hoarseness, ,insomnia,loss of appetite,high potassium (slow heart rate,weak pulse,muscle weakness,tingly feeling),swelling ,weight gain,urinating less than usual or nor with pain and burning |
|  | Mebendazole | Adult and child over 2 years- Threadworm  infection: 100 mg single dose. If re-infection  occurs second dose may be needed after  2 weeks. Whip worm, roundworm and  hookworm infection: 100 mg twice daily for  3 days. | Gastrointestinal disturbances, headache, dizziness. |
| 1. 80 | Mefloquine | 250 mg to be taken with plenty of water after meal | Gastrointestinal disturbances, dizziness, headache, sleeping disorders (effects usually transitory when used for prophylaxis); more rarely: neuropsychiatric reactions, heart rhythm disorders, hypo or hypertension, skin allergies. If the patient vomits less than 30 minutes after administration, repeat the full dose. If the patient vomits within 30 to 60 minutes, re-administer a half the dose. Do not combine with anti-epileptics (risk of seizures), coartemether, chloroquine, halofantrine (risk of seizures, cardiac toxicity). Do not administer simultaneously with quinine (risk of seizures, cardiac toxicity). If mefloquine is used after quinine iv, administer mefloquine 12 hours after the last dose of quinine. Administer with caution to patients taking antiarrhythmics, beta-blockers, calcium-channel blockers or digitalis (risk of heart rhythm disorders). |
| 1. 81 | Methyldopa | Adult- Hypertension in pregnancy: initially  250 mg 2 to 3 times daily; if necessary,  gradually increased at intervals of 2 or more  days (max 3g daily | Orthostatic hypotension, drowsiness, headache, gastrointestinal disturbances, dry mouth; rarely: haematological, hepatic, psychical disorders; allergic reactions. Stop treatment if haemolytic anaemia or jaundice appear during treatment. In the event of unexplained fever during treatment, check blood count and transaminases for possible hepatitis due to methyldopa. Monitor combination with lithium (risk of lithium overdose), antidepressants (enhanced hypotensive effect), cns depressants (increased sedation). |
| 1. 82 | Metoclopramide | *Oral or intramuscular injection or Slow*  *intravenous injection*  Adult- Nausea and vomiting, gastroesophageal  reflux, gastroparesis: (over 1 to  2 min for slow intravenous injection), 10 mg  3 times daily. 15 to 19 years (under 60 kg)  5 mg 3 times daily. Aid to gastrointestinal  intubation: 20 mg as a single dose 5 to 10  min before examination; Adolescent (15 to  19 years), 10 mg.  Child- Up to 1 year (up to 10 kg) 1 mg twice  daily; 1 to 3years (10 to 14 kg) 1 mg 2 to 3  times daily; 3 to 5 years (15 to 19 kg) 2 mg  2 to3 times daily; 5 to 9 years (20 to 29 kg)  2.5 mg 3 times daily; 9 to 14 years (30 kg and  over) 5 mg 3 times daily (usual max. 500 μg/  kg daily, particularly for children and young  adult).  *Slow intravenous injection only*  Adult- Premedication: 10 mg as a single  dose. | Drowsiness (caution when driving/operating machinery), dizziness, confusion, extrapyramidal symptoms, seizures (especially in epileptics), allergic reactions; neuroleptic malignant syndrome (unexplained hyperthermia with neuromuscular disorders), exceptional but requiring immediate treatment discontinuation. Do not combine with levodopa (antagonism). Avoid combination with cns depressants (opioid analgesics, antipsychotics, sedatives, antidepressants, antihistamines, etc.). Avoid alcohol during treatment. |
| 1. 83 | Metronidazole | Adult- Amoebiasis: 400 to 800 mg three times  a day for 5 to7 days. Giardiasis: 200 mg three  times a day for 7 to 10 days.  Child- 35 to 50 mg/kg body weight in  amoebiasis and 10 to 15 mg/kg body weight  in giardiasis.  *Intravenous injection*  Adult- 500 mg every eight h up to 7 days.  Child- (Below 12 years) 7.5 mg/kg body  weight. | Gastrointestinal disturbances; rarely: allergic reactions, brownish urine, headache, dizziness. Risk of antabuse reaction when combined with alcohol. Administer with caution in patients taking oral anticoagulants (risk of haemorrhage), lithium, phenytoin, ergometrine (increased plasma concentrations of these drugs). Reduce total daily dose to ⅓ and give once daily to patients with severe hepatic impairment. |
| 1. 4 | Mifepristone | 600 mg single dose | Gastrointestinal disturbances, vaginal bleeding, uterine contractions, headache. |
| 1. 85 | Misoprostol | 400μg single dose | Dose-dependent diarrhoea, vomiting, uterine hypertony, headache, fever, chills, foetal heart rhythm disorders, foetal distress. |
|  | Morphine | *Subcutaneous or intramuscular injection*  Adult- Acute pain: 10 mg every 4 h.  Elderly or frail- Acute pain: 5 mg, adjust  according to response (not suitable for patients  having oedema).  Child- Acute pain: can be given to children in  dose range of 0.2 to 0.8 mg/kg every 12 h.  After 1 to 6 months: initially 100 to 200 μg/  kg every 6 h, 2 to 12 years: initially 200 μg/  kg every 4 h, 12 to 18 years: initially 2.5 to 10  mg every 4 h.  *Slow intravenous injection*  Adult- Acute pain: 2.5 mg every 4 h.  Myocardial infarction: 10 mg (2 mg/min),  followed by another 5 to 10 mg if necessary.  Elderly or frail- Acute pain: reduced dose.  Child- 0.1-0.15 mg/kg  *Subcutaneous or intramuscular injection*  Premedication: up to 10 mg, 1 to 1.5 h before  operation.  *Oral or subcutaneous or intramuscular*  *injection*  Chronic acute pain: 5 to 20 mg every 4 h or as  per recovery (not suitable for patient having  oedema). | Dose-related sedation and respiratory depression, nausea, vomiting, constipation, urinary retention, confusion, raised intracranial pressure, pruritus; in the event of overdose: excessive sedation, respiratory depression, coma management of respiratory depression includes assisted ventilation and/or administration of naloxone. Monitor patient closely for several hours. Administer with caution to patients with respiratory impairment, head injury, raised intracranial pressure, uncontrolled epilepsy or urethroprostatic disorders. Do not combine with opioid analgesics with mixed agonist-antagonist activity such as buprenorphine, nalbuphine, pentazocine (competitive action). Increased risk of sedation and respiratory depression, when combined with alcohol and drugs acting on the central nervous system: benzodiazepines (diazepam, etc.), neuroleptics (chlorpromazine, haloperidol, etc.), antihistamines (chlorphenamine, promethazine), phenobarbital, etc. |
|  | Magnesium sulphate | *Intravenous injection (concentration of*  *magnesium sulphate should not exceed 20%)*  Prevention of seizure occurrence in eclampsia:  initially 4g over 5 to 15 min, followed by  infusion 1g/hr for at least 24 h after last seizure.  If seizures recur, additional dose of 2g (or 4g if  body weight is over 70 kg | Pain at the injection site, warm flushes; decreased fetal heart rate; in case of overdosage (hypermagnesaemia): for the mother: diminished then absent patellar reflex (early sign), hypotension, drowsiness, confusion, difficulty in speaking, bradycardia, respiratory depression (respiratory rate < 12/minute). For the neonate: hypotonia, neurobehavioural impairment, apnoea, respiratory depression. Do not combine with nifedipine. Check urine output every hour. In the event of decreased urine output (< 30 ml/hour or 100 ml/4 hour), stop magnesium sulfate and perform delivery as soon as possible. If delivery cannot be performed immediately in a woman with eclampsia, stop magnesium sulfate for one hour then resume magnesium sulfate perfusion until delivery. Check patellar reflex, blood pressure, heart and respiratory rate every 15 minutes during the first hour of treatment. If no signs of overdosage are observed, continue this surveillance every hour. If signs of overdosage are observed: stop magnesium sulfate and give 1 g calcium gluconate by slow iv route as an antidote (in this event, seizures may recur). |
|  | Medroxyprogesterone acetate | *Deep intramuscular injection*  Adult- Contraception (short-term): 150 mg  within first 5 days of cycle or within first 5  days after parturition (delay until 6 weeks  after parturition if lactating). Contraception  (long-term); as for short-term, repeated  every 3 months.  Mild to moderate endometriosis: 10 mg  3 times daily for 90 consecutive days,  beginning on day 1 of cycle. Dysfunctional  uterine bleeding; 2.5 to 10 mg daily for 5 to  10 days beginning on day 16 to 21 of cycle  for 2 cycles. Secondary amenorrhoea; 5 to 10  mg daily for 5 to 10 days beginning on day 16  to 21 of cycle for 3 cycles.  If interval between injections is greater than  3 months and 14 days, exclude pregnancy  before next injection and advise patient  to use additional contraceptive measures  (for example barrier) for 7 days after the  injection. | Menstrual irregularities, amenorrhoea, menometrorrhagia, breast tenderness, headache, weight gain, itching, acne, mood change, abdominal pain, gastrointestinal disturbances, allergic reactions. The contraceptive efficacy of medroxyprogesterone does not seem to be reduced in women taking hepatic enzyme inducers. |
|  | Methylergometrine | 0.125 mg orally  0.2 mg/ml inj. Use for PPH | Gastrointestinal disturbances, headache, paraesthesia, confusion, dizziness, tinnitus, hypertension, peripheral vasoconstriction, chest pain. Monitor combination with: metronidazole, azole antifungals, macrolides, protease inhibitors, efavirenz, fluoxetine (risk of ergotism). |
|  | Mefenamic acid, | Pain: 500 mg orally, followed by 250 mg every  6 hours as needed, not to exceed 7 days.  Dysmenorrhea: 500 mg orally, followed by  250 mg every 6 hours starting with the onset  of menses.  Children  Pain: 14 to 18 years: 500 mg orally followed by  250 mg every 6 hours as needed, not to exceed  7 days. | Gastrointestinal experiences includingabdominal pain, constipation, diarrhoea, dyspepsia, flatulence, gross bleeding/ perforation, heartburn, nausea, gastrointestinal ulcers, vomiting, abnormal renal function, bronchospasm, anaemia, dizziness, edema, elevated liver enzymes, headaches, increased bleeding time, pruritus, rashes, tinnitus |
|  | Midazolam | *Slow intravenous injection*  Adult- Conscious sedation: approximately  2 mg/min; 5 to 10 min before procedure;  initially 2 to 2.5 mg. Usual total dose 3.5 to 5  mg (Max. 7.5 mg).  Elderly- 0.5 to 1.0 mg. Increase if necessary in  steps of 1 mg.  *Intravenous injection (Over 2 to 3 min)*  Child- 6 months to 7 years: initially 50 to 100  μg/kg; increase if necessary in steps (max. total  dose 6.0 mg). 6 to 12 years: initially 25 to 50  μg/kg increase in steps if necessary (max. total  dose 10 mg).  *Intramuscular injection*  Adult- Sedation in combined anaesthesia:  30 to 100 μg/kg repeated as required by  continuous intravenous infusion 30 to 100 μg/  kg/h (lower doses in elderly). Premedication:  70 to 100 μg/kg.  1 to 15 years: 50 to 150 μg/kg (max.1 mg).  Elderly and debilitated- 25 to 50 μg/kg. (20 to  60 min induction). | Hypersensitivity; cardiac arrest; laryngospasm; apnoea; headache; hiccups; nausea; vomiting; cough; kernicterus; nystagmus; skin rash; CNS symptoms like euphoria; hallucination; ataxia. |
|  | Metoprolol | *Oral*  Heart failure: Initiating dose 12.5 - 25 mg  once a day, Maximum dose: 200 mg once  a day; Hypertension: initially 100 mg daily,  increase if required to 200 mg in two divided  doses (max 400 mg daily). Angina: 50 mg  daily, up to 300 mg daily in 2 to 3 divided  doses if necessary.  *Intravenous injection*  Arrhythmia: up to 5 mg at a rate of 1 to  2 mg per min, repeated after 5 min if  necessary (max dose 10 to 15 mg). Arrythmia  developing during anaesthesia: 2 to 4 mg  during induction | Gastro-intestinal disturbances; bradycardia, heart failure, hypotension, conduction disorders; peripheral vasoconstriction (including exacerbation of intermittent claudication and raynaud’s phenomenon); bronchospasm; dyspnoea; headache; fatigue; sleep disturbances; paraesthesia; dizziness; vertigo; psychosis; sexual dysfunction; purpura; thrombocytopenia; visual disturbances; exacerbation of psoriasis; alopecia; rarely, rashes and dry eyes (reversible on withdrawal); on infusion venous irritation and thrombophlebitis; agranulocytosis; hyperglycemia; myocardial depression |
|  | Miltefosine | Adult- (>12 years): Weighing >25 kg: 100  mg/day, twice a day, after meals for 28 days.  <25 kg: 50 mg/day, after meals for 28 days  Child (2-11 years): 2.5 mg/kg daily after  meals for 28 days, i.e., 50 mg once daily | Nausea and vomiting, GI irritation, diarrhoea, constipation, ocular, hepatic, renal toxicity, skin rash, leukocytosis, thrombocytosis |
|  | Methylthioninium chloride (methyleneblue) | *Intravenous injection*  Methaemoglobinaemia caused by high  dosage of prilocaine infusion: 1-2 mg/kg  intravenously over 5 minutes, followed  immediately by a fluid flush of 15-30 ml to  minimize local pain. May be repeated in 30-  60 minutes. Maximum dose: 7 mg/kg. | Nausea, vomiting, abdominal pain, chest pain, headache, dizziness, confusion, profuse sweating; hypertension or hypotension reported; haemolytic anaemia-in G-6-PD deficiency; methaemoglobinaemia-with high dosage; bluish skin discolouration; blue saliva, urine and faeces |
|  | Methylrosanilinium chloride (gentianviolet) | Skin infections: apply 2 or 3 times daily for  2 to 3 days. | Irritation, ulcerations, allergic reactions; persistent staining of the skin. The solution should not be swallowed. The use of cooking oil or vaseline around lips before swabbing can limit the risk of skin coloration. Stop treatment in the event of allergic reactions or if new ulcerations develop. In the event of product entering the eye, rinse with plenty of water. Eavoid contact with clothes (causes permanent staining of fabrics).  **5** |
|  | Methotrexate | *Oral*  Choriocarcinoma: 15 to 30 mg daily for 5  days repeat 3 to5 full courses after 1 week.  *Intramuscular route*  15 to 30 mg daily for 5 days, repeat 3 to5  courses after 1 week.  Leukaemia, maintenance after remission: 30  mg/m2 body surface area (max upto 15 mg  twice a week). | CNS toxicity; stomatitis; hepatobiliary disorder; fatigue . Blood disorders (bone marrow suppression); liver damage; pulmonary toxicity; gastrointestinal disturbances-if stomatitis and diarrhoea occur; stop treatment; renal failure; skin reactions; alopecia; osteoporosis; arthralgia; myalgia; ocular irritation; precipitation of diabetes. |
| 1. 87 | Metformin | *Oral*  Adult- Diabetes mellitus: initially 500 mg  with breakfast for at least 1 week, then 500  mg with breakfast and evening meal for at  least 1 week, then 500 mg with breakfast,  lunch and evening meal or 850 mg every 12  h with or after food (max. 2g daily in divided  doses). | Anorexia, nausea and vomiting, diarrhoea (usually transient), abdominal pain, metallic taste; lactic acidosis most likely in patients with renal impairment (discontinue); decreased vitamin B12 absorption. |
| 1. 88 | Mannitol | Test dose (if patient is oliguric or if renal  function is inadequate), By intravenous  infusion as a 20% solution infused over 3–5  minutes, Adult and Child- 200 mg/kg; repeat  test dose if urine output is less than 30–50  ml/h; if response is inadequate after a second  test dose, re-evaluate the patient.  Raised intracranial or intraocular pressure:  By i.v infusion as a 20% solution infused over  30–60 minutes, Adult- 0.25–2g/kg; Child-  0.5–1.5g/kg.  Cerebral oedema: By i.v infusion as a 20%  solution infused rapidly,  Adult and Child- 1g/kg. | Headache, nausea, vomiting, dehydration, edema, hypernatraemia, inflammation, skin necrosis, urticaria, chills, convulsions, fluid and electrolyte imbalance, acidosis, circulatory overload, visual disturbance |
|  | Methylprednisolone | *Oral*  Adult- Asthma, allergies and dermatological  conditions: 40 and 120 mg.  Dose should be regulated in accordance with  severity of condition; large joints- 20 to 80  mg; medium joints- 10 to 40 mg; small joints-  4 to 10 mg directly in bursae. | Exacerbation of local infection; atrophic changes , infants and children particularly susceptible; fluid retention; hypokalaemia; osteoporosis; impaired wound healing; increased intracranial and intraoccular pressure;negative nirogen balance |
|  | Melphalan | Adult- Multiple myeloma: usual dose 6 mg/  day. Maintenance dose 2 mg/day.  Alternatively 10 mg daily for 7 days (total dose  70 mg), repeat if required after blood counts  particularly neutrophils and platelets.  Ovarian carcinoma: 0.2 mg/kg body weight  daily for 5 days, repeat after 4 to 5 weeks.  Child- 0.15 mg/kg body weight daily for 7  days. Maintenance dose is 0.05 mg/kg body  weight daily when platelet count is rising.  *Intravenous injection*  For Injection: 16 mg/m2. | Nausea, vomiting, oral mucositis, hyperuricaemia, bone marrow suppression, alopecia, thromboembolism, leucopenia;menstrual irregularities; haemolytic anaemia. |
|  | Mesna | 240mg/m2 (if receiving1.2mg/m2 ifosfamide dose)before and 480 mg/m2 of mesna tablet PO 2 and 6 hr after ifosfamide administration | Nausea, vomiting, constipation, leucopenia, fatigue,fever, anorexia, thrombocytopenia, anaemia, granulocytopenia, asthenia, abdominal pain, alopecia, dysponea, chest pain , hypokalemia, diarrhea, dizziness, headache, back pain , sweating increased, edema, somnolence, anxiety, confusion, insomnia, coughing, dyspepsia, hypotention, pallor, dehydration, pneumonia, tachycardia, flushing |
|  | Meglumine diatrizoate | Injectable- (660 mg Meglumine diatrizoate /100 mg diatrizoate) /1ml  Children- 5-10 yr : 10-20 ml, >16 yr :15-40 ml iv | Nausea, vomiting, metallic taste; flushing; sensations of heat; weakness; dizziness; headache; cough; rhinitis; sweating; sneezing; lacrimation; visual disturbances; pruritus; salivary gland enlargement; pallor; cardiac disorders, haemodynamic disturbances and hypotension or hypertension; convulsions; paralysis; coma; rigors; arrhythmias; pulmonary oedema; circulatory failure and cardiac arrest; occasionally anaphylactoid or hypersensitivity reactions; hyperthyroidism; pain on injection; extravasation may result in tissue damage; thrombophlebitis; thrombosis; venospasm and embolism |
|  | Moxifloxacin | 400 mg od oral | Abdominal discomfort, diarrhea, nausea, vomiting, mouth sores, headache, dizziness, blurres vision, nervousness, anxiety, hallucination, depression, insomnia, confusion, unusual thought or behaviour, agitation, skin itching, vaginal discomfort, fainting, fast or pounding heart beat, swelling ,tenderness or loss of movement in any joint, easy bruising, decrease urination, numbness , tingling or unusual pain anywhere in body |
|  | Mycophenolate mofetil | 1g twice daily. | Anaemia; electrolyte disturbances; dizziness; disturbances of blood lipids; gastrointestinal disturbances |
|  | Monteleukast | Adult- 10 mg once a day.  Child- 2-5yrs: 4 mg once daily; 6-14 yrs: 5 mg  once daily; ≥ 15 yrs: 10 mg once daily | Headache,abdominal pain, nausea, diarrhea,sore throat, stuffy nose, tiredness , cough and hoarseness, ,rash, thirst,asthma, hyperkinesias,eczema,allergic granulomatous angitis,sleeping and psychiatric disorder, purple or red pinpoint spots under skin |
|  | Magnesium Hcl+ aluminium Hcl |  | Diarrhea, high magnesium levels (muscle weakness, slow/irregular heart beat, slow/shallow breathing,mood change),dehydration, stomach/abdominal pain, bloody stool, rectal bleeding,allergic reaction |
|  | Mefentramine | 30-45 mg as a single doses, repeated as necessary f/byiv 0.1%in 5% dextrose | Drowsiness, hallucination, reflex bradycardia,incoherence, fear, anxiety, restlessness, insomnia, confusion, tremor,psychosis, av block, cns stimulation, cerebral hemorrhage and pulmonary edema |
|  | Meropenem | Adult- 0.5-2 g or 10-40 mg/kg by slow i.v  injection 8 hourly.  Neonate (less than 7 days)- 20 mg/kg 12  hourly.  7-28 days- 20 mg/kg 8 hourly.  1-3 months- 10 mg/kg 8 hourly.  > 3 months- 10- 20 mg/kg 8 hourly.  Meningitis: Adult- 2g 8 hourly.  Child- (> 3 months)- 40 mg/kg 8 hourly | Nausea, vomiting, diarrhea, constipation, headache, soreness, redness,swelling at injection site, allergic reaction (difficulty in breathing,swelling of lips, face, throat), seizure, severe diarrhea, unusual tiredness,unusual weakness |
|  | Methylecobalamine | 0.1-1mg daily or A/D for about 1-2 weeks | Headache,itching,swelling,nervousness,involuntary movement, hypokalemia, congestive heart failure, clots in arms and legs,allergic reaction |
|  | Mecobalamine | Injection 1000μg od for 7 days | Headache,itching,swelling,nervousness,involuntary movement, hypokalemia, congestive heart failure, clots in arms and legs,allergic reaction |
|  | Milk of magnesia + liquid paraffin |  | Milk of magnesia - diarrhoea; in renal impairmenthypermagnesaemia resulting in loss of deep tendon reflexes and respiratory depression with other symptoms including nausea, vomiting, flushing of skin, thirst, hypotension, drowsiness, confusion, muscle weakness, bradycardia, coma and cardiac arrest; allergic reaction. Irritation , interfere with absorption of fat soluble vitamins, foreign-body granulomatous reaction in intestine, it enter into lungs can cause lipoid pneumonia. |
|  | Nifedipine | Adult- Hypertension (as sustained-release  tablets): usual range 20 to 100 mg daily in 1  to 2 divided doses | Headache, flushing, peripheral oedema (common adverse effects at the start of treatment); dizziness, hypotension, tachycardia, nausea, gingival hyperplasia, rash. Stop nifedipine if ischaemic chest pain occurs or existing pain increases shortly after starting treatment. Do not combine with magnesium sulphate, salbutamol iv, and calcium channel blockers. Monitor combination with cimetidine (additive hypotension), phenytoin (risk of phenytoin toxicity), rifampicin (efficacy of nifedipine diminished), itraconazole (increased risk of oedema), beta-blockers (enhanced antihypertensive effects). |
|  | Nitrofurantoin | Adult- 50 mg every 6 h with food for 3-7  days.  Child- Over 3 months: 3 mg/kg body weight  daily in four divided doses. Severe chronic  recurrent infections: 100 mg every 6 h  with food for 7 days, discontinue or reduce  dosage in case of nausea | Nausea, vomiting, headache, dizziness, brownish urine; haemolytic anaemia in patients with g6pd deficiency, pulmonary and hepatic disorders, allergic reactions. Do not administer simultaneously with antacids (aluminium or magnesium hydroxide, etc.). Administer doses at least 2 hours apart. |
|  | Nystatin | *Oral*  Adult- Intestinal candidiasis: 5,00,000 units  every six h, doubled in severe infections.  Child- 1 month to 12 years: 1,00,000 units 4  times daily, immunocompromised children  may require higher doses up to 5,00,000  units.  *Topical application*  Dissolve one tablet in glycerine and apply  locally 3 to 4 times.  *Intravaginal*  Insert one tablet deep into vagina before bed  time once at night. | Nausea, vomiting, diarrhoea at high doses; oral irritation and sensitization; rash and rarely, erythema multiforme (Steven’s- Johnson syndrome); eczema, burning |
|  | Naloxone | *Intravenous injection*  Subcutaneous or intramuscular route (if i.v.  route is not feasible but the dose is same,  can be given oral as well).  Adult- Opioid poisoning: Start with 0.4 to 2  mg (at all ages) as intravenous bolus, Repeat  every 2 minutes if no response to a total of  10 mg. Once response occurs start infusion  of naloxone at 2/3rd the total loading dose  given every hour with continous monitoring  for reccurence of respiratory depression. May  require additional bolus during infusion.  Child- Opioid poisoning: 10 μg/kg, followed  by 100 μg/kg if there is no response. | Tachycardia, fibrillation, hypertension, pulmonary oedema when given postoperatively, due to a sudden reversal of analgesia; nausea, vomiting, acute withdrawal syndrome in opioid-dependent patients. Administer with caution and reduce dosage in case of heart failure or coronary artery disease. |
|  | Nevirapine | Adult- 200 mg once a day for 14 days, if  tolerated and no rash is observed then  increase to 200 mg two times a day.  Child- 2 months to 8 years: 4 mg/kg body  weight once a day for 14 days, if tolerated  and no rash is observed increase to 4 mg/kg  body weight two times a day. | Cutaneous reactions sometimes severe (Stevens-Johnson and Lyell syndromes), hepatic disorders possibly severe (fulminant hepatitis). In these cases, stop taking nevirapine immediately and permanently; gastrointestinal disturbances, headache, myalgia. Nevirapine reduces the efficacy of oral contraceptives: use a non-hormonal contraception or injectable medroxyprogesterone or an oral contraceptive containing 50 µg ethinylestradiol per tablet. Avoid combination with rifampicin (decreases the efficacy of nevirapine). Use rifabutin if possible. If rifabutin is not available, use efavirenz rather than nevirapine. Monitor liver enzyme level (ALAT) during the first 2 months, then every 3 to 6 months. If the enzyme level reaches 5 times the normal level, stop nevirapine immediately. |
|  | N-acetyl cysteine | Injectable-20%(200mg/ml)  Oral-LD-140mg/kg after 4 hr 70 mg/kg po q4hr for a total 17 doses | Nausea vomiting rashes urticaria hypertenion stomatitis bronchospasm, hypotention, rarely hepatic failure. |
|  | Natamycin | 5% solution 2 hourly interval for 3-4 days frequency redused therapy continued 14-21 days until resolution of fungal keratitis | Allergic reaction, change in vision, chest pain, corneal opacity, dysnea, eye odema, eye discomfort, tearing, eye irritation. |
|  | Neostigmine | *Oral*  Adult- 15 mg every 3 to 4 hrs. Total daily dose  75 to 300 mg in divided doses.  Child- 2 mg/kg daily in divided doses every 3  to 4 hrs. Total daily dose 15 to 90 mg.  Neonate- 1 to 5 mg every 4 hour.  *Intramuscular*  Adult- 0.02 mg/kg as a single dose.  Child- 0.04 mg/kg as a single dose.  *Intravenous*  Adult- 0.5 to 2.5 mg to a total daily dose of  5-20 mg.  Child- 200 to 500 μg as single daily dose.  Neonate- 50 to 250 μg every 4 hour. | Abdominal cramps, diarrhoea; pupil dilatation; excess saliva; headache; joint pain; severe allergic reactions; fainting; interrupted breathing; irregular heart beat; seizures; vision changes; anxiety. |
|  | Nicotinamide | *Oral*  Adult- Treatment of pellagra: up to 500 mg  daily in divided doses. | Dryness of skin; also pruritus, erythema, burning and irritation; hepatotoxicity, cholestasis; portal fibrosis; transient liver dysfunction; tautness of face. |
|  | Nitrous oxide | Maintenance of anesthesia using suitable  equipment up to 66% in oxygen.  Analgesic use: 50% in oxygen or according to  patient’s need. | Nausea and vomiting; after prolonged administration megaloblastic anaemia; depressed white cell formation; peripheral neuropathy. |
|  | Nor adrenaline | *Parenteral*  *Intravenous*  Acute hypotension  Adult: 8-12 μg/minute, up to 8-30 μg/minute  in refractory shock. Infused using a solution  of 4 μg/ml in glucose 5%, or sodium chloride  0.9% and glucose 5% at a rate of 2-3 ml/  minute. Adjust according to blood pressure  response. Average maintenance dose: 0.5-1  ml/minute (2-4 μg/minute). Infuse via a  central venous catheter or into a large vein.  Child: Administer at a rate of 2 μg/minute.  Alternatively, 2 μg/m2/minute. Adjust rate  according to BP response and perfusion.  Elderly: Initial dose should be at low end of  dose range. | Elevation of blood pressure, bradycardia, peripheral ischemia, arrhythmias, anxiety, transient headache, respiratory difficulty, extravasation necrosis at injection site. |
| 1. 89 | Norethisterone | *Deep intramuscular injection* (into the  gluteal muscle).  Adult- Short-term contraception: 200 mg  within 5 days of cycle or immediately after  parturition; repeated after 2 months.  If interval between injections is greater than  2 months and 14 days, exclude pregnancy  before next injection and advise patient  to use additional contraceptive measures  (for example barrier) for 7 days after the  injection. | Bloating; breast discomfort; headache; dizziness, depression; nausea; menstrual irregularities; rarely; weight gain; hepatitis; cataract; optic neuritis; mental discomfort. |
| 1. n | Norfloxacin | *Oral*  Urinary tract infection and upper respiratory  tract infections: 200 to 400 mg daily preferably  in the morning. Increase if necessary in  upper urinary tract infection to 400 mg twice  daily. Uncomplicated gonorrhea: 400 mg as  a single dose.  Uncomplicated genital chlamydia infections,  non-gonococcal urethritis: 400 mg daily in  single dose for 7 days or divided doses for  7 days. | Abdominal pain,chest pain,dry mouth,CNS side effect. |
|  | Nitroglycerine | *Sublingual*  Adult- 0.5 to 1 mg, repeated as required.  *Intravenous infusion*  10 to 200 μg/min. | Headache, dizziness, nausea, flushing, allergic reaction |
| 1. 90 | Ondansetron | *Oral*  Prevention of post-operative nausea and  vomiting: Adult 16 mg, 1 h before induction  of anaesthesia.  Nausea and vomiting associated with cancer  chemotherapy:  Adult- 24 mg as a single dose taken 30 min  before start of single day chemotherapy.  Child (4-11 yrs)- 4 mg tablets 3 times a day;  continue for 1-2 days after completion of  chemotherapy.  *Parenteral*  Post-operative nausea and vomiting:  Adult- 4 mg by i.m or slow i.v as a single  dose.  Prevention of chemotherapy-induced  nausea and vomiting:  Adult- single 32 mg i.v dose infused over  15 min begining 30 min before start of  emetogenic chemotherapy. | Headache, sensation of flushing or warmth, hiccups, constipation, heart rhythm disorders, QT interval prolongation, extrapyramidal reactions, seizures, cutaneous allergic reactions (Lyell’s and Stevens-Johnson syndromes). |
| 1. 1 | Oxytocin | *Intravenous infusion*  Adult and adolescent- Induction of labour:  initially 0.001 to 0.002 units/min increased  in 0.001 to 0.002 units/min increments  at intervals of 30 min until a max. of 3 to  4 contractions occur every 10 min; max.  recommended rate 0.02 units/min.  *Slow intravenous injection*  Adult and adolescent- Prevention of  postpartum haemorrhage: 5 units when the  anterior shoulder is delivered or immediately  after birth. Treatment of postpartum  haemorrhage: 5-10 units.  NFI-2011 500  Hormones, Contraceptives and Related Drugs  *Intramuscular injection*  Adult and adolescent- Prevention of  postpartum haemorrhage: 10 units when the  anterior shoulder is delivered or immediately  after birth.  10 units, followed in severe cases by slow  intravenous infusion, a total of 40 units  should be infused at a rate of 0.02-0.04  units/min; this should be started after the  placenta is delivered. | May cause: nausea, vomiting, heart rhythm disorders. |
| 1. 92 | Omeprazole | *Oral*  Benign gastric and duodenal ulcers: 20 mg  once a day for 4 weeks in duodenal ulcers,  for 8 weeks in gastric ulcers, Increase to  40 mg in severe case. Maintenance for  recurrent duodenal ulcers: 20 mg once daily.  Prevention of relapse: 10 mg daily. NSAIDs  associated gastric or duodenal ulcers or  gastro-duodenal erosions: 20 mg daily  for 4 weeks. Prophylaxis in case of history  associated with gastric/duodenal ulcers  or dyspepsia: 20 mg daily. Zollinger-Ellison  syndrome: 60 mg to 120 mg/day or more,  into divided doses.  Gastric acid reduction during gastric surgery:  40 mg on preceding evening then 40 mg 2 to  6 h before surgery | Headache, diarrhoea, constipation, nausea, vomiting, abdominal pain, dizziness, skin rash, fatigue. |
| 1. 93 | Oral Rehydration Solution | *Oral*  5g (single use): dissolve in water and drink;  37.5g: to reconstitute it with 1 litre of clean  water.  Adult- Fluid and electrolyte loss in acute  diarrhoea; 200 to 400 ml solution after every  loose motion. | If the eyelids become puffy during the treatment: stop ORS, give plain water then, resume ors according to treatment plan a when the puffiness is gone.  If case of vomiting, stop ORS for 10 min and then resume at a slower rate (very small, frequent, amounts); do not stop rehydration. |
| 1. 94 | Oxygen | 40 to 60% oxygen using special oxygen  therapy equipment. | Concentrations greater than 80% have a toxic effect on the lungs leading to pulmonary congestion; exudation and atelectasis |
| 1. 5 | Oxaliplatin | Colorectal cancer-85mg/m2iv over 2 hr repeat every 2 wks for 6 months | Myelosuppression, peripheral neuropathy, NV, diarrhea, |
|  | Ofloxacin | daily for 10 days.  *Parenteral*  Complicated UTI:  Adult- 200 mg daily by i.v infusion over  atleast 30 minutes, max. 400 mg twice  infused over at least 1 h.  Septicaemia, lower respiratory tract  infection:  Adult- 200 mg twice daily by i.v infusion  over at least 30 minutes, max. 400 mg twice  daily infused over at least 1 h.  Bacterial corneal ulcer:  Adult- 0.3%, 1-2 drops every 30 minutes.  *Ophthalmic*  Bacterial conjunctivitis:  Adult- 0.3%, 1-2 drops every 2-4 h.  Child- >1year, 1-2drops every 2-4 h. | Abdominal pain,chest pain,dry mouth,CNS side effect |
|  | Olanzapine | Schizophrenia: initial 5-10 mg, usual dose  is 10-20 mg. Acute maniac episodes in  bipolarillness: 10-15 mg/day. | Postural hypotension, dizziness, constipation, weight gain, agitation, insomnia, akathesia, tremors, personality disorder, oedema, increases appetite, antimuscarinic effects, hallucination, bradycardia. |
|  | Oseltamivir | *Oral*  Adult and adolescent- Prevention of  influenza, over 13 years: 75 mg once daily  for 10 days for post exposure prophylaxis,  for up to 6 weeks in epidemics. Treatment of  influenza, over 13 years: 75 mg every 12 h  for 5 days.  Child- Prevention of influenza: body weight  under 15 kg: 30 mg once daily; 15 to 23 kg:  45 mg once daily; 23 to 40 kg: 60 mg once  daily: above 40 kg: adult dose.  Treatment of influenza: body weight under  15 kg: 39 mg every 12 h for 5 days; 15 to 23  kg: 45 mg every 12 h for 5 days; 23 to 40 kg:  60 mg every 12 h for 5 days; above 40 kg:  adult dose. | Nausea, vomiting, abdominal pain, dyspepsia, diarrhoea; headache, fatigue, insomnia, dizziness; conjunctivitis, epistaxis; rash; very rarely, hepatitis, stevens-johnson syndrome and toxic epidermal necrolysis; neuropsychiatric disorders also reported (in children); cough, bronchitis, eczema, seizures, aggravation of diabetes. |
|  | Paclitaxel | *Intravenous infusion*  Adult- 175 mg/m2 body surface area over 3  h, repeat every 3 weeks.  Antihistamines, corticosteroids or H2 antagonist  may be required during treatment.  Child- Not recommended. | Myelosuppression, peripheral neuropathy and cardiac conduction defects with arrhythmias (which are nearly always asymptomatic); alopecia, muscle pain; nausea and vomiting is mild to moderate, hypersensitivity reactions; myalgia; arthralgia. |
|  | Pentoprazole | *Oral*  Adult- 40 mg once daily up to 8 weeks.  *Intravenous*  Adult- 40 mg twice daily. | Nausea, abdominal pain, constipation, flatulence, and diarrhea. May be-subacute myopathy, arthralgias, headaches, and skin rashes |
|  | Para-amino-salicylic acid | Hyperkeratotic skin disorders: apply  once daily, starting with lower strength  preparations; gradually increase strength  until satisfactory response obtained | Malaise, hypotension and rash. Do not exceed indicated doses, especially in children and elderly patients. |
|  | Paracetamol | Adult- 0.5 to 1g every 4 to 6 h (max. 4g, max  2g in alcoholics per day).  *Intramuscular injection*  Adult- 250 mg every 4 to 6 h or as required.  *Intravenous infusion*  Adult- 1g every 6 hours, maximum daily dose  4 g.  Child- 15 mg/kg upto 4 times a day, maximum  daily dose 60 mg/kg. | Malaise, hypotension and rash. |
|  | Paramomycin | Intestinal amoebiasis 25-35mg/kg/dayPO q6hr for 5-10 days  Hepatic coma-4g/day in divided doses for 5-6 day  Tapeworm-11mg/kg PO divided q15 min for 4 doses  Dwarf worm- 45 mg/kg/doses POqday for 5-7 day | Abdominal pain and cramping, epigastric pain, nausea and vomiting, steatorrhea, and diarrhea. Rare- rash and headache |
|  | Pegylated interferon alpha 2a/2b | Adult- Hairy cell leukaemia induction: 3 million  IU daily for 16 to 24 weeks. Maintenance 3  million IU three times a week. Treatment for 6  months approx. Kaposi’s Sarcoma: 36 million  IU for 10 to 12 weeks, maintenance 36 million  IU three times a week.  Child- Not recommended for children. | Myelgia, influenza like illness, anxiety, feeling nervous, injection site inflammation, hypersensitivity reaction. |
|  | Penicillamine | *Oral (given before food)*  Adult- 1 to 2g daily in three divided doses  starting with 250 mg OD and gradually  increasing to full dose over 2-3 weeks.  Child- 20 mg/kg/day administered in 3-4  divided doses, initiating treatment at 25% of  this dose and gradually increasing to full dose  over 2-3 weeks to minimize adverse reactions.  Continue till blood lead levels <45 μg/dl. | Initially nausea (less of a problem if taken before food or on retiring; and if initial dose is only gradually increased); anorexia; fever; taste loss (mineral supplements not recommended); blood disorders including thrombocytopenia; neutropenia; agranulocytosis and aplastic anaemia; proteinuria; rarely, haematuria (withdraw immediately); haemolytic anaemia; nephrotic syndrome; lupus erythematosuslike syndrome; myasthenia-like syndrome; polymyositis (rarely, with cardiac involvement); dermatomyositis; mouth ulcers; stomatitis; alopecia; bronchiolitis and pneumonitis; pemphigus; glomerulonephritis (goodpasture syndrome) and erythema multiforme (stevens-johnson syndrome); male and female breast enlargement; rash (early rash disappears on withdrawing treatment-reintroduce at lower dose and increase gradually; late rash is more resistanteither reduce dose or withdraw treatment). |
|  | Pentamidine | *Deep intramuscular injection.*  3 to 4 mg/kg body weight on alternate days  to a max. of 10 injection. Course may be  repeated if necessary. | Aseptic abscess by IM route; venous thrombosis by IV route; malaise, hypotension, particularly if administered too rapidly by iv route; gastrointestinal disturbances; renal, hepatic and haematologic disorders; pancreatitis, arrhythmia, *torsades de pointes*, hypoglycaemia followed by hyperglycaemia. |
|  | Pentazocine | *Oral*  Adult- Pentazocine 50 mg every 3 to 4 h  preferably after food (range 25 to 100 mg,  max. 600 mg daily).  Child- 6 to 12 years: 25 mg.  *Subcutaneous, intramuscular or intravenous*  *injection*  Adult- Moderate pain: 30 mg. Severe pain: 45  to 60 mg every 3 h to 4 h when necessary  Child (Over 1 year)- by subcutaneous  or intramuscular injection: 1 mg/kg; by  intravenous injection: 500 μg/kg. | Sedation, dizziness, sweating, light headadeness, nausea. |
|  | Permethrine | 5% topical for scabies  1% for lice | Transient burning, stinging, and pruritus. |
|  | Pheniramine | *Oral*  Adult- 25 mg, 2 to 3 times a day or 50 mg  twice daily.  *Intramuscular injection*  Adult- 1 to 2 ml twice a day.  Child- 6 months to 3 years: 0.4 to 1 ml once or  twice daily. Over 4 years: 0.8 to 2 ml once or  twice daily. | Drug abuse; cns depression; dry mouth; blurred vision; dizziness; excitation in children. |
|  | Phenobarbitone | *Slow intravenous injection*  Status epilepticus: (dilute injection 1 in 10 with  water for injections), Adult- 10 mg/kg at a rate  of not more than 100 mg/min (up to max. total  dose of 1 g); Child- 10-20 mg/kg at a rate of not  more than 30 mg/min.  *Oral*  Adult- 60-180 mg daily at night | Dose dependant respiratory depression (enhanced by diazepam), drowsiness; cutaneous and allergic reactions, sometimes severe; hypotension, apnoea, laryngospasm, shock, especially if administered too rapidly by i.v route. |
| 1. . | Phenylephrine | 1 to 2 drops in affected eye, every 4 to 6 h. | Headache, hypertension, bradycardia, arrhythmias, peripheral ischaemia. |
| 1. 284. | Phenytoin | Oral or slow intravenous injection or infusio*n*  Adult- Status epilepticus: (with regular  BP and ECG monitoring) 18 mg/kg at rate  not exceeding 50 mg/min as loading dose,  maintenance dose of about 100 mg should be  given thereafter at an interval of 6 to 8 h (dose  can be reduced according to weight).  Child- Status epilepticus: 20 mg/kg at a rate not  exceeding 1 mg/kg/min, maintenance dose 4-7  mg/kg/day in 2 divided doses, max dose 300  mg/day. | Gastro-intestinal disturbances: gingival hypertrophy, nausea, vomiting; blood disorders: monitor blood counts if possible and administer folic acid in case of prolonged use; neurological disorders: dizziness, visual disturbances, mental confusion; allergic reactions: cutaneous eruption, fever, adenopathy. |
| 1. 5. | Phytomenadione (vitamin K1) | *Slow intravenous injection*  Adult- Warfarin-induced hypoprothrombinaemia,  no bleeding or minor bleeding:  500 μg.  *Oral*  For vitamin K deficiency: 10 to 40 mg daily | Allergic reactions, especially by i.v route, haematoma at i.m injection site. |
| 1. 86. | Pilocarpine | *Instillation into the eye*  Adult- Chronic open-angle glaucoma before  surgery: 1 drop (2% or 4 %) up to 4 times  daily.  Acute angle closure glaucoma before surgery:  1 drop (2%) every 10 min for 30 to 60 min,  then 1 drop every 1 to 3 h until intra-ocular  pressure subsides | Transient blurred vision, visual field modification, difficulty with dark adaptation (inform patients, especially drivers); retinal detachment in patients with myopia; ocular irritation, headache (decreasing after 2 to 4 weeks); rarely, allergic reactions. |
| 1. 7. | Piperacillin + tazobactam | 4.5g (Piperacillin 4g + Tazobactam 0.5g)  every 6 h for 7-14 days. | Hypersensitivity reactions like rash, fever, bronchospasm, vasculitis, serum sickness,  Exfoliative dermatitis, Steven-Johnson syndrome, and anaphylaxis |
| 1. 289. | Podophyllin resin |  | Local reactions: erythema, ulceration, pain in area where applied; systemic adverse effects: gastrointestinal disturbances, haematological and neurological disorders (possibly severe) in the event of prolonged or excessive application, or when applied to bleeding lesions. |
| 1. 0. | Potassium chloride | *Slow Intravenous infusion*  Adult and Child- Electrolyte imbalance;  depending on the deficit or the daily  maintenance requirements | Gastrointestinal ulcerations, diarrhoea, nausea and vomiting, rarely hyperkalaemia. |
| 1. 1. | Potassium permanganate | Suppurating superficial wounds and tropical  ulcers: wet dressings of 1:10,000 (0.01%)  solution, changed 2 or 3 times daily; tropical  ulcers also require treatment for 2 to 4 weeks  with procaine benzylpenicillin | Local irritation; skin and fabrics stained brown. |
| 1. 2. | Povidone iodine | Adult and Child- Pre- and post-operative skin  disinfection: apply undiluted.  Antiseptic (minor wounds and burns): apply  twice daily. | Local skin reactions (contact dermatitis); exceptionally: allergic reactions. |
| 1. 93. | Pralidoxime chloride (2-pam) | For Chloride salt, 30 mg/kg i.v. over 15-20  minutes followed by infusion at 8-10 mg/  kg/h. To be continued 12-24 hours after  atropine is no longer required | Headache, nausea; blurred vision, drowsiness, dizziness, impaired accommodation, tachycardia, hyperventilation, muscular weakness; transient elevation in SGOT and/ or SGPTlevels; laryngospasm and rigidity |
| 1. 94. | Praziquantel | Schistosomiasis: 40 mg/kg body weight is  given in two divided doses 4 to 6 h apart in  one day. S. japonicum infection: 60 mg/kg  body weight in three divided doses in one  day. | Drowsiness, headache, gastrointestinal disturbances, dizziness; rarely: allergic reactions; neurological disorders (headache, seizures) in patients with undiagnosed neurocysticercosis. |
| 1. 95. | Prednisolone | *Oral*  Adult and Child- Initially up to 10 to 20 mg  daily in divided doses (severe diseases up to  60 mg), preferably after breakfast.  *Intramuscular injection*  Adult and Child- 25 mg to 100 mg once or  twice weekly. | Adrenal suppression, muscle atrophy, growth retardation, increased susceptibility to infections, hypokalaemia, sodium and water retention (oedema and hypertension), osteoporosis. |
| 1. 296. | Premix insulin 30:70 injection (regular:NPH) | Adult and Child- Diabetes mellitus: according  to individuals requirement | Hypoglycaemia due to overdosage or inadequate diet. Treat mild hypoglycaemia with intake of oral sugar and iv injection of hypertonic glucose solution if severe;  Local reactions: pain, erythema at the injection site, lipodystrophy. Rotate injection sites systematically and use all available sites (upper arm, thighs, abdomen, upper back). |
| 1. . | Prilocaine + lignocaine | Cream (EMLA)-(2.5/2.5%)/30gm  1gm/10cm2 of skin for 15 min.-minor surgical procedure  Dental procedure-2gm/10cm2of skin surface area | Redness, swelling, tingling/burning, or lightening of the skin, |
| 1. 98. | Primaquine | *Radical treatment*  Adult- 15 mg daily for 14 days, may be  increased to higher dose.  Child- 250 μg/kg daily for 14 days.  *Malaria prophylaxis*  Adult- 30 mg once daily; Child- 0.5 mg/kg  once daily (to be started 1-2 days before  travel and continue for 7 days after departure  from malaria endemic area).  Gametocidal treatment of *P. falciparum*  malaria (after standard blood schizontocide  therapy).  Adult and Child- 500–50 μg/kg as a single  dose. | Nausea, vomiting, abdominal cramps, haemolytic anaemia in G-6-PD deficient patients; rarely, leukopenia, agranulocytosis, leukocytosis, methaemoglobinaemia and cardiac arrythmias. |
| 1. . | Procarbazine | 2-4mg/kg/day in single or divided doses increases up to 4-6 mg/kg /day | Leucopenia; anaemia; thrombocytopenia; hypotension; retinal haemorrhage. |
|  | Proparacaine | 0.5% ophthalmic solution  Cataract extraction- 1 drop every 5-10 min.for 5-7 doses | Blurred vision, redness of the clear part of the eye, sensitivity to light, severe stinging in the eye, tearing, throbbing eye pain |
| 1. 1. | Propofol | Induction and maintenance of general  anaesthesia:  Adult: Induction: 40 mg by injection or  infusion every 10 seconds. Usual dose: 2-2.5  mg/kg. Maintenance: Infusion- 6-12 mg/  kg/h, intermittent bolus injection - 20-50 mg  as needed.  Child: >3 years: Induction dose of 2.5-3.5  mg/kg. Maintenance dose: 7.5-18 mg/kg/h  by i.v infusion  Elderly: Including debilitated patients:  Infuse at a rate of 20 mg every 10 seconds.  Maintenance: 3-6 mg/kg/h.  Sedation:  Adult: In diagnostic and surgical procedures:  Initially, 6-9 mg/kg/h by infusion given for  3-5 minutes or an alternative dose of 0.5  mg/kg by slow injection over 3-5 minutes.  Maintenance: 1.5-4.5 mg/kg/h infusion.  Reduce maintenance dose by 20% for highrisk  patients needing sedation. For ventilated  patients: 0.3 mg/kg/h by infusion, subsequent  maintenance dose: 0.3 – 3 mg/kg/h. | Apnoea, bradycardia, arrhythmias, hypotension, anaphylaxis, rash, pruritus, involuntary muscle movements, headache, pain, burning or stinging at injection site. |
| 1. 302. | Propranolol | *Oral*  Initially 40 mg 2 to 3 times a day. Maintenance  dose 80 to 160 mg daily.  Child- 2-4 mg/kg/day | Bradycardia, heart failure, hypotension, conduction disorders, bronchospasm, peripheral vasoconstriction, exacerbation of intermittent claudication and raynaud phenomenon; gastrointestinal disturbances, fatigue, sleep disturbances including nightmares; rarely; rash, dry eyes (reversible); exacerbation of psoriasis. |
| 1. 3. | Protamine  Sulphate | *Intravenous injection*  Heparin overdose, over approximately 10  min; 1 mg neutralizes 80 to 100 units heparin  when given within 15 min, if longer time,  less protamine needed as heparin is rapidly  excreted. 1 ml neutralises the effect of 1000  ml i.u. of circulating heparin; max. single  dose 50 mg (5 ml). | Hypotension, bradycardia and dyspnoea; allergic reactions, notably in diabetics treated by protamine-insulin. |
| 1. 4. | Pyrazinamide | Adult and Child- 20 to 35 mg/kg body weight  as a single dose (max. 3g daily). | Gout and arthralgias, hepatic disorders (jaundice), photosensitivity (limit sun exposure), rash, gastrointestinal disturbances, hypersensitivity reactions. |
| 1. . | Pyridoxine | <6 mnth-0.1mg/day  1-3 yr-0.3mg/day  4-8yr-0.6mg/day  9-13 yr-1mg/day  14-18yr-1.3mg/day  Pyridoxine deficiency-2.5-10 mg/day  10-100mg i.v./i.m. | Peripheral neuropathy in the event of prolonged use with doses ≥ 200 mg/day. |
|  | Pemetrexete | 500mg/m2i.v. over 10 min.on day 1of each 21 day cycle in patient of creatinin clearance >45 ml/min. | Nausea, fatigue,pulmonary dyspnea, neutropenia, vomiting, leukopenia, constipation, chest pain, anorexia, anemia, pharyngitis, stomatitis, thrombocytopenia, diarrhea without colostomy, rash/desquamation, fever, neuropathy/sensory, creatinine elevation, mood alteration/depression, infection without neutropenia |
|  | Promethazine | Adult- Premedication: 25 mg at night and  increase to 25 mg twice daily; if necessary;  alternately 10 to 20 mg 2 to 3 times daily.  Child- 2 to 5 years: not recommended.  5 to 10 years: 20 to 25 mg. | Drowsiness (rarely, paradoxical stimulation in children); headache; anticholinergic effects such as dry mouth; blurred vision; urinary retention. |
| 1. . | Quinine | *Oral*  Adult- 300 to 600 mg every 8 h in divided  doses for 5 to 7 days.  Child- 25 mg/kg body weight every 8 h in  divided doses for 5 to 7days | Headache, skin rash; visual, auditory and gastrointestinal disturbances. |
| 1. 8. | Raltegravir | 400 mg bd | Well tolerated, headache, nausea, asthenia, and fatigue. Creatine kinase elevations, myopathy, and rhabdomyolysis |
| 1. 309 | Ramipril | Reduction in risk of myocardial infarction,  stroke, and death from cardiovascular  causes: Initial dose of 2.5 mg, once a day  for 1 week, 5 mg, once a day for the next 3  weeks, and then increased as tolerated, to a  maintenance dose of 10 mg once a day.  Hypertension: The recommended initial dose  for patients not receiving a diuretic is 2.5 mg  once a day. The usual maintenance dosage  range is 2.5 to 20 mg per day administered  as a single dose or in two equally divided  doses. | Hypotension, cough, asthenia, dizziness, headache, angioneurotic edema, hypersensitivity reactions, erythema multiforme, toxic epidermal necrolysis, stevens johnson syndrome, hepatic necrosis, pancreatitis, pancytopenia, thrombocytopenia. |
| 1. 0. | Ranitidine | Adult- Benign gastric and duodenal  ulceration: 150 mg twice daily or 300 mg  at night for 4 to 8 weeks, up to 6 weeks in  chronic episodic dyspepsia and up to 8 weeks  in NSAID-associated ulceration (in duodenal  ulcer 300 mg can be given twice daily for  4 weeks to achieve a higher healing rate);  maintenance, 150 mg at night. Prophylaxis of  NSAID-induced duodenal ulcer: 150 mg twice  daily. Reflux oesophagitis: 150 mg twice daily  or 300 mg at night for up to 8 weeks, or if  necessary 12 weeks (moderate to severe,  150 mg 4 times daily for up to 12 weeks).  Long-term treatment of healed oesophagitis:  150 mg twice daily. | Hepatic impairment, renal impairment lactation; middle aged or older patients and those whose symptoms change-may mask gastric cancer interactions, pregnancy. |
| 1. 2. | Ribavirin | Adult  400 mg bd , 400 mg tds if body wt > 75 kg  Child – 15 mg/kg/d | Conjunctival irritation, rash, transient wheezing, reversible anemia owing to extravascular hemolysis and suppression of bone marrow. |
| 1. . | Riboflavin | *Oral*  Adult and child- Treatment of vitamin B2  deficiency: up to 30 mg daily in divided  doses. Prophylaxis of vitamin B2 deficiency:  1 to 2 mg daily | Swelling of lips, face and tongue and difficulty in breathing. |
| 1. 14. | Rifabutin | 300 mg/d | Rash, GI intolerance, and neutropenia orange-tan discoloration of skin, urine, feces, saliva, tears, and contact  Lenses, Thrombocytopenia, polymyalgia, pseudojaundice, and anterior uveitis. |
| 1. 315. | Rifampicin | In TB 10 mg/kg/day  In leprosy 600 mg once a month | Orange-red discoloration of body secretions (urine, tears, saliva, sputum, sweat, etc.), normal, harmless; gastrointestinal disturbances, headache, drowsiness, hepatic disorders; influenza-like syndrome (more frequent when treatment is not taken regularly); thrombocytopenia, hypersensitivity reactions. |
| 1. 317. | Risperidone | 4 – 8 mg OD | Orthostatic hypotension, hyperprolactinaemia, sexual dysfunction, extrapyramidal syndrome, tachycardia, headache, nausea, agitation, anxiety, insomnia, drowsiness (inform patients that it may affect their capacity to drive/operate machinery); neuroleptic malignant syndrome (unexplained hyperthermia with neuromuscular disorders), rare but requiring immediate treatment discontinuation. |
| 1. 318. | Ritonavir | 600 mg BD | Nausea, vomiting, diarrhoea (may impair absorption-close monitoring required), abdominal pain, taste disturbances, dyspepsia, anorexia, throat irritation; vasodilatation; headache, circumoral and peripheral paraesthesia, hyperaesthesia, dizziness, sleep disturbances, asthenia, rash, hypersensitivity reactions, leukopenia; raised liver enzymes, bilirubin and uric acid; occasionally flatulence, eructation, dry mouth and ulceration, cough, anxiety, fever, pain, myalgia, weight loss, decreased thyroxine, sweating, pruritus, electrolyte disturbances, anaemia, neutropenia, increased prothrombin time; pancreatitis (see also pancreatitis, above); lipodystrophy and metabolic effects, see notes above; postural hypotension, abnormal stool, albuminuria. |
| 1. 9. | Rituximab | 375 mg/m2 i.v infusion weekly for 4 wks with maintenance dose every 3-6 months | Infusion-related toxicity with fever, rash, and dyspnea; B-cell depletion; late-onset neutropenia |
|  | Rabeprazole | Oral  Peptic ulcer & GERD 20 mg OD    ZES 60 mg OD  i.v dose 40 – 80 mg | Diarrhea, headache, and abdominal pain, risk of hip fracture, increased risk of both community-acquired respiratory infections and nosocomial pneumonia, |
|  | Rabbies vaccine | *Intramuscular or deep subcutaneous*  *injection*  -exposure  treatment (in fully immunised individuals): 2  doses of 1 ml separated by 3 to 7 days. | Benign local reactions at the injection site (pain, induration); general reactions (fever, malaise, headache, gastrointestinal disturbances, etc.); exceptionally: anaphylactic reaction.  Dose-  Adult- Immunisation against rabies; preexposure  prophylaxis: 1 ml on days 0, 7 and  28 with reinforcing doses 2 to 3years for  those at continued risk.  Immunisation against rabies; post-exposure  treatment (in unimmunised individuals): 5  doses of 1 ml each on days 0, 3, 7, 14 and 28  (plus rabies immunoglobulin given on day 0).  Immunisation against rabies; post-exposure  treatment (in fully immunised individuals): 2  doses of 1 ml separated by 3 to 7 days.  Child- Immunisation against rabies; preexposure  prophylaxis: 1 ml on days 0, 7 and 28  with reinforcing doses 2 to 3years for those at  continued risk.  Immunisation against rabies; post-exposure  treatment (in unimmunised individuals): 5  doses of 1 ml on days 0, 3, 7, 14 and 28 (plus  rabies immunoglobulin given on day 0).  Immunisation against rabies; post-exposure  treatment (in fully immunised individuals): 2  doses of 1 ml separated by 3 to 7 days. |
|  | Ringer lactate | Usual rate of administration is 20 – 30 ml/kg body wt/hour | Hypersensitivity/infusion reactions, including anaphylactic/anaphylactoid reactions, and the following manifestations: angioedema, chest pain, chest discomfort, hyperkalemia, infusion site reactions, including phlebitis, infusion site inflammation, infusion site swelling, infusion site rash, infusion site pruritus, infusion site erythema, infusion site pain, infusion site burning |
| 1. 0. | Salbutamol | Oral dose- for chronic asthma  Adult – 2 to 4 mg 3-4 times daily  Child < 2 yrs  100µg/kg 4 times daily  2-6 yrs 1-2 mg 3 to 4 times daily  Inhalational route & i.m or s.c inj.  Adult - | Pulmonary oedema, myocardial ischemia, foetal and maternal tachycardia, hypotension, tremor, headache, hypokalaemia, hyperglycaemia. |
| 1. 21. | Salicylic acid | 25g & 50g cream BD | Local irritation; dermatitis; salicylism on excessive application or treatment of large areas; particularly in children; salicylic acid poisoning; confusion; dizziness; headache; rapid breathing; ringing/buzzing in ears. |
| 1. . | Sevoflurane | For surgical levels of anaesthesia concentration of 0.5-3% is used | Malignant hyperthermia, shivering, nausea, vomiting. |
| 1. 3. | Silver sulphadiazine | Cream 1%W/W  Apply daily until healing is complete | Skin reactions; when applied to a large burned area: systemic absorption with risk of adverse effects related to sulfonamides (haematologic disorders, gastrointestinal disturbances, etc.). |
| 1. 25. | Sodium bicarbonate | Inj. 10 ml ampoule (14% w/v), (8.4%) | Excessive administration may cause hypokalaemia and metabolic alkalosis, especially in renal impairment; large doses may give rise to sodium accumulation and oedema seizures; lactic acidosis; pulmonary oedema; hyperventilation. |
| 1. 6. | Sodium chloride | 250 & 500 ml (0.9% solution) i.v infusion | Pulmonary oedema in the event of too rapid infusion or infusion of excessive amounts. |
| 1. 27. | Sodium nitrite | i.v inj.  Adult – 300 mg at 2.5 to 5.0 mg/min.  Child – 4 to 10 mg/kg at 5 mg/mint | Nausea, vomiting and abdominal pain, vasodilatation resulting in syncope, hypotension, tachycardia, flushing, headache; methaemoglobinaemia; cyanosis, dyspnoea, tachypnoea. |
| 1. 28. | Sodium nitroprusside | Hypertensive crisis: i.v infusion of 0.3 µg/kg/min.  Maintenance dose 0.5 to 6 µg/kg/min | Severe hypotension; effects associated with over-rapid reduction in blood pressure include headache; dizziness; retching; abdominal pain; perspiration; palpitations; apprehension; retrosternal discomfort; rarely, reduced platelet count; acute transient phlebitis; muscle twitching; hypothyroidism; increased anaerobic metabolism. Adverse effects associated with excessive concentration of cyanide metabolite include tachycardia; sweating; hyperventilation; arrhythmias; marked metabolic acidosis (discontinue infusion and give antidote). |
| 1. 9. | Sodium thiosulphate | Solution 15% apply BD for 4 weeks | Irritation; urticaria; hypotension; burning; stinging on application. |
| 1. 330. | Sodium valproate | Dose for mania or epilepsy is 15 mg/kg in 2 divided | Increase in the frequency of seizures at the beginning of therapy, drowsiness, weight gain, amenorrhoea, gastrointestinal disturbances, extrapyramidal symptoms, behavioural disturbances, confusion, thrombocytopenia; rarely: pancreatitis, hepatic disorders, severe allergic reactions (Lyell’s and Stevens-Johnson syndromes), prolongation of bleeding time. In these cases, stop treatment. |
| 1. . | Sofosbuvir | 400 mg OD | Fatigue and headache |
| 1. 2. | Somatostatin | Oral dose for mania & epilepsy | Nausea, abdominal pain, flatulence, and diarrhea, can cause formation of gallstones, hypothyroidism, bradycardia. |
| 1. 333. | Spironolactone | For oedema – 100-400 mg /d  usual mentanance dose 75 – 200 mg/d | Hyperkalaemia (especially in elderly or diabetics patients, patients with renal impairment or patients taking nsaids), hyponatraemia; metabolic acidosis (in patients with decompensated cirrhosis); gynecomastia, metrorrhagia, impotence, amenorrhoea, gastrointestinal disturbances, headache, skin rash, drowsiness. |
| 1. 334. | Stavudine + lamivudine | 150 mg  +  300 mg | Diarrhoea, headache, drowsiness, fatigue, fever; hypersensitivity reactions (may involve hepatic reactions and rash, see precautions above); anaphylaxis, angioedema, urticaria also reported; granulocytopenia. Peripheral neuropathy (dose-related, see above); pancreatitis; nausea, vomiting, diarrhoea, constipation, anorexia, abdominal discomfort; chest pain; dyspnoea; headache, dizziness, insomnia, mood changes; asthenia, musculoskeletal pain; influenza like symptoms, rash and other allergic reactions; lymphadenopathy; neoplasms; elevated liver enzymes and serum amylase; neutropenia, nausea, vomiting, diarrhoea, abdominal pain; cough; headache, fatigue, insomnia; malaise, fever, rash, alopecia, muscle disorders; nasal symptoms; peripheral neuropathy reported; rarely, pancreatitis (discontinue); neutropenia, anaemia, thrombocytopenia and red-cell aplasia; lactic acidosis; raised liver enzymes and serum amylase |
| 1. 335. | Streptokinase | Thrombosis – 2,50,000 units over 30 mints followed by 100,000 units every hour for 12 to 72 hours.  Myocardial infarction – 15,00,000 units over 60 mint | Nausea and vomiting; bleeding; usually limited to site of injection but internal bleeding including intracranial haemorrhage may occur (if serious bleeding occurs; discontinue infusion-coagulation factors may be required); hypotension; arrhythmias (particularly in myocardial infarction); allergic reactions including rash; flushing; uveitis; anaphylaxis; fever; chills; back or abdominal pain; Guillain-Barré syndrome reported rarely. |
| 1. 6. | Streptomycin | 15 mg/kg/d i.m in divided dose | Pain at the injection site; ototoxicity (vestibular and auditory damage), nephrotoxicity, electrolyte imbalance; rarely, allergic reactions. |
| 1. 7. | Succinyl-choline |  | Cardiac arrest, malignant hyperthermia, arrhythmia, increased intraocular pressure; jaw rigidity; muscle pain. |
| 1. . | Sucralfate | For Peptic ulcer – 1 gm QID before meal | Constipation, dry mouth and nausea |
| 1. 339. | Sulfasalazine | Acute rheumatoid arthritis adult dose – 500 mg increase by 500 mg at interval of 1 wk  Child – 40-50 mg/kg/d | Nausea; diarrhoea; headache; loss of appetite; fever; blood disorders (including heinz body anaemia; megaloblastic anaemia; leukopenia; neutropenia; thrombocytopenia); hypersensitivity reactions (including rash; urticaria; erythema multiforme (Stevens-Johnson syndrome); exfoliative dermatitis; epidermal necrolysis; pruritus; photosensitization; anaphylaxis; serum sickness; interstitial nephritis; lupus erythematosus-like syndrome); lung complications (including eosinophilia; fibrosing alveolitis); ocular complications (including periorbital oedema); stomatitis; parotitis; ataxia; aseptic meningitis; vertigo; tinnitus; alopecia; peripheral neuropathy; insomnia; depression; hallucinations; kidney reactions (including proteinuria; crystalluria; haematuria); oligospermia; rarely, acute pancreatitis; hepatitis; urine may be coloured orange. |
| 1. 0. | Sumatriptan | Oral  25-100 mg repeatable after 2 hours | Tightness in head and chest, paraesthesia in limbs, dizziness; rise in BP, bradycardia, sudden death, seizures. |
|  | Serration-peptidase | 10 mg TDS | Allergic skin reaction**,** diarrhea**,** anorexia**,** nausea |
|  | Surgical spirit |  | Diarrhea, nausea, vomiting, stomach discomfort, faintness, mild cold or burning sensation at the site of application. |
|  | Swineflu vaccine |  | Soreness, redness, and/or swelling from the shot, headache, fever, nausea, muscle aches, occasionally fainting, rare Guillain-Barre syndrome. |
| 1. 2. | Tacrolimus | For kidney transplant Adult dose – 0.15 to 0.2 mg/kg/d  For liver transplant  Adult dose – 0.1 – 0.15 mg/kg/d  Child – 0.15-0.2 mg/kg/d | Nephrotoxicity; neurotoxicity; hyperglycemia, hypertension, hyperkalemia, and gastrointestinal disturbances. |
| 1. 43. | Tamoxifen | 40-80 mg/d | Hypersensitivity reactions such as angioedema, Steven-Jjohnson syndrome and bullous pemphigoid. Hot flushes, nausea, vomiting; vaginal discharge and bleeding, menstrual irregularities, increased risk of venous thromboembolism; distaste of food; depression; hair thinning; hypercalcaemia peripheral oedema; decreased platelet count; increased pain and hypercalcaemia with bony maetastasis; tumor flare; liver enzyme changes (rarely, cholestasis); hepatitis; hepatic necrosis; hypertriglyceridaemia (sometimes with pancreatitis). |
| 1. . | Telmisartan | Adult dose – 40 – 80 mg OD | Cough, angioedema. |
| 1. 5. | Temozolomide |  | Myelosuppression, upper abdominal distress. |
| 1. 346. | Tenofovir | 300 mg/d | Gastro-intestinal disturbances (such as nausea, vomiting, abdominal pain, flatulence and diarrhoea); anorexia; pancreatitis; liver damage; dyspnoea; cough; headache, insomnia, dizziness, fatigue; blood disorders (including anaemia, neutropenia and thrombocytopenia); myalgia, arthralgia, rash, urticaria and fever. See notes above for metabolic effects and lipodystrophy; hypophosphataemia; reduced bone density; nephrogenic diabetes insipidus and renal failure; lactic acidosis, decrease in bone mineral density,acute exacerbation of hepatitis. |
|  | Tenofovir + lamivudine |  | Gastro-intestinal disturbances (such as nausea, vomiting, abdominal pain, flatulence and diarrhoea); anorexia; pancreatitis; liver damage; dyspnoea; cough; headache, insomnia, dizziness, fatigue; blood disorders (including anaemia, neutropenia and thrombocytopenia); myalgia, arthralgia, rash, urticaria and fever. See notes above for metabolic effects and lipodystrophy; hypophosphataemia; reduced bone density; nephrogenic diabetes insipidus and renal failure; lactic acidosis, decrease in bone mineral density, acute exacerbation of hepatitis. Nausea, vomiting, diarrhoea, abdominal pain; cough; headache, fatigue, insomnia; malaise, fever, rash, alopecia, muscle disorders; nasal symptoms; peripheral neuropathy reported; rarely, pancreatitis (discontinue); neutropenia, anaemia, thrombocytopenia and red-cell aplasia; lactic acidosis; raised liver enzymes and serum amylase |
| 1. 348. | Tenofovir + lamivudine + efavirenz |  | Gastro-intestinal disturbances (such as nausea, vomiting, abdominal pain, flatulence and diarrhoea); anorexia; pancreatitis; liver damage; dyspnoea; cough; headache, insomnia, dizziness, fatigue; blood disorders (including anaemia, neutropenia and thrombocytopenia); myalgia, arthralgia, rash, urticaria and fever. Metabolic effects and lipodystrophy; hypophosphataemia; reduced bone density; nephrogenic diabetes insipidus and renal failure; lactic acidosis, decrease in bone mineral density,acute exacerbation of hepatitis. Nausea, vomiting, diarrhoea, abdominal pain; cough; headache, fatigue, insomnia; malaise, fever, rash, alopecia, muscle disorders; nasal symptoms; peripheral neuropathy reported; rarely, pancreatitis (discontinue); neutropenia, anaemia, thrombocytopenia and red-cell aplasia; lactic acidosis; raised liver enzymes and serum amylase rash including stevens-johnson syndrome , dizziness, headache, insomnia, somnolence, abnormal dreams, fatigue, impaired concentration (administration at bedtime especially in the first 2-4 weeks reduces cns effects); nausea; less frequently vomiting, diarrhoea, hepatitis, depression, anxiety, psychosis, amnesia, ataxia, stupor, vertigo; also reported raised serum cholesterol, elevated liver enzymes (especially if seropositive for hepatitis B or C), pancreatitis. |
| 1. 0. | Thalidomide | Oral dose in  M  ultiple myeloma  200 mg/d with water | Teratogenicity, drowsiness/somnolence, peripheral neuropathy, constipation, dizziness, bradycardia, orthostatic hypotension, hypersensitivity, and neutropenia. |
| 1. 1. | Thiamine | Mild chronic deficiency – 10 – 25 mg/d | Hypotension; anaphylactic reaction, especially when injected iv (inject very slowly over 30 minutes). |
| 1. 52. | Thiopentone | Adult – 10 – 150 mg  Child – 4 – 7 mg | Respiratory depression; myocardial depression; cardiac arrhythmias; somnolence; bronchospasm; urticaria; vasodilation; apnoea; emergence delirium; headache; nausea; oedema. |
| 1. 353. | Timolol | Instillation into eye  1 drop BD | Stinging, burning, pain, itching, erythema, transient dryness, allergic blepharitis, transient conjunctivitis, keratitis, decreased corneal sensitivity, diplopia, ptosis; systemic effects; particularly on the pulmonary, cardiovascular and central nervous systems, may follow absorption; blurred vision; headache. |
| 1. . | Tiotropium | Inhalational form - 18µg od | Xerostomia, constipation, blurred vision, dyspepsia, and cognitive impairment |
| 1. 55. | Tramadol | Moderate to severe pain 50 -100 mg  4 -6 hourly | Dizziness, nausea, vomiting, drowsiness, dry mouth, sweating; rarely: allergic reactions, seizures, confusion; withdrawal symptoms; respiratory depression in the event of overdosage. |
| 1. . | Tranexamic Acid | Menorrhagia – 1300 mg orally 3 times daily for 5 days | Gastrointestinal disturbances; rarely, allergic reactions, seizures. |
| 1. . | Trastuzumab | 4 mg/kg i.v loading dose and maintainenance dose is 2 mg/kg | Fever, chills, nausea, dyspnea, and rashes, cardiac failure. |
| 1. 358. | Trihexy-phenidyl | 1 mg daily , increase gradually.  Max. 20 mg | Constipation, dry mouth, nausea, vomiting, tachycardia, dizziness, confusion, euphoria, hallucinations, impaired memory, anxiety, restlessness, urinary retention, blurred vision and rash. Angle-closure glaucoma may occur very rarely, paralytic ileus; dilation of colon. |
| 1. 9. | Tropicamide | Ocular instillation  Adult & child dose – 1 drop 20 mint. Before eye checkup | Transient stinging and raised intraocular pressure; on prolonged administrationlocal irritation; hyperaemia; oedema and conjunctivitis; eczematic dermatitis; photophobia; parasympathetic stimulation. |
|  | Tetanus immunoglobin | 250-500 units i.m | Hypersensitivity reactions, anaphylactic shock, quinke oedema; serum sickness up to 10 days after injection. |
|  | Tetanus toxoid | 0.5 ml  i.m/s.c | Minor local reactions (redness, pain at the injection site); exceptionally, anaphylactic reactions. |
|  | Terbutaline | Oral –  2.5 mg-5mg TDS  i.v/i.m/s.c-  adult – 250-500 µg, 4 times daily.  Child: >2 yrs  10-300 µg. | Nausea, vomiting; pulmonary oedema; palpitation; tachycardia, arrhythmias, peripheral vasodilation; headache, tremor, hyperglycaemia, hypokalaemia, muscle cramps and tension and hypersensitivity reactions (including angioedema, urticaria, rash, bronchospasm, hypotension, and collapse). |
|  | Tinidazole | Anaerobic infection  Adult –  1.5 to 2 g OD 3 to 6 days  Child-  30-75 mg/kg single dose | Nausea, vomiting, unpleasant metallic taste, furred tongue and gastrointestinal disturbances; rarely, headache, drowsiness, dizziness, ataxia, darkening of urine, erythema multiforme, pruritus, urticaria, angioedema and anaphylaxis; abnormal liver function tests, hepatitis, jaundice; thrombocytopenia, aplastic anaemia; myalgia, arthralgia; peripheral neuropathy, epileptiform seizures; leukopenia on prolonged or high dosage regimens; anorexia, glossitis, dryness of mouth. |
|  | Urokinase | Deep vein thrombosiss 4400 units/kg in 15 ml NaCl over 10 min followed by 4400 unit/kg for 12-24 hrs | Nausea; vomiting and bleeding. When used in myocardial infarction, reperfusion arrhythmias may occur. Hypotension can also occur and can usually be controlled by elevating the patient's legs or by reducing the rate of infusion or stopping it temporarily. Back pain; fever and convulsions have been reported. Bleeding is usually limited to the site of injection; but intracerebral haemorrhage or bleeding from other sites can occur. Serious bleeding calls for discontinuation of the thrombolytic and may require administration of coagulation factors and antifibrinolytic drugs (aprotinin or tranexamic acid). Rarely, further embolism may occur (either due to clots that break away from the original thrombus or to cholesterol crystal emboli). It causes allergic reactions (including rash; flushing and uveitis) and anaphylaxis has also been reported. |
|  | Ursodeoxycholic acid | 150 mg TDS or 300 mg BD | Nausea, vomiting, diarrhoea, itching, very rarely- gallstone calcification, allergic reaction, |
|  | Vit- B complex |  | Black stools, constipation, diarrhea, feel like throwing up, intense abdominal pain. Very rare-bronchospasm |
| 1. 361. | Vancomycin | Adult  1-1.5g BD  Elderly  500mg BD or 1gm OD  Child - >1 month 15 mg – 2g /d | Nephrotoxicity including renal failure andinterstitial nephritis; ototoxicity (discontinue if tinnitus occurs); blood disorders; nausea, chills, fever, eosinophilia, anaphylaxis, rashes, including exfoliative dermatitis, erythema multiforme (Stevens-Johnson syndrome), toxic epidermal necrolysis and vasculitis; phlebitis; on rapid infusion, severe hypotension (with shock, cardiac arrest), wheezing, dyspnoea, urticaria, pruritus, flushing of the upper body (‘Red Man’ syndrome), pain and muscle spasm of back and chest; hypotension, pruritus, haematopoitic flebitis. |
| 1. 2. | Vecuronium | Adult – 0.08 – 0.1 mg/kg followed by 0.01-0.015 mg/kg i.v , 25 to 40 mint later | Muscle weakness, paralysis, muscle atrophy, hypersensitivity reaction, urticaria & erythmea, anaphylaxis, respiratory failure. |
| 1. 3. | Verapamil | Adult oral dose  80-120 mg TDS/d | Constipation; less commonly nausea, vomiting, flushing, headache, dizziness, fatigue, ankle oedema; rarely, allergic reactions (erythema, pruritus, urticaria, angioedema, Stevens-Johnson syndrome); myalgia; arthralgia, paraesthesia, increased prolactin concentration; gynaecomastia and gingival hyperplasia on long-term treatment; with high doses, hypotension, heart failure, bradycardia, heart block and asystole (due to negative inotropic effect), impotence; hepatotoxicity; hyperprolactinemia; myoclonic dystonia. |
| 1. . | Vinblastine | i.v  3.7-18.5 mg/m2 single dose | Neurotoxicity, myelosuppression, stomatitis; lucopenia; constipation; bone pain. |
|  | Vincristine | i.v inj –  1.4 mg/m2/wk | Neurotoxicity, myelosuppression, stomatitis; lucopenia; constipation; bone pain. |
| 1. 366. | Vitamin A | Adult – 2,00,000 units every 6 month  Pregnant women-  10,000 u /d  Infant under 6 month – 50,000  6 – 12 month 100,000 every 6 month | No serious or irreversible adverse effects in recommended doses; high intake may cause birth defects; transient increased intracranial pressure in adults or a tense and bulging fontanelle in infants (with high dosage); massive overdose can cause rough skin, dry hair, enlarged liver, raised erythrocyte sedimentation rate, raised serum calcium and raised serum alkaline phosphatase concentrations; hair loss; redness of skin; anorexia; weight loss. |
|  | Water for injection |  | Severe allergic reactions (rash; hives; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); fever; redness, swelling, or tenderness at injection site. |
| 1. 67. | Warfarin | Adult –  Prophylaxis & treatment of thromboembolic disorder is 10 mg/d for 2 days  Daily maintenance dose is 3-9 mg at the same time each day.  i.v dose – 5 mg daily. | Haemorrhage; hypersensitivity; rash; alopecia; diarrhoea; unexplained drop in haematocrit; ‘purple toes’; skin necrosis; jaundice; hepatic dysfunction; nausea; vomiting and pancreatitis. |
| 1. 71. | Xylometazoline | Instill 3-4 drops every 3-4 hr. | Local irritation, nausea, headache; after excessive use tolerance with diminished effect, rebound congestion; cardiovascular effects also reported; dryness of eye and nose, rhinitis medicamentose. |
| 1. 2. | Zidovudine | Adult– 600mg/d in divided dose  Child – 6 wks to 12 wks -160mg/m2 8 hourly | Haematological disorders (monitor CBC), gastrointestinal disturbances (nausea, diarrhoea, etc.), headache, myopathy, hepatic disorders, lactic acidosis. |
| 1. 373. | Zidovudine + lamivudine + nevirapine | Zidovudine  300mg+  Lamivudin  150 mg + Nevirapine 200 mg  Adult – 2 tab. TDS  Child – half of adult dose | Gastrointestinal disturbances; Zidovudine- Haematological disorders (monitor cbc), gastrointestinal disturbances (nausea, diarrhoea, etc.), headache, myopathy, hepatic disorders, lactic acidosis. Lamivudine- nausea, vomiting, diarrhoea, abdominal pain; cough; headache, fatigue, insomnia; malaise, fever, rash, alopecia, muscle disorders; nasal symptoms; peripheral neuropathy reported; rarely, pancreatitis (discontinue); neutropenia, anaemia, thrombocytopenia and red-cell aplasia; lactic acidosis; raised liver enzymes and serum amylase see nevirapine- cutaneous reactions sometimes severe (Stevens-Johnson and Lyell syndromes), hepatic disorders possibly severe (fulminant hepatitis). In these cases, stop taking Nevirapine immediately and permanently; gastrointestinal disturbances, headache, myalgia. Nevirapine reduces the efficacy of oral contraceptives: use a non-hormonal contraception or injectable Medroxyprogesterone or an oral contraceptive containing 50 µg ethinylestradiol per tablet. Avoid combination with Rifampicin (decreases the efficacy of nevirapine). Use rifabutin if possible. If rifabutin is not available, use eavirenz rather than nevirapine. Monitor liver enzyme level (ALAT) during the first 2 months, then every 3 to 6 months. If the enzyme level reaches 5 times the normal level, stop nevirapine immediately. |
|  | Zinc sulphate | infant less than 6 month  10 mg /d for 10-14 days  Child 6 month – 5 yrs 20 mg/d for 10-14 days | Nausea; or upset stomach. |
| 1. 5. | Zoledronic acid | 4 mg i.v infusion once a wk initially than once a month | Possible renal failure, osteonecrosis of jaw, adynamic bone, subtrachantric fracture. |
| 1. 76. | Zolpidem | Adult-10mg/d  Elderly-5mg | Abnormal thinking, behaviour changes, and complex behaviours, withdrawal effects, CNS depressant effects, ataxia, confusion, diplopia, euphoria; hepatitis; anaphylactic reactions. |

ADR of National list of essential medicine



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Preface

**ADR of NLEM are collected from**

1. WHO list of essential medicine
2. National formulary of India
3. Guddmann gillben
4. Katzen
5. Sharma and Sharma
6. Shrivastava
7. K D Tripathi

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