

PANCREX® V POWDER**Pancreatic insufficiency**

▶ BY MOUTH

▶ Neonate: 250–500 mg, dose to be taken with each feed.

▶ Child: 0.5–2 g, to be taken before or with meals, washed down or mixed with milk or water

● CONTRA-INDICATIONS**PANCREASE HL®** Should not be used in children aged 15 years or less with cystic fibrosis**NUTRIZYM 22® GASTRO-RESISTANT CAPSULES** Should not be used in children aged 15 years or less with cystic fibrosis**● CAUTIONS** Can irritate the perioral skin and buccal mucosa if retained in the mouth - excessive doses can cause perianal irritation**● INTERACTIONS** → Appendix 1: pancreatin**● SIDE-EFFECTS**▶ **Common or very common** Abdominal distension - constipation - nausea - vomiting▶ **Uncommon** Skin reactions▶ **Frequency not known** Fibrosing colonopathy**● PREGNANCY** Not known to be harmful.**● DIRECTIONS FOR ADMINISTRATION** Pancreatin is inactivated by gastric acid therefore manufacturer advises pancreatin preparations are best taken with food (or immediately before or after food). Since pancreatin is inactivated by heat, excessive heat should be avoided if preparations are mixed with liquids or food; manufacturer advises the resulting mixtures should not be kept for more than one hour and any left-over food or liquid containing pancreatin should be discarded. Enteric-coated preparations deliver a higher enzyme concentration in the duodenum (provided the capsule contents are swallowed whole without chewing). Manufacturer advises gastro-resistant granules should be mixed with slightly acidic soft food or liquid such as apple juice, and then swallowed immediately without chewing. Capsules containing enteric-coated granules can be opened and the granules administered in the same way. For infants, *Creon® Micro* granules can be mixed with a small amount of milk on a spoon and administered immediately—granules should not be added to the baby's bottle. Manufacturer advises *Pancrex® V* powder may be administered via nasogastric tube or gastrostomy tube—consult local and national official guidelines.**● PRESCRIBING AND DISPENSING INFORMATION**

Preparations may contain pork pancreatin—consult product literature.

● HANDLING AND STORAGE Hypersensitivity reactions have occasionally occurred in those handling the powder.**● PATIENT AND CARER ADVICE** Patients or carers should be given advice on administration. It is important to ensure adequate hydration at all times in patients receiving higher-strength pancreatin preparations. Medicines for Children leaflet: Pancreatin for pancreatic insufficiency www.medicinesforchildren.org.uk/pancreatin-pancreatic-insufficiency**● MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.**Gastro-resistant capsule**▶ **Creon** (Mylan)**Protease 600 unit, Amylase 8000 unit, Lipase 10000 unit** Creon 10000 gastro-resistant capsules | 100 capsule [P] £12.93**Protease 1000 unit, Amylase 18000 unit, Lipase****25000 unit** Creon 25000 gastro-resistant capsules |

100 capsule [PoM] £28.25

▶ **Nutrizym** (Merck Serono Ltd)**Protease 1100 unit, Amylase 19800 unit, Lipase 22000 unit** Nutrizym 22 gastro-resistant capsules | 100 capsule [PoM] £33.33▶ **Pancrease** (Janssen-Cilag Ltd)**Protease 1250 unit, Amylase 22500 unit, Lipase 25000 unit** Pancrease HL gastro-resistant capsules | 100 capsule [PoM] £40.38**Gastro-resistant granules**

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▶ **Creon** (Mylan)**Protease 200 unit, Amylase 3600 unit, Lipase 5000 unit** Creon Micro Pancreatin 60.12mg gastro-resistant granules | 20 gram [P] £31.50**Powder**▶ **Pancrex** (Essential Pharmaceuticals Ltd)**Protease 1400 unit, Lipase 25000 unit, Amylase 30000 unit** Pancrex V oral powder sugar-free | 300 gram [P] £224.00**Capsule**▶ **Pancrex** (Essential Pharmaceuticals Ltd)**Protease 160 unit, Lipase 2950 unit, Amylase 3300 unit** Pancrex V 125mg capsules | 300 capsule [P] £42.07**Protease 430 unit, Lipase 8000 unit, Amylase 9000 unit** Pancrex V capsules | 300 capsule [P] £53.20

11 Stoma care

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Stoma care

Description of condition

A stoma is an artificial opening on the abdomen to divert flow of faeces or urine into an external pouch located outside of the body. This procedure may be temporary or permanent. Colostomy and ileostomy are the most common forms of stoma but a gastrostomy, jejunostomy, duodenostomy or caecostomy may also be performed. Understanding the type and extent of surgical intervention in each patient is crucial in managing the patient's pharmaceutical needs correctly.

Overview

Prescribing for patients with stoma calls for special care due to modifications in drug delivery, resulting in a higher risk of sub-optimal absorption. The following is a brief account of some of the main points to be borne in mind.

Enteric-coated and modified-release medicines are **unsuitable**, particularly in patients with an ileostomy, as there may not be sufficient release of active ingredient. Soluble tablets, liquids, capsules or uncoated tablets are more suitable due to their quicker dissolution. When a solid-dose form such as a capsule or a tablet is given, the contents of the ostomy bag should be checked for any remnants.

Preparations containing sorbitol as an excipient should be avoided, due to its laxative side effects.

Analgesics

Opioid analgesics may cause troublesome constipation in colostomy patients. When a non-opioid analgesic is required, paracetamol is usually suitable. Anti-inflammatory analgesics may cause gastric irritation and bleeding; faecal output should be monitored for traces of blood.

Antacids

The tendency to diarrhoea from magnesium salts or constipation from aluminium or calcium salts may be increased in patients with stoma.

Antisecretory drugs

The gastric acid secretion often increases stoma output. Proton pump inhibitors and somatostatin analogues (octreotide p. 504) are often used to reduce this risk.