

PACKAGE INSERT TEMPLATE FOR PARACETAMOL SUPPOSITORIES

Brand or Product Name

[Product name] Suppositories ...mg

Name and Strength of Active Substance(s)

Eg Paracetamol 500mg
Paracetamol 250mg
Paracetamol 125mg

Product Description

*[Visual description of the appearance of the product (colour, odour, superficial markings, shape)
eg A white to off-white spindle shaped suppository*

Pharmacodynamics

Paracetamol is a centrally acting analgesic and antipyretic with minimal anti-inflammatory properties.

Analgesic

The mechanism of analgesic action has not been fully determined. Paracetamol may act predominantly by inhibiting prostaglandin synthesis in the central nervous system (specifically cyclooxygenase (COX)-2) and, to a lesser extent, through a peripheral action by blocking pain-impulse generation.

The peripheral action may also be due to inhibition of prostaglandin synthesis or to inhibition of the synthesis or actions of other substances that sensitize pain receptors to mechanical or chemical stimulation

Antipyretic

Paracetamol act centrally on the hypothalamic heat-regulating center to produce peripheral vasodilatation resulting in increase blood flow through the skin, sweating and heat loss. Paracetamol reduces fever by inhibiting the formulation and release of prostaglandins in the CNS and by inhibiting endogenous pyrogens at the hypothalamic thermoregulator center

Pharmacokinetics

The absorption after rectal administration is found to be erratic and prolonged, varying with the suppository size, composition of its base, rate of dissolution, position in the rectum, and the

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rectal contents. Peak plasma concentrations occur about 2 to 3 hours after rectal administration. The plasma half life is about 2 hours.

Paracetamol is metabolized by the microsomal enzyme system of the liver. This metabolism is mainly to the glucuronide and sulphate conjugates, accounting for approximately 49% and 26% of the ingested dose respectively. About 4% is excreted as free paracetamol. Other minor pathways include the production of catechol derivatives and cysteine conjugates (via glutathione). Paracetamol excretion is rapid and occurs via the urine.

Indication

Indicated for the relief of fever, headache and symptoms of cold and flu, toothache, discomfort of teething and fever after vaccination.

Recommended Dosage

Adult and Children above 12 years:

500mg to 1 g every 4 to 6 hours, up to 4 times daily.

Paediatric

It is more accurate to use the body weight of the child to calculate the correct dose in paediatrics.

Calculation is based on recommended dose of 10 to 15 mg/kg/dose ORALLY every 4 to 6 hours

Note: 1kg = 2.2lb

Rectal doses, which may be given to children every 4 to 6 hours if necessary, up to 4 times daily are:

Infants under 3 months: as instructed by physician

3 months to 1 year: 60 to 125 mg

1 to 5 years: 125 to 250 mg

6 to 12 years: 250 to 500 mg

Rectal doses in younger children:

neonates 28 to 32 weeks postmenstrual age: 20 mg/kg as a single dose then 15 mg/kg every 12 hours if necessary to a maximum of 30 mg/kg daily

neonates over 32 weeks postmenstrual age: 30 mg/kg as a single dose then 20 mg/kg every 8

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hours if necessary to a maximum of 60 mg/kg daily
1 to 3 months of age: 30 to 60 mg every 8 hours if necessary

Higher rectal doses for use in children with more severe symptoms:

1 to 3 months: 30 mg/kg as a single dose followed by 15 to 20 mg/kg every 6 to 8 hours to a maximum of 60 mg/kg daily

older children: 30 to 40 mg/kg as a single dose followed by 15 to 20 mg/kg every 6 to 8 hours to a maximum of 90 mg/kg daily. Usual adult maximum single and daily doses should not be exceeded

To be inserted deep into rectum

Mode of Administration

Rectal

Contraindications

Hypersensitivity to paracetamol or any of the other ingredients/components of the product.
Severe and active hepatic impairment

Warnings and Precautions

[Specific package insert requirement for paracetamol]

<p>This preparation contains PARACETAMOL. Do not take any other paracetamol containing medicines at the same time.</p>
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- Keep out of reach of children.
- Do not take if allergic to paracetamol.
- Patients should contact their health care provider if symptoms persist (if the pain lasts for more than 10 days, if there is redness or fever lasts more than 3 days).
- Paracetamol should be given with care to patients with impaired kidney or liver function.
- Large doses should be avoided in patients with hepatic impairment. Paracetamol overdose may harm the liver.
- Do not exceed recommended dose.
- Paracetamol provides symptomatic relief only, additional therapy to treat the cause of the pain or fever should be instituted when necessary.

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Effects on Ability to Drive and Use Machines

It is unlikely to impair a patient's ability to drive or use machinery.

Interactions with Other Medicaments

The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with increased risk of bleeding; occasional doses have no significant effect.

Statement on Usage During Pregnancy and Lactation

Use in pregnancy:

- Considered to be the analgesic of choice in pregnant patients.
- Although it crosses placenta, paracetamol is considered to be safe in normal therapeutic doses for short-term use as a minor analgesic/antipyretic in pregnancy.

Use in lactation:

- Excreted in breast milk.
- Maternal ingestion of paracetamol in normal therapeutic doses does not appear to present a risk to the nursing infant.

Adverse Effects / Undesirable Effects

Adverse effects of paracetamol are rare and usually mild, although haematological reactions have been reported. Skin rashes and other hypersensitivity reactions occur occasionally.

Overdose and Treatment

Symptoms:

Toxic symptoms include vomiting, abdominal pain, hypotension and sweating. The most serious adverse effect of acute overdose of paracetamol is a dose-dependent, potentially fatal hepatic necrosis. Clinical and laboratory evidence of hepatotoxicity may be delayed for up to one week. Major manifestations of liver failure such as jaundice, hypoglycemia and metabolic acidosis may take at least 3 days to develop.

Treatment:

In cases of overdose, methods of reducing the absorption of ingested drug are important. Gastric lavage is essential even if several hours have elapsed. Prompt administration of 50g activated

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charcoal and 500ml iced mannitol 20% by mouth, may reduce absorption. If the history suggests that 15g Paracetamol or more has been ingested, administer one of the following antidotes:

Acetylcysteine 20% i.v.: Administer intravenously, 20% acetylcysteine (Parvolex, Glaxo) immediately without waiting for positive urine test or plasma level results: initial dose of 150mg/kg over 15 minutes, followed by continuous infusion of 50mg/kg in 500ml 5% glucose/dextrose over 4 hours and 100mg/kg in 1L 5% glucose/dextrose over 16 hours; or

OR

Oral Methionine: 2.5g immediately followed by three further doses of 2.5g at four hourly intervals. For a 3 year old child, 1g methionine every four hours for four doses has been used;

OR

Oral Acetylcysteine 5%: 140mg/kg as a loading dose, then 70mg/kg every 4 hours for a total of 17 maintenance doses. If more than ten hours have elapsed since the overdose was taken, the antidote may be ineffective

Storage Conditions

[Store below...°C]

Dosage Forms and Packaging Available

[Packaging type & pack size]

Name and Address of Manufacturer

[Name & full address of manufacturer]

Name and Address of Marketing Authorization Holder

[Name & full address of marketing authorization holder]

Date of Revision of Package Insert

[day/month/year]

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