SCHEDULING STATUS: S0

PROPRIETARY NAME AND DOSAGE FORM: COMPRAL® PAIN TABLETS

COMPOSITION:

Each tablet contains:

Paracetamol	100 mg
Aspirin	400 mg
Caffeine anhydrous	30 mg

List of excipients: Acacia, starch corn, purified talc, hydrogenated cottonseed oil, sodium lauryl sulphate, colloidal silicon dioxide, microcrystalline cellulose, purified water

Sugar free

PHARMACOLOGICAL CLASSIFICATION:

A 2.8 Analgesic combinations

PHARMACOLOGICAL ACTION:

COMPRAL PAIN TABLETS have analgesic, anti-inflammatory and antipyretic actions. They inhibit the biosynthesis of prostaglandins.

INDICATIONS:

COMPRAL PAIN TABLETS are effective for the relief of pain of mild to moderate intensity and is also indicated in a wide variety of febrile conditions.

CONTRAINDICATIONS:

Patients with haemophilia, severe renal impairment or patients receiving oral anticoagulant therapy.

Intolerance or hypersensitivity to aspirin or other NSAIDs, paracetamol, caffeine or to any of the ingredients of **COMPRAL PAIN TABLETS.**

Active or history of recurrent ulcer/haemorrhage/perforations.

Heart failure

History of gastrointestinal perforation, ulceration or bleeding (PUBs) related to previous NSAIDs, including **COMPRAL PAIN TABLETS.**

Not for use in children and adolescents under 18 years of age.

WARNINGS AND SPECIAL PRECAUTIONS:

This product contains paracetamol which may be fatal in overdose. In the event of overdosage or suspected overdose and notwithstanding the fact that the person may be asymptomatic, the nearest doctor, hospital or Poison Centre must be contacted immediately.

Dosages in excess of those recommended may cause severe liver damage.

Aspirin has been implicated in Reye's Syndrome, a rare but serious illness, in children and teenagers with chickenpox or influenza. A doctor should be consulted before aspirin is used in such patients.

COMPRAL PAIN TABLETS should not be used in children and adolescents under 18 years of age.

Caution is required in patients with a history of hypertension and/or heart failure as fluid retention and oedema have been reported in association with **COMPRAL PAIN TABLETS** therapy. In view of the **COMPRAL PAIN TABLETS** inherent potential to cause fluid retention, heart failure may be precipitated in some compromised patients.

Elderly: The elderly have an increased frequency of adverse reactions to NSAIDs including **COMPRAL PAIN TABLETS**, especially gastrointestinal perforation, ulceration and bleeding (PUBs) which may be fatal.

The risk of gastrointestinal perforation, ulceration or bleeding (PUBs) is higher with increasing doses of **COMPRAL PAIN TABLETS**, in patients with a history of ulcers, and the elderly.

When gastrointestinal bleeding or ulceration occurs in patients receiving **COMPRAL PAIN TABLETS**, treatment with **COMPRAL PAIN TABLETS** should be stopped.

COMPRAL PAIN TABLETS should be given with caution to patients with a history of gastrointestinal disease (e.g. ulcerative colitis, Crohn's disease, hiatus hernia, gastro-oesophageal reflux disease, angiodysplasia) as the condition may be exacerbated.

Serious skin reactions, some of them fatal, including exfoliative dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis have been reported. **COMPRAL PAIN TABLETS** should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity.

Regular use of NSAIDs such as **COMPRAL PAIN TABLETS** during the third trimester of pregnancy, may result in premature closure of the foetal ductus arteriosus *in utero*, and possibly, in persistent pulmonary hypertension of the new-born. The onset of labour may be delayed and its duration increased.

Patients suffering from liver or kidney disease should take **COMPRAL PAIN TABLETS** under medical supervision.

Do not use continuously for more than 10 days without consulting a doctor.

Consult a doctor if no relief is obtained from the recommended dosage.

Excessive and prolonged use of this medicine may be dangerous.

Store in a safe place out of reach of children.

INTERACTIONS

Aspirin

Aspirin may enhance the activity of oral antidiabetic preparations and sulphonamides. Aspirin diminishes the effects of antigout preparations such as probenecid and sulphinpyrazone. Barbiturates and other sedatives may mask the respiratory symptoms of aspirin overdosage and have been reported to enhance its toxicity

NSAIDs: use of two or more NSAIDs concomitantly could result in an increase in side effects

Corticosteroids: increased risk of gastrointestinal perforation, ulceration or bleeding (PUBs)

Anti-coagulants: **COMPRAL PAIN TABLETS** may enhance the effects of anti - coagulants such as warfarin.

Anti-platelet medicines and selective serotonin reuptake inhibitors (SSRIs): increased risk of gastrointestinal bleeding.

PREGNANCY AND LACTATION

Safety and efficacy in pregnancy and lactation have not been established.

Pregnancy

Not to be taken during the first and third trimesters of pregnancy except under the advice and supervision of a medical doctor.

DOSAGE AND DIRECTIONS FOR USE:

DO NOT EXCEED THE RECOMMENDED DOSE

Use the lowest effective dose for the shortest possible duration of treatment.

Adults: 1 to 2 tablets, 4 hourly.

Not more than 4 doses in 24 hours.

Not for use in children and adolescents under 18 years of age.

SIDE EFFECTS

Paracetamol:

Skin rashes and other allergic reactions may occur. The rash is usually erythematous or urticarial but sometimes more serious and may be accompanied by fever and mucosal lesions. The use of paracetamol has been associated with the occurrence of neutropenia, pancytopenia and leucopenia.

Aspirin:

Dizziness or irritation of the gastric mucosa and resultant dyspepsia, haematemesis, and melaena may occur in some cases. Some persons, especially asthmatics exhibit notable sensitivity to aspirin which may include skin eruptions, paroxysmal bronchospasm and dyspnoea.

Prolonged use of high doses may lead to anaemia, blood dyscrasias, gastrointestinal haemorrhage, peptic ulceration and renal papillary necrosis.

Cardiac disorders:

Oedema, hypertension and cardiac failure.

Gastrointestinal system disorders:

The most commonly observed adverse events are gastrointestinal in nature. Peptic ulcers, perforation or gastrointestinal bleeding, sometimes fatal. Nausea, vomiting, diarrhoea, flatulence, constipation, dyspepsia, abdominal pain, melaena, haematemesis, ulcerative stomatitis, exacerbation of colitis and Crohn's disease, gastritis.

Skin and subcutaneous tissue disorders:

Bullous reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

Prompt treatment is essential. In the event of an overdosage, consult a doctor immediately, or take the person directly to a hospital. A delay in starting treatment may mean that antidote is given too late to be effective. Evidence of liver damage is often delayed until after the time for effective treatment has lapsed.

Susceptibility to paracetamol toxicity is increased in patients who have taken repeated high doses (greater than 5 - 10 g/day) of paracetamol for several days, in chronic alcoholism, chronic liver disease, AIDS, malnutrition, and with the use of drugs that induce liver microsomal oxidation such as barbiturates, isoniazid, rifampicin, phenytoin and carbamazepine.

Symptoms of paracetamol overdosage in the first 24 hours include pallor, nausea, vomiting, anorexia and possibly abdominal pain. Mild symptoms during the first two days of acute poisoning, do not reflect the potential seriousness of the overdosage.

Liver damage may become apparent 12 to 48 hours, or later after ingestion, initially by elevation of the serum transaminase and lactic dehydrogenase activity, increased serum bilirubin concentration and prolongation of the prothrombin time. Liver damage may lead to encephalopathy, coma and death.

Acute renal failure with acute tubular necrosis may develop even in the absence of severe liver damage. Abnormalities of glucose metabolism and metabolic acidosis may occur. Cardiac arrhythmias have been reported.

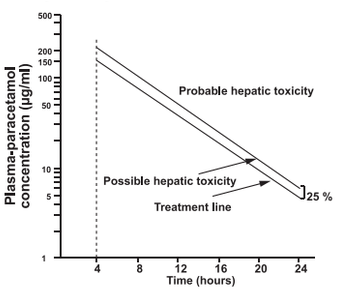
Treatment for paracetamol overdosage:

Although evidence is limited it is recommended that any adult person who has ingested 5 - 10 grams or more of paracetamol (or a child who has had more than 140 mg/kg) within the preceding four hours, should have the stomach emptied by lavage (emesis may be adequate for children) and a single dose of 50 g activated charcoal given via the lavage tube. Ingestion of amounts of paracetamol smaller than this may require treatment in patients susceptible to paracetamol poisoning (see above). In patients who are stuperose or comatose endotracheal intubation should precede gastric lavage in order to avoid aspiration.

N-acetylcysteine should be administered to all cases of suspected overdose as soon as possible preferably within eight hours of overdosage, although treatment up to 36 hours after ingestion may still be of benefit, especially if more than 150 mg/kg of paracetamol was taken. An initial dose of 150 mg/kg N-acetylcysteine in 200 ml dextrose injection given intravenously over 15 minutes, followed by an infusion of 50 mg/kg in 500 ml dextrose injection over the next four hours, and then 100 mg/kg in 1 000 ml dextrose injection over the next sixteen hours. **The volume of intravenous fluid should be modified for children.**

Although the oral formulation is not the treatment of choice, 140 mg/kg dissolved in water may be administered initially, followed by 70 mg/kg every four hours for seventeen doses.

A plasma paracetamol level should be determined four hours after ingestion in all cases of suspected overdosage. Levels done before four hours, may be misleading. Patients at risk of liver damage, and hence requiring continued treatment with N-acetylcysteine, can be identified according to their 4-hour plasma paracetamol level. The plasma paracetamol level can be plotted against time since ingestion in the nomogram below. The nomogram should be used only in relation to a single acute ingestion.



Source: Martindale: The Complete Drug Reference - 37th Edition.

Those whose plasma paracetamol levels are above the "normal treatment line", should continue N-acetylcysteine treatment with 100 mg/kg IV over sixteen hours repeatedly until recovery. Patients with increased susceptibility to liver damage as identified above, should continue treatment if concentrations are above the "high risk treatment line". Prothrombin index correlates best with survival. Monitor all patients with significant ingestions for at least ninety six hours.

Aspirin:

Symptoms include dizziness, tinnitus, sweating, nausea, vomiting, mental confusion, hyperventilation, respiratory alkalosis, metabolic acidosis, ketosis and depression of the central nervous system. In children serious signs of overdosage may develop rapidly.

IDENTIFICATION:

White, scored, bevel-edged tablets with the word "COMPRAL" imprinted on one side.

PRESENTATION:

Polypaper strips of 2 tablets packed in a display carton or a display board of 48 x 2's ,

ALU/PVC/PVDC blister packs containing 12, 24, 36 or 72 tablets ,

ALU/ALU blister packs of 2 tablets, packed into a display carton of 50 x 2's,

ALU/ALU blister packs of 6 tablets per strip packed into a cardboard cartons of 12, 24, 48 and 96 tablets,

PP/HDPE tracer of 50 and 100 tablets.

Not all packs and pack sizes are necessarily marketed .

STORAGE INSTRUCTIONS:

Store at or below 25 °C in a well-closed container. Exposure to air should be kept to a minimum.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER:

B/2.8/1147

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:

Adcock Ingram Limited
1 New Road, Erand Gardens, Midrand, 1685
Private Bag X69, Bryanston, 2021
www.adcock.com

adcock ingram

DATE OF PUBLICATION OF THIS PACKAGE INSERT:

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SKEDULERINGSTATUS: S0

EIENDOMSNAAM EN DOSEERVORM: COMPRAL® PAIN TABLETS (TABLET)

SAMESTELLING:

Elke tablet bevat:

Parasetamol	100 mg
Aspirien	400 mg
Kaffeïen anhidries	30 mg

Lys van bymiddels: Akasia, mieliestysel, gesuiwerde talk, gehidrogeneerde katoensaadolie, natriumlourielsulfaat, kolloïdale silikondioksied, mikrokristallyne sellulose, gesuiwerde water.

Suikervry.

FARMAKOLOGIESE KLASSIFIKASIE:

A 2.8 Analgetiese samestellings

FARMAKOLOGIESE WERKING:

COMPRAL PAIN TABLETS het analgetiese, antiïnflammatoriese en koorswerende werkings. Dit strem die biosintese van prostaglandiene.

INDIKASIES:

COMPRAL PAIN TABLETS is doeltreffend vir die verligting van pyn van ligte tot matige intensiteit en is ook aangedui in 'n wye verskeidenheid van koorstoestande.

KONTRA-INDIKASIES:

Pasiënte met hemofilie, ernstige nierbelemmering of pasiënte wat mondelike teenstollingsmedikasie ontvang.

Onverdraagsaamheid of hipersensitiwiteit teenoor aspirien of ander NSAIMs, parasetamol, kaffeïen of teenoor enige van die bestanddele van **COMPRAL PAIN TABLETS.**

Aktiewe terugkerende ulkusse/bloeding/perforasies of 'n geskiedenis daarvan.

Hartversaking.

Geskiedenis van gastroïntestinale perforasie, ulserasie of bloeding (PUBs) verbind met vorige NSAIMs, insluitende **COMPRAL PAIN TABLETS.**

Nie vir gebruik in kinders en adolessente jonger as 18 jaar nie.

WAARSKUWINGS EN SPESIALE VOORSORGMAATREËLS:

Hierdie produk bevat parasetamol wat noodlottig kan wees in oordosering. In die geval van 'n oordosering of vermoedelike oordosering en ondanks die feit dat die persoon asimptomaties is, moet die naaste geneesheer, hospitaal of Giftulp- sentrum onmiddellik geraadpleeg word.

Dosisse wat hoër is as dié wat aanbeveel is, kan ernstige lewerskade veroorsaak.

Aspirien is geïmpliseer in Reye-sindroom, 'n seldsame maar ernstige siekte, onder kinders en tienderjariges wat waterpokkies of griep het. 'n Dokter behoort geraadpleeg te word voordat aspirien vir sulke pasiënte gebruik word.

COMPRAL PAIN TABLETS behoort nie by kinders en adolessente onder 18 jaar oud, gebruik te word nie.

Omsigtigheid word geverg in pasiënte met 'n geskiedenis van hipertensie en/of hartversaking aangesien vloeistofretensie en edeem vermeld is in assosiasie met **COMPRAL PAIN TABLETS** behandeling. In die lig van **COMPRAL PAIN TABLETS** se inherente potensiaal om vloeistofretensie te veroorsaak, kan hartversaking gepresipiteer word in sommige gekompromiteerde pasiënte.

Bejaardes: Bejaardes het 'n toenemende voorkomsfrekwensie van ongunstige reaksies teenoor NSAIMs, insluitende **COMPRAL PAIN TABLETS**, veral gastro- intestinale perforasie, ulserasie en bloeding (PUBs) wat noodlottig kan wees.

Die risiko vir gastroïntestinale perforasie, ulserasie of bloeding (PUBs) is hoër met groter dosisse van **COMPRAL PAIN TABLETS**, in pasiënte met 'n geskiedenis van ulkusse en in bejaardes. Sou gastroïntestinale bloeding of ulserasie voorkom in pasiënte wat **COMPRAL PAIN TABLETS** ontvang, moet behandeling met **COMPRAL PAIN TABLETS** gestaak word.

COMPRAL PAIN TABLETS moet met omsigtigheid gegee word aan pasiënte met 'n geskiedenis van gastroïntestinale siekte (bv. ulseratiewe kolitis, Crohn se siekte, hiatus hernia, gastroësofageale reflukssiekte, angiodisplasie) aangesien die toestand kan vererger.

Ernstige velreaksies, sommige noodlottig, insluitend eksfoliatiewe dermatitis, Stevens-Johnson sindroom, en toksiese epidermale nekrolise is vermeld. **COMPRAL PAIN TABLETS** moet onttrek word by die eerste verskyning van veluitslag, mukosale letsels, of enige ander teken van hipersensitiwiteit.

Gereelde gebruik van NSAIMs soos **COMPRAL PAIN TABLETS** gedurende die derde trimester van swangerskap, mag lei tot die voortydige sluiting van die fetale ductus arteriosus *in utero*, en moontlik, in volgehoue pulmonale hipertensie by die pasgeborene. Die aanvang van kraam mag vertraag wees en die duur daarvan mag verleng wees.

Pasiënte wat aan lewer- en niersiektes ly, moet **COMPRAL PAIN TABLETS** onder mediese toesig gebruik.

Moet nie langer as 10 dae gebruik sonder om 'n geneesheer te raadpleeg nie. Raadpleeg 'n geneesheer indien daar nie verligting verkry word teen die aanbevole dosis nie.

Oormatige en langdurige gebruik van hierdie medisyne kan gevaarlik wees.

Bêre op 'n veilige plek buite bereik van kinders.

INTERAKSIES:

Aspirien

Aspirien mag die werking van mondelike antidiabetiese middels en sulfoonamiede verhoog.

Aspirien verlaag die effekte van antijigmiddels soos probenesied en sulfienpirasoon.

Barbiturate en ander kalmeermiddels mag die respiratoriese simptome van aspirienoordosering verberg en daar is vermeld dat dit die toksisiteit van aspirien verhoog.

NSAIMs: meegaande gebruik van twee of meer NSAIMs kan lei tot 'n verhoging in newe-effekte.

Kortikosteroïede: verhoogde risiko vir gastroïntestinale perforasie, ulserasie of bloeding (PUBs)

Antikoagulante: **COMPRAL PAIN TABLETS** kan die werking van teenstolllingsmiddels soos warfarien versterk.

Anti-plaatjiemiddels en selektiewe serotonien-heropname-remmers (SSRIs): verhoogde risiko vir gastroïntestinale bloeding.

SWANGERSKAP EN LAKTASIE

Veiligheid en doeltreffendheid tydens swangerskap en laktasie is nog nie vasgestel nie.

Swangerskap

Moet nie gebruik gedurende die eerste en derde trimesters van swangerskap nie, tensy op advies en onder die toesig van 'n geneesheer.

DOSIS EN GEBRUIKSAANWYSINGS

MOENIE DIE AANBEVOLE DOSIS OORSKRY NIE

Gebruik laags-effektiewe dosis vir kortste moontlike tydperk van behandeling.

Volwassenes: 1 tot 2 tablette, 4-uurliks.

Nie meer as 4 dosisse in 24 uur nie.

Nie vir gebruik by kinders en adolessente jonger as 18 jaar nie.

NEWE-EFFEKTE

Parasetamol:

Veluitslae en ander allergiese reaksies mag voorkom. Die uitslag is gewoonlik eritemateus of urtikaries van aard, maar soms meer ernstig en kan gepaard wees met koors en mukosale letsels. Die gebruik van parasetamol is verbind met die voorkoms van neutropenie, pansitopenie en leukopenie.

Aspirien:

Duiseligheid of irritasie van die gastriese slymvliese met resulterende slegte spysvertering, hematemese, en melena kan voorkom in sommige gevalle. Party mense, veral dié wat aan asma ly, vertoon merkbare sensitiwiteit teenoor aspirien wat kan insluit velerupsies, paroksismale brongospasma en asemnood. Langdurige gebruik van hoë dosisse kan lei tot anemie, bloeddiskrasieë, gastroïntestinale bloeding, peptiese ulserasie en renale papillêre nekrose.

Kardiale aandoenings:

Edeem, hipertensie en hartversaking.

Gastroïntestinale aandoenings:

Die mees algemene ongunstige effek wat waargeneem is, is gastroïntestinaal van aard. Peptiese ulkusse, perforasie of gastroïntestinale bloeding, soms noodlottig. Naarheid, braking, diaree, winderigheid, hardlywigheid, slegte spysvertering, buikpyn, melena, hematemese, ulseratiewe stomatitis, verergering van kolitis en Crohn se siekte, gastritis.

Vel- en onderhuidseweefselaandoenings

Bulleuse reaksies, insluitend Stevens-Johnson sindroom en toksiese epidermale nekrolise.

BEKENDE SIMPTOME VAN 'N OORDOSIS EN BESONDERHEDE VIR DIE BEHANDELING DAARVAN

Onmiddellike behandeling is essensieel. In die geval van 'n oordosering, raadpleeg 'n geneesheer onmiddellik of neem die pasiënt dadelik na die naaste hospitaal. 'n Vertraging in die instelling van behandeling, kan beteken dat die teenmiddel te laat gegee word om effektief te wees. Bewyse van lewerskade is dikwels vertraag, totdat die tyd vir effektiewe behandeling verby is.

Vatbaarheid vir parasetamoltoksisiteit is verhoog by pasiënte wat herhaalde hoë dosisse (meer as 5 tot 10 g/dag) van parasetamol oor verskeie dae geneem het, in chroniese alkoholisme, chroniese lewersiekte, VIGS, ondervoeding en met die gebruik van geneesmiddels wat lewermikrosomale oksidasie kan aanbring, soos barbiturate, isoniasied, rifampisien, fenitoïen en karbamasepien.

Simptome van parasetamoloordosering in die eerste 24 uur, sluit in bleekheid, naarheid, braking, anoreksie en moontlik abdominale pyn. Ligte simptome gedurende die eerste twee dae van akute vergiftiging weerspieël nie die potensiële erns van die oordosering nie.

Lewerskade mag na 12 tot 48 uur, of selfs later, na inname waarneembaar wees, aanvanklik deur verhoging in serumtransaminase- en laktaatdehidrogenase- aktiwiteit, verhoogde serumbilirubien-konsentrasie en verlenging van die protrombientyd. Die lewerskade mag tot enkefalopatie, koma en die dood lei.

Akute nierversaking met akute, tubulêre nekrose mag selfs in die afwesigheid van ernstige lewerskade ontstaan. Abnormaliteite van glukosemetabolisme en metaboliese asidose mag voorkom. Hartaritmieë is vermeld.

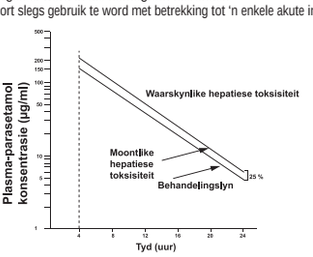
Behandeling van parasetamoloordosering:

Alhoewel bewyse daarvan beperk is, word dit aanbeveel dat enige volwasse persoon wat 5 tot 10 gram of meer parasetamol ingeneem het, (of 'n kind wat meer as 140 mg/kg ingeneem het) binne die voorafgaande vier ure, se maag geledig moet word deur 'n maagspoeling (emese mag voldoende wees by kinders) en 'n enkeldosis van 50 g geaktiveerde koolstof via die spoelbuis gegee word. Pasiënte wat vatbaar is vir parasetamolvergiftiging (sien hierbo), mag behandeling benodig indien kleiner hoeveelhede van parasetamol as dié, ingeneem is. By pasiënte wat bedwelmd is of in 'n koma is, moet endotrageale intubasie voor maagspoeling gedoen word, om sodoende aspirasie te voorkom.

N-asetielsisteïen moet so gou as moontlik toegedien word by alle gevalle van 'n vermoedelike oordosis, verkieslik binne agt ure na die oordosis, alhoewel behandeling tot en met 36 uur na inname steeds voordelig kan wees, veral indien meer as 150 mg/kg parasetamol ingeneem is. 'n Aanvangsdosis van 150 mg/kg N-asetielsisteïen in 'n 200 ml dekstrose-inspuiting, binneaars toegedien oor 'n 15 minute tydperk, gevolg deur 'n intraveneuse infusie van 50 mg/kg in 500 ml dekstrose-inspuiting, oor die volgende vier ure en dan 100 mg/kg in 1 000 ml dekstrose-inspuiting oor die volgende sestien ure. **Die volume van die intraveneuse vloeistowwe moet aangepas word vir kinders.**

Alhoewel die orale formulering nie die behandeling van keuse is nie, kan 140 mg/kg opgelos in water aanvanklik toegedien word, gevolg deur 'n 70 mg/kg oplossing elke vier ure vir sewentien doserings. 'n Parasetamol-plasmavlak moet bepaal word, vier ure na inname in alle gevalle van 'n vermoedelike oordosis. Vlakke wat gemeet word voor 4 ure kan misleidend wees. Pasiënte wat die risiko loop van lewerskade, en daarom ook voortgaande behandeling benodig met N-asetielsisteïen, kan geïdentifiseer word volgens hulle 4-uur parasetamol-plasmavlakke. Die parasetamol-plasmavlakke kan teen tyd vanaf inname grafies voorgestel word in die nomogram hieronder.

Die nomogram behoort slegs gebruik te word met betrekking tot 'n enkele akute inname.



Bron: Martindale: The Complete Drug Reference - 37ste uitgawe.

Pasiënte wie se parasetamol-plasmavlakke bo die "normale behandelingslyn" is, moet voortgaan met N-asetielsisteïenbehandeling van 100 mg/kg IV oor sestien uur, wat herhaal moet word tot herstel. Pasiënte met 'n verhoogde vatbaarheid vir lewerskade soos hierbo geïdentifiseer, moet met die behandeling voortgaan indien konsentrasies bo die "hoërisiko behandelingslyn" voorkom. Protrombien-indeks korreleer die beste met oorlewing.

Moniteer alle pasiënte wat 'n beduidende hoeveelheid ingeneem het vir ten minste ses-en-negentig uur.

Aspirien:

Simptome sluit in duiseligheid, oorsuising, sweet, naarheid, braking, geestesverwarring, hiperventilasie, respiratoriese alkalose, metaboliese bloedversuring, ketose en onderdrukking van die sentrale senuweestelsel. By kinders kan ernstige tekens van oordosering baie gou ontwikkel.

IDENTIFIKASIE: Wit, gegroefde, afgeskuinste tablette met die woord "COMPRAL" ingedruk op die een kant.

AANBIEDING

Polipapierstrokies van 2 tablette elk, verpak in `n vertoonkarton of vertoonbord van 48 x 2's,
ALU/PVC/PVDC stulpverpakking wat 12, 24, 36 of 72 tablette bevat,
ALU/ALU stulpverpakking van 2 tablette, verpak in `n vertoonkarton van 50 x 2's,
ALU/ALU stulpverpakking van 6 tablette per strokie, verpak in `n karton van 12, 24, 48 of 96 tablette,
PP/HDPE "tracer" houers van 50 en 100 tablette.
Nie alle pakke en verpakkingsgroottes word noodwendig bemark nie.

BERGINGSAANWYSINGS

Bêre teen of benede 25 °C in 'n diggeslote houer. Blootstelling aan lug moet tot 'n minimum gehou word.

HOU BUITE BEREIK VAN KINDERS

REGISTRASIENOMMER:

B/2.8/1147

NAAM EN BESIGHEIDSADRES VAN DIE HOUER VAN DIE SERTIFIKAAT VAN REGISTRASIE

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