

## More babies are gaining from Prematil than from any other preterm formula.

Prematil with Milupan is now the most widely used preterm formula in Special Care Baby Units<sup>1</sup>, feeding more low birthweight (LBW) babies than any other low birthweight formula.

This is because it's the only LBW formula containing the key long chain lipids (LCPs), Docosahexaenoic Acid (DHA) and Arachidonic Acid (AA), in similar proportions to those found in breastmilk.

These lipids are known to be important for a baby's growth and the early development of its brain and eyes. In fact their inclusion in preterm formulae is strongly recommended by leading nutritional experts.<sup>2,3,4</sup>

The importance of these LCPs is already reflected in

the dramatic increase in the use of Prematil since they were added, as more and more health professionals now see them as a vital part of modern day infant feeding.

Parents can be reassured that, thanks to Prematil, preterm babies no longer need to miss out on the vital LCPs they need for healthy growth and development when they cannot be breastfed.

For further information, write to: Scientific Dept., Milupa Ltd., Milupa House, Uxbridge Road, Hillingdon, Uxbridge, Middlesex UB10 0NE or call 0181-573 9966.



**milupa** Experts in Infant Nutrition.

**IMPORTANT NOTICE:** Breastfeeding is best for a baby. A doctor, midwife, nurse, health visitor, dietitian or pharmacist should be consulted for any advice needed. If an infant milk is used, it is important for a baby's health that all preparation instructions are followed carefully.

<sup>1</sup> Medicare Audits June 1994. <sup>2</sup> ESPGAN Committee Report. Comment on the content and composition of lipids in infant formulas. Acta Paediatr Scand 1991; 80:887-896. <sup>3</sup> Farquharson et al. Infant cerebral cortex phospholipid fatty acid composition and diet. The Lancet 1992; 340:810-813. <sup>4</sup> Uauy et al. Effect of dietary omega 3 fatty acids on retinal function of very low birthweight neonates. Pediatr Res 1990; 28:485-92.

**Presentations:** Pulmicort Respules. (2 ml single dose unit ampoules) containing 0.25 mg/ml or 0.5 mg/ml budesonide in a suspension for nebulisation. **Uses:** Bronchial asthma where use of a pressurised inhaler or dry powder formulation is unsatisfactory or inappropriate. **Dosage and administration:** Dosage schedules: Administer from suitable nebulisers. Dose delivered to the patient varies depending on the nebulising equipment used (see data sheet). Adjust dosage individually. Initially during periods of severe asthma and while reducing or discontinuing oral glucocorticosteroids the recommended dose in adults (including elderly and children 12 years and older) is usually 1-2 mg twice daily. In very severe cases the dosage may be further increased. Children 3 months to 12 years: 0.5-1 mg twice daily. The maintenance dose should be the lowest dose which keeps the patient symptom-free. Recommended doses are: Adults (including elderly and children 12 years and older): 0.5-1 mg twice daily. Children (3 months to 12 years): 0.25-0.5 mg twice daily. For an increased therapeutic effect increase dose of Pulmicort rather than combine treatment with oral corticosteroids because of the lower risk of systemic effects. **Contra-indication:** Hypersensitivity to any of the constituents. **Special warnings and precautions:** Care is needed in patients with pulmonary tuberculosis and viral infections in the airways. A short course of oral steroids in addition to Pulmicort may be required in patients with excessive

mucus in the bronchi. Transfer of patients dependent on oral steroids to Pulmicort demands special care; see data sheet for further details. The nebuliser chamber should be cleaned and dried after every administration. Pulmicort does not affect the ability to drive and use machines. Pulmicort Respules can be mixed with 0.9% saline and with solutions of terbutaline, salbutamol, sodium cromoglycate or ipratropium bromide. **Side effects:** Mild irritation in the throat, coughing and hoarseness and oral candidiasis have been reported. In rare cases inhaled drugs may provoke bronchoconstriction in hyperreactive patients. Facial skin should be washed after use of the face mask as irritation can occur. Coughing can usually be prevented by inhaling a  $\beta_2$  agonist (e.g. terbutaline) 5-10 minutes before inhalation of Pulmicort Respules. Avoid in pregnancy. **Pharmaceutical precautions:** Store below 30°C. Use within 3 months of opening the foil envelope. Protect opened ampoule from light. Use within 12 hours of opening. **Legal category:** POM. **Basic NHS price:** Pulmicort Respules 0.25 mg/ml (20 single dose units) £32.00. Pulmicort Respules 0.5 mg/ml (20 single dose units) £44.64. **Product licence numbers:** Pulmicort Respules 0.25 mg/ml PL 0017/0309. Pulmicort Respules 0.5 mg/ml PL 0017/0310. **For further information contact the product licence holder:** Astra Pharmaceuticals Ltd., Home Park, Kings Langley, Herts WD4 8DH. **Reference:** 1. Higenbottam TW et al. Eur J Clin Res 1994; 5: 1-10.



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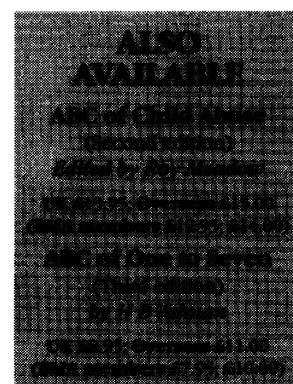
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**Dosage and Administration Preparation:** See data sheet. **Administration:** Either i.v. (bolus or 30min infusion) or i.m. **Adults or elderly patients with normal renal function:** — Prophylaxis: 400mg intravenously at the induction of anaesthesia. — Severe infections: 400mg i.v. every 12 hours for first 3 doses followed by 400mg i.v. or i.m. once daily. — Moderate infections: 400mg i.v. on day 1 followed by 200mg i.v. or i.m. once daily. **Children:** 10mg/kg i.v. every 12 hours for first 3 doses followed by 10mg/kg i.v. or i.m. daily in severe infections and neutropenic patients or 8mg/kg i.v. or i.m. daily in moderate infections. Can be used from 2 months of age. **Neonates:** A single loading dose of 16mg/kg on the first day of treatment, followed on subsequent days by maintenance doses of 8mg/kg once daily. These doses should be given as intravenous infusions over 30 minutes. See data sheet for dose in unusual situations, elderly, renally impaired and patients on CAPD.

**Contra-indications, Warnings etc. Contra-indications:** Hypersensitivity to teicoplanin. **Warnings:** Caution in patients sensitive to vancomycin. 'Red Man Syndrome' is not a contra-indication. Thrombocytopenia has been reported with teicoplanin. Perform periodic haematological studies, liver and renal function tests. Perform serial renal and auditory function tests in prolonged treatment in renal insufficiency or concurrent and sequential use of neurotoxic or nephrotoxic drugs. Renal impairment — see data sheet. Consider risk-benefit ratio in pregnancy and lactation. **Side-Effects:** Generally mild and transient rarely requiring cessation of therapy. The following have been reported: Erythema, local pain, thrombophlebitis, rash, pruritus, fever, bronchospasm, anaphylactic reactions, nausea, vomiting, diarrhoea, eosinophilia, leucopenia, neutropenia, thrombocytopenia, thrombocytosis, increases in serum transaminases and/or serum alkaline phosphatase, transient elevations of serum creatinine, dizziness and headache, mild hearing loss, tinnitus, vestibular disorder. **Overdosage:** Not removed by haemodialysis. Treat symptomatically.

**Pharmaceutical Precautions** Store below 25°C and protect from heat. Use immediately after reconstitution. See data sheet.

# P O W E R

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# R E S O U R C E

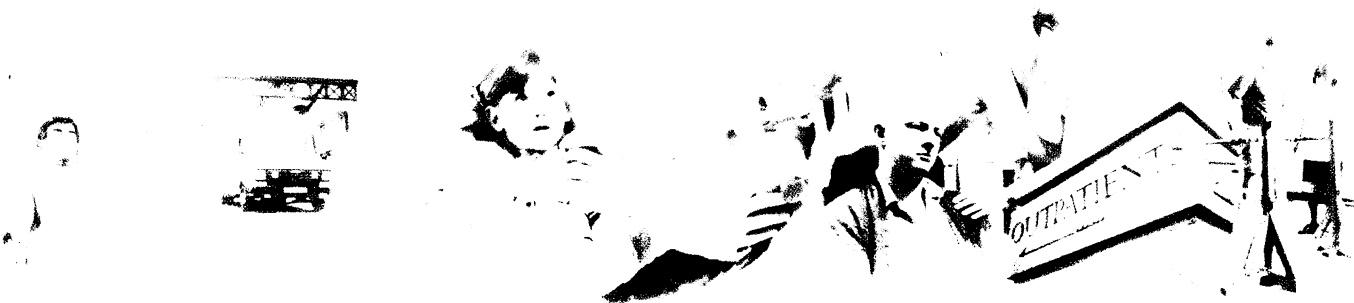
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# C A R E

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**NHS price and Product Licence Numbers**  
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**Date of Last Review** February 1994.

**Date of Preparation:** September 1994.

**References:** 1. Lewis P et al. *J Antimicrob Chemother* 1988; 21 (Suppl.A): 61-67. 2. Williams AH et al. *RSM International Congress and Symposium Series* No.156, 1990: 75-81. 3. Kureishi A et al. *Antimicrob Agents Chemother* 1991; 35 (11): 2246-2252. Further information including full data sheet is available from the licence holder:

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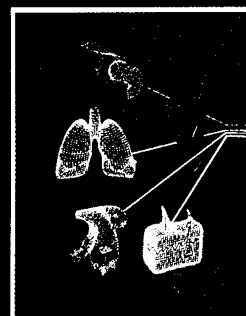


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