|  **S. No.** | **Drug name** | **Dose** | **Adverse effect** |
| --- | --- | --- | --- |
| 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/kg150 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,TDSInj-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 IMSlow 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 dosesChild-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 reducediv-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 QIDChild- half of the adult doseIm/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 doseChild-200 mg | Gastrointestinal disturbances, headache, dizziness; neurological disorders (headache, seizures) in patients with undiagnosed neurocysticercosis. |
|  | Aluminium-hydroxide | 300 and 840 mg tab1 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 QIDChild- half of the adult doseIm/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 TDSiv-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/mlAdult-1.8-3 mg iv bolus f/b doubling dose every 3-5 minChild-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 mgAS-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 dailyScurvy-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 daysChild-˃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\*3daysChild-4mg/kg/d\*3d | Gastrointestinal disturbances, headache and dizziness. |
| 1. 11
 | Aciclovir | 200-800mg five times daily for 5-7 daysChild-<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 mgBD/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-250-500mgiv-LD-5mg/kgMD-0.5mg/kg/hrChild-6m-9y=1mg/kg/hr10-16y=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 weaknessweight gain |
|  | Anti snake venom | 60-100 ml in 5% dextrose or normal salineintravenously over one hour; start at 1 ml ofdiluted solution per minute initially, watchingfor reaction. Skin In hemotoxic snake bites,may repeat a second dose at 6 h. if bleeding/clotting abnormalities continue, or wholeblood clotting time is still prolonged at 6 h; Inneurotoxic 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 TDSChild-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/v250%w/vRoute 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/LApply 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 dosesChild-50-400µg twice daily | Inhalation leads to hoarseness of voice, opportunistic fungal infection in oropharynx, respiratory infection, headache. |
|  | Budesonide +formoterol | 160μg/9μg q12 hrNot 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 mgInj-4mg/mlCream/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 HSOral/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/dPregnancy-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 dosesMaint 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 vomitingChronic 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/BDChild-˂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 weekBladder-50-70mg/m2 BSA once/ 3-4 weekTesticular- 20mg/m2 5 days/week for 3 courses | Tinnitus; neuropathy,vomiting |
|  | Clarithromycin  | Tab-250-500mg BD for 7-14 daysChild -<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/BDChild-0.25-1mg | Sedation, dizziness, hyperactivity, behavioural problem, irritability, drooling, weight gain, sleep disturbance, blurring, diplopia. |
|  | Clofazimine | 300 mg OM50 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 ODChild-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-20gmLotion-50 ml1-4 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 daysoral-1-5 mg/kg | Haemorrhagic cystitis; colitis; cardiac toxicity; anorexia; thrombocytopenia; dermatitis |
|  | Cycloserine  | 250 mg BD for 2 wksChild-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 transplantatioadult & 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 dosesChild-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 dosesChild>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 daysChild-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 hrsChild<2yrs-1mg bd,2-5 years-1mg every 6 mg6-12 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 BDAcute cystitis-100 mg BD for 3 daysChr. 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 doseChild- 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 dosesChild-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-80/160:400/800Children-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 /dayChild-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 daysTyphoid-4gm daily for 2 days f/by 2 gm next 2 daysChild- Meningitis- 75-100 mg/kgfor 7-9 daysTyphoid-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 hrChild-2-4 mg/kg every 6 hr,in severe 3-4 mg/kg every 8 hrI/V-0.6-2.7 gm/day in 3-4 divided dosesChild-20-4-mg/kg in 3-4 divided dosesNeonate-15-20 mg/kg in 3-4 divided dosesBacterial 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 dosesI/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 hrChild- <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, abdominaldiscomfort, 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 mlevery 1-2 days for up to 2 weeks.Thromboembolism prophylaxis: Adult- 500-1000 ml (10-20 ml/kg) on day of surgery, then500 ml daily for 2-3 days, then 500 ml everysecond or third day, for up to 2 weeks.Shock: Adult- initially 500-1000 ml (10-20 ml/kg) infused as rapidly as needed; may followwith 500 ml (10 ml/kg) during the same 24hour 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 threedivided 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 foodand at night (bed time), increase gradually to240 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 mgChildren-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 dosesChild-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 orally10-40 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 orally75 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 mgChild-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/TIDChild-<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 orally20 mg/ml iv | Headache,dizziness,constipation and flushing. Fall in BP can occur on i.v. injection |
|  | Enalapril | Adult- Hypertension: initially 5 mg oncedaily; usual maintenancedose 20 mg daily in 1 to 2 divided doses.In severe hypertension may beincreased 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 mgthrice daily or 300 mg twice daily, starttreatment after 14th week of gestation untilthe start of labour.Prevention of HIV transmission in neonates.Child- neonates- 2 mg/kg every 6 hour for first6 weeks of life, starting with12 hour afterbirth. | 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 failureAdult: As epoetin alfa: Initially, 50 U/kgsubcutaneous/intravenous 3 times weeklyfor predialysis and haemodialysis patientsand 50 U/kg twice weekly for peritonealdialysis patients, dose may be increasedaccording to response in steps of 25 U/kg 3times weekly at 4 weekly intervals.Child: As epoetin alfa: Initially, 50 U/kg 3times weekly. Dose may be increased at 4weekly intervals in increments of 25 U/kg3 times weekly until a target haemoglobinconcentration 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-infectedpatientsAdult: As epoetin alfa: Initially, 100 U/kgsubcutaneous/intravenous thrice weekly for8 weeks; increase every 4-8 week by 50-100U/kg according to response. Max: 300 U/kgthrice weekly.SubcutaneousAnaemia related to non-myeloid malignantdisease chemotherapyAdult: As epoetin alfa or zeta: Initially, 150U/kg 3 times weekly. Dose may be increasedat 4-8 week intervals to 300 U/kg 3 timesweekly. Stop treatment if response is stillinadequate after 4 week of treatment usingthis higher dose.IntravenousIncrease yield of autologous bloodAdult: As epoetin alfa or zeta: 600 U/kg over2 minutes twice weekly for 3 week beforesurgery; in conjunction with iron, folate andB12 supplementation. | Nausea, vomiting, increased risk of hypertension, myalgia, arthralgia, rashes and urticaria, headache, confusion, generalized seizures, thrombosis specifically duringdialysis, 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 mgdaily. | Insomnia, nausea, ejaculation disorder |
|  | Esmolol  | *Intravenous infusion*Usually with a range of 50 to 200 μg/kgbody weight/min under strict professionalsupervision of cardiologist | Throbbing headache; flushing; dizziness, postural hypotension; tachycardia(paradoxical bradycardia also reported); abdominal pain; collapse; neurologicaldeficit. |
|  | Ethinylestradiol+levonorgestrel | Levonorgestrel + Ethinylestradiol0.15 mg + 0.03 mg0.25 mg + 0.05 mgLevonorgestrel 0.15 mg + Ethinylestradiol0.03 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 + Ethinylestradiol0.5 mg + 0.03 mg1.0 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 surfacearea daily by infusing over 30 to 60 min.Thereafter, no injection for 3 to 4 weeks isgiven. Small cell lung cancer: 350 mg/m2daily.*Oral*Adult- 100 to 200 mg/m2 body surface areafrom 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 mgevery 6 h or 0.5 to 1g every 12 h upto 4gdaily in severe infections.Child- 1 month to 2 years; 12.5 mg/kg bodyweight every 6 h; 2 to 8 years 250 mg every6 h (doses doubled for severe infections).Early syphilis: 500 mg three times daily for14 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 singledose, retreatment with 25 mg/kg bodyweight as a single dose for two months,thereafter reduce to 15 mg/kg body weight.Given as combination therapy with otheranti-tubercular drugs.Child- Same as for Adult. Do not use under3 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 μgdaily. Palliation in breast cancer in postmenopausalwomen: 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 durationBMT-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 andforeign bodies in eye: instill sufficient solutiondropwise 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, thenafter 4 to 7 days, 12.5 to 100 mg repeated atintervals of 2 to 5 weeks, adjusted accordingto 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  | TopicalSkin infections: Adult- as 1% dressingOphthalmicBlepharitis along with conjunctivitis:Adult- as 0.5 % ointment, apply 2-3 timesdaily.Otitis externaAdult- 0.5% drops. | Ototoxicity, gastrointestinal symptoms, inflammation, transient irritation, contactDermatitis, burning sensation, pruritus.  |
| 1. 53
 | Fresh frozen plasma  | 10-20ml/kg body weightNumber 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 tidSuspension-adult-15ml tidChildren-1ml/kg/day tidInjectable-adult-500mg tidChild-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 14to 30 days. Vaginal: 150 mg as a single dose.Oral: systemic loading dose of 400 mg on firstday and thereafter 200 to 400 mg once dailyfor at least 28 days.Prophylaxis of fungal infection: 50 to 100 mgonce 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 onwaking up. Maintenance. 20 to 40 mg daily;may be increased to 80 mg daily or morein resistant oedema: max 600 mg daily insevere cases.Child- 1 to 3 mg/kg daily (max. 40 mg daily).*Slow intravenous injection*Adult- Acute pulmonary oedema: 20 to 50mg, if necessary increase by 20 mg step-bystepevery 2 h; if effective single dose is morethan 50 mg, at a rate not exceeding 4 mg/min.Child- 0.5 to 1.5 mg/kg daily (max. 20 mgdaily).*Slow intravenous infusion*Adult- Oliguria (glomerular filtration rate lessthan 20 ml/min): at a rate not exceeding 4mg/min, initially 250 mg over 1 h.If urine output not satisfactory during the hafter first dose, infuse 500 mg over 2 h then;if no satisfactory response is there in an hafter 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-1-3yr200μg/ day- 4-8yr300μg/ day-9-13yr400μg/ 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 daysMaintenance- 5 mg/kg qday or6 mg/kg qday for 5 days / wks or1000 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 oncea week for up to 7 weeks, if not toleratedreduce or withhold. After one week restadminister by infusion once weekly forthree weeks, withhold for 4th week beforerepeating. | 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 - immersein undiluted solution for 10 to 20 min; up to2 h may be required for certain instruments(for example bronchoscopes with possiblemycobacterial contamination); rinse withsterile water or alcohol after disinfection.Sterilization of clean instruments - Immersein undiluted solution for up to 10 h; rinse withsterile 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. Administerwith 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 bodyweight, then adjust as per serum gentamicinconcentration.*Intramuscular or slow intravenous injection*over at least 3 min.Multiple daily dose regimen: 3 mg/kg bodyweight 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 replacementAdult and Child- Determined on the basis ofclinical and wherever possible, electrolytemonitoring.Treatment of hypoglycaemiaInfusion of 50% glucose solution into a largevein.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 maybe 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 orimmediately after breakfast; max. 15 mgdaily.Elderly- 2.5 mg, but it should preferably beavoided, 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 violentbehaviour and severe anxiety (adjuvant):initially 1.5 to 3 mg 2 to 3 times daily or 3 to5 mg 2 to 3 times daily in severely affectedor resistant patients (up to 30 mg daily inresistant schizophrenia).Elderly or debilitated-Schizophrenia andother psychoses, mania, psychomotoragitation and violent behaviour and severeanxiety (adjuvant): initially half adult dose.Child-Schizophrenia and other psychoses,mania, psychomotor agitation and violentbehaviour and severe anxiety (adjuvant):initially 25 to 50 μg/kg daily in 2 divideddoses (max. 10 mg daily).*Intramuscular injection*Adult- Acute psychotic conditions: initially2 to 10 mg, subsequent doses every 4 to8 h according to response (up to every hif necessary) to max. of 18 mg; severelydisturbed patients may require initial dose ofup to 18 mg.Elderly or debilitated- Acute psychoticconditions: initially half adult dose.Child- Acute psychotic conditions: notrecommended. | 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 wakingup, increasing to 50 mg daily if necessary.Elderly- Initially 12.5 mg daily forhypertension 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 speciallycalibrated 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 speciallycalibrated vaporiser; oxygen; oxygen–nitrousoxide 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 desiredeffect is achieved.Child- 1 to 2 drops in each eye till the desiredeffect 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 insertedat any time between day 4 and day 12 afterthe start of menstrual bleeding; not to befitted during heavy menstrual bleeding.Emergency contraception, the device may beinserted up to 120 h (5 days) after unprotectedintercourse, at any time of menstrual cycle; ifintercourse has occurred more than 5 dayspreviously, device can still be inserted upto 5 days after the earliest likely calculatedday of ovulation; device can be removed atthe beginning of menstruation if no longerrequired. | Heavy bleeding, perforation of uterus; cramps. |
|  | Human chorionic gonadotropin, | 5000-10000 units IM once 1 day following the last dose of menotropinsRecombinent 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 hor 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 inadequateAlbumin 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 to400 mg 3 to 4 times daily, increase if necessary(max. 2.4g daily), maintenance dose of 0.6 to1.2g daily may be adequate.Infant or Child over 3 months- 5-10 mg/kg3 to 4 times/day, Maximum daily dose: 40mg/kg/day.*Intravenous injection and infusion*Neonate- initially by intravenous injection(over atleast 5 min) 25-100 μg/kg then bycontinuous 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, inearly treatment up to 80 μg at a time, 3 to 4times daily.Child- Metered dose inhaler; up to 6 years;20 μg 3 times daily. 6 to 12 years; 20 to 40 μg3 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 300mg as single dose daily.Child- 10 to 15 mg/kg body weight as a singledose, 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 divideddoses.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 mgtwice daily (max 120 mg daily individualdose | 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 insertedat any time between day 4 and day 12 afterthe start of menstrual bleeding; not to befitted during heavy menstrual bleeding.Emergency contraception, the devicemay be inserted up to 120 h (5 days) afterunprotected intercourse, at any time ofmenstrual cycle; if intercourse has occurredmore than 5 days previously, device can stillbe inserted up to 5 days after the earliestlikely calculated day of ovulation; device canbe removed at the beginning of menstruationif 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 nightbefore bed time.Child- 1-3 teaspoonful in water or milk beforebed 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: accordingto 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 individed 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/kgadjusted according to response (10 mg/kgusually produces 12 to 25 min. of surgicalanesthesia).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: initially4 mg/kg (2 mg/kg usually produces 5 to 10min. of surgical anesthesia).Longer Procedure: induction by intravenousinjection using solution containing 1 mg/ml.Longer procedure: induction dose 0.5 to 2mg/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 TDS20-80MG 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 + Stavudine40 mg + 10 mg + 70 mg150 mg + 40 mg + 200 mg150 mg + 30 mg + 200 mg100 mg + 30 mg + 200 mg Adult- One tablet twice daily. Patients withbody weight less than 50 kg, 2 mg/kg bodyweight two times a day.Child- 3 months to 12 years; half adult doseis 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 + zidovudine150 mg + 300 mg.Dose Adult- 2 tablets three times a day or asprescribed.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, initialdose of 2 to 3 mg/day given twice or thricea day.Elderly or debilitated patients: Initial dosageof 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, comaIncreased blood glucose leval,altered liver function,increased both bleeding and clotting |
|  | Leflunomide | Active rheumatoid arthritis: Adults- 100mg 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 10mg/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 orally500mg/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 μgdaily (25 to 50 μg for those over 50 years)before breakfast, increased by 25 to 50 μgevery 3 to 4 weeks until normal metabolismmaintained (usual maintenance dose, 100 to200 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 andjuvenile myxoedema; Up to 1 month: initially5 to 10 μg/kg daily. Over 1 month: initially 5μg/kg daily, adjusted in steps of 25 μg every 2to 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 doseof 50 to 100 mg (or 1 to 1.5 mg/kg) at a rateof 25 to 50 mg/min by intravenous injection,followed immediately by intravenous infusionof 1 to 4 mg/min, with ECG monitoring of allpatients (reduce infusion dose if required forlonger 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 orally600mg/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 to1.8g daily.Prophylaxis of mania, bipolar disorder andrecurrent depression: initially 0.6 to 1.2gdaily.Elderly-Treatment of mania: initially 300 to900 mg daily.Prophylaxis of mania, bipolar disorder andrecurrent depression: initially 300 to 900 mgdaily. | 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 oflevodopa, initially 100 mg (with carbidopa10 mg) twice daily, increased by 100 mg(with carbidopa 10 mg) every few days asnecessary, to a max. of 1.5g.Optimum daily dose must be determined foreach patient by careful monitoring and betaken 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 andthen 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 afterevery motion.Child- 2 mg followed by 2 mg after everymotion. | Constipation, allergic skin reactions, drowsiness, dizziness. In the event of overdosage, treat with naloxone. |
| 1. 78
 | Lopinavir+ ritonavir | Adult and child with body surface area1.4 m2, body weight 40 kg and over- 2 tabletstwice daily.Child over 2 years with body weight 40kg and body surface area 0.5 to 0.9 m2 - 2tablets (Lopinavir 100 mg + Ritonavir 25mg), twice daily. Body surface area 0.9 to1.4 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 mgdaily as single dose or in two divided doses,if needed.Child- ≥ 6 years, initially 700 μg/kg, increasedto 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 1to 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- Threadworminfection: 100 mg single dose. If re-infectionoccurs second dose may be needed after2 weeks. Whip worm, roundworm andhookworm infection: 100 mg twice daily for3 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: initially250 mg 2 to 3 times daily; if necessary,gradually increased at intervals of 2 or moredays (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, gastroesophagealreflux, gastroparesis: (over 1 to2 min for slow intravenous injection), 10 mg3 times daily. 15 to 19 years (under 60 kg)5 mg 3 times daily. Aid to gastrointestinalintubation: 20 mg as a single dose 5 to 10min before examination; Adolescent (15 to19 years), 10 mg.Child- Up to 1 year (up to 10 kg) 1 mg twicedaily; 1 to 3years (10 to 14 kg) 1 mg 2 to 3times daily; 3 to 5 years (15 to 19 kg) 2 mg2 to3 times daily; 5 to 9 years (20 to 29 kg)2.5 mg 3 times daily; 9 to 14 years (30 kg andover) 5 mg 3 times daily (usual max. 500 μg/kg daily, particularly for children and youngadult).*Slow intravenous injection only*Adult- Premedication: 10 mg as a singledose. | 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 timesa day for 5 to7 days. Giardiasis: 200 mg threetimes a day for 7 to 10 days.Child- 35 to 50 mg/kg body weight inamoebiasis and 10 to 15 mg/kg body weightin giardiasis.*Intravenous injection*Adult- 500 mg every eight h up to 7 days.Child- (Below 12 years) 7.5 mg/kg bodyweight. | 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, adjustaccording to response (not suitable for patientshaving oedema).Child- Acute pain: can be given to children indose 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 10mg 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 beforeoperation.*Oral or subcutaneous or intramuscular**injection*Chronic acute pain: 5 to 20 mg every 4 h or asper recovery (not suitable for patient havingoedema). | 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 byinfusion 1g/hr for at least 24 h after last seizure.If seizures recur, additional dose of 2g (or 4g ifbody 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 mgwithin first 5 days of cycle or within first 5days after parturition (delay until 6 weeksafter parturition if lactating). Contraception(long-term); as for short-term, repeatedevery 3 months.Mild to moderate endometriosis: 10 mg3 times daily for 90 consecutive days,beginning on day 1 of cycle. Dysfunctionaluterine bleeding; 2.5 to 10 mg daily for 5 to10 days beginning on day 16 to 21 of cyclefor 2 cycles. Secondary amenorrhoea; 5 to 10mg daily for 5 to 10 days beginning on day 16to 21 of cycle for 3 cycles.If interval between injections is greater than3 months and 14 days, exclude pregnancybefore next injection and advise patientto use additional contraceptive measures(for example barrier) for 7 days after theinjection. | 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 orally0.2 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 every6 hours as needed, not to exceed 7 days.Dysmenorrhea: 500 mg orally, followed by250 mg every 6 hours starting with the onsetof menses.ChildrenPain: 14 to 18 years: 500 mg orally followed by250 mg every 6 hours as needed, not to exceed7 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: approximately2 mg/min; 5 to 10 min before procedure;initially 2 to 2.5 mg. Usual total dose 3.5 to 5mg (Max. 7.5 mg).Elderly- 0.5 to 1.0 mg. Increase if necessary insteps of 1 mg.*Intravenous injection (Over 2 to 3 min)*Child- 6 months to 7 years: initially 50 to 100μg/kg; increase if necessary in steps (max. totaldose 6.0 mg). 6 to 12 years: initially 25 to 50μg/kg increase in steps if necessary (max. totaldose 10 mg).*Intramuscular injection*Adult- Sedation in combined anaesthesia:30 to 100 μg/kg repeated as required bycontinuous 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 to60 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 mgonce a day, Maximum dose: 200 mg oncea day; Hypertension: initially 100 mg daily,increase if required to 200 mg in two divideddoses (max 400 mg daily). Angina: 50 mgdaily, up to 300 mg daily in 2 to 3 divideddoses if necessary.*Intravenous injection*Arrhythmia: up to 5 mg at a rate of 1 to2 mg per min, repeated after 5 min ifnecessary (max dose 10 to 15 mg). Arrythmiadeveloping during anaesthesia: 2 to 4 mgduring 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: 100mg/day, twice a day, after meals for 28 days.<25 kg: 50 mg/day, after meals for 28 daysChild (2-11 years): 2.5 mg/kg daily aftermeals 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 highdosage of prilocaine infusion: 1-2 mg/kgintravenously over 5 minutes, followedimmediately by a fluid flush of 15-30 ml tominimize 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 for2 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 5days repeat 3 to5 full courses after 1 week.*Intramuscular route*15 to 30 mg daily for 5 days, repeat 3 to5courses after 1 week.Leukaemia, maintenance after remission: 30mg/m2 body surface area (max upto 15 mgtwice 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 mgwith breakfast for at least 1 week, then 500mg with breakfast and evening meal for atleast 1 week, then 500 mg with breakfast,lunch and evening meal or 850 mg every 12h with or after food (max. 2g daily in divideddoses). | 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 renalfunction is inadequate), By intravenousinfusion as a 20% solution infused over 3–5minutes, Adult and Child- 200 mg/kg; repeattest dose if urine output is less than 30–50ml/h; if response is inadequate after a secondtest dose, re-evaluate the patient.Raised intracranial or intraocular pressure:By i.v infusion as a 20% solution infused over30–60 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 dermatologicalconditions: 40 and 120 mg.Dose should be regulated in accordance withseverity of condition; large joints- 20 to 80mg; 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 dose70 mg), repeat if required after blood countsparticularly neutrophils and platelets.Ovarian carcinoma: 0.2 mg/kg body weightdaily for 5 days, repeat after 4 to 5 weeks.Child- 0.15 mg/kg body weight daily for 7days. Maintenance dose is 0.05 mg/kg bodyweight 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) /1mlChildren- 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 mgonce 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.vinjection 8 hourly.Neonate (less than 7 days)- 20 mg/kg 12hourly.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-releasetablets): usual range 20 to 100 mg daily in 1to 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 3-7days.Child- Over 3 months: 3 mg/kg body weightdaily in four divided doses. Severe chronicrecurrent infections: 100 mg every 6 hwith food for 7 days, discontinue or reducedosage 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 unitsevery six h, doubled in severe infections.Child- 1 month to 12 years: 1,00,000 units 4times daily, immunocompromised childrenmay require higher doses up to 5,00,000units.*Topical application*Dissolve one tablet in glycerine and applylocally 3 to 4 times.*Intravaginal*Insert one tablet deep into vagina before bedtime 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 2mg (at all ages) as intravenous bolus, Repeatevery 2 minutes if no response to a total of10 mg. Once response occurs start infusionof naloxone at 2/3rd the total loading dosegiven every hour with continous monitoringfor reccurence of respiratory depression. Mayrequire additional bolus during infusion.Child- Opioid poisoning: 10 μg/kg, followedby 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, iftolerated and no rash is observed thenincrease to 200 mg two times a day.Child- 2 months to 8 years: 4 mg/kg bodyweight once a day for 14 days, if toleratedand no rash is observed increase to 4 mg/kgbody 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 dose75 to 300 mg in divided doses.Child- 2 mg/kg daily in divided doses every 3to 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 of5-20 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 mgdaily 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 suitableequipment up to 66% in oxygen.Analgesic use: 50% in oxygen or according topatient’s need. | Nausea and vomiting; after prolonged administration megaloblastic anaemia; depressed white cell formation; peripheral neuropathy. |
|  | Nor adrenaline  | *Parenteral**Intravenous*Acute hypotensionAdult: 8-12 μg/minute, up to 8-30 μg/minutein refractory shock. Infused using a solutionof 4 μg/ml in glucose 5%, or sodium chloride0.9% and glucose 5% at a rate of 2-3 ml/minute. Adjust according to blood pressureresponse. Average maintenance dose: 0.5-1ml/minute (2-4 μg/minute). Infuse via acentral venous catheter or into a large vein.Child: Administer at a rate of 2 μg/minute.Alternatively, 2 μg/m2/minute. Adjust rateaccording to BP response and perfusion.Elderly: Initial dose should be at low end ofdose 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 thegluteal muscle).Adult- Short-term contraception: 200 mgwithin 5 days of cycle or immediately afterparturition; repeated after 2 months.If interval between injections is greater than2 months and 14 days, exclude pregnancybefore next injection and advise patientto use additional contraceptive measures(for example barrier) for 7 days after theinjection. | 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 respiratorytract infections: 200 to 400 mg daily preferablyin the morning. Increase if necessary inupper urinary tract infection to 400 mg twicedaily. Uncomplicated gonorrhea: 400 mg asa single dose.Uncomplicated genital chlamydia infections,non-gonococcal urethritis: 400 mg daily insingle dose for 7 days or divided doses for7 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 andvomiting: Adult 16 mg, 1 h before inductionof anaesthesia.Nausea and vomiting associated with cancerchemotherapy:Adult- 24 mg as a single dose taken 30 minbefore start of single day chemotherapy.Child (4-11 yrs)- 4 mg tablets 3 times a day;continue for 1-2 days after completion ofchemotherapy.*Parenteral*Post-operative nausea and vomiting:Adult- 4 mg by i.m or slow i.v as a singledose.Prevention of chemotherapy-inducednausea and vomiting:Adult- single 32 mg i.v dose infused over15 min begining 30 min before start ofemetogenic 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 increasedin 0.001 to 0.002 units/min incrementsat intervals of 30 min until a max. of 3 to4 contractions occur every 10 min; max.recommended rate 0.02 units/min.*Slow intravenous injection*Adult and adolescent- Prevention ofpostpartum haemorrhage: 5 units when theanterior shoulder is delivered or immediatelyafter birth. Treatment of postpartumhaemorrhage: 5-10 units.NFI-2011 500Hormones, Contraceptives and Related Drugs*Intramuscular injection*Adult and adolescent- Prevention ofpostpartum haemorrhage: 10 units when theanterior shoulder is delivered or immediatelyafter birth.10 units, followed in severe cases by slowintravenous infusion, a total of 40 unitsshould be infused at a rate of 0.02-0.04units/min; this should be started after theplacenta is delivered. | May cause: nausea, vomiting, heart rhythm disorders. |
| 1. 92
 | Omeprazole | *Oral*Benign gastric and duodenal ulcers: 20 mgonce a day for 4 weeks in duodenal ulcers,for 8 weeks in gastric ulcers, Increase to40 mg in severe case. Maintenance forrecurrent duodenal ulcers: 20 mg once daily.Prevention of relapse: 10 mg daily. NSAIDsassociated gastric or duodenal ulcers orgastro-duodenal erosions: 20 mg dailyfor 4 weeks. Prophylaxis in case of historyassociated with gastric/duodenal ulcersor dyspepsia: 20 mg daily. Zollinger-Ellisonsyndrome: 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 to6 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 cleanwater.Adult- Fluid and electrolyte loss in acutediarrhoea; 200 to 400 ml solution after everyloose 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 oxygentherapy 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 overatleast 30 minutes, max. 400 mg twiceinfused over at least 1 h.Septicaemia, lower respiratory tractinfection:Adult- 200 mg twice daily by i.v infusionover at least 30 minutes, max. 400 mg twicedaily 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 doseis 10-20 mg. Acute maniac episodes inbipolarillness: 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 ofinfluenza, over 13 years: 75 mg once dailyfor 10 days for post exposure prophylaxis,for up to 6 weeks in epidemics. Treatment ofinfluenza, over 13 years: 75 mg every 12 hfor 5 days.Child- Prevention of influenza: body weightunder 15 kg: 30 mg once daily; 15 to 23 kg:45 mg once daily; 23 to 40 kg: 60 mg oncedaily: above 40 kg: adult dose.Treatment of influenza: body weight under15 kg: 39 mg every 12 h for 5 days; 15 to 23kg: 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 3h, repeat every 3 weeks.Antihistamines, corticosteroids or H2 antagonistmay 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: applyonce daily, starting with lower strengthpreparations; gradually increase strengthuntil 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, max2g 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 dose4 g.Child- 15 mg/kg upto 4 times a day, maximumdaily dose 60 mg/kg. | Malaise, hypotension and rash. |
|  | Paramomycin | Intestinal amoebiasis 25-35mg/kg/dayPO q6hr for 5-10 daysHepatic coma-4g/day in divided doses for 5-6 dayTapeworm-11mg/kg PO divided q15 min for 4 dosesDwarf 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 millionIU daily for 16 to 24 weeks. Maintenance 3million IU three times a week. Treatment for 6months approx. Kaposi’s Sarcoma: 36 millionIU for 10 to 12 weeks, maintenance 36 millionIU 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 dosesstarting with 250 mg OD and graduallyincreasing to full dose over 2-3 weeks.Child- 20 mg/kg/day administered in 3-4divided doses, initiating treatment at 25% ofthis dose and gradually increasing to full doseover 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 daysto a max. of 10 injection. Course may berepeated 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 hpreferably 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: 45to 60 mg every 3 h to 4 h when necessaryChild (Over 1 year)- by subcutaneousor intramuscular injection: 1 mg/kg; byintravenous injection: 500 μg/kg. | Sedation, dizziness, sweating, light headadeness, nausea. |
|  | Permethrine | 5% topical for scabies1% for lice | Transient burning, stinging, and pruritus. |
|  | Pheniramine | *Oral*Adult- 25 mg, 2 to 3 times a day or 50 mgtwice daily.*Intramuscular injection*Adult- 1 to 2 ml twice a day.Child- 6 months to 3 years: 0.4 to 1 ml once ortwice daily. Over 4 years: 0.8 to 2 ml once ortwice daily. | Drug abuse; cns depression; dry mouth; blurred vision; dizziness; excitation in children. |
|  | Phenobarbitone | *Slow intravenous injection*Status epilepticus: (dilute injection 1 in 10 withwater for injections), Adult- 10 mg/kg at a rateof not more than 100 mg/min (up to max. totaldose of 1 g); Child- 10-20 mg/kg at a rate of notmore 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 regularBP and ECG monitoring) 18 mg/kg at ratenot exceeding 50 mg/min as loading dose,maintenance dose of about 100 mg should begiven thereafter at an interval of 6 to 8 h (dosecan be reduced according to weight).Child- Status epilepticus: 20 mg/kg at a rate notexceeding 1 mg/kg/min, maintenance dose 4-7mg/kg/day in 2 divided doses, max dose 300mg/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 beforesurgery: 1 drop (2% or 4 %) up to 4 timesdaily.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-ocularpressure 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 dailymaintenance requirements | Gastrointestinal ulcerations, diarrhoea, nausea and vomiting, rarely hyperkalaemia. |
| 1. 1.
 | Potassium permanganate | Suppurating superficial wounds and tropicalulcers: wet dressings of 1:10,000 (0.01%)solution, changed 2 or 3 times daily; tropicalulcers also require treatment for 2 to 4 weekswith procaine benzylpenicillin | Local irritation; skin and fabrics stained brown. |
| 1. 2.
 | Povidone iodine | Adult and Child- Pre- and post-operative skindisinfection: apply undiluted.Antiseptic (minor wounds and burns): applytwice daily. | Local skin reactions (contact dermatitis); exceptionally: allergic reactions. |
| 1. 93.
 | Pralidoxime chloride (2-pam) | For Chloride salt, 30 mg/kg i.v. over 15-20minutes followed by infusion at 8-10 mg/kg/h. To be continued 12-24 hours afteratropine 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 isgiven in two divided doses 4 to 6 h apart inone day. S. japonicum infection: 60 mg/kgbody weight in three divided doses in oneday. | 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 mgdaily in divided doses (severe diseases up to60 mg), preferably after breakfast.*Intramuscular injection*Adult and Child- 25 mg to 100 mg once ortwice 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: accordingto 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%)/30gm1gm/10cm2 of skin for 15 min.-minor surgical procedureDental 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 beincreased to higher dose.Child- 250 μg/kg daily for 14 days.*Malaria prophylaxis*Adult- 30 mg once daily; Child- 0.5 mg/kgonce daily (to be started 1-2 days beforetravel and continue for 7 days after departurefrom malaria endemic area).Gametocidal treatment of *P. falciparum*malaria (after standard blood schizontocidetherapy).Adult and Child- 500–50 μg/kg as a singledose. | 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 generalanaesthesia:Adult: Induction: 40 mg by injection orinfusion every 10 seconds. Usual dose: 2-2.5mg/kg. Maintenance: Infusion- 6-12 mg/kg/h, intermittent bolus injection - 20-50 mgas needed.Child: >3 years: Induction dose of 2.5-3.5mg/kg. Maintenance dose: 7.5-18 mg/kg/hby i.v infusionElderly: 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 for3-5 minutes or an alternative dose of 0.5mg/kg by slow injection over 3-5 minutes.Maintenance: 1.5-4.5 mg/kg/h infusion.Reduce maintenance dose by 20% for highriskpatients needing sedation. For ventilatedpatients: 0.3 mg/kg/h by infusion, subsequentmaintenance 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. Maintenancedose 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.
 | ProtamineSulphate | *Intravenous injection*Heparin overdose, over approximately 10min; 1 mg neutralizes 80 to 100 units heparinwhen given within 15 min, if longer time,less protamine needed as heparin is rapidlyexcreted. 1 ml neutralises the effect of 1000ml i.u. of circulating heparin; max. singledose 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 weightas 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/day1-3 yr-0.3mg/day4-8yr-0.6mg/day9-13 yr-1mg/day14-18yr-1.3mg/dayPyridoxine deficiency-2.5-10 mg/day10-100mg 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 andincrease 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 divideddoses for 5 to 7 days.Child- 25 mg/kg body weight every 8 h individed 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 cardiovascularcauses: Initial dose of 2.5 mg, once a dayfor 1 week, 5 mg, once a day for the next 3weeks, and then increased as tolerated, to amaintenance dose of 10 mg once a day.Hypertension: The recommended initial dosefor patients not receiving a diuretic is 2.5 mgonce a day. The usual maintenance dosagerange is 2.5 to 20 mg per day administeredas a single dose or in two equally divideddoses. | 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 duodenalulceration: 150 mg twice daily or 300 mgat night for 4 to 8 weeks, up to 6 weeks inchronic episodic dyspepsia and up to 8 weeksin NSAID-associated ulceration (in duodenalulcer 300 mg can be given twice daily for4 weeks to achieve a higher healing rate);maintenance, 150 mg at night. Prophylaxis ofNSAID-induced duodenal ulcer: 150 mg twicedaily. Reflux oesophagitis: 150 mg twice dailyor 300 mg at night for up to 8 weeks, or ifnecessary 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 kgChild – 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 B2deficiency: up to 30 mg daily in divideddoses. 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 contactLenses, 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 | OralPeptic ulcer & GERD 20 mg OD ZES 60 mg ODi.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* -exposuretreatment (in fully immunised individuals): 2doses 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; preexposureprophylaxis: 1 ml on days 0, 7 and28 with reinforcing doses 2 to 3years forthose at continued risk.Immunisation against rabies; post-exposuretreatment (in unimmunised individuals): 5doses of 1 ml each on days 0, 3, 7, 14 and 28(plus rabies immunoglobulin given on day 0).Immunisation against rabies; post-exposuretreatment (in fully immunised individuals): 2doses of 1 ml separated by 3 to 7 days.Child- Immunisation against rabies; preexposureprophylaxis: 1 ml on days 0, 7 and 28with reinforcing doses 2 to 3years for those atcontinued risk.Immunisation against rabies; post-exposuretreatment (in unimmunised individuals): 5doses of 1 ml on days 0, 3, 7, 14 and 28 (plusrabies immunoglobulin given on day 0).Immunisation against rabies; post-exposuretreatment (in fully immunised individuals): 2doses 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 asthmaAdult – 2 to 4 mg 3-4 times daily Child < 2 yrs100µg/kg 4 times daily2-6 yrs 1-2 mg 3 to 4 times dailyInhalational 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/WApply 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 wkChild – 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/dFor liver transplant Adult dose – 0.1 – 0.15 mg/kg/dChild – 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 inMultiple 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 TDSi.v/i.m/s.c-adult – 250-500 µg, 4 times daily.Child: >2 yrs10-300 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 daysChild-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 BDElderly500mg BD or 1gm ODChild - >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 dose80-120 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 monthPregnant women-10,000 u /dInfant under 6 month – 50,0006 – 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 daysDaily 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 | Zidovudine300mg+Lamivudin150 mg + Nevirapine 200 mgAdult – 2 tab. TDSChild – 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 daysChild 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/dElderly-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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