

Original Articles

The Pediatric Cardiology Pharmacopoeia: 2004 Update

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Abstract. Seven years ago, *Pediatric Cardiology* published the first version of a review article outlining the various medications used in the field of heart diseases in children. This article is an update and expansion to what we have previously presented. Therapeutic intervention, both surgical and through cardiac catheterization, has enabled cure and palliation of an increasingly expanding spectrum of diseases at earlier ages and with more complex lesions. Refinement of these procedures includes more advanced tools as well as the support of an expanding armament of pharmacopoeia used to stabilize and support patients before, during, and after such procedures. In addition to updating previously published data regarding inotropes, antiarrhythmics, vasodilators, diuretics, sedatives, and analgesics as well as a variety of miscellaneous medications, this article describes the use of pulmonary medications frequently needed in patients with congestive heart failure, pulmonary edema, and chronic lung disease. We also describe the difficult management of withdrawal as a result of use of sedatives and analgesics. The most recent recommendation for subacute bacterial endocarditis prophylactic antibiotic regimens is also described.

Keywords: Medications — Pediatric — Congenital heart disease — Inotropes — Antiarrhythmic — Vasodilators — Diuretics — Sedatives — Analgesics — Subacute bacterial endocarditis prophylaxis — Inhalation pulmonary vasodilators

The care of the critically ill child with heart disease, particularly post surgical repair, has become an area in which many specialists are involved. Congenital heart surgeons, pediatric cardiologists, pediatrics in-

tensivists, and anesthesiologists, plus a wide spectrum of supporting staff and other specialists, are involved in collaboration in the care of such children. This expanding spectrum of medical specialists brought numerous pharmacological and other therapeutic techniques into the postoperative care, making it difficult for any one specialist to master the know-how of all that is needed in the care of these children. This article reviews many of the various pharmacologic agents used in treating children with heart diseases, particularly during the postoperative period. However, the emphasis remains those medications that would be of interest to the pediatric cardiologist, pediatric intensivist, and cardiovascular surgeon. Many other drugs used extensively and routinely, such as antibiotics, are not specifically addressed in this article (Table 1).

Sedative and Narcotic Withdrawal Treatment Protocol

Pediatric patients receiving sedative and narcotic medications to treat anxiety or pain are at risk of withdrawal when these drugs are discontinued. This is a physiological withdrawal that is not drug seeking in nature. The physiologic signs and symptoms include hyperalertness, sleeplessness, drooling, tachycardia, tachypnea, fever, feeding intolerance, and diarrhea. Narcotic withdrawal is especially stressful in the sick cardiac postsurgical patient with poor compensatory reserve. To avoid the dangerous complications of withdrawal in these critically ill children, we have developed a protocol at Rush Children's Hospital using clonidine and lorazepam to wean narcotics and sedatives. The goal of this treatment protocol is to reduce physiologic withdrawal symptoms and minimize their associated complications.

Increased duration of narcotic therapy is associated with an increased risk of withdrawal symptoms.

Pediatric Pharmacopoeia

**Christine A. Kemp, Jennifer M.
McDowell**

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Paediatric Pharmacopoeia Christine Kemp, Jennifer McDowell, 2002 **A Text Book of Clinical Pharmacy Practice** G. Parthasarathi, Karin Nyfort-Hansen, Milap C. Nahata, 2004 The Majority Of Clinical Pharmacy Textbooks Focus On Disease States And Applied Therapeutics This Book Is Different It Aims To Provide Readers With A Comprehensive Description Of The Concepts And Skills That Are The Foundation For Current Clinical Pharmacy Practice It Seeks To Answer The Question How Do Clinical Pharmacists Practice Rather Than What Do Clinical Pharmacists Need To Know About Drugs And Therapeutics The Book Is Divided Into Three Sections And Each Chapter Is Self Contained And Can Be Read Independently Section I Provides An Overview Of The Current Status Of Clinical Pharmacy Practice In India And Other Countries Section Ii Includes Chapters On The Key Concepts Skills And Competencies Required For Effective Clinical Practice Section Iii Covers Topics Of Interest To Graduate And Postgraduate Students And More Experienced Clinical Pharmacists And Researchers This Book Will Be Useful For All Students Of Pharmacy And Pharmacists Working In Hospital Pharmacy Community Pharmacy Drug Or Medical Information Clinical Research Government And Nongovernment Organisations Teaching And Research

Paediatric Pharmacopoeia Royal Children's Hospital Pharmacy Department, Barry Parsons, Jenny McDowell, Glenn Munari, 1994 **Precision Medicine in Pediatrics, volume II** Wei Zhao, Jian Gao, Yang Zhou, 2026-02-26 This Research Topic is part of a series with <https://www.frontiersin.org/research-topics/30722/precision-medicine-in-pediatrics> In recent years precision medicine has become increasingly indispensable Based on patients clinical symptoms and lifestyles personalized medicine can improve treatment effectiveness and decrease adverse reactions which is especially important for pediatrics The pharmacokinetics of various drugs can be dramatically affected during early childhood due to the substantial amount of growth and development children experience Because there are insufficient medicines for children most drugs are used for adults with reduced doses While the adage that children are not small adults has existed for some time most pediatric doses are still extrapolated from adult studies The most common medication error is a dosing error with approximately 30% of these errors occurring in children Studies on children s pharmacogenomics proteomics and metabolomics have recently provided new insights into pediatric precision medicine This research topic aims to understand better precision medicine in pediatrics particularly the cutting edge research on the pharmacological mechanism and pathogenesis We welcome the following areas but are not limited to Precision medicine in pediatrics Pathogenesis of pediatric diseases Pediatric pharmacogenomics proteomics metabolomics Drug discovery and development Establishment of a pediatric precision medicine database Please note Manuscripts that focus solely on clinical trials patient management or conventional therapies without a focus on pharmacological research are not suitable for publication in this topic Additionally studies that are purely statistical or predictive in nature without providing novel insights into pharmacological mechanisms or drug development are not within the scope Besides all the manuscripts involving natural products submitted to the

collection will need to fully comply with the Four Pillars of Best Practice in Ethnopharmacology you can freely download the full version here

Paediatric Pharmacopoeia Royal Children's Hospital,1998 A highly practical and concise pocket sized book of drug doses and immunization regimens for children The drugs are listed alphabetically by generic name with details on alternative preparations routes of administration dosage and special features Also includes notes on any possible side effects and drug interactions An excellent quick reference guide for use in the ward or clinic

Paediatric Pharmacopoeia Christine A. Kemp,Jennifer M. McDowell,2002 This compact publication is a vital resource for Australian GPs paediatricians pharmacists and nurses given the lack of dosing and safety information on medicines used in paediatrics in Australia

[Paediatric Pharmacopoeia](#) ,1977*

Child Health in America Judith S. Palfrey,2006-11-27 Who will speak for the children is the question posed by Judith S Palfrey a pediatrician and child advocate who confronts unconscionable disparities in U S health care a system that persistently fails sick and disabled children despite annual expenditures of 1 8 trillion In *Child Health in America* Palfrey explores the meaning of advocacy to children s health and describes how health providers community agencies teachers parents and others can work together to bring about needed change Palfrey presents a conceptual framework for child health advocacy consisting of four interconnected components clinical group professional and legislative Describing each of these concepts in useful and compelling detail she is also careful to provide examples of best practices This original and progressive work affirms the urgent need for child advocacy and provides valuable guidance to those seeking to participate in efforts to help all children live healthier happier lives

Paediatric Pharmacopoeia Brian Lilley,joint author. Nolan (Terry),joint author. Tibballs (Jim),1989

Pediatric Dosage Handbook ,2007

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Pediatric Dosage Handbook Carol K. Taketomo,Jane Hurlburt Hodding,Donna M. Kraus,2009 The pediatric population is a dynamic group with major changes in pharmacokinetics and pharmacodynamics taking place throughout infancy and childhood Because of these changes the need for the evaluation and establishment of medication dosing regimens in children of different ages is great This book includes 17 drug monographs

Integrative Medicine for Children May Loo,2009 Many parents today are turning to or seeking information about Complementary and Alternative Medicine CAM for their children Whether you initiate alternative therapies or simply need to respond when asked for information or advice it s crucial to have the most recent evidence based information about alternative therapies and know how to safely and effectively integrate them with conventional treatment This innovative and reliable reference is the ideal resource to have at hand This book includes a wide range of complementary and alternative therapies focusing on those most often used with children mind body approaches manual therapies lifestyle approaches alternative systems energy medicine and biological agents Within these main categories therapies such as acupuncture chiropractic massage homeopathy herbs and magnets are covered Fifty five common pediatric conditions are comprehensively discussed with diagnostic and evidence based treatment information followed by authoritative information on the major CAM therapies available for treatment of the

condition Whenever possible an integrative approach that combines conventional and alternative approaches is presented

BOOK JACKET Emergency Medicine MCQs - E-Book Waruna De Alwis, Yolande Weiner, 2012-09-20 An invaluable self assessment tool for emergency medicine trainees in Australasia Emergency Medicine MCQs is an essential resource for Australasia s emergency medicine trainees A practical self assessment tool the book assists trainees as they expand and refine their knowledge of emergency medicine and will ultimately help them pass the Australasian Emergency Medicine Fellowship examination FACEM The multiple choice questions in Emergency Medicine MCQs cover both the core and non core areas in the Australasian Emergency Medicine Fellowship Using this text trainees can revise alone or with their peers to identify the areas in which they need further development The curriculum is divided into three main areas where trainees require expert level of knowledge high level of knowledge and general level of knowledge It covers important clinical problems encountered in everyday emergency medicine practice from cardiovascular emergencies through to obstetric and gynaecology emergencies disaster management and toxicology As well as being ideal for emergency medicine trainees qualifying through AECM the book is a useful resource for GPs taking the GEM qualification through ACEM and JMOs on call Plus this emergency medicine text is accompanied by an app a separate product containing 180 randomised multiple choice questions on all the topics within the book Test bank Evidence based clinically oriented material Question format coherent with updated ACEM guidelines updated in August 2011 References and further reading

Pediatric Dosage Handbook 1999-2000 Carol K. Taketomo, Jane Hurlburt Hodding, Donna M. Kraus, 1999-06 **Neonatal Pharmacopoeia** Fiona Stubbs, 1998 **Pharmacopoeia of the Hospital for Sick Children, Great Ormond Street, London, W.C.** Hospital for Sick Children (London, England), 1900 **Lexi-Comp's Pediatric Dosage Handbook** Carol K. Taketomo, Jane Hurlburt Hodding, Donna M. Kraus, 2004 *Pediatric Dosage Handbook 2000-2001* Carol K. Taketomo, Jane Hodding, Donna M. Kraus, 2000 **National Library of Medicine Catalog** National Library of Medicine (U.S.), 1960

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