

Premedication

► BY SUBCUTANEOUS INJECTION, OR BY INTRAMUSCULAR INJECTION

► Neonate: 115 micrograms/kg.

- Child 1–11 months: 154 micrograms/kg
- Child 1–5 years: 1.93–3.85 mg
- Child 6–11 years: 3.85–7.7 mg
- Child 12–17 years: 7.7–15.4 mg

IMPORTANT SAFETY INFORMATION

Do **not** confuse with papaverine.

- **CONTRA-INDICATIONS** Heart failure secondary to chronic lung disease · phaeochromocytoma
- **CAUTIONS** Supraventricular tachycardia
- **INTERACTIONS** → Appendix 1: opioids
- **SIDE-EFFECTS** Biliary spasm · dysuria · hypothermia · mood altered · sexual dysfunction · ureteral spasm
- **BREAST FEEDING** Therapeutic doses unlikely to affect infant.
- **HEPATIC IMPAIRMENT** Manufacturer advises consider avoiding.
Dose adjustments Manufacturer advises dose reduction, if used.
- **RENAL IMPAIRMENT** Avoid use or reduce dose; opioid effects increased and prolonged and increased cerebral sensitivity occurs.
- **PRESCRIBING AND DISPENSING INFORMATION** The name *Omnopon*[®] was formerly used for papaveretum preparations.
Papaveretum is a mixture of 253 parts of morphine hydrochloride, 23 parts of papaverine hydrochloride and 20 parts of codeine hydrochloride.
- **LESS SUITABLE FOR PRESCRIBING** Papaveretum is less suitable for prescribing.
- **MEDICINAL FORMS** Forms available from special-order manufacturers include: solution for injection

Pethidine hydrochloride (Meperidine)

INDICATIONS AND DOSE**Obstetric analgesia**

► BY SUBCUTANEOUS INJECTION, OR BY INTRAMUSCULAR INJECTION

- Child 12–17 years: 1 mg/kg (max. per dose 100 mg), then 1 mg/kg after 1–3 hours if required; maximum 400 mg per day

- **CONTRA-INDICATIONS** Phaeochromocytoma
- **CAUTIONS** Accumulation of metabolites may result in neurotoxicity · cardiac arrhythmias · not suitable for severe continuing pain · severe cor pulmonale
- **INTERACTIONS** → Appendix 1: opioids
- **SIDE-EFFECTS** Anxiety · asthenia · biliary spasm · coordination abnormal · delirium · dysuria · hypothermia · seizure · syncope · tremor
Overdose Convulsions reported in overdose.
- **BREAST FEEDING** Present in milk but not known to be harmful.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution in mild to moderate impairment; avoid in severe impairment.
Dose adjustments Manufacturer advises dose reduction in mild to moderate impairment.

- **RENAL IMPAIRMENT** Avoid use or reduce dose; opioid effects increased and prolonged and increased cerebral sensitivity occurs.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: solution for injection

Solution for injection► **Pethidine hydrochloride (Non-proprietary)**

- Pethidine hydrochloride 50 mg per 1 ml Pethidine 50mg/1ml solution for injection ampoules | 10 ampoule [PoM] £5.11 DT = £5.11 [CD2]
- Pethidine 100mg/2ml solution for injection ampoules | 10 ampoule [PoM] £4.66 DT = £4.66 [CD2]

F 280

Tapentadol

20-Feb-2019

INDICATIONS AND DOSE**Moderate to severe acute pain which can be managed only with opioid analgesics**

► BY MOUTH USING ORAL SOLUTION

- Child 2–17 years (specialist supervision in hospital): 1.25 mg/kg every 4 hours (max. per dose 100 mg) for up to 3 days, the dose for children with a high BMI must not exceed the calculated dose for a body-weight at the 97.5 percentile for the given age

IMPORTANT SAFETY INFORMATION

MHRA/CHM ADVICE: TAPENTADOL (PALEXIA[®]): RISK OF SEIZURES AND REPORTS OF SEROTONIN SYNDROME WHEN CO-ADMINISTERED WITH OTHER MEDICINES (JANUARY 2019)

Tapentadol can induce seizures and should be prescribed with caution in patients with a history of seizure disorders or epilepsy. Seizure risk may be increased in patients taking other medicines that lower seizure threshold, for example, antidepressants such as selective serotonin reuptake inhibitors (SSRIs), serotonin-noradrenaline reuptake inhibitors (SNRIs), tricyclic antidepressants, and antipsychotics.

Serotonin syndrome has been reported when tapentadol is used in combination with serotonergic antidepressants—withdrawal of the serotonergic medicine, together with supportive symptomatic care, usually brings about a rapid improvement in serotonin syndrome.

- **CAUTIONS** Obesity
- **INTERACTIONS** → Appendix 1: opioids
- **SIDE-EFFECTS**
 - **Common or very common** Anxiety · appetite decreased · asthenia · diarrhoea · feeling of body temperature change · gastrointestinal discomfort · muscle spasms · sleep disorders · tremor
 - **Uncommon** Concentration impaired · depressed mood · dysarthria · dyspnoea · feeling abnormal · irritability · memory loss · movement disorders · muscle contractions involuntary · oedema · sensation abnormal · urinary disorders
 - **Rare or very rare** Angioedema · impaired gastric emptying · level of consciousness decreased · seizure · thinking abnormal
- **BREAST FEEDING** Avoid—no information available.
- **HEPATIC IMPAIRMENT** Manufacturer advises avoid (no information available).
- **RENAL IMPAIRMENT** Manufacturer advises avoid (no information available).