Nurse Practitioner
Emergency Services drug formulary
SCGH December 2008

Analgesics
Aspirin
Aspalign
Paracetamol
Panadeine
Panadeine Forte
Entonox

Antibacterials
Amoxycillin
Amoxycillin with clavulanic acid
Flucloxacillin
Phenoxyethylpenicillin (penicillin V)
Cephalexin
Cephazolin
Doxycycline
Roxithromycin
Doxycycline
Metronidazole
Trimethoprim
Mupirocin ointment/cream
(*As part of NOF pathway only)

Antifungal
Clotrimazole

Scabies/head lice Treatment
Permethrin product (eg Lyclear) preferred for scabies.
Benzyl benzoate (Benzemul)
Pyrethrins with piperonyl butoxide (Banlice) for head lice

H2 antagonist
Ranitidine

Drugs for nausea and vomiting
Metoclopramide
Prochlorperazine

NSAIDS
Diclofenac
Ibuprofen
Indomethacin
Naproxen

Drugs for Gout
Probenecid (*As part of cellulitis pathway)

Emergency Contraception
Levonorgestrel

IV Fluids
Normal Saline
Hartmann’s solution (CSL)
5% Dextrose

Immunisation
Dipheria & Tetanus vaccine -Adult (ADT)

Creams
Silver sulfadiazine 1% cream
Betamethasone valerate 0.05% cream
1% Hydrocortisone cream

ENT
Sofradex ear drops
Cerumol ear drops

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Nurse Practitioner drug formulary
SCGH Emergency Services March 2008

NP’s at SCGH Emergency Services will be able to prescribe the schedule 4 medications listed in this document with the understanding that they are prescribed solely for the treatment of patients that fall within their scope of practice as outlined in the ‘Nurse Practitioner (Emergency Services) Clinical Practice Guideline).

This document details information regarding the use, contraindications and precautions of each drug. Caveats regarding the specific use of certain drugs by NP’s have been added. The information in this document is taken directly from eMIMS.

For detailed dosage and prescribing information, NP’s must refer to the following texts for guidance:
• Australian Medicines Handbook 2008
• Antibiotic Therapeutic guidelines Version 12 2003
• The Australian Immunisation Handbook NHMRC

ANALGESICS

**Aspirin**
Use: Analgesic, antipyretic, anti-inflammatory
**Contraindications:** Active peptic ulcer; bleeding tendency; severe hepatic dysfunction; third trimester of pregnancy
**Precautions:** Low sodium diets (Aspro Clear); asthma; viral infection (children, teenagers); severe renal disease, urticaria, gout; pregnancy, lactation, children < 12 years
**Adverse Reactions:** GI irritation; increased bleeding time; sensitivity phenomena
**Interactions:** Anticoagulants; hypoglycaemics; uricosurics; methotrexate; NSAIDs; antacids; frusemide

**Aspalgin**
Use: Pain relief
**Contraindications:** Peptic ulcer; severe hepatic, renal disease; uraemia; bleeding disorders; erosive gastritis; asthma; heart failure 2 deg. to chronic lung disease; acute respiratory depression; following biliary tract surgery; acute alcohol intoxication, head injury, raised intracranial pressure; diarrhoea due to poisoning or pseudomembranous colitis; concurrent anticoagulants, MAOIs (incl. within 10 days of ceasing MAOI)
**Precautions:** Prolonged use, high doses; children & teenagers with virus; surgery esp GI, urinary tract; hypothyroidism; renal, hepatic impairment; shock; abuse potential; adrenocortical insufficiency; prostatic hypertrophy;
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elderly, debilitated; pregnancy, lactation, children < 12 years; others, see full PI

Adverse Reactions: GI upset incl. constipation, gastric erosion; bronchospasm; dependence; drowsiness; dizziness; tinnitus; sweating; renal papillary necrosis; increased amylase, lipase
Interactions: Anticoagulants; alcohol; NSAIDs; diphenylhydantoin, sodium valproate, sulfonamides, methotrexate; uricosurics eg probenecid; sulfonylureas; caffeine; urinary alkalinisers; spironolactone; general anaesthetics; CNS depressants; opioids; antihistamines; MAOIs esp nonselective (see Contra); quinidine; cimetidine; gastric emptying tests

Paracetamol
Use: Pain and fever
Precautions: Hepatic, renal impairment; restricted salt intake (Soluble, Rapid tabs)
Adverse Reactions: Rare: dyspepsia; nausea; allergy; haematological changes
Interactions: Anticoagulants; chloramphenicol; drugs affecting gastric emptying; hepatic enzyme inducers incl alcohol, anticonvulsants

Panadeine
Use: Analgesic, antipyretic
Contraindications: Active alcoholism; acute respiratory depression; morphine, oxycodone allergy; diarrhoea due to poisoning or pseudomembranous colitis
Precautions: Recent GI or UT surgery; head injury, brain tumour, raised intracranial pressure; renal, hepatic impairment; decreased respiratory reserve; CNS depression; hypothyroidism; adrenocortical insufficiency; shock; delirium tremens; epilepsy; prostatic hypertrophy, urethral stricture; inflammatory bowel disease; acute abdominal conditions; elderly, debilitated; pregnancy, lactation, children < 7 years
Adverse Reactions: Dependence, tolerance; constipation, nausea, vomiting; dizziness, drowsiness; others, see full PI
Interactions: MAOIs (incl within 14 days of MAOI esp nonselective MAOI); coumarins; CNS depressants incl alcohol; hepatic enzyme inducers; salicylates, NSAIDs; anticholinergics; antihypertensives; general anaesthetics, neuromuscular blockers; opioid agonists; chloramphenicol; drugs affecting gastric emptying; antiperistaltic antidiarrhoeals; cholestyramine; lab tests

Panadeine Forte
Use: Analgesic, antipyretic. Mod-severe pain, fever
Contraindications: G-6-PD deficiency; respiratory depression eg acute COPD, asthma; paracetamol intolerance; morphine, oxycodone allergy; poisoning, pseudomembranous colitis related diarrhoea; active alcoholism; nonselective MAOIs within 10 days; lactation
Precautions: Hepatic, renal impairment; poor CYP2D6 metabolisers; prolonged use, high doses; viral hepatitis; CNS depression; decr respiratory
reserve eg emphysema, kyphoscoliosis, hypoxia, hypercapnia, severe obesity, cor pulmonale, COPD; hyperthyroidism; adrenocortical insufficiency eg Addison's disease; shock; myxoedema; acute alcohol intoxication; delirium tremens; head injury, brain tumour, incr ICP; drug abuse, convulsive disorder history; analgesic intolerance, asthma; acute abdominal conditions; severe inflammatory bowel disease; recent GI, urinary tract surgery; urethral stricture; prostate hypertrophy; elderly, debility; pregnancy, labour, children < 7 yrs

**Adverse Reactions:** GI upset, constipation; drowsiness, dizziness; bronchospasm; haematological abnormality; tolerance, dependence; pancreatitis (very rare); others, see full PI

Interactions: See Contra; coumarins (monitor coagulation); CNS depressants eg other opioids, tranquillizers, sedatives, hypnotics, general anaesthetics; drugs affecting gastric emptying eg propantheline, metoclopramide; chloramphenicol; hepatic enzyme inducers eg alcohol, barbiturates, antiepileptics; hepatotoxics; salicylates, NSAIDs; anticholinergics; cholestyramine (within 1 hr); rifampicin; zidovudine; antiperistaltic antidiarrhoeals eg kaolin, pectin, loperamide; RIMA; antihypertensiv

**Entonox**

Refer to SCGH Acute Pain Service guidelines re administration.

**ANTIBACTERIALS**

**Amoxycillin**

**Use:** Infections due to susceptible organisms; prophylaxis of endocarditis; see full PI

**Contraindications:** Beta-lactam (eg penicillin, cephalosporin) hypersensitivity

**Precautions:** Renal impairment; prolonged use; urine output; patency of indwelling catheters; infectious mononucleosis; lymphatic leukaemia; Na content; pregnancy, labour, delivery; lactation

**Adverse Reactions:** Sensitivity phenomena; superinfection; GI upset; intestinal candidiasis; colitis; venous irritation; hepatic, haematological disturbances; CNS effects

**Interactions:** Allopurinol; probenecid; tetracyclines, other bacteriostatic drugs; urine glucose determinations

**Amoxycillin with clavulanic acid**

**Use:** Broad spectrum penicillin. Short-term treatment of infections due to susceptible organisms: UTI; upper, lower respiratory tracts; skin structure infections; empirical therapy; see full PI

**Contraindications:** Beta-Lactam allergy; history of amoxycillin/ clavulanic acid assoc jaundice or hepatic dysfunction; ClCr less than or equal to 30 mL/min (Augmentin Duo Forte Tablets)
Precautions: Renal, hepatic dysfunction; multiple allergen sensitivity; infectious mononucleosis; lymphatic leukaemia; high doses; prolonged use (monitor renal, hepatic function, haematology); elderly; pregnancy, labour, delivery, lactation
Adverse Reactions: Hypersensitivity incl anaphylaxis; pseudomembranous colitis; superinfection; hepatic disturbances; GI upset; severe skin reactions; others, see full PI
Interactions: Allopurinol; probenecid; alcohol; combined OCs; urine glucose tests

Flucloxacillin
Use: Gram positive coccal infections incl pneumonia; osteomyelitis; skin, skin structure, wound infections; infected burns; cellulitis
Contraindications: Ocular use; beta-lactam sensitivity; previous flucloxacillin hepatotoxicity
Precautions: Allergic diathesis; prolonged use; renal, hepatic impairment; elderly; pregnancy, lactation, jaundiced neonates, premature infants
Adverse Reactions: Pseudomembranous colitis; superinfection; sensitivity phenomena; GI upset; rash; cholestatic hepatitis, jaundice; others, see full PI
Interactions: Probenecid; incompatibilities, see full PI

Phenoxymethylpenicillin (penicillin V)
Use: Beta-Lactamase sensitive penicillin. Treatment mild/ mod infections due to susceptible organisms; see full PI; prophylaxis: recurrent streptococcal infection incl rheumatic fever, chorea; bacterial endocarditis (dental, upper resp tract procedures)
Contraindications: Penicillin, cephalosporin hypersensitivity; not for prophylactic use in genitourinary, lower GI surgery, sigmoidoscopy, childbirth complications
Precautions: Renal impairment; chronic, severe infections; nausea, vomiting, gastric dilation, intestinal hypermotility, cardiospasm; bleeding disorder history; prolonged use; pregnancy, lactation, premature infants, neonates
Adverse Reactions: Superinfection; pseudomembranous colitis; GI upset; black hairy tongue; sensitivity phenomena
Interactions: Bacteriostatics; food; antacids; OCs (oestrogen); probenecid; aminoglycosides; methotrexate; lab tests: urine glucose, Coombs', WCC

Cephalexin
Use: Infections due to susceptible organisms; see full PI
Contraindications: Previous penicillin, cephalosporin sensitivity
Precautions: Renal impairment; GI disease; prolonged use; lactation
Adverse Reactions: Superinfection; pseudomembranous colitis; GI upset; positive Coombs' test; dizziness; headache; joint pain; agitation, confusion, hallucinations; sensitivity phenomena; others, see full PI
Interactions: Probenecid; metformin; urinalysis
Cephazolin
Use: Serious infections due to susceptible organisms incl. respiratory tract, genitourinary tract, skin and soft tissues, bone and joint, septicemia, endocarditis
Contraindications: Previous major penicillin allergy
Precautions: Renal impairment; intrathecal/ intraventricular admin.; prolonged use; pregnancy, lactation, infants < 1 month
Adverse Reactions: Superinfection; pseudomembranous colitis; GI upset; haematological abnormalities; elevated hepatic enzymes, urea; local reactions, phlebitis; others, see full PI
Interactions: Probenecid; aminoglycosides; warfarin; oral live typhoid vaccine; some urinalysis tests; Coombs' test

Doxycycline
Use: Infections due to susceptible organisms incl primary atypical pneumonia; Qld tick typhus, typhus fever, Q fever; psittacosis; granuloma inguinale; lymphogranuloma venereum; relapsing fever; trachoma; inclusion conjunctivitis; cholera; brucellosis; plague; tularaemia; bartonellosis; syphilis; yaws; gonorrhoea; malaria prophylaxis (in combination with other agents); adjunct in acute amoebiasis, severe acne; see full PI
Contraindications: Tetracycline hypersensitivity; concomitant vitamin A, retinoids; pregnancy (16 weeks postconception), lactation
Precautions: Ensure adequate fluid intake with dose; venereal disease (exclude syphilis); prolonged use; children < 8 yrs
Adverse Reactions: Photosensitivity; superinfection; pseudomembranous colitis; GI disturbances; oesophageal injury; hepatic effects; tooth discolouration; others, see full PI
Interactions: Vitamin A, retinoids (see Contra); anticoagulants; penicillins; antacids incl bismuth salts; iron preps; barbiturates; anticonvulsants (phenytoin, carbamazepine); disodium hydrogen citrate; Na bicarbonate; Na lactate; acetazolamide; ethoxzolamide; OCs; methoxyflurane; fluorescence test; others, see full PI

Roxithromycin
Use: Infections due to susceptible organisms; adults: respiratory tract, skin, skin structure infections, nongonococcal urethritis; children: pharyngitis, tonsillitis, impetigo
Contraindications: Severe hepatic impairment; concomitant ergot alkaloids
Precautions: Prolonged, repeated use; excessive dose; renal, hepatic impairment; pregnancy, lactation, children
Adverse Reactions: GI upset; hepatic effects (esp elderly); superinfection; pseudomembranous colitis; sensitivity phenomena; neutropenia (children); others, see full PI
Interactions: Disopyramide; terfenadine; astemizole, cisapride, pimozide, other CYP3A4 dependent drugs; ergot alkaloids; digoxin; warfarin; midazolam; theophylline; others, see full PI
Metronidazole

Use: Nitroimidazole. Anaerobic infections incl septicaemia, bacteraemia, brain abscess, necrotising pneumonia, osteomyelitis, puerperal sepsis, pelvic abscess, cellulitis, postop wound infections; surgical prophylaxis; trichomonal vaginitis, bacterial vaginosis; amoebiasis; giardiasis; acute ulcerative gingivitis

Contraindications: Blood dyscrasia (or history); active organic CNS disease; imidazole hypersensitivity; pregnancy (1st trimester); lactation

Precautions: Prolonged use; renal, hepatic impairment; hepatic encephalopathy; severe neurological disease; elderly; pregnancy (2nd, 3rd trimesters)

Adverse Reactions: Superinfection; GI upset; metallic taste, oral mucositis; leucopenia, thrombocytopenia; neurological, psychiatric, visual disturbance; hypersensitivity; pancreatitis (rare); others, see full PI

Interactions: Alcohol; warfarin; carmustine, cyclophosphamide; CYP450 inducers (eg phenytoin, phenobarbitone), inhibitors (eg cimetidine); Li; disulfiram; cyclosporin; 5-fluorouracil; lab tests: some LFTs, triglycerides, hexokinase glucose

Trimethoprim

Use: Acute UTIs

Contraindications: Severe renal dysfunction; severe haematological disorders; megaloblastic anaemia due to folate deficiency

Precautions: Renal, hepatic impairment; prolonged use; porphyria; folate deficiency; elderly; pregnancy, lactation, children < 6 yrs

Adverse Reactions: Skin, haematological effects; GI upset; fever

Interactions: Anticoagulants, warfarin; phenytoin; digoxin; procainamide; zidovudine, zalcitabine, lamivudine; dapsone; rifampicin; cyclosporin; diuretics; bone marrow depressants incl pyrimethamine, methotrexate; ACE inhibitors

Mupirocin ointment/cream


Precautions: Not for ophthalmic, nasal, mucous membrane, cannula site application; burns; avoid eye contact; open, infected wounds; conditions where large quantities absorption poss, esp with mod-severe renal impairment; prolonged use; concomitant topical preparations (dilution risk); pregnancy, lactation, children < 2 yrs

Adverse Reactions: Local reactions eg itching, burning, erythema, pain/swelling, dryness; systemic allergy; superinfection; nausea (very rare)

Ointment: Use: Elimination of nasal carriage of Staphylococci

Precautions: Eye contact; prolonged use; pregnancy, lactation

Adverse Reactions: Superinfection; local reactions; facial pain; postnasal drip; sinusitis; rinitis; conjunctivitis

Interactions: Not to be mixed, diluted
DRUGS FOR EYE INFECTIONS

Chloramphenicol ointment
Chloramphenicol eye drops
**Use:** Broad-spectrum antibiotic. Susceptible ocular bacterial infections
**Precautions:** Serious ocular infections; prolonged use; pregnancy, lactation
**Adverse Reactions:** Superinfection; local irritation, dermatitis; impaired corneal healing; hypersensitivity reactions inc anaphylaxis, Angioedema, urticaria, fever; blood dyscrasias (rare)
**Interactions:** CYP450

ANTIHISTAMINES

Promethazine Hydrochloride
**Use:** Phenothiazine. Allergies; antiemetic; sedation; premedication
**Contraindications:** Phenothiazine hypersensitivity; concomitant MAOIs; phenothiazine induced jaundice; high doses of other CNS depressants; coma; Na benzoate, sulfite, metabisulfite allergy (elixir); lactation, newborn or premature infants, children < 2 yrs
**Precautions:** Hypertensive crisis; epilepsy; narrow angle glaucoma; symptomatic prostatic hypertrophy; CV disease; hepatic, renal, respiratory impairment; renal failure; stenosing peptic ulcer; bladder neck, pyloroduodenal obstruction; Reye's syndrome (children, adolescents); eczema, rheumatism; high doses; elderly; pregnancy, children
**Adverse Reactions:** GI upset, epigastric discomfort; anorexia; sedation, impaired performance, incoordination; dizziness, restlessness; stimulation eg anxiety, hallucinations, inc appetite; dry mouth, blurred vision, urinary hesitancy/retention, tachycardia; haematological abnormalities inc agranulocytosis; QT prolongation; others, see full PI
**Interactions:** MAOIs (see Contra); CNS depressants eg alcohol, barbiturates, hypnotics, opioids, anxiolytics, neuroleptics; antimuscarinics eg atropine, TCAs

Loratidine
**Use:** Tablets: seasonal and perennial allergic rhinitis, relief of chronic urticaria in adults and children greater than or equal to 12 years. Syrup: relief of allergic rhinitis and chronic allergic skin disease in children 1-12 years
**Contraindications:** Syrup: Na benzoate sensitivity
**Precautions:** Hepatic impairment; pregnancy, lactation, children < 1 year
**Adverse Reactions:** Headache; fatigue; dry mouth; anxiety; hyperkinesia
**Interactions:** CYP450
LOCAL ANAESTHETICS

Lignocaine 1% injection
Lignocaine 2% injection
Lignocaine 2% viscous
Co-Phenylcaine forte spray

Actions Local anaesthetic of the amide type and antiarrhythmic drug.

Pharmacology.

Mechanism of action. Lignocaine stabilises all potentially excitable membranes and prevents the initiation and transmission of nerve impulses. This produces a local anaesthetic effect. Onset of action is rapid and blockade may last from 60 to 90 minutes.

Pharmacokinetics: Lignocaine has a rapid onset and a medium duration of action. The onset of action is one to five minutes following infiltration and 5 to 15 minutes following other types of administration.

Indications Production of local or regional anaesthesia by nerve block, infiltration injection, caudal or other epidural blocks.

Contraindications: Known hypersensitivity to local anaesthetics of the amide type.

Injection or sepsis at the proposed site of injection and in the presence of septicaemia.

Patients with myasthenia gravis, severe shock or impaired cardiac conduction.

Precautions

General precautions. When any local anaesthetic agent is used, resuscitative equipment and drugs, including oxygen, should be immediately available in order to manage possible adverse reactions involving the cardiovascular, respiratory or central nervous systems.

Injection of repeated doses of lignocaine may cause significant increases in blood levels with each repeated dose due to slow accumulation of the drug or its metabolites, or slow metabolic degradation. This is especially relevant in patients with hepatic and/or renal impairment.

For local anaesthesia. Injection should always be made slowly with frequent aspirations to avoid inadvertent intravascular injection, which can produce cerebral symptoms even at low doses.

Careful and constant monitoring of cardiovascular and respiratory vital signs and the patient's state of consciousness should be accomplished after each local anaesthetic injection. It should be kept in mind that at such times restlessness, anxiety, tinnitus, dizziness, blurred vision, tremors, depression or drowsiness may be early warning signs of CNS toxicity.

The safety and effectiveness of lignocaine depends on proper dosage, correct technique and adequate precautions. Standard textbooks should be consulted regarding specific techniques and precautions for various regional anaesthetic procedures.

The lowest dosage that results in effective anaesthesia should be used to avoid high plasma levels and serious undesirable systemic side effects.
Local anaesthetics in general should be given cautiously (see Contraindications) to patients with pre-existing abnormal neurological conditions as neurological reactions may occur following administration.

**Lignocaine 1% & Adrenaline (1:100,000)**

**Contraindications:** As for lignocaine above and: -
- Conditions where the production or exacerbation of tachycardia may prove fatal, e.g. thyrotoxicosis or severe heart disease, or in obstetrics when maternal blood pressure exceeds 130/80 mmHg.
- Local analgesia in parts of the body with compromised blood supply or supplied by end arteries, e.g. fingers, toes, nose, ears or penis. There is a possibility of producing arterial vasoconstriction and subsequent ischaemic gangrene distal to the site of injection.

**Levobupivacaine**

**Use:** Amide type local anaesthetic. Ampoules. Adults: surgical anaesthesia incl epidural, local procedures; analgesia incl bolus, continuous epidural infusion. Children > 6 mths: infiltration analgesia. Infusion bags. Adults: continuous epidural infusion for postop, labour analgesia

**Contraindications:** Hypersensitivity to amide local anaesthetics; intravenous regional anaesthesia; paracervical block (obstetrics); severe hypotension eg cardiac, hypovolaemic shock. 7.5 mg/mL: obstetric use, children

**Precautions:** Rapid inj, high dose; hypotension, hypovolaemia; hepatic, cardiovascular impairment esp heart block; monitor vital signs; use in head, neck area; elderly, debilitated, acutely ill; pregnancy, lactation, children (infusion bag)

**Adverse Reactions:** Hypotension; bradycardia, decr cardiac output; cardiac, respiratory arrest; CNS effects; GI upset; pain; fever; anaemia; pruritus; headache; fetal distress; anaphylaxis; others, see full PI

**Interactions:** Other local anaesthetics (LAs), drugs structurally related to amide LAs (additive effect); CYP3A4 inducers, inhibitors eg phenytoin, phenobarbitone, rifampicin, azole antimycotics, macrolide antibiotics, some protease inhibitors, Ca channel antagonists; CYP1A2 inducers, inhibitors eg omeprazole, clarithromycin; CYP2C9 inducers, inhibitors eg cimetidine, fluvoxamine; antiarrhythmics with LA activity eg mexiletine

Pharmacodynamics. Levobupivacaine can be expected to share the pharmacodynamic properties of other local anaesthetics. Systemic absorption of local anaesthetics can produce effects on the central nervous system and cardiovascular systems. Levobupivacaine can be expected to share the pharmacodynamic properties of other local anaesthetics. Systemic absorption of local anaesthetics can produce effects on the central nervous system and cardiovascular systems.

**Amethocaine Lignocaine Adrenaline (ALA)**

**Oxybuprocaine hydrochloride (BNX 0.4)**

**Use:** Local surface anaesthetic for short ophthalmological procedures

**Contraindications:** Sensitivity to ester type anaesthetics; concomitant eye infection; patient instillation of drug
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Precautions: Prolonged use; dust, bacterial contamination; pregnancy, lactation

Adverse Reactions: Transient stinging, burning; corneal damage; fibrinous iritis; bradycardia; GI upset; others, see full PI

Interactions: Anticholinesterases; suxamethonium

Sensation of pain is locally and reversibly reduced, with the possibility of temperature and pressure sensitivity also affected. Anaesthetic activity is ten times that of cocaine and twice that of tetracaine (amethocaine).

Surface anaesthesia occurs in approximately one minute with 0.4% intraocular solution and peak response is between 1 and 15 minutes. Anaesthesia persists for about 20 to 30 minutes, with full corneal sensitivity taking 40 minutes or more to return.

Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. This blocks the passage of the drops via the nasolacrimal duct to the wide absorptive area of the nasal and pharyngeal mucosa. It is especially advisable in children.

OCULAR STAIN

Fluorescein, topical

Indications Fluorescein sodium. Fluorescein is the most commonly used diagnostic stain in ophthalmic practice. Fluorescein does not stain a normal cornea, but corneal abrasions or ulcers are stained a bright green and foreign bodies are surrounded by a green ring. Conjunctival abrasions are also stained. Fluorescein solution is used for the fitting of contact lenses and can also be used to test the patency of the lacrimal passage.

ANTIFUNGAL

Clotrimazole

Use: Antifungal. Tinea, athlete's foot, nappy rash, ringworm, other Candida skin infections

Adverse Reactions: Local effects; general irritation (uncommon)

SCABIES TREATMENT

Benzyl Benzoate (Ascabiol)

Use: Head Lice

Precautions: Eye contact

Adverse Reactions: Burning
H2 ANTAGONIST

Ranitidine
Use: H2-receptor antagonist. Short-term treatment of proven duodenal or gastric ulcer; maintenance treatment to reduce risk of relapse in duodenal ulcer; maintenance treatment (up to 1 yr) to reduce risk of relapse with documented healing of benign gastric ulcer; gastrinoma (Zollinger-Ellison syndrome); short-term symptomatic treatment of reflux oesophagitis unresponsive to conservative measures; maintenance treatment to reduce risk of relapse in reflux oesophagitis; scleroderma oesophagitis
Precautions: Exclude malignancy; history of acute porphyria; intubated ICU patients; renal impairment; chronic lung disease, diabetes, immunocompromised, elderly (incr risk of community acquired pneumonia); pregnancy, lactation, children
Adverse Reactions: Headache; GI, CNS, haematological, hepatic disturbances; rash; hypersensitivity reactions; others, see full PI
Interactions: Sucralfate; see full PI

DRUGS FOR NAUSEA AND VOMITING

Metoclopramide
Use: Propulsive. Adults: nausea, vomiting (excl labyrinth disturbances eg motion sickness); adjunct to X-ray exam of stomach, duodenum; assist intestinal intubation; facilitate absorption of other drugs eg aspirin (IM admin); gastric retention after gastric surgery; mild-mod diabetic gastroparesis. Young adults < 20 yrs, children: severe intractable vomiting of known cause; cytotoxic, radiotherapy assoc vomiting; aid to GI intubation
Contraindications: Phaeochromocytoma; patients in whom GI stimulation may be dangerous eg GI haemorrhage, mechanical obstruction, perforation
Precautions: Establish diagnosis; reassess persistent vomiting; epilepsy; GI surgery eg pyloroplasty, gut anastomosis (within 3-4 days postop); high dose, prolonged use; hepatic, renal impairment; breast cancer history; rapid IV admin; elderly; pregnancy, lactation, children, young adults < 20 yrs
Adverse Reactions: Extrapyramidal esp dystonic reactions; tardive dyskinesia; incr prolactin levels; CNS disturbances incl drowsiness, fatigue, restlessness; GI upset; methaemoglobinaemia; depression (rare); NMS (very rare); others, see full PI
Interactions: Neuroleptics eg phenothiazines; other centrally active drugs esp depressants (incl alcohol); anticholinergics; narcotic analgesics; may affect drug absorption, incompatibility, see full PI
Prochlorperazine

Use: Phenothiazine antiemetic. Nausea and vomiting; vertigo due to causes incl Meniere's syndrome, labyrinthitis

Contraindications: Circulatory collapse; CNS depression (coma, drug intoxication); bone marrow depression; concurrent l-dopa; phenothiazine hypersensitivity; renal impairment; Parkinson's disease; hypothyroidism; phaeochromocytoma; myasthenia gravis; prostatic hypertrophy; admin of discoloured (darkened) inj soln; rectal, IM admin in children; children, adolescents with poss Reye's syndrome

Precautions: Epilepsy; hypocalcaemia; hepatic impairment; high dose, prolonged use; spinal anaesthesia; psychosis; QT prolongation risk eg bradycardia, hypokalaemia; may mask diagnosis of GI obstruction, brain tumour, drug overdose; swimming in cold water, concurrent antipyretics (hypothermia risk); stroke risk factors; elderly; pregnancy, labour, lactation, children (esp < 10 kg or < 2 yrs)

Adverse Reactions: Constipation; dry mouth; CNS disturbances incl impaired alertness, drowsiness, akathisia, parkinsonism, tardive dyskinesia, life threatening acute dystonic reaction (children); blurred vision; CV (incl hypotension, arrhythmia, QT interval prolongation (very rare)), anticholinergic effects; NMS; incr risk of cerebrovascular events; endocrine disturbances; others, see full PI

Interactions: CNS depressants incl alcohol; desferrioxamine; anticholinergics incl TCAs, atropinic agents; procarbazine; anticonvulsants incl phenytoin; oral anticoagulants; thiazide diuretics; guanethidine, related compounds; propranolol

NSAIDS

Diclofenac

Use: NSAID. Inflammatory and degenerative rheumatism; rheumatoid arthritis, osteoarthritis. Tabs: also acute/ chronic pain states with an inflammatory component; primary dysmenorrhoea. Suppos: also postop pain (less than or equal to 3 days) in children

Contraindications: Peptic ulcer; GI bleeding, perforation; aspirin/ NSAID sensitive asthma; severe hepatic, renal, cardiac failure; pregnancy (3rd trimester). Suppos: also proctitis

Precautions: Hypertension incl history; CV disease, risk factors; fluid retention; GI disorders, ulceration, bleeding, perforation history; GI event risk eg smoking, alcoholism; cardiac, renal, hepatic impairment; ulcerative colitis; Crohn's disease; mask infection; coagulation disorders; dyshaemopoiesis; hepatic porphyria; allergy history; asthma; seasonal allergic rhinitis; nasal mucosal swelling eg polyps; COPD; chronic respiratory tract infections; major surgery; volume depletion; high dose, prolonged use (monitor hepatic, haematological function); elderly; pregnancy (preconception, 1st, 2nd trimester), lactation. Tabs: also galactose intolerance; severe lactase deficiency; glucose/ galactose malabsorption.
Suppos: also incr risk postop bleeding; intracranial surgery; spinal anaesthesia; monitor platelets; children < 12 mths

Adverse Reactions: Raised LFTs; GI disorders (rare: haemorrhage, ulceration, perforation); skin reactions incl exfoliative dermatitis, Stevens-Johnson syndrome, toxic epidermal necrolysis; headache, dizziness; vertigo; blood dyscrasias; others, see full PI. Suppos: also rectal irritation, worsening of haemorrhoids, postop toxic shock syndrome

Interactions: Li; digoxin; diuretics; antihypertensives eg beta-blockers, ACE inhibitors; other NSAIDs incl COX-2 inhibitors, aspirin; anticoagulants, antiplatelets eg warfarin; SSRIs; oral hypoglycaemics; methotrexate; cyclosporin; corticosteroids; quinolones; drugs affecting renal function

Ibuprofen

Use: NSAID. RA incl juvenile; OA; dysmenorrhoea; pyrexia; acute, chronic pain states with inflammation

Contraindications: NSAID sensitive asthma, rhinitis, urticaria; GI bleeding, perforation (active, assoc with previous NSAID therapy); ulcerative colitis, Crohn's disease, recurrent peptic ulcer, GI haemorrhage (active, history); pregnancy (3rd trimester); lactation

Precautions: Prolonged use; GI bleeding, ulcer, bronchial asthma history; CV disease, risk factors; coagulation defect; dehydration; renal, hepatic, cardiac impairment; smoking; alcoholism; hypertension; fluid retention; connective tissue disorders eg SLE; monitor hepatic (long-term use), renal (at-risk patients, see full PI), haematological, ophthalmological function, BP; mask infection; steroid withdrawal (reduce gradually); elderly; pregnancy

Adverse Reactions: GI upset incl ulceration; tinnitus; oedema; dizziness, headache, nervousness; hypersensitivity; incr risk CV event incl MI, stroke; blood dyscrasia; nephrotoxicity; raised LFTs, hepatic dysfunction; ocular effects; aseptic meningitis (rare); others, see full PI

Interactions: Anticoagulants eg warfarin; Li; ACE inhibitors; beta-blockers; thiazides, frusemide; cardiac glycosides; other NSAIDs incl aspirin, COX-2 inhibitors; antiplatelets; SSRIs; aminoglycosides; Gingko biloba; cyclosporin, tacrolimus; methotrexate; corticosteroids; ACE inhibitor/ angiotensin receptor antagonist + thiazide + anti-inflammatory (see full PI)

Indomethacin

Use: NSAID. Arthritis and related inflammatory disorders; low back pain; postop bone pain; dysmenorrhoea

Contraindications: NSAID sensitive asthma; active peptic ulcer, recurrent GI ulceration; periop pain with CABG surgery; pregnancy, lactation. Suppos: also recent proctitis, rectal bleeding

Precautions: Psychiatric disturbances; epilepsy; parkinsonism; mask infection; coagulation defects; cardiovascular disease; CHF; incr risk thrombotic events; renal impairment; high dose, prolonged use; monitor BP; elderly; children
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Government of Western Australia
Department of Health
Sir Charles Gairdner Hospital

**Adverse Reactions:** GI upset incl ulceration; headache, dizziness; hypertension; blurred vision, ocular changes; tinnitus; fluid retention, oedema; nephritis, nephrotic syndrome; rash, hypersensitivity reactions; others, see full PI

**Interactions:** Aspirin, diflunisal, other NSAIDs; anticoagulants; probenecid; Li; digoxin; methotrexate; cyclosporin; phenylpropanolamine; antihypertensives incl diuretics, beta-blockers, ACE inhibitors, angiotensin II antagonists; false -ve dexamethasone suppression test

**Naproxen**

**Use:** NSAID. RA; OA; ankylosing spondylitis; primary dysmenorrhea; acute or chronic inflammatory pain states; acute migraine

**Contraindications:** Aspirin, NSAID hypersensitivity; GI, peptic ulcer, bleeding (current, history; NSAID related, unrelated); chronic dyspepsia; severe heart failure; ClCr < 30 mL/min; children < 2 yrs

**Precautions:** GI, renal disease history; angioedema, bronchospastic reactivity, rhinitis, nasal polyp; coagulation disorders; anaemia; cardiac disease risk factors; CHF, hypertension, fluid retention; monitor BP; smoking; alcoholism; mask infection; hepatic, renal impairment; hypovolaemia; salt depletion; Na restricted diet (susp); high dose, prolonged use; abrupt steroid withdrawal; elderly, debility; pregnancy, lactation, children < 5 yrs

**Adverse Reactions:** GI upset incl ulcer, bleeding, perforation, stomatitis; headache, dizziness, drowsiness; itching, rash, serious skin reactions; tinnitus; oedema; haematological, renal, hepatic, CNS, respiratory, CV effects; hearing, visual disturbances; incr risk thrombotic events incl MI, stroke; female infertility; others, see full PI

**Interactions:** Aspirin; other NSAIDs incl COX-2 inhibitors; antacids; protein bound drugs eg hydantoins, sulfonamides, sulfonylureas; anticoagulants eg warfarin; probenecid; antplatelets, SSRIs; diuretics incl frusemide; Na bicarbonate; Li; zidovudine; methotrexate; antihypertensives incl beta-blockers; ACE inhibitors; combination ACE inhibitor/angiotensin receptor antagonist + anti-inflammatory + thiazide (see full PI); lab tests, others, see full PI

**DRUGS FOR GOUT**

**Probenecid**

**Use:** Uricosuric. Treatment of hyperuricaemia in gout, gouty arthritis (except acute attack). Incr and prolong plasma penicillin, cephalosporin levels; reduce risk of cidofovir induced nephrotoxicity

**Contraindications:** Blood dyscrasias; uric acid stones; salicylates; children < 2 yrs

**Precautions:** Peptic ulcer history; chronic renal impairment, GFR less than or equal to 30 mL/min; alkalinise urine; maintain fluid intake; exacerbation of gout; pregnancy, lactation
Adverse Reactions: Headache, dizziness; GI upset; exacerbate gout; anaemia; alopecia, rash; others, see full PI
Interactions: See Contra; methotrexate; pyrazinamide; paracetamol; sulfonylureas; thiazide diuretics; some NSAIDs, antibacterials, antivirals, benzodiazepines; zidovudine; dapsone; allopurinol; sulfonamides; thiopentone; ketamine; famotidine; others, see full PI

EMERGENCY CONTRACEPTION
Levonorgestrel
Use: Postcoital emergency contraceptive (within 72 hours), adults
Contraindications: Unexplained vaginal bleeding; current breast cancer; pregnancy
Precautions: Severe hypertension (> 180/110); complications of diabetes; ischaemic heart disease; stroke; previous breast cancer; severe hepatic dysfunction; repeated use; severe diarrhoea, vomiting, Crohn's disease; lactation, children < 16 yrs
Adverse Reactions: Fatigue; abdo pain; GI upset; dizziness; headache; breast tenderness; increased bleeding; vaginal haemorrhage; ectopic pregnancy (poss)
Interactions: CYP3A4 inducers; barbiturates; phenytoin; carbamazepine; rifampicin; St John's wort; ritonavir; rifabutin; griseofulvin

IV FLUIDS
Normal Saline
Hartmann’s solution (CSL)
5% Dextrose

IMMUNISATION
Dipheria & Tetanus vaccine -Adult (ADT)
Use: Diphtheria, tetanus toxoid. Revaccination of adults, children greater than or equal to 5 yrs against diphtheria/ tetanus
Contraindications: Previous severe reaction to this vaccine; primary immunisation; moderate/ severe acute illness +/- fever (postpone dose); children < 5 yrs
Precautions: Possibility of anaphylactic reaction; immunosuppression/ deficiency; formaldehyde hypersensitivity; too frequent booster vaccination
Adverse Reactions: Inj site reactions; fever; pruritus, rash, urticaria; peripheral oedema; flu-like symptoms incl headache, rigors, asthenia, fatigue, myalgia; GI upset; anaphylaxis; dizziness; neurological disorders incl hypoaesthesia, paraesthesia, brachial radiculitis
CREAMS

Silver sulfadiazine 1% cream (Restricted use at SCGH - Consult with IDD/Micro)
Use: Infection of burns, leg ulcers, pressure sores (prevention, treatment)
Contraindications: Final month of pregnancy; premature or newborn infants
Precautions: Impaired renal, hepatic function; sulfonamide sensitivity; extensive burns, long-term use; G6P dehydrogenase deficiency; pregnancy, lactation
Adverse Reactions: Leucopenia; local effects; SLE; GI upset; nephrotoxicity
Interactions: Anionic surfactants; enzymatic debriding agents; oral hypoglycaemics; phenytoin; cimetidine; some lab tests (see full PI)

Betamethasone valerate 0.05% cream
NP caveat: NP must discuss intention to prescribe with the Emergency Physician
Use: Potent corticosteroid. Inflammatory dermatoses; inflammation and pruritus of allergic conditions
Contraindications: Rosacea, acne vulgaris; perioral dermatitis, perianal and genital pruritus; viral skin infections; TB of the skin; gravitational ulcers; viral, fungal, bacterial skin infections or dermatoses in children < 1 yr
Precautions: Prolonged, extensive use; immunosuppressive therapy, impaired T cell function; psoriasis; impaired circulation; facial application; eye contact; infection; occlusive dressings; monitor for efficacy, safety; pregnancy, lactation, children
Adverse Reactions: Local reactions; others, see full PI

Sigmacort 1% Hydrocortisone cream
NP caveat: NP must discuss intention to prescribe with the Emergency Physician
Use: Mild corticosteroid. Noninfective inflammatory dermatoses
Contraindications: Tuberculous, fungal, viral and untreated bacterial skin infections; severe circulatory impairment; ophthalmic use
Precautions: Prolonged, extensive use; occlusive dressings; psoriasis; impaired T cell function; immunosuppressive therapy; masks infection; immunisation; diabetes; renal insufficiency; non-specific ulcerative colitis; diverticulitis; fresh intestinal anastomoses; peptic ulcer; hypertension; osteoporosis; myasthenia gravis; pregnancy, lactation, children
Adverse Reactions: Burning, itching sensation; skin thinning, dryness, cracking; increased fragility of SC vessels; telangiectasia; purpura; atrophic striae; fluid retention; glaucoma; others, see full PI
Interactions: Hepatic enzyme inducers incl carbamazepine, phenytoin, rifampicin; K depleting diuretics; neuromuscular blockers.

NP Drug formulary endorsed by
December 2008
ENT

Sofradex ear drops
Indications Inflammatory and allergic conditions of the ear, e.g. otitis externa. Eczema of the auditory meatus is often present and causes inflammation, exudation and pruritus, which are all rapidly relieved by dexamethasone. Infection, often secondary to scratching, is generally due to Staphylococci, Escherichia coli, Pseudomonas and Proteus sp. which respond rapidly to framycetin.
Contraindications Known hypersensitivity to framycetin; viral and tubercular lesions; varicella, vaccinia; perforation of the tympanic membrane.
Precautions In patients known to be allergic to streptomyces derived antibiotics (neomycin, paromomycin, kanamycin) cross sensitisation to framycetin may occur, but not invariably so.
Actions Framycetin is a bactericidal antibiotic active against a wide variety of Gram positive and Gram negative bacteria commonly found in superficial infections; Staphylococci (including strains resistant to other antibiotics), Pseudomonas aeruginosa, coliforms and pneumococci.
Gramicidin reinforces the action of framycetin against Streptococci.
Dexamethasone is a highly potent topical corticosteroid. Its topical superiority is particularly apparent in cases in which other corticosteroids have failed.

Ceumol ear drops
Use: Ear wax removal
Precautions: Avoid eye, skin contact or breathing vapour