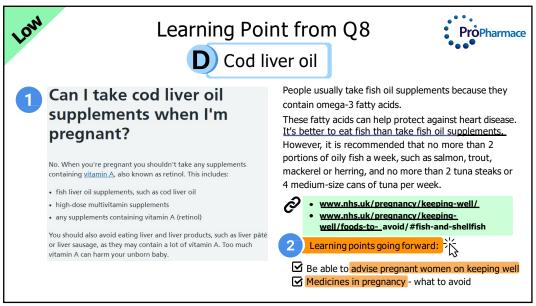


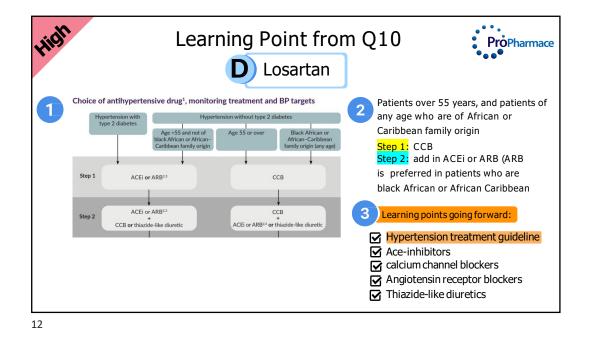
Learning Point from Q6 **PPopPlarmace** Miss D's ingested dose is above the toxic level of 150 mg/kg, and the plasma concentration needs to be determined before deciding whether Acetylcysteine needs to be administered Ingested dose : 32 tablets x 500 mg = 16,000 mg 2 A. Incorrect as level is above 150 mg/Kg 16,000mg / 100 Kg = 160 mg/Kg B. Incorrect as M iss D has arrived in hospital · whose plasma-paracetamol concentration falls on or above the treatment line on the paracetamol treatment graph; • who present within 8 hours of ingestion of more than 150 mg/kg of paracetamol if there is within 3 hours of ingestion, and the results will be available within two hours, therefore going to be a delay of 8 hours or more in obtaining the paracetamol concentration after the acetylcysteine can be delayed till plasma who present 8-24 hours after ingestion of an acute overdose of more than 150 mg/kg of concentration is determined paracetamol even if the plasma-paracetamol concentration is not yet available; who present more than 24 hours after ingestion of an overdose if they are clearly jaundiced or have hepatic tenderness, their ALT is above the upper limit of normal (patients with chronically D. Incorrect as activated charcoal should only be elevated ALT should be discussed with the National Poisons Information Service), their INR is considered if the patient ingests more than 150 greater than 1.3 (in the absence of another cause), or the paracetamol concentration is etectable mg/kg and presents within 1 hour of ingestion 澎 3 Learning points going forward: E. Incorrect as the patient ingested 160mg/kg, and the limit is 150 mg/kg Paracetamol poisoning acute overdose How to use the paracetamol overdose treatment graph 8

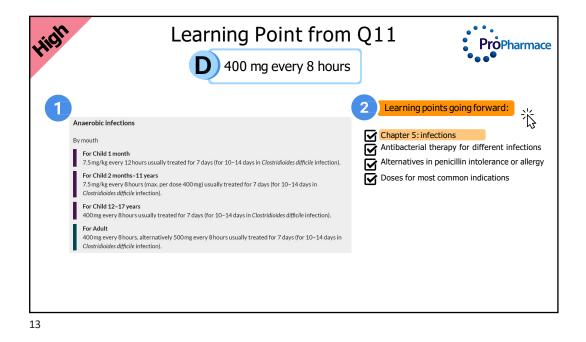
Medium				g Point fro .59 ml	om Q7		Pro	Pharmace
	From the resource: patient weights 100 Kg							
	First infusion		Second infusion		Third infusion			
	100- 109kg	79mL	100- 109kg	27mL	100- 109kg	53mL		
2		volume: 79 + 27 ng points going for						
	=	cetamol poisoning a to use the paraceta						

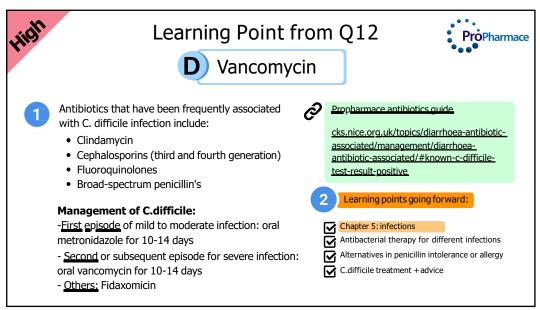




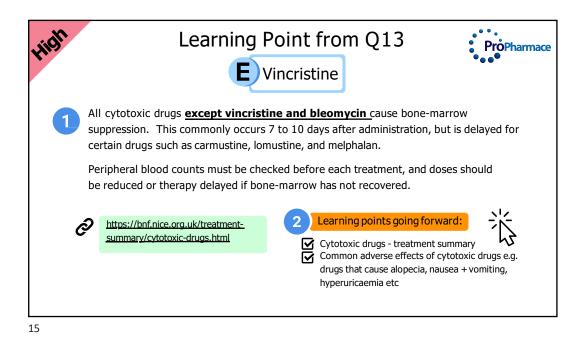
Medium	Learning Point from Q9	• ropharmace
1	Otitis externa	
	Otitis externa can be triggered by a bacterial infection caused by <i>Pseudomonas aeruginosa</i> or <i>Staphylococcus aureus</i> . Consider systemic antibacterial if spreading cellulitis or patient systemically unwell. Choice of antibacterial therapy	
	No penicillin allergy	
	Flucloxacillin Penicillin allergy or intolerance	淡
	Clarithromycin (or azithromycin or erythromycin) If pseudomonas suspected If pseudomonas suspected	ections
	Ciprofloxacin (or an aminoglycoside) For topical treatments, see Otitis externa, under Ear.	allergy
11		

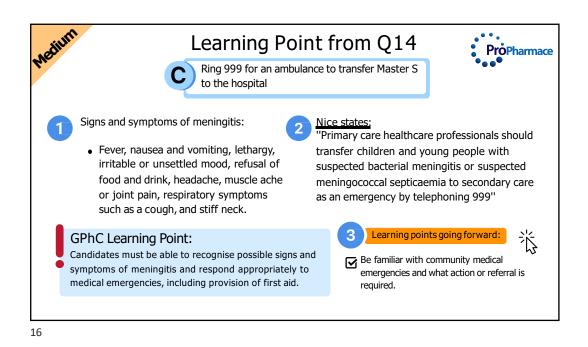


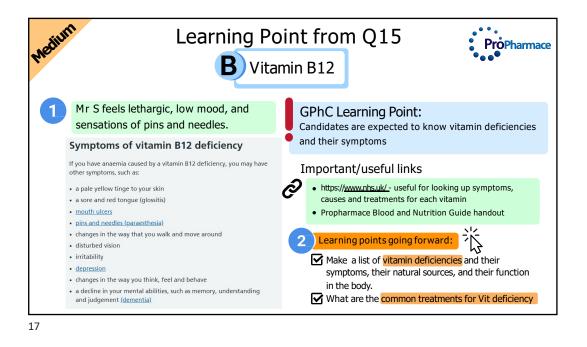


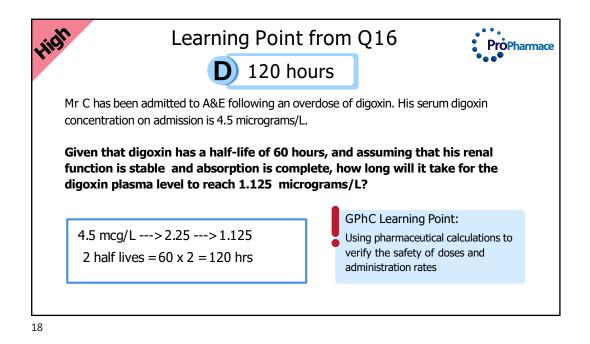


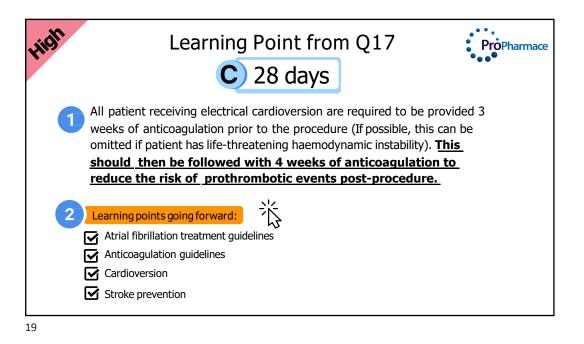


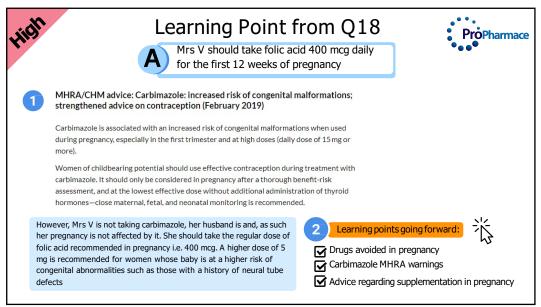


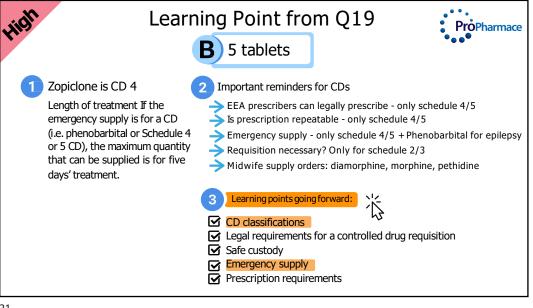


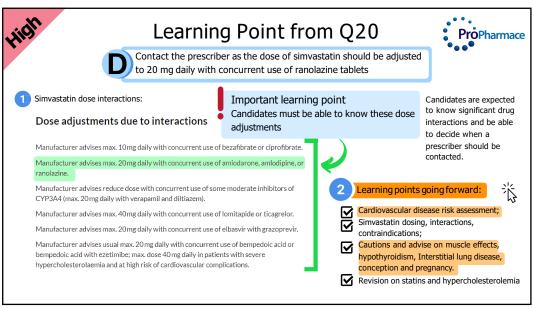










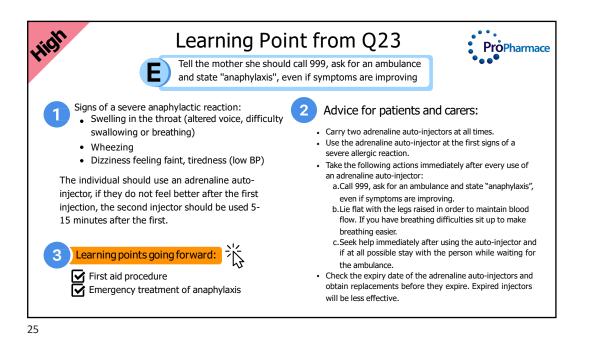


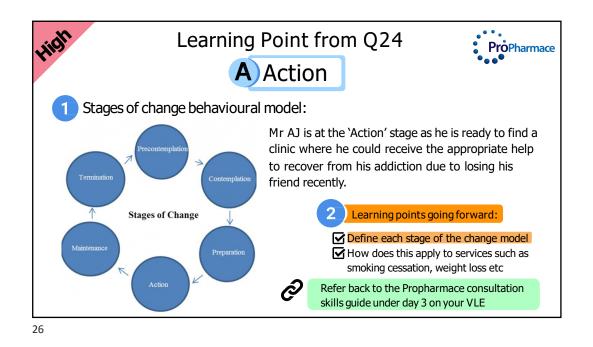


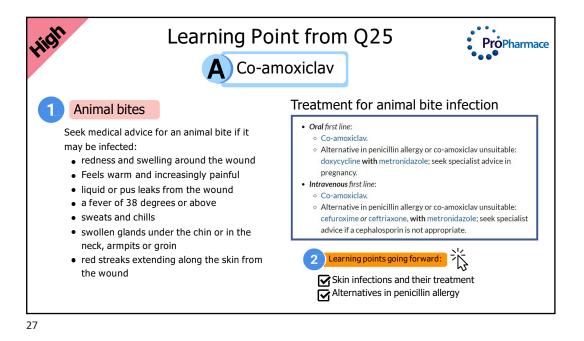
	nform them that you recommend r strength NiQuitin preparation
Adults 18 years and over	
Abrupt cessation of smoking:	
During a quit attempt every effort should be made to stop sme	oking with NiQuitin patches.
NiQuitin therapy should usually begin with NiQuitin 21 mg and	d be reduced according to the following dosing schedule:
Dose	Duration
Step 1 NiQuitin 21 mg	First 6 weeks
Step 2 NiQuitin 14 mg	Next 2 weeks
Step 3 NiQuitin 7 mg	Last 2 weeks
Light smokers (e.g. those who smoke less than 10 cigarettes weeks and decrease the dose to NiQuitin 7 mg for the final 2	
Patients on NiQuitin 21 mg who experience excessive side-ei	ffects (please refer to precautions), which do not resolve within a

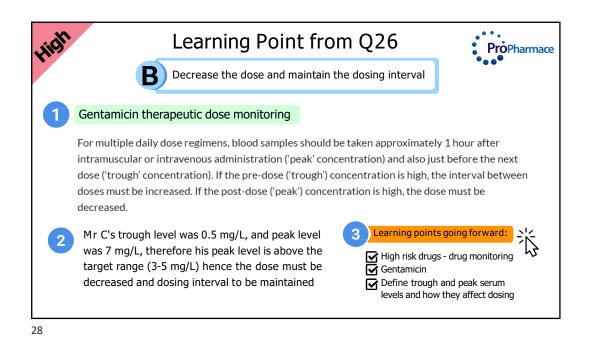
High Learning Point from Q22 **Pro**Pharmace **B** 10-20 mg/L Therapeutic range for other high risk Phenytoin therapeutic drug 1 drugs: requirements: • Carbamazepine: 4-12 mg/L In adults • Digoxin 0.8-2 mcg/L The usual total plasma-phenytoin concentration for optimum response is 10-20 mg/litre (or 40-80 micromol/ litre). In pregnancy, the elderly, and • Lithium: 0.4-1 mmol/L certain disease states where protein binding may be reduced, careful Theophylline: 10-20 mg/L ٠ interpretation of total plasma-phenytoin concentration is necessary; it may be more appropriate to measure free plasma-phenytoin concentration. Vancomycin: 10-15 mg/L ٠ 2 <u>ي</u> Learning points going forward: Propharmace High Risk Drugs Guide Ĉ Therapeutic drug monitoring requirements for all bigh risk drugs 24

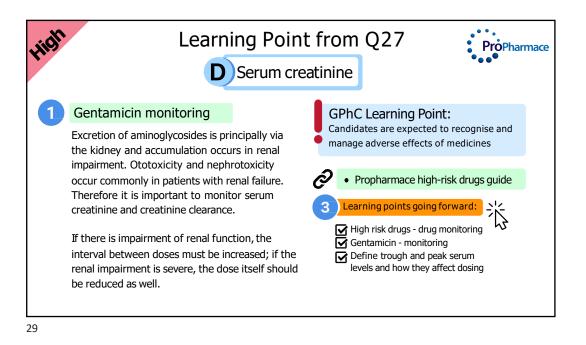
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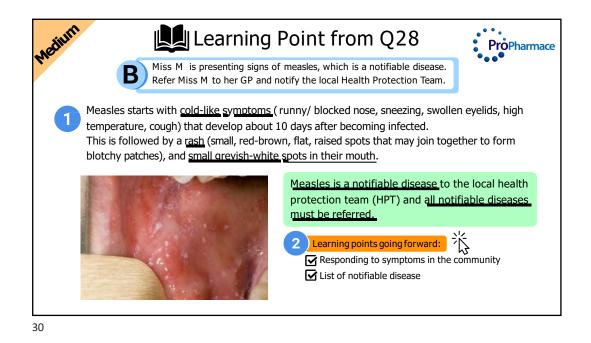


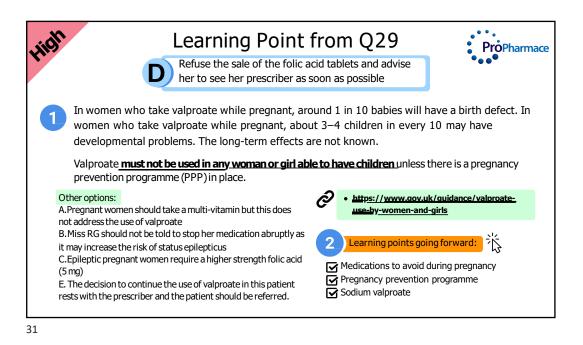


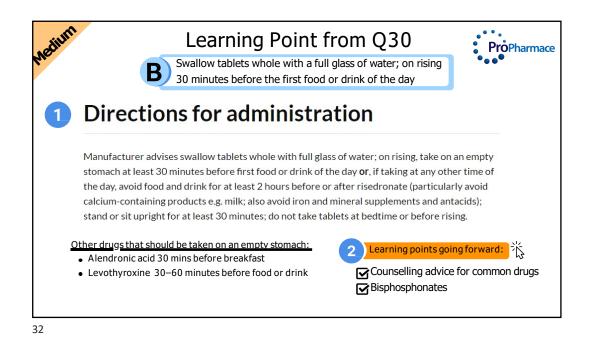


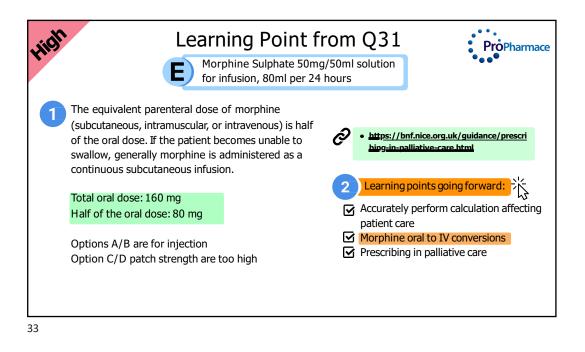


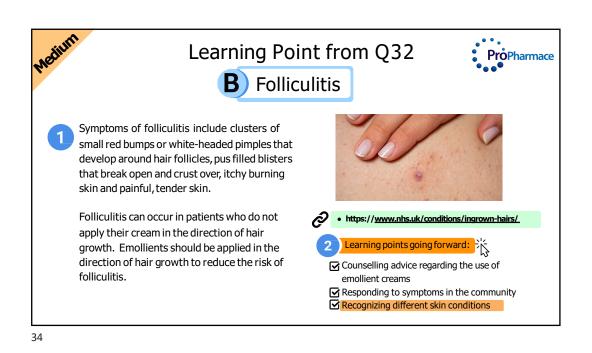


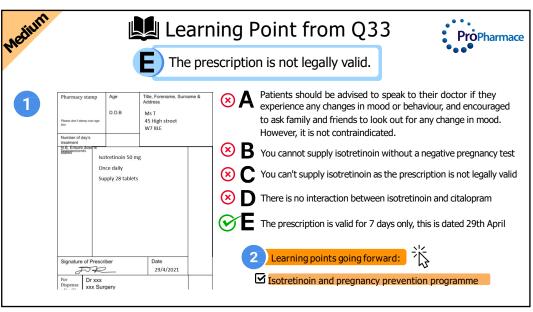


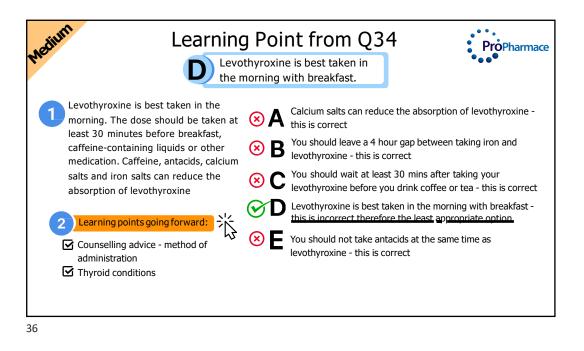


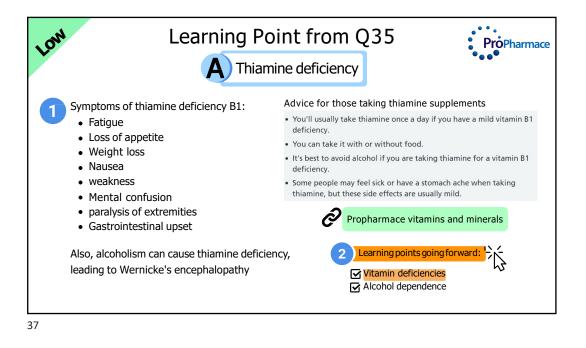


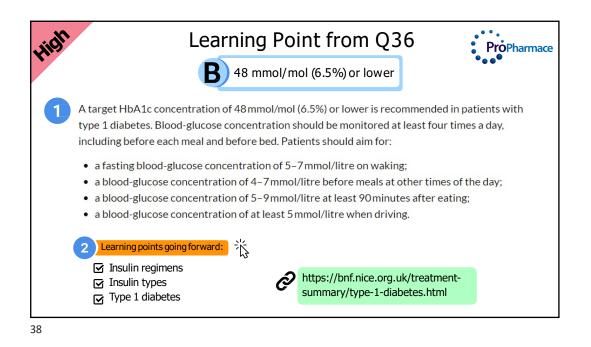


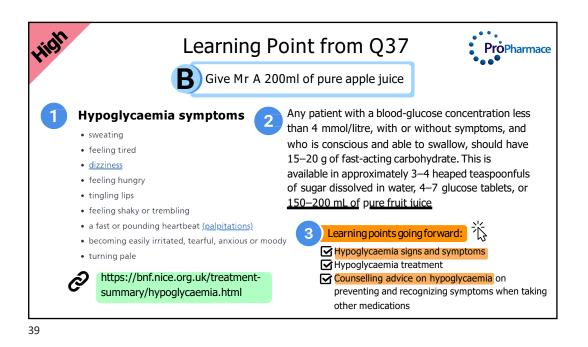


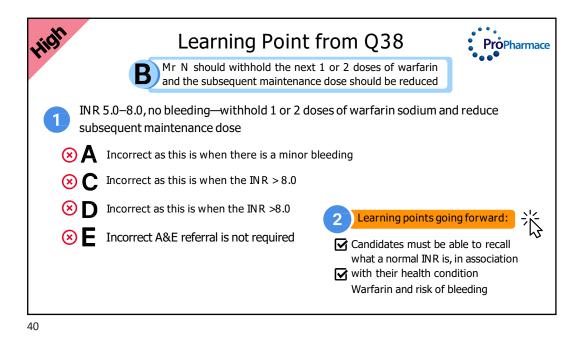


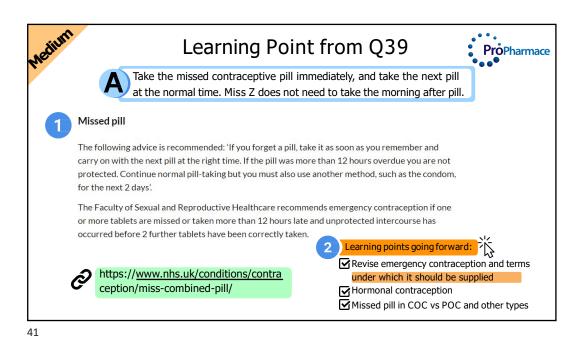


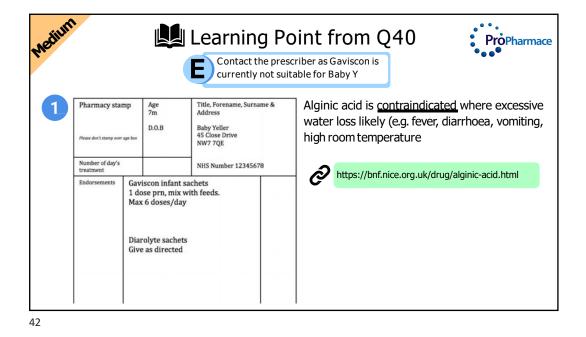


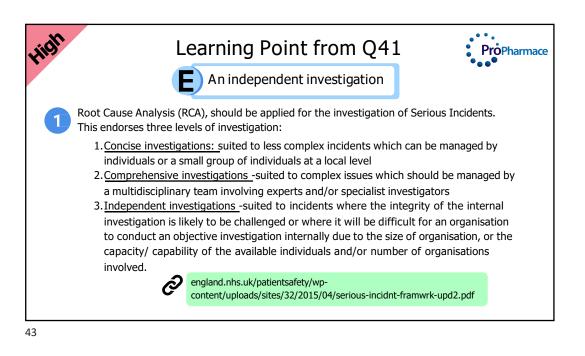


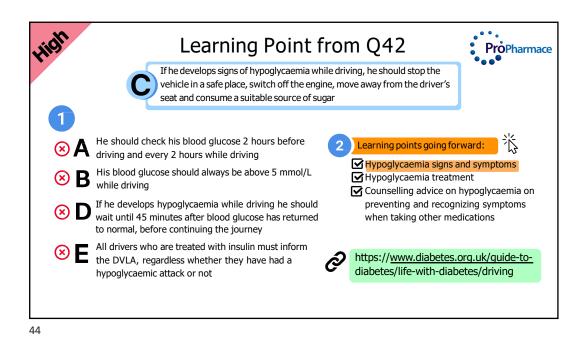


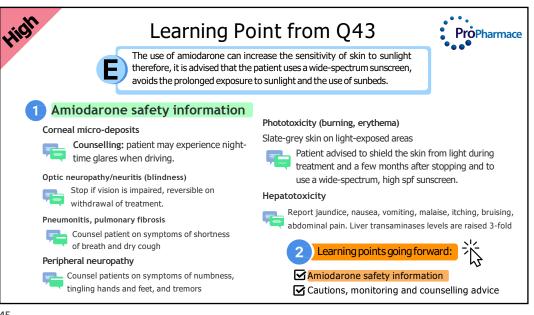


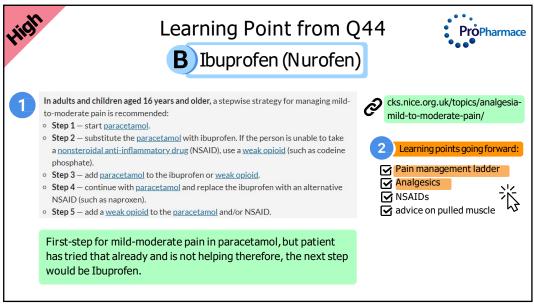




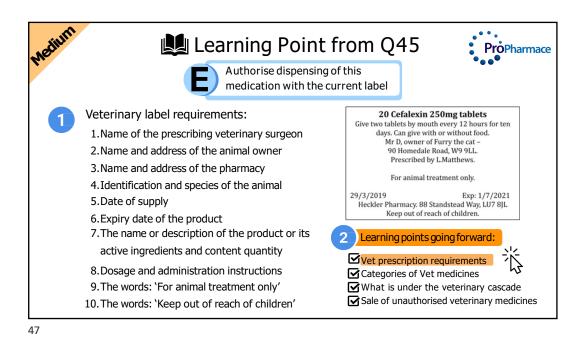


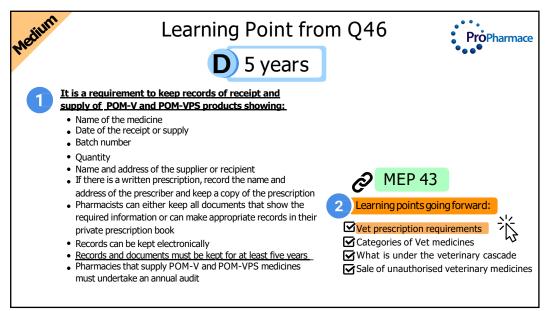




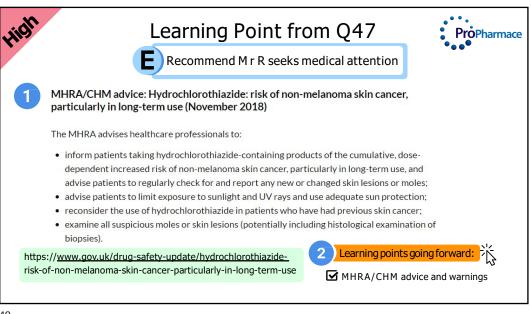


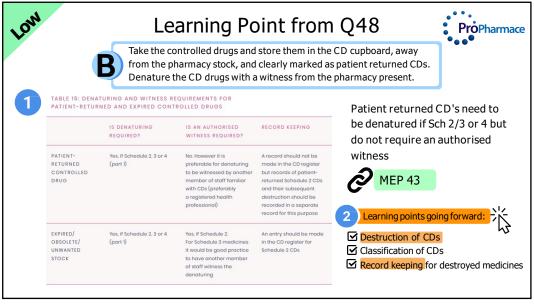


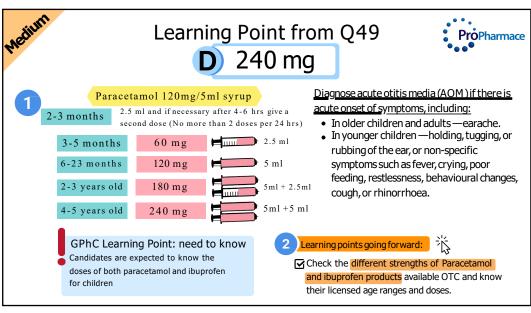


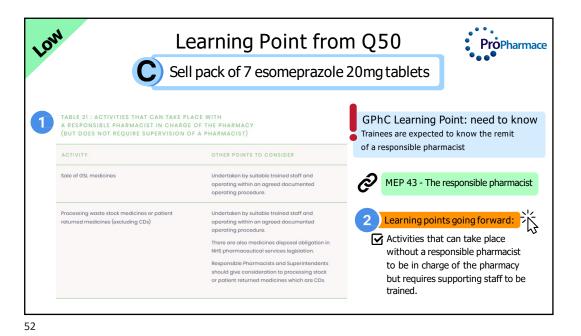


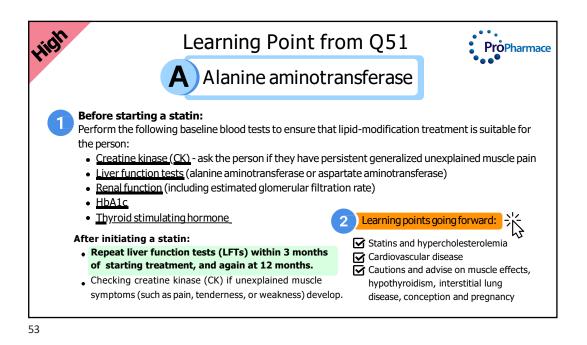




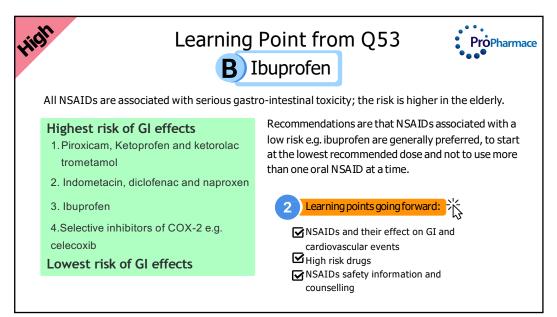


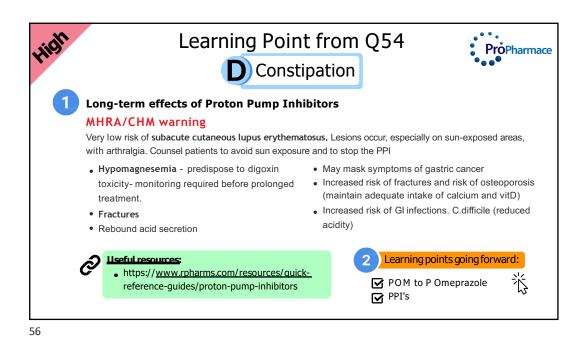


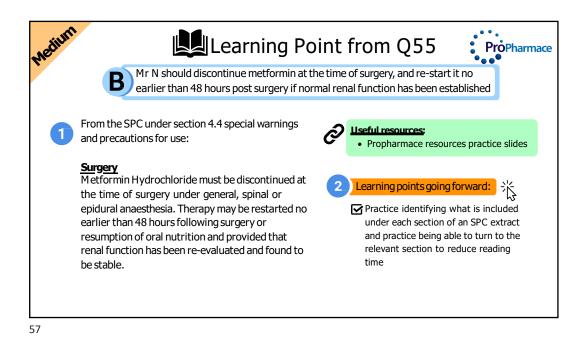


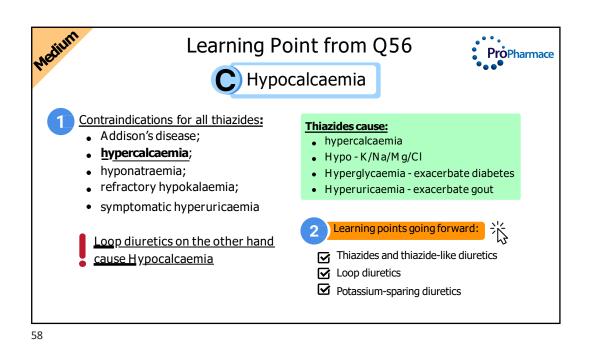


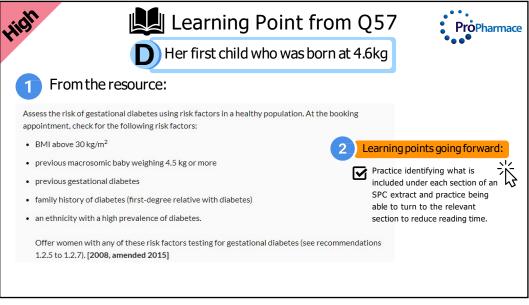
Learning Point from Q52 **Pro**Pharmace MrAG should re-start the usual dose of lithium as soon as possible What if a patient forgets to take their lithium dose: tablets or slow-release tablets – if it's less than Ò Propharmace high risk 6 hours since you were supposed to take your drugs guide lithium, take it as soon as you remember. If it is more than 6 hours, just skip the missed dose 2 Learning points going forward: and take your next one at the usual time Lithium liquid – if you forget to take a dose, just skip the Bipolar disorder missed dose and take your next one at the High risk drugs usual time Overdose management 54

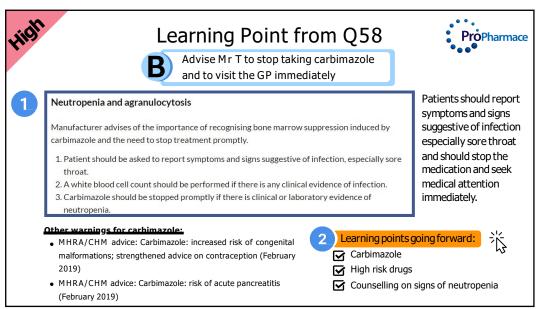




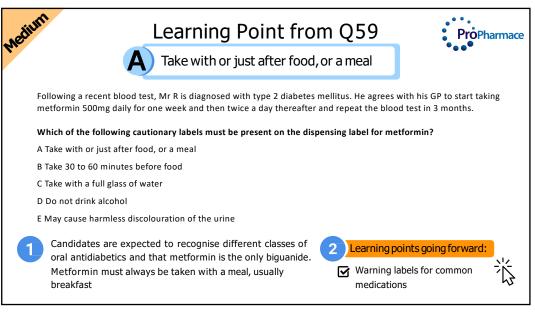




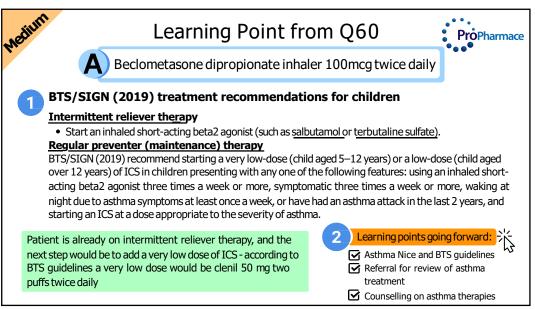




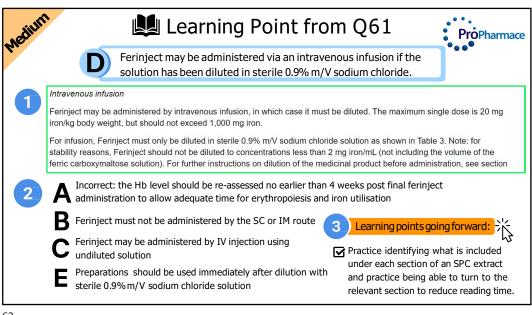




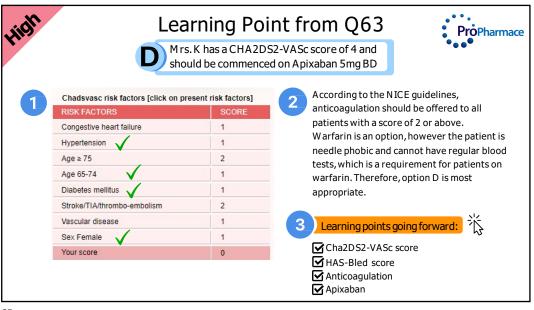


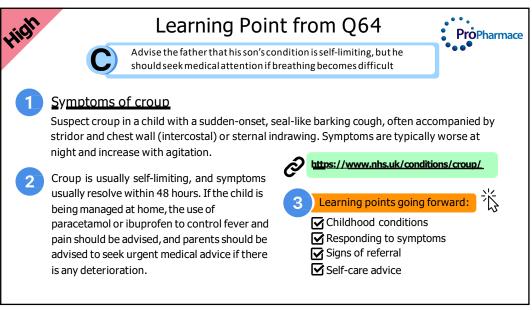


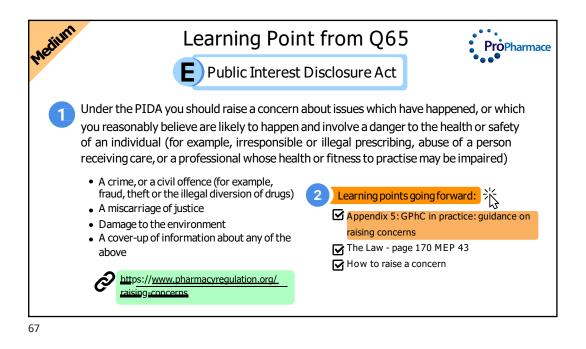


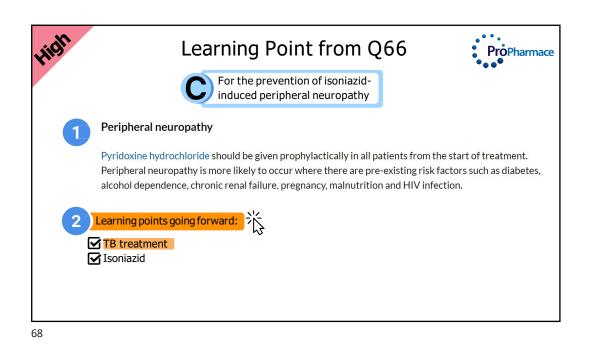


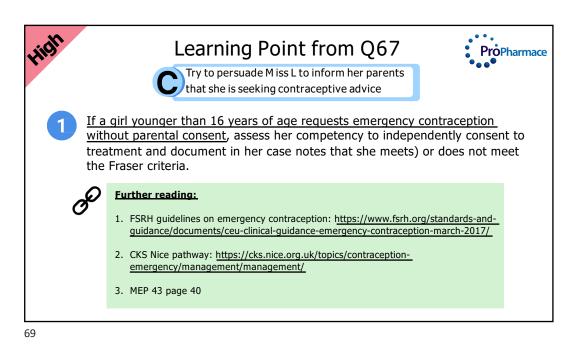
							`• ••
				C) 15	5 minutes		
able 3: Diluti	ion plan of Fe	erinject for	intrave	nous infusior	Maximum amount of sterile		
Volume of Ferinject required		Equivalent iron dose		ron dose	0.9% m/V sodium chloride solution	Minimum administration time	
2 to	o 4 mL	100	to	200 mg	50 mL	No minimal prescribed time	
>4 to	o 10 mL	>200	to	500 mg	100 mL	6 minutes	
>10 to	o 20 mL	>500	to	1,000 mg	250 mL	15 minutes	

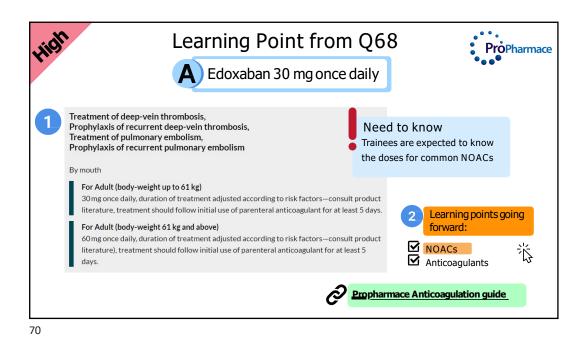


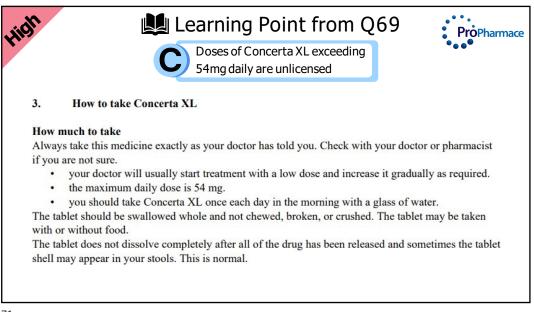


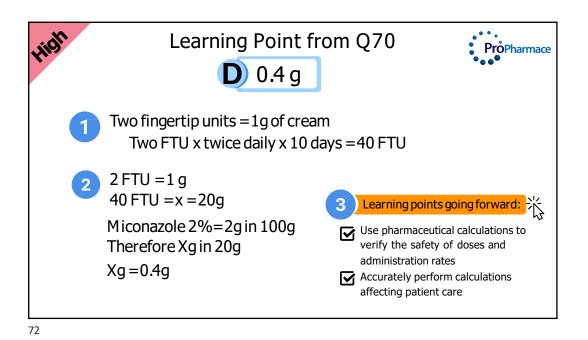


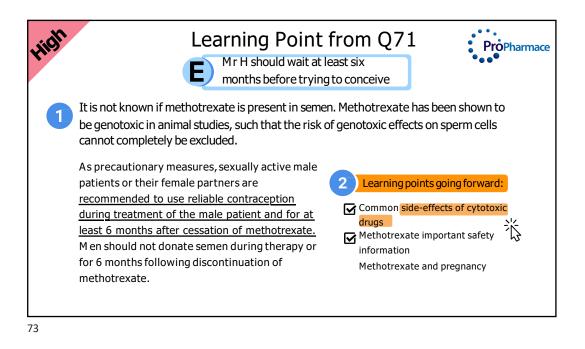


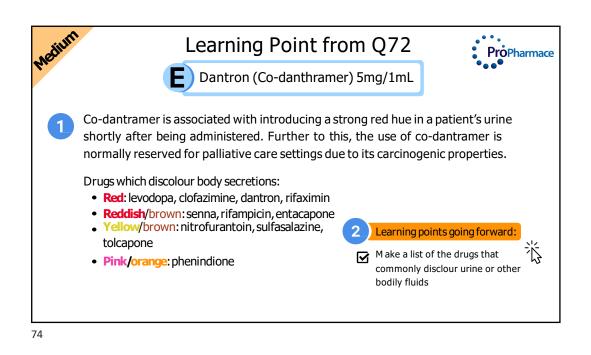


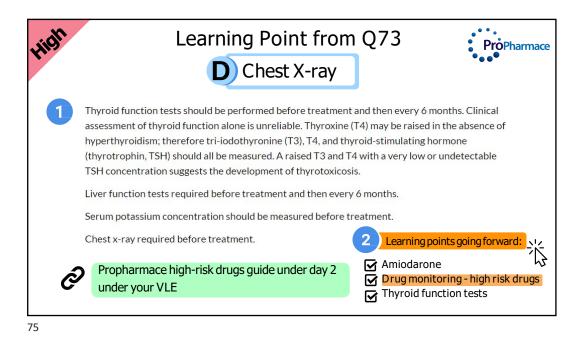


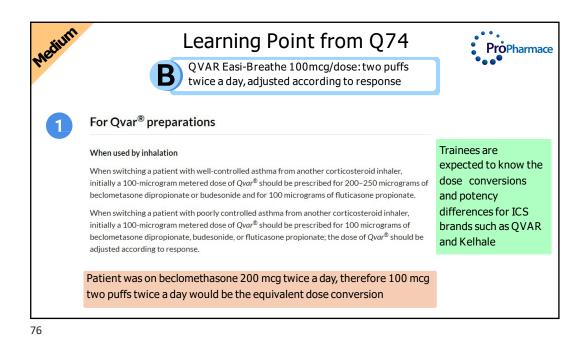


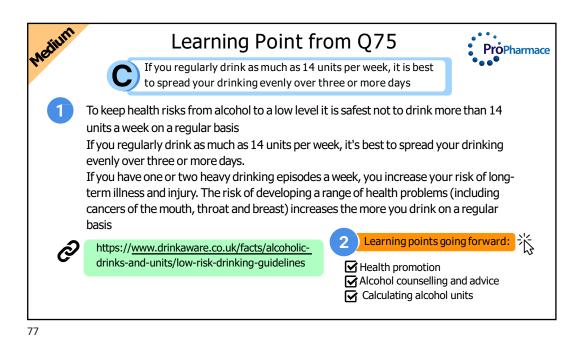


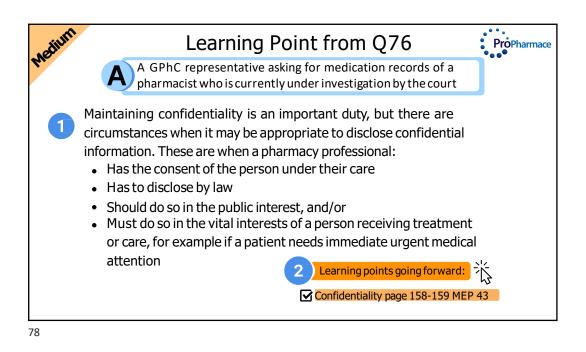


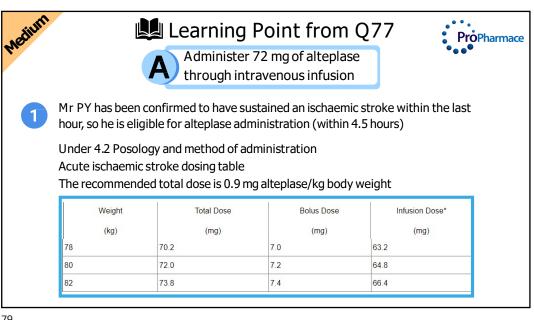


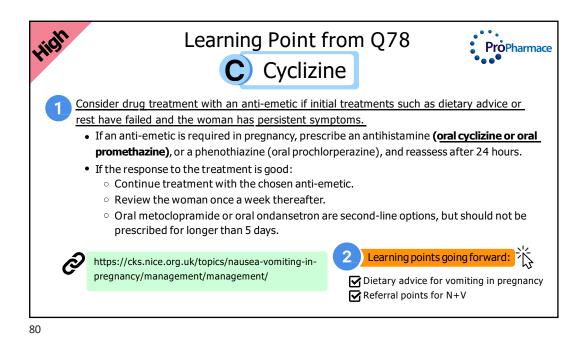


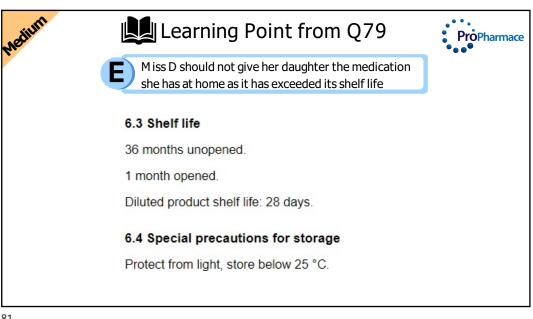


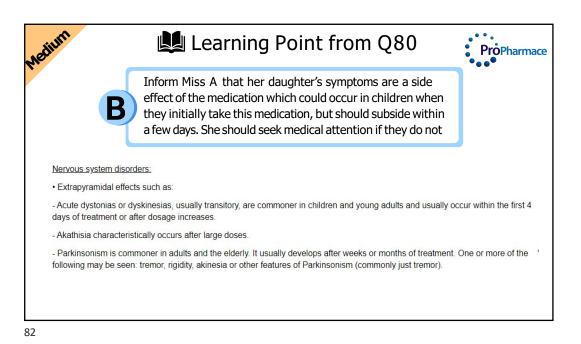


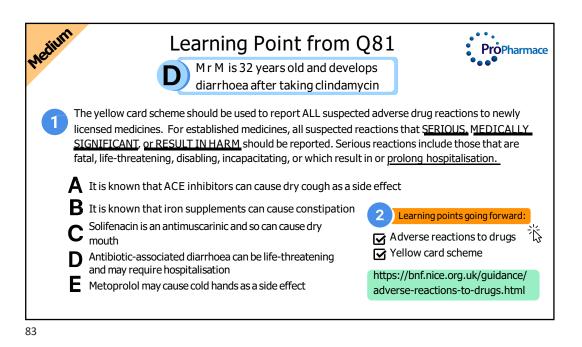


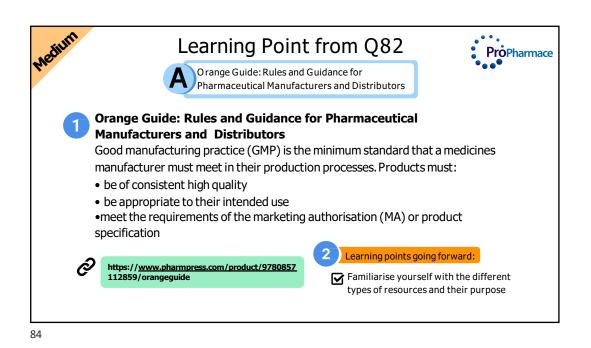


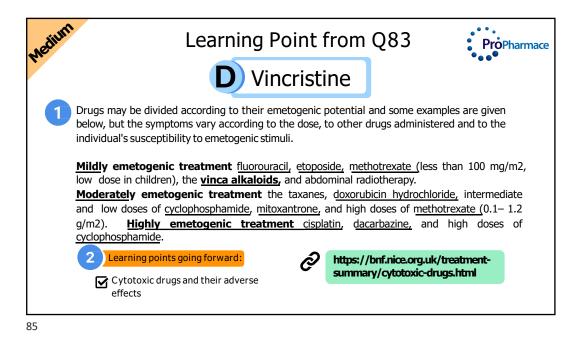


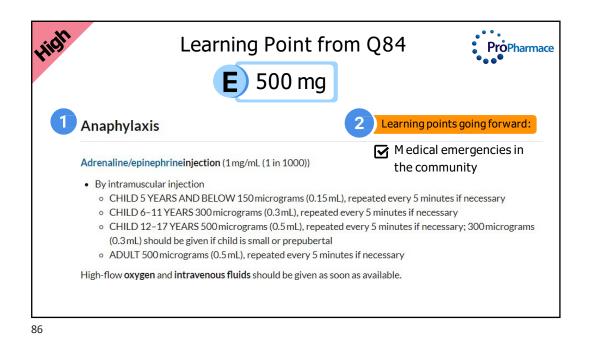


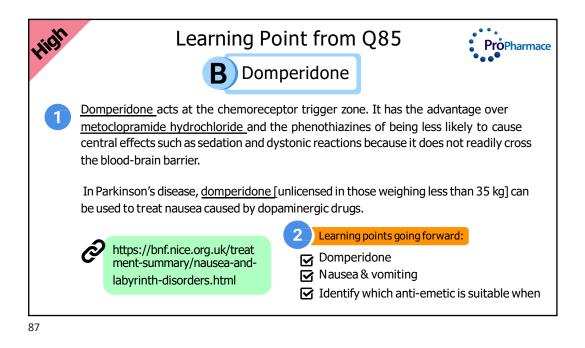


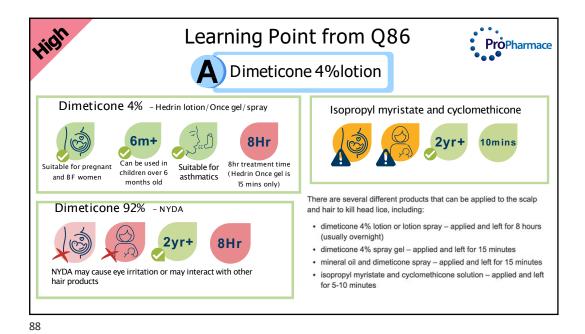


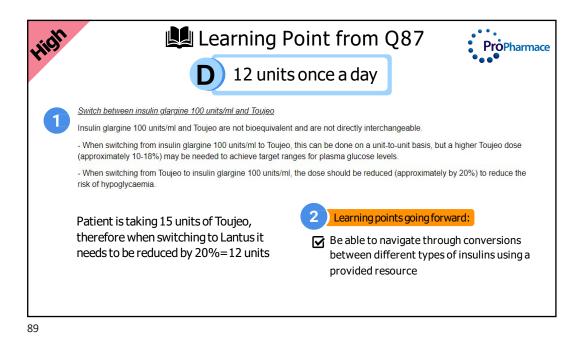




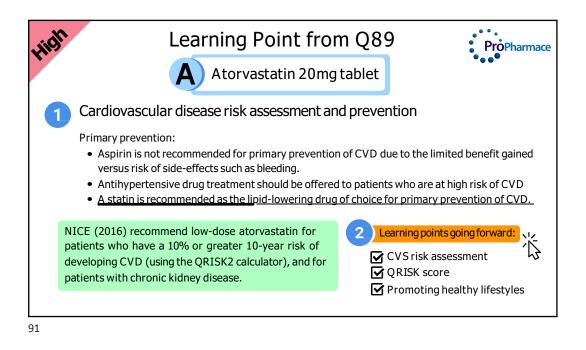


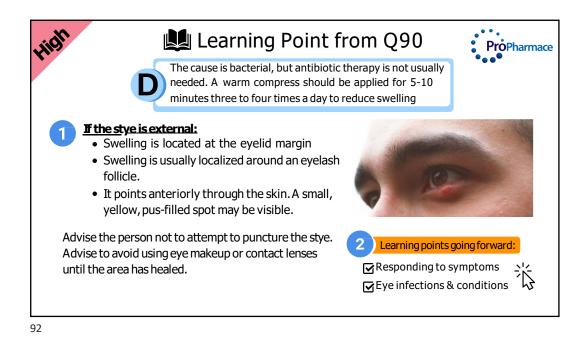


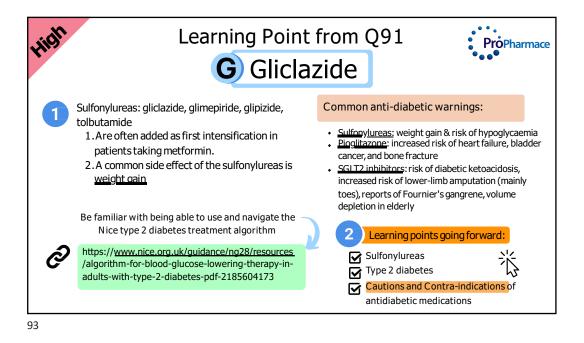


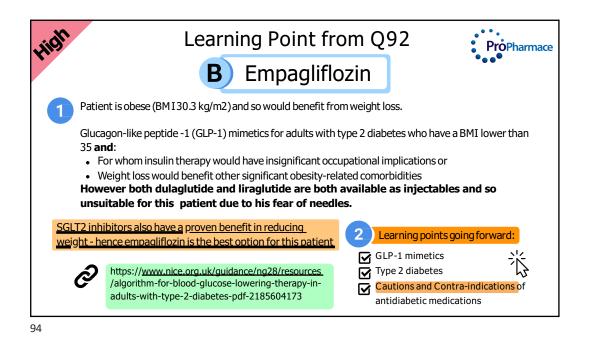


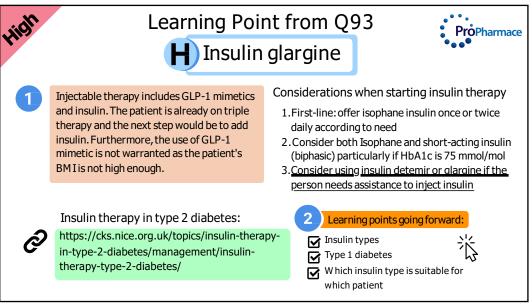
E	M rs N would benefit fro colecalciferol 400 iu ca		••••
Vitamin D			
Serum total 25-OH Vit D level	42 nmol/L	<25nmol/L deficient	
		25-50nmol/L insufficier	it
		>50nmol/L adequate	
		>125nmol/L potential t	oxicity
Mrs N's vitamin D level ind with vitamin D insufficien maintenance doses should loading doses.	icy (25[OH]D 25-50 nmc	deficiency-ir l/L), use of	nice.org.uk/topics/vitamin-d- n-adults-treatment-preventi ning points going forward:

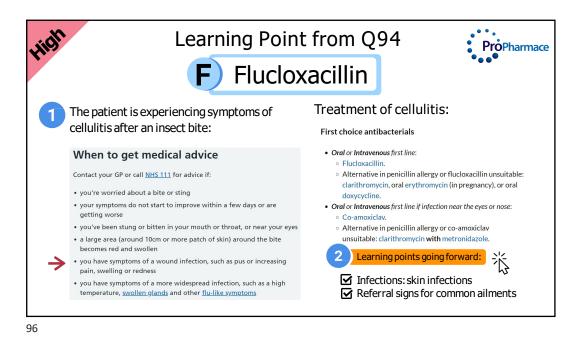


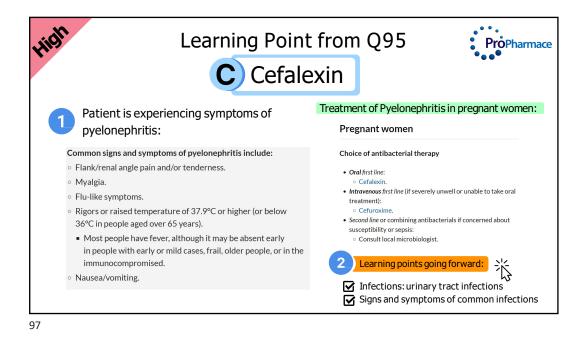


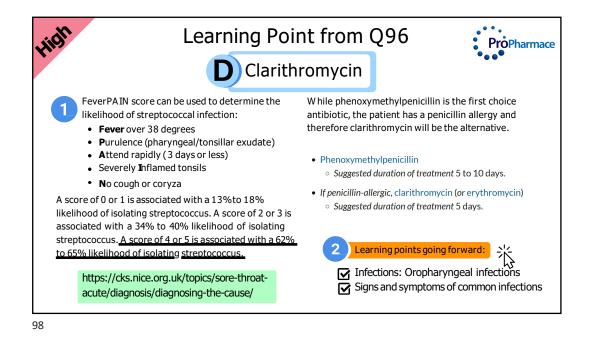


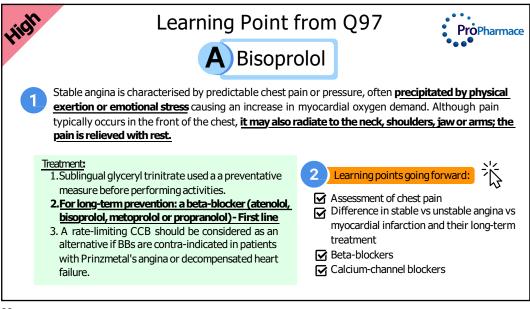


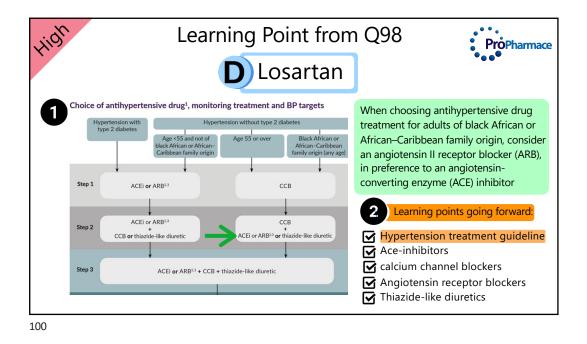


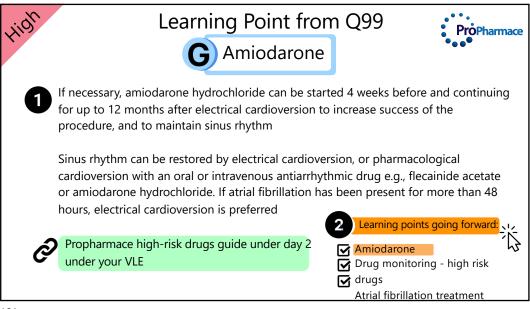


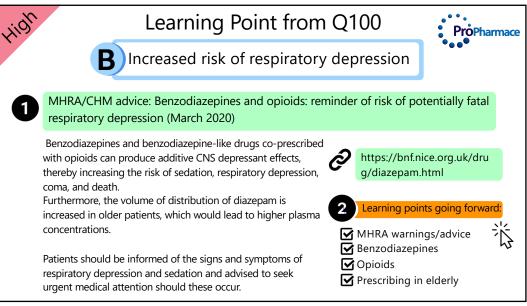




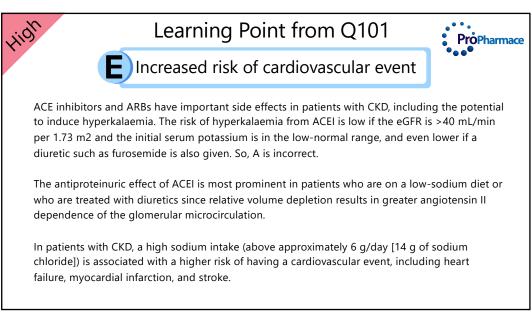




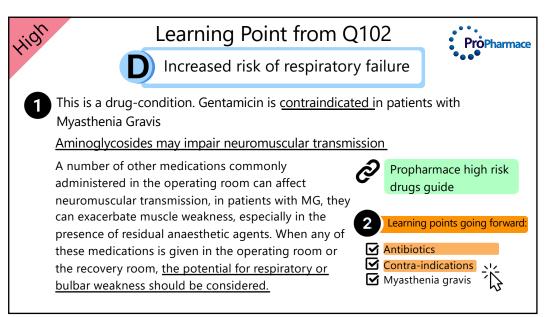


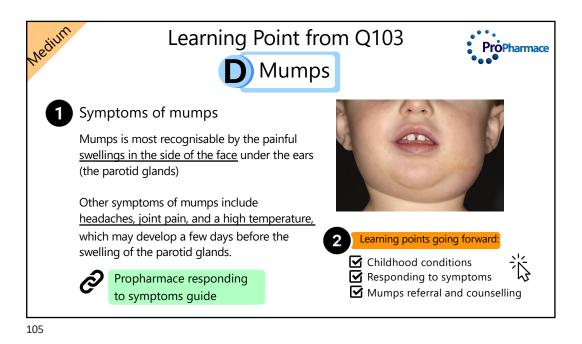


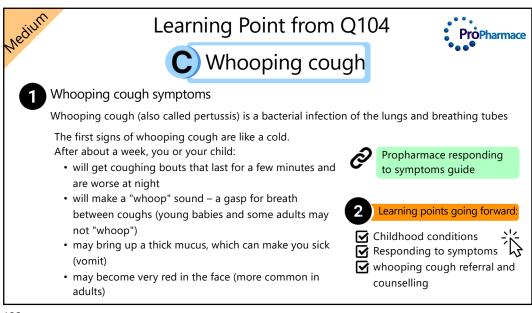


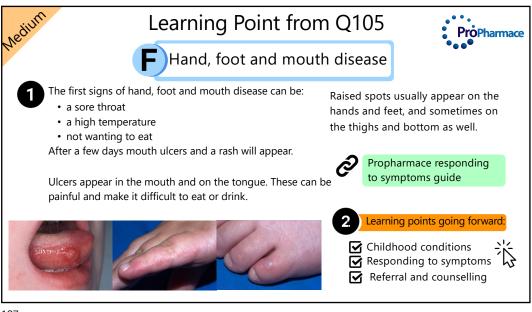


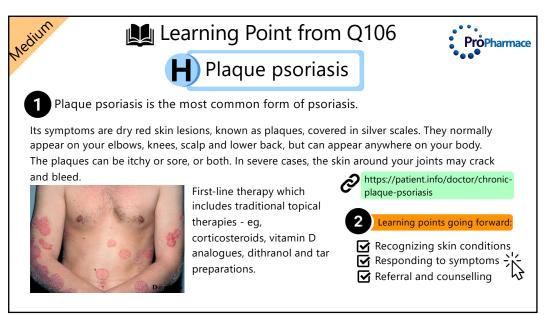
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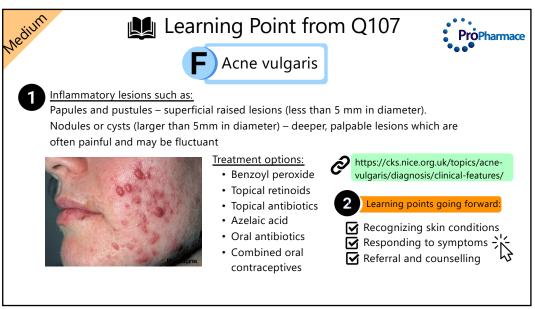


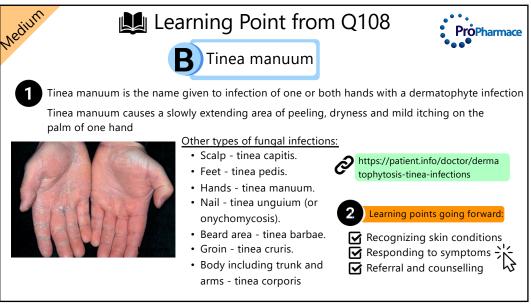


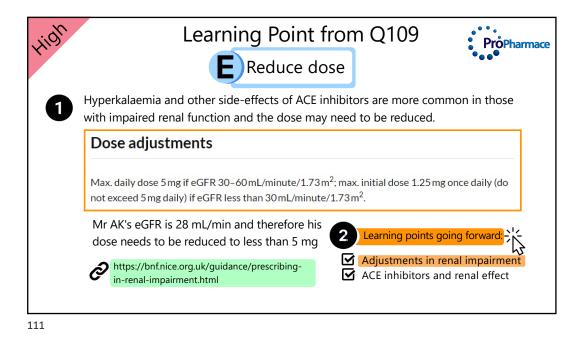


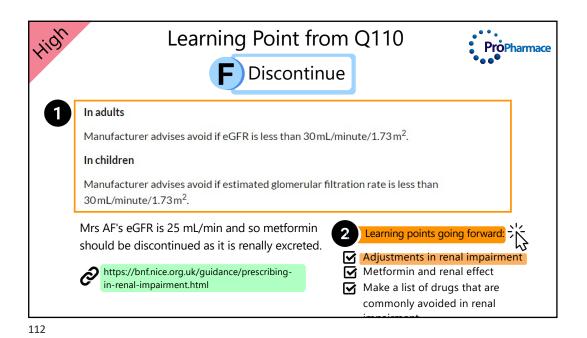




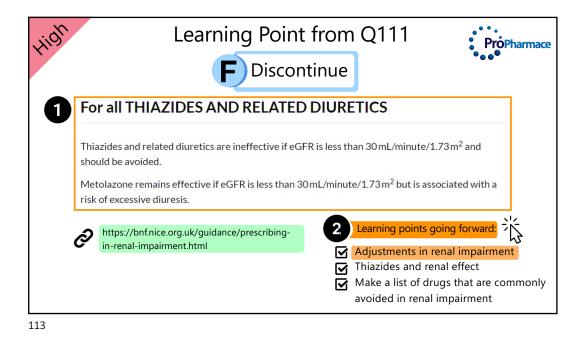








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Learning Point from Q112 **ProPharmace** ECG Amiodarone Monitoring Amiodarone side-effects Corneal micro-deposits Annual eye test • Optic neuropathy/neuritis (blindness) • Chest X-ray before treatment • Pneumonitis, pulmonary fibrosis • Liver function every 6 months • Phototoxicity (burning, erythema) • TSH, T3, T4 before treatment and every 6 Peripheral neuropathy months Hepatotoxicity • Blood pressure and ECG • Hyper or hypo thyroidism Serum potassium 2 Learning points going forward: 5 Propharmace high risk drugs Monitoring requirements of high-risk drugs guide Amiodarone contra-indications 114

