



# AIC KIJABE HOSPITAL FORMULARY

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Compiled by the Medicines and Therapeutic Committee  
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Please note that prices may change, so use this formulary as a guide only

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# Notes for Prescribing at AIC Kijabe Hospital

## 1. Essential Drug Formulary

We use a limited formulary for three reasons.

- To encourage the use of essential drugs, which are also available in the wider community.
- To discourage the use of expensive drugs.
- To discourage the symptomatic treatment of disease.

We therefore urge you to become familiar with what we stock as listed in this AIC Kijabe formulary. The grouping of drugs is done by the convention used in the British National Formulary.

## 2. Naming

We use generic names. The preferred name is given first; names listed after are acceptable alternatives, and trade names are given for reference only.

## 3. Choice of Medicines

- a) It is important to note that many of the older, less expensive antibiotics are much more effective here than in western countries. Therefore, smaller doses can be used.
- b) Treatment of any chronic disease with medication can be a burden to the patient. When choosing anti-hypertensive, diabetes treatment and other therapies, be especially conscious of the cost to the patient.
- c) In every case, the cost to the patient should be considered before ordering expensive or multiple medications. This is due to the fact that 70% of our patient population is poor.

## 4. IV Infusions

IV infusions and IV medications are used when necessary, but these should be moved to oral or IM dosage forms as soon as possible, to limit the cost to the patient.

## 5. Cost of Medicines

The formulary contains data on the cost of medicines per unit. Use it as a guide only, since prices will change between editions to the formulary.

## 6. Formulary Updates

It is hoped to have periodic formulary updates which give the most current information on the availability of formulary drugs and current stock of off-formulary drugs.

## 7. Please remember:

- a) Use generic names to prescribe medicines.
- b) Unless stated otherwise, dosages stated are the usual adult dose.

8. Paediatric drugs will not be dispensed unless accompanied by written weight of child on the prescription /med sheet.

## Abbreviations Used in Prescriptions and in this Formulary.

ABBREVIATION	ENGLISH
a.c.	Before food
Ad lib	As much as desired, to the desired amount
Alt die	Every other day
b.i.d. or b.d.	Twice a day (i.e. every twelve hours)
c.	With
h.s.	At bedtime
i.d.	Intradermal injection
i.m.	Intramuscular injection
Inj	Injection
i.v.	Intravenous injection
Nocte	At night, at bedtime
o.d.	Once daily (i.e. every 24 hours)
o.n.	Once, at night or at bedtime
Paeds:	Paediatric (Child's) Dosage
p.c.	After food
p.r.n.	As required, whenever necessary
PP	Pre-pack size
q.d.s. or q.i.d.	Four times daily (i.e. 6hourly)
q x h ( <i>for example</i> q4h)	Every x hours ( <i>in this example</i> , every 4 hours)
Stat	At once, or ( <i>according to context</i> ) one single dose
s.c.	Subcutaneous injection
Tab	Tablet or capsule
t.d.s. or t.i.d.	Three times daily (i.e. every 8 hours)
<x	Less than x
>x	Greater than x

# P0. EMERGENCY TREATMENT OF POISONING, TOXINS AND OVERDOSE

<b>Naloxone</b>	0.4mg/2ml	Injection	PP: 1 amp	439 Ksh
<i>Acute opioid overdose - high dose regimen - Child 1 month-11 years: initially 100mcg/kg IV (max 2mg), if no response, repeat at intervals of 1 minute to a total max of 2mg, then review diagnosis; further doses may be required; Child &gt;12 years and adults: initially 400mcg IV, then 800mcg for up to 2 doses at 1 minute intervals if no response to preceding dose, then increased to 2mg for 1 dose if still no response. 4mg may be required in seriously poisoned patients, then review diagnosis; further doses may be required. Doses may be given by IM route but only if IV route not feasible.</i>				
<i>Switch to continuous IV infusion using an infusion pump – adjust rate according to response, initially set rate at 60% of initial resuscitative IV injection dose per hour. The initial resuscitative dose is that which maintained satisfactory respiratory effort for at least 15 minutes.</i>				
<b>Charcoal, activated</b>	300mg	Oral	PP: 1 tab	8 Ksh
<i>Reduction of absorption of poisons in the GI system, Neonate: 1g/kg; Child 1 month – 11 years: 1g/kg (max 50g); Child &gt; 12 years and adults: 50g</i>				
<i>Active elimination of poisons: Neonate: 1g/kg every 4 hours; Child 1 month – 11 years: 1g/kg every 4 hours; Child &gt;12 years and adults: initially 50g, then 50g every 4 hours or reduce to 25g every 2 hours if not tolerated</i>				
<b>Anti-venom sera</b>	10ml	Injection	PP: 1 vial	8352 Ksh
<i>“Fav Africa” by Sanofi – treats envenomation by puff adders, Kenya horned viper, Gaboon vipers, saw scaled vipers, spitting cobras and mambas. Does not treat boomslang envenomation (which requires SAIMR Boomslang antivenom).</i>				
<i>Initial dosing is 20ml, regardless of body weight; administer as per manufacturers instructions. Test dose required before the full dose.</i>				
<i>One dose kept in Kijabe pharmacy for emergencies, so if used contact Elizabeth, Pharmacy Manager, in order to order the next dose.</i>				
<b>Flumazenil</b>	100mcg/ml	Injection	PP: 1 vial	4031 Ksh
<i>Reversal of sedative effects of benzodiazepines, Adult: 200mcg IV over 15 seconds, then 100mcg every minute as required; usual dose 300-600mcg; max 1g per course</i>				
<b>Protamine</b>	50mg/ml	Injection	PP: 1 amp	1595Ksh
<i>Overdosage with IV unfractionated heparin, Adult: dose not to exceed 5mg/minute IV, 1mg neutralises 80-100 units heparin when given within 15 minutes; if longer than 15 minutes since heparin, less protamine required as heparin rapidly excreted; max 50mg</i>				



# 1. GASTROINTESTINAL SYSTEM

## 1.1 Antacids, Antiulcer, Dyspepsia, & GORD/GERD

<https://kijabe.wordpress.com/opd-department-guidelines/> see gastritis/PUD guideline

<b>Antacid Liquid</b> (MgTri/AlOH)	250/120mg/5ml	Oral	PP: 200ml	120Ksh
<i>10-20 ml as required, preferably do not take within 2 hours of other medication as may affect absorption</i>				
<b>Antacid Tablets</b>	250mg	Oral	PP: 1 tab	2 Ksh
<i>2 tabs 4-6 times daily, preferably do not take within 2 hours of other medication as may affect absorption</i>				
<b>Esomeprazole</b>	20mg	Oral	PP: 1 cap	10 Ksh
<b>Esomeprazole</b>	40mg	Oral	PP: 1 cap	19 Ksh
<i>NSAID-induced gastric ulcer, 20mg od for 4-8 weeks; prophylaxis with NSAID treatment, 20mg od; GORD with erosive oesophagitis, 40mg od for 4 weeks, continued further for 4 weeks if symptoms persist, maintenance 20mg od; GORD (without oesophagitis) 20mg od for 4 weeks then 20mg as required</i>				
<b>H-Pylori Kit</b>		Oral	PP: 1 kit	783 Ksh
<i>Amoxicillin 1g, Clarithromycin 500mg, Esomeprazole 20mg</i>				
<b>Omeprazole</b>	20mg	Oral	PP: 1 cap	4 Ksh
<b>Omeprazole sachet</b>	20mg	Oral	PP: 1 sachet	29 Ksh
<i>For most indications, 20mg od, increasing to 40mg od in severe/recurrent cases</i>				
<b>Omeprazole</b>	40mg	Inj	PP: 1 vial	203 Ksh
<i>IV injection over 5 minutes or by infusion; treatment and prevention of benign ulcers and GORD, 40mg od until oral administration possible; major peptic ulcer bleeding, IV infusion of 80mg over 40-60minutes, then continuous infusion 8mg/h for 72 hours then change to oral therapy</i>				
<b>Rabeprazole</b>	20mg	Oral	PP: 1 cap	11 Ksh
<i>Gastric and duodenal ulcers, GORD, 20mg od for 4-8 weeks then prn for maintenance of GORD without oesophagitis</i>				

## 1.3 Antispasmodics

<b>Amitriptyline</b>	25mg	Oral	PP: 1 tab	2 Ksh
<i>IBS with diarrhoea and spasm: Initially 12.5mg nocte, gradually increased if necessary to 75mg. Side effects: dry mouth, blurred vision, constipation, urinary retention, drowsiness. Caution if cardiovascular disease, epilepsy, diabetes, BPH, glaucoma and in the elderly.</i>				
<b>Hyoscine (Buscopan)</b>	10mg	Oral	PP: 1 tab	6 Ksh
<i>Symptomatic relief of smooth muscle spasm: 20mg 3-4 times daily; Irritable bowel syndrome: 10mg 3 times daily, increase to 20mg 4 times daily if needed</i>				
<b>Hyoscine butylbromide</b>	20mg/ml	Inj	PP: 1	55 Ksh
<i>Acute spasm: 20mg, then repeat after 30 minutes if required, max 100mg per day</i>				

## 1.4 Acute Diarrhoea

<https://kijabe.wordpress.com/opd-department-guidelines/> see gastroenteritis guideline

<b>Loperamide</b>	2mg	Oral	PP: 1 tab	6 Ksh
<i>2 tabs stat, then 1 tab after each loose stool; max of 6 tabs daily; DO NOT GIVE for infectious causes of diarrhoea, especially if dysentery/fever, contraindication IBD, Do not give to children</i>				
<b>Oral Rehydration Solution</b>	1 packet	Oral	PP: 1 packet	17 Ksh
<i>Add packet to 500 ml of water. If vomiting, feed in frequent small amounts, or via nasogastric tube</i>				
<b>Zinc monohydrate</b>	20mg	Oral	PP: 1 tab	4 Ksh

## 1.6 Laxatives

<https://kijabe.files.wordpress.com/2022/11/constipation-in-children..pdf> see constipation in children guideline

<b>Bisacodyl (Dulcolax)</b>	5mg	Oral	PP: 1 tab	4 Ksh
<i>5-10mg nocte, increase to 20mg if necessary; Paeds: 0.3 mg/kg once daily</i>				
<b>Glycerine – Paediatric</b>	2g	Supp	PP: 1 supp	16 Ksh
<i>Use one suppository rectally as required.</i>				
<b>Ispaghula husk (Fybogel)</b>	3.5g	Oral	PP: 1sachet	37 Ksh
<i>1 sachet in water twice daily</i>				

<b>Lactulose</b>	200ml	Liquid	PP: 200ml	387 Ksh
<i>Constipation/hepatic encephalopathy, initially 15ml bd then adjust dose as required;</i>				
<i>Children chronic constipation: 1-2ml/kg once or twice daily</i>				
<b>Micro enema</b>	20ml	Rectal	PP: 1 enema	183 Ksh
<i>Constipation children 5ml to 10ml, adults 10ml to 20 ml</i>				
<b>Polyethylene glycol (Peglec)</b>	137.15g	Oral	PP: 1 sachet	1002 Ksh
<i>Bowel evacuation for surgery, colonoscopy, 137.15g in 2 litres of water</i>				
<b>Polyethylene glycol 3350 =</b>	13.7g	Oral	PP: 1 sachet	71 Ksh
<b>Macrogol (Movicol)</b>				
<i>Chronic constipation: Adult and child &gt;12y: 1-3 sachets daily then reduce to maintenance 1-2 sachets daily; higher doses in faecal compaction</i>				
<b>Polyethylene glycol 3350 =</b>	6.9g	Oral	PP: 1 sachet	60 Ksh
<b>Macrogol (MovicolPaeds)</b>				
<i>Faecal impaction: Age 5-11 years: 1- 1.5gm/kg/day for 3-6 days until there is small or no stool in the rectum and fecoliths are no longer palpated in the left lower quadrant, then switch to maintenance</i>				
<i>Chronic constipation: Age 2-5 years: 1 sachet daily, adjust to produce regular soft stools, max 4 sachets per day; Age 6-11 years: 2 sachets daily, adjust to produce regular soft stools, max 4 sachets per day</i>				
<b>Liquid Paraffin</b>	100ml	Liquid	PP: 1 bottle	146 Ksh
<i>As a laxative: 10-30 ml at night</i>				
<b>Sennakot</b>	7.5mg	Oral	PP: 1 tab	5 Ksh
<i>2-4 tabs at night. Dose should be low and then increased</i>				

### **1.7 Local Preparations for Anal & Rectal Disorders**

<b>Anti-haemorrhoid (Anusol)</b>	1 tube	Oint	PP: 1 tube	348 Ksh
<i>Haemorrhoids/pruritus ani. Apply twice daily for no longer than 7 days, additional doses should be applied after a bowel movement</i>				
<b>Anti-haemorrhoid (Anusol)</b>	1 supp (33 mg)	Supp	PP: 1 supp	36 Ksh
<i>Haemorrhoids/pruritus ani. Insert 1 suppository twice daily for no longer than 7 days, additional dose after a bowel movement</i>				
<b>Nifedipine 0.2 % rectal oint</b>	100g	Cream	PP: 1 tube	330 Ksh
<i>Anal fissure. Apply outside the anal canal 2 to 3 times a day</i>				

### **1.9 Gall Stone Disease**

<b>Cholestyramine sachets</b>	4mg	Oral	PP: 1 sachet	142 Ksh
<i>Pruritus associated with partial biliary obstruction. 4-8g daily in water or other liquid, other drugs should be taken at least 1h before or 4-6h afterwards as absorption can be affected</i>				
<b>Ursodeoxycholic acid</b>	150mg	Oral	PP: 1 tab	50 Ksh
<i>Dissolution of gallstones. 8-12mg/kg daily as a single dose at bedtime or in two divided doses</i>				

## 2. CARDIOVASCULAR SYSTEM

<https://kijabe.wordpress.com/opd-department-guidelines/> see heart failure, hypertension, CKD, creatinine & leg oedema guidelines

### **2.1 Positive Inotropic Drugs**

**Digoxin** 0.25mg Oral PP: 1 tab 10Ksh  
*Digitisation, for atrial fibrillation or flutter: 1 tab 6 hourly for 4 doses. Maintenance, for atrial fibrillation or flutter usually 0.125-0.25mg daily (monitor pulse). Heart failure: 0.125 – 0.25mg daily. Lower doses in elderly. Check creatinine.*

**Digoxin** 0.5mg/2ml Inj PP: 1 amp 244 Ksh  
*Rapid Digitisation: 0.5-0.75mg IV then 0.25mg 6 hourly until pulse < 80/min*

### **2.2 Diuretics**

**Furosemide (Lasix)** 40mg Oral PP: 1 tab 2 Ksh

*20-120mg individualised dosing with lab monitoring, higher doses possible*

**Furosemide (Lasix)** 20mg/ml Inj PP: 1 amp 11 Ksh

*20-40 mg slow iv*

**Hydrochlorothiazide (HCTZ)** 25mg Oral PP: 1 tab 2 Ksh

*12.5–25mg once daily, not much evidence for higher doses*

**Metolazone** 5mg Oral PP: 1 tab 49 Ksh

*2.5mg-20mg*

**Mannitol 20%** 50g/250ml Inj PP: 1 bottle 496Ksh

*Cerebral oedema: 1g/kg iv rapid infusion*

**Spirolactone (Aldactone)** 25mg Oral PP: 1 tab 10 Ksh

*25-400mg, adjusted according to response; Ascites, oedema, heart failure (adjunct), resistant hypertension, primary hyperaldosteronism*

**Torsemide** 10mg Oral PP: 1 tab 40 Ksh

**Torsemide** 5mg Oral PP: 1 tab 32 Ksh

*Oedema/heart failure 5-200mg; Hypertension 5-10mg*

### **2.3 Anti-arrhythmics**

**Adenosine** 6mg/2ml Inj PP: 1 amp 1963 Ksh

*Paroxysmal SVT, aid to diagnosis of broad/narrow SVT, rapid iv injection into central/large vein, 6mg over 2 seconds, if necessary 12mg after 1-2 minutes (can be repeated), cardiac monitoring*

**Amiodarone** 150mg/3ml Inj PP: 1 amp 455 Ksh

*Arrhythmias, initially 5mg/kg over 20-120minutes with ECG monitoring, subsequent infusions according to response, max 1.2g/24h; VF or pulseless VT in resuscitation, 300mg stat*

### **2.4 Beta-Adrenoceptor Blocking Drugs**

*Contraindication: asthma*

**Atenolol** 50mg Oral PP: 1 tab 5 Ksh

*Hypertension: 25-50mg, Angina 100mg daily in 1 or 2 doses, Arrhythmias 50-100mg daily, Angina: 2 tabs daily, lower doses if renal failure*

**Bisoprolol** 5mg Oral PP: 1 tab 10 Ksh

*Heart failure – first line beta-blocker - initially 1.25mg once daily, up-titrate gradually (e.g. doubling dose every 2 or more weeks) to maximum dose of 10mg/day; Hypertension and angina 5-20mg daily;*

**Carvedilol** 6.25mg Oral PP: 1 tab 4 Ksh

**Carvedilol** 12.5mg Oral PP: 1 tab 10 Ksh

*Heart failure (second line beta-blocker after bisoprolol): initially 3.125mg twice daily for 2 weeks then up-titrate gradually (e.g. doubling the dose every 2 or more weeks) to maximum tolerated or recommended dose - 25mg twice daily (weight <85kg); 50mg twice daily (weight >85kg); Hypertension 12.5-50mg once daily (lower doses in elderly); Angina 12.5-25mg twice daily*

**Labetalol** 100mg/20ml Inj PP: 1 vial 2306 Ksh

*Hypertensive crises, hypertension in pregnancy, hypertension with angina/following myocardial infarction, by iv injection or infusion*

<b>Metoprolol</b>	5mg	Inj	PP: 1 vial	348 Ksh
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*Arrhythmias or after myocardial infarction*

<b>Propranolol</b>	40mg	Oral	PP: 1 tab	5 Ksh
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*Migraine prophylaxis, 40mg bd, increase if necessary (max 120mg bd); Anxiety, 40mg once daily, increase to 40mg 3 times each day if necessary; Prophylaxis of variceal bleed in portal hypertension, 40mg twice daily, increasing according to heart rate*

## **2.5 Drugs Affecting the Renin-Angiotensin System & Other Anti-hypertensive Drugs**

<b>Enalapril</b>	5mg	Oral	PP: 1 tab	6 Ksh
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<b>Enalapril</b>	10mg	Oral	PP: 1 tab	7 Ksh
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<b>Enalapril</b>	20mg	Oral	PP: 1 tab	8 Ksh
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*Hypertension: 2.5-5mg initially, up-titrate, usual maintenance 20 mg once daily (max 40mg). Heart Failure: initially 2.5 mg daily, increase gradually to 10-20mg twice daily as tolerated*

<b>Hydralazine</b>	25mg	Oral	PP: 1 tab	12 Ksh
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*25-50mg, every 3-4 hours. NB first dose effect*

<b>Hydralazine</b>	20mg/ml	Inj	PP: 1 amp	689 Ksj
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*20-40mg iv every 2-4 hrs. Paeds: <12 yrs 0.1-0.2mg/kg/dose 4-6 hourly >12 years as adult*

<b>Losartan</b>	50mg	Oral	PP: 1 tab	11 Ksh
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*50mg once daily, max 100mg daily (elderly start at 25mg)*

<b>Losartan/Hydrochlorthiazide</b>	50mg/12.5mg	Oral	PP:1 tab	16 Ksh
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*1 tab once daily, max 2 tabs daily*

<b>Methyldopa (Aldomet)</b>	250mg	Oral	PP: 1 tab	9 Ksh
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*250mg 2-3 times daily, increase gradually to max 3g daily (elderly start at 125mg bd, max 2g/day) C/I active liver disease*

## **2.6 Nitrates, Calcium-Channel Blockers, & Potassium-Channel Activators**

<b>Amlodipine</b>	5mg	Oral	PP: 1 tab	7 Ksh
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<b>Amlodipine</b>	10mg	Oral	PP: 1 tab	10 Ksh
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*Hypertension/Angina prophylaxis: initially 5mg daily, max 10mg daily*

<b>Glyceryl trinitrate spray</b>	400mcg/dose	S/L	PP: 1 can	757 Ksh
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*Spray 1-2 doses under tongue and then close mouth*

<b>IsosorbideDinitrate (Isordil)</b>	10mg	Oral	PP: 1 tab	17 Ksh
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*Prophylaxis and treatment of angina: 30-120mg daily in divided doses*

<b>Nifedipine Retard</b>	20mg	Oral	PP: 1 tab	3 Ksh
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*Hypertension/Angina prophylaxis: 10mg twice daily, adjusted according to response, max 40mg twice daily.*

*Caution in Pregnancy - may inhibit labour*

## **2.7 Sympathomimetics**

<b>Dopamine</b>	200mg/ml	Inj	PP: 1 amp	204 Ksh
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*1-50mcg/kg/min; Hypotension, low cardiac output, poor perfusion of vital organs; used to increase mean arterial pressure in septic shock patients who remain hypotensive after adequate volume expansion*

<b>Dobutamine</b>	250mg/5ml	Inj	PP: 1 amp	660 Ksh
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*0.5-20mcg/kg/min; Low cardiac output, cardiac decompensation*

<b>Epinephrine (Adrenaline)</b>	1mg/ml	Inj	PP: 1 amp	16 Ksh
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*Sepsis, anaphylaxis, mydriasis, cardiac arrest*

<b>Milrinone</b>	10mg/10ml	Inj	PP: 1 amp	3325 Ksh
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*First-line in acute pediatric heart failure*

<b>Norepinephrine</b>	4mg/2ml	Inj	PP: 1 amp	480 Ksh
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*Acute hypotension, sepsis and cardiac arrest*

## **2.8 Antiplatelets, Anticoagulants, Fibrinolytics & Antidotes**

<b>Aspirin</b>	75mg	Oral	PP: 1 tab	4 Ksh
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*Secondary prophylaxis in thrombotic cerebrovascular or cardiovascular disease: 75mg once daily*

<b>Heparin</b>	5000 units/ml	Inj	PP: 1ml	116 Ksh
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*Anticoagulation: 5,000 iu every 4 hours or 10,000 iu every 6 hours. Prophylaxis: 5,000 iu twice daily*

<b>Enoxaparin</b>	40mg	Inj	PP: 1 amp	580 Ksh
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<b>Enoxaparin</b>	60mg	Inj	PP: 1 amp	808 Ksh
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<b>Enoxaparin</b>	80mg	Inj	PP: 1 amp	903 Ksh
<i>Prophylaxis of DVT/PE: 40mg sc daily; Treatment of DVT/PE: 1.5mg/kg od; Treatment of acute coronary syndrome: age &lt;75y, 30mg IV bolus, followed in 15 minutes by 1mg/kg sc, continue 1mg/kg sc every 12 hours; age &gt;75y, no bolus, 0.75mg/kg every 12 hours</i>				
<b>Rivaroxaban</b>	10mg	Oral	PP: 1 tab	90 Ksh
<b>Rivaroxaban</b>	15mg	Oral	PP: 1 tab	87 Ksh
<b>Rivaroxaban</b>	20mg	Oral	PP: 1 tab	87 Ksh
<i>Prophylaxis of DVT/PE: 10mg once daily; Prophylaxis of stroke and thromboembolism with AF: 20mg once daily (15mg if creatinine clearance 15-49/ml); Treatment of DVT/PE: 15mg twice daily for 21 days, then 20mg once daily (check Hb and creatinine - calculate creatinine clearance)</i>				
<b>Tenecteplase</b>	52.5mg	Inj	PP: 1 vial	119700 Ksh
<b>Streptokinase</b>	1500000 units	Inj	PP: 1 vial	8845 Ksh
<b>Vitamin K (adult)</b>	10mg/ml	Inj	PP: 1 amp	55 Ksh
<b>Vitamin K (paediatric)</b>	1mg/ml	Inj	PP: 1 amp	200 Ksh
<b>Warfarin</b>	1mg	Oral	PP: 1 tab	7 Ksh
<b>Warfarin</b>	5mg	Oral	PP: 1 tab	10 Ksh
<i>3-10 mg daily, monitored by INR. Initial dose 10 mg daily for 2 days. Usual dose 5 mg or less daily</i>				

### **2.9 Antifibrinolytic drugs**

<b>Tranexamic acid</b>	500mg	Oral	PP: 1 tab	17 Ksh
<i>1-1.5g 2-3 times daily</i>				
<b>Tranexamic acid</b>	500mg	Inj	PP: 1 amp	220 Ksh
<i>0.5g-1gm 3 times daily</i>				

### **2.10 Anticholesterol drugs**

<b>Atorvastatin</b>	20mg	Oral	PP: 1 tab	11 Ksh
<i>Secondary prevention in patients with established atherosclerotic cardiovascular disease, 40-80mg once daily</i>				
<i>Ideally check ALT before starting, at 3 months and after one year</i>				

## 3. RESPIRATORY SYSTEM

<https://kijabe.wordpress.com/opd-department-guidelines/> see cough, asthma & COPD guidelines

### **3.1 Bronchodilators**

<b>Aminophylline</b>	250mg/10ml	Inj	PP: 1 amp	56 Ksh
<b>Budesonide/Formoterol</b>	400mcg/6mcg	Inhaler	PP: 1	1502 Ksh

**Inhaler (Aerosol)**  
(corticosteroid & long-acting beta agonist – ICS/LABA)

*Asthma maintenance therapy: Initially 1 puff twice daily, increased to 2 puffs bd if necessary; reduce to one puff daily when control is maintained*

*COPD: 1 puff twice daily NOTE: efficacy much improved by use of a spacer*

<b>Budesonide/Formoterol</b>	160mcg/4.5mcg	Inhaler	PP: 1	870 KSh
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**Turbohaler (dry powder)**  
(corticosteroid & long-acting beta agonist – ICS/LABA)

*Asthma maintenance: 1-2 inhalations twice daily, increased up to 4 inhalations twice daily*

*Asthma maintenance and reliever therapy can use as prn dose for relief of symptoms, along with continuation of the maintenance dose; max dose 8 puffs per day*

*COPD: 2 puffs twice daily NOTE: requires adequate tidal*

<b>Epinephrine (Adrenaline)</b>	1mg/ml	Inj	PP: 1 amp	16 Ksh
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*0.5–1 ml subcut; repeat every 15 min if required*

<b>Ipratropium Bromide Inhaler (Aerosol)</b>	20mcg/puff	Inhaler	PP: 1 inh	2175 Ksh
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(short acting anti-muscarinic - SAMA)

*Should always be used with a spacer device!*

*Reversible airways obstruction: 1-2 puffs 3-4 times daily (note, the maximum effect of inhaled ipratropium occurs 30-60 minutes after use; duration of action 3-6 hours)*

<b>Salbutamol Inhaler (Aerosol)</b>	100mcg/puff	Inhaler	PP: 1 inh (200 doses)	189 Ksh
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*Moderate and severe acute asthma: 2-10 puffs, each puff to be inhaled separately, give via large volume spacer device, repeat every 10-20 minutes or as required*

*Asthma and other conditions associated with reversible airways obstruction: 1-2 puffs, as required, usually up to four times a day for persistent symptoms*

*Should always be used with a spacer device! 1-2 puffs as required, up to 10 puffs if severely short of breath*

<b>Salbutamol nebuliser solution</b>	5mg/ml	Inhaler	PP: 1 ml	79 Ksh
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(short acting beta-agonist - SABA)

*Moderate, severe or life-threatening acute asthma: 5mg diluted in 2.5ml Normal Saline, repeat every 20-30 minutes or when required, give via oxygen-driven nebuliser if possible*

<b>Spacer (with mask)</b>				921 KSh
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*Recommended for use with all aerosol inhalers (not dry powder)*

<https://www.youtube.com/watch?v=o0M1LLpOu4U&t=11s>

### **3.2 Corticosteroids**

<b>Beclomethasone Inhaler (aerosol)</b>	100mcg/puff	Inhaler	PP: 1 inh (200 doses)	289 Ksh
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*Should always use with a spacer!*

*Prophylaxis of asthma: 2 puffs twice daily. Can increase up to 800mcg bd if necessary*

<b>Beclomethasone nasal spray</b>	50mcg/spray	Intra-nasal	PP: 1 spray (200 spray)	550 Ksh
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*Rhinitis, nasal polyps: 1-2 sprays/nostril twice daily*

<b>Dexamethasone</b>	0.5mg	Oral	PP: 1 tab	2 Ksh
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*Chemo induced vomiting, multiple myeloma, multiple sclerosis, inflammation and allergic conditions: 0.5mg – 40mg; Croup: 150mcg/kg for one dose, repeat after 12 hours if necessary*

<b>Dexamethasone</b>	4mg	Inj	PP: 1 amp	5 Ksh
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*Shock, spinal cord compression, cerebral oedema*

<b>Fluticasone furoate nasal spray</b>	27.5mcg/spray	Nasal	PP: 1 can (120 does)	1009 Ksh
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*Rhinitis, nasal polyps (second line if no response to beclomethasone spray): 1-2 sprays/nostril twice daily*

<b>Fludrocortisone</b>	100mcg	Oral	PP: 1 tab	47 Ksh
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*Adrenocortical insufficiency, congenital adrenogenital syndrome, severe orthostatic hypotension*

<b>Hydrocortisone</b>	100mg	Inj	PP: 1 vial	84 Ksh
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*Acute asthma (if unable to take oral prednisolone): 100mg every 6 hours until conversion to oral prednisolone possible; child 4mg/kg (max 100mg); Acute adrenal crisis, TB meningitis*

<b>Hydrocortisone</b>	10mg	Oral	PP: 1 tab	30 Ksh
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*Inflammatory diseases, collagen diseases, endocrine diseases, autoimmune diseases: 10mg – 320mg od*

<b>Methylprednisolone</b>	500mg	Inj	PP: 1 vial	1160 Ksh
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*Allergic conditions, severe lupus nephritis, pneumocystis, severe IBD, acute spinal cord injury, acute exacerbation of multiple sclerosis: initially 10-500mg daily*

<b>Prednisolone</b>	5mg	Oral	PP: 1 tab	3 Ksh
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*Acute asthma: 40-50mg once daily for at least 5 days; child 1-2mg/kg (max 40mg/day); Exacerbations of COPD: 30-40mg once daily for 7-10 days (no need to tail off steroids); Bell's palsy: 50mg in 1-2 divided doses for 10 days, Rheumatoid arthritis for symptom control while DMARDs initiated; Croup: 1-2mg/kg stat dose After emergency treatment, continue with doses in the morning after breakfast*

*NB: avoid sudden cessation of treatment if patient has taken more than 40mg prednisolone (or equivalent) for more than 7 days, or if have taken a course of prednisolone for more than three weeks, or if have recently repeated courses*

### **3.4 Anti-Histamines/leukotriene receptor antagonists**

<b>Cetirizine</b>	10mg	Oral	PP: 1 tab	10 Ksh
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<b>Cetirizine</b>	5mg/5ml	Liquid	PP: 60ml	189 Ksh
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*Symptomatic relief of allergy: Adult and child >12 years 10mg od; 6-12y 5mg bd; 2-6y 2.5mg bd*

<b>Chlorpheniramine</b>	2mg/5ml	Liquid	PP: 60ml	51 Ksh
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<b>Chlorpheniramine</b>	4mg	Oral	PP: 1 tab	2 Ksh
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*Symptomatic relief of allergy: 4mg every 4-6 hours, max 24mg daily (max elderly 12mg daily);*

*Children: 1-2y 1mg bd; 2-6y 1mg every 4-6h; 6-12y 2mg every 4-6h*

<b>Chlorpheniramine</b>	10mg/ml	Inj	PP: 1 vial	24 Ksh
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*Emergency treatment of anaphylactic reactions: 10mg as IM injection or IV injection over 1 minute, repeated if required up to max. 4 doses in 24 hours*

*Children: <6m 250mcg/kg (max 2.5mg); 6m – 6y 2.5mg; 6-12y 5mg; these doses may be repeated if required up to max. 4 doses in 24 hours*

<b>Montelukast</b>	10mg	Oral	PP: 1 tab	16 Ksh
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*Prophylaxis of asthma: Adult and child over 15 years 10mg once daily in the evening; Child 6m-6y 4mg once daily in the evening; 6-15y 5mg once daily in the evening*

<b>Promethazine (Phenergan)</b>	25mg	Oral	PP: 1 tab	3 Ksh
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<b>Promethazine (Phenergan)</b>	5mg/5ml	Liquid	PP: 100ml	70 Ksh
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*Symptomatic relief of allergy: 12.5-25mg 2-3 times each day; Child 0.1-0.5mg/kg/dose 4-12 hourly as required*

### **3.9 Cough Preparations**

<b>Cough Expectorant</b>	135 mg/5 ml	Liquid	PP: 100ml	139 Ksh
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*10 – 15 ml every 4 hrs*

<b>Cough Suppressant</b>	10mg/5ml	Liquid	PP: 100ml	100 Ksh
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*10 ml three times daily; USE WITH CAUTION, only if dry cough!*

<b>Pseudoephedrine/bromohexine</b>	30mg/8mg	Oral	PP: 1 tab	13 Ksh
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<b>Saline nasal drops</b>	15ml	Nasal	PP: 15ml	82 Ksh
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<b>Throat Lozenges</b> (Iodine 0.085 mg/menthol 0.95 mg/phenol 3.75 mg)		Oral	PP: 1 tab	13 Ksh
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*lozenge every 2-3 hours as required*

## 4. CENTRAL NERVOUS SYSTEM

### 4.1 Hypnotics & Anxiolytics

<b>Diazepam</b>	5mg	Oral	PP: 1 tab	5 Ksh
<i>2-10 mg three times daily</i>				
<b>Diazepam</b>	10 mg/2 ml	Inj	PP: 1 amp	200 Ksh
<i>IM or slow IV at a rate of not more than 5 mg/min. Dose depending on indication and age</i>				
<b>Midazolam</b>	5mg/5ml	Inj	PP: 1 amp	132 Ksh

### 4.2 Drugs Used in Psychoses & Related Disorders

<https://kijabe.wordpress.com/opd-department-guidelines/> see 'Acutely disturbed patient' guideline

<b>Benzhexol (Trihexyphenidyl hydrochloride = Artane)</b>	5mg	Oral	PP: 1 tab	5 Ksh
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*Can be used to reduce the symptoms of parkinsonism secondary to antipsychotic drugs, but will not help with tardive dyskinesia (and can make this worse), do not give in absence of parkinsonian side-effects (tremor, rigidity). Initial dose 1.25mg daily, increase every 3-5 days according to response, usual maintenance 5-15mg daily in 3-4 divided doses*

<b>Chlorpromazine (Largactil)</b>	25 mg	Oral	PP: 1 tabs	7 Ksh
<i>1-4 tabs three or four times daily. Max 1000 mg daily</i>				

<b>Chlorpromazine</b>	100mg	Oral	PP: 1 tab	7 Ksh
<b>Chlorpromazine</b>	50 mg/2 ml	Inj	PP: 1 amp	60 Ksh

*25-50 mg IM every 6 – 8 hrs*

<b>Fluphenazine Decanoate</b>	25 mg/ml	Inj	PP: 1 amp	116 Ksh
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*Test dose: 12.5 mg deep IM; then 12.5–100 mg IM every 14-35 days.*

<b>Haloperidol</b>	5 mg	Oral	PP: 1 tab	4 Ksh
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<b>Olanzapine</b>	5mg	Oral	PP: 1 tab	15 Ksh
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<b>Schizapine</b>	10mg	Oral	PP: 1 tab	11 Ksh
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*Schizophrenia, mania in bipolar disorder, agitation due to psychosis*

<b>Quetiapine</b>	100mg	Oral	PP: 1 tab	37 Ksh
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*Used in schizophrenia, bipolar disorder and adjunctive treatment in major depression*

### 4.3 Antidepressant Drugs

<https://kijabe.wordpress.com/opd-department-guidelines/> see depression diagnosis & management guidelines

<b>Amitriptyline</b>	25 mg	Oral	PP: 1 tab	2 Ksh
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*Not recommended for treatment of depression, even if insomnia. Start with fluoxetine (see guideline). Discuss with consultant before prescribing. Dose: 50-75 mg at night, increased if necessary to 150 mg in divided doses. Avoid in elderly and young, avoid in suicidal (very dangerous in overdose)*

*IBS and neuropathic pain: 12.5-25mg nocte, increase as necessary and as tolerated*

<b>Fluoxetine</b>	20mg	Oral	PP: 1 cap	18 Ksh
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*Depression/anxiety (first-line): Start 10 mg daily for one week then 20 mg daily. If no response in 6 weeks, increase to 40 mg; Elderly/medically ill: Start 10 mg daily, then increase to 20 mg if no response in 6 weeks;*

*Adolescents – consultant only prescription*

*Side effects: common - restlessness, nervousness, insomnia, headache, dizziness, gastrointestinal disturbances, changes in appetite, and sexual dysfunction; serious: bleeding abnormalities in those who use aspirin or other non-steroidal anti-inflammatory drugs, low sodium levels.*

*Caution if history of seizure, avoid in combination with warfarin (may increase bleeding risk). May increase levels of TCAs, antipsychotics, and beta-blockers. Caution in combination with tamoxifen, codeine, and tramadol (reduces the effect of these drugs).*

### 4.6 Anti-Emetic Drugs

<b>Domperidone</b>	10mg	Oral	PP: 1 tab	10 Ksh
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*Nausea and vomiting: 10mg 3 times daily; risk of arrhythmia, especially age >60 years*

<b>Doxylamine/Pyridoxine (Nosic)</b>	10mg/10mg	Oral	PP: 1 tab	16 Ksh
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*Nausea and vomiting associated with pregnancy (take regularly rather than PRN): Initial two tablets at bedtime on day 1 and 2; if symptoms persist, can increase to a maximum of 4 tablets per day in divided doses*



<b>Metoclopramide</b>	10 mg	Oral	PP: 1 tab	3 Ksh
<b>Metoclopramide</b>	10 mg/ 2 ml	Inj	PP: 1 amp	20 Ksh

*Nausea and vomiting: PO, IM or slow IV (over 3 minutes)*

*Adults over 18y and body weight >60kg: 10 mg up to 3 times daily; Body weight <60kg max daily dose 500mcg/kg in 3 divided doses.*

*Beware adverse effects: extrapyramidal disorders and tardive dyskinesia, especially in young adults, children and in renal impairment*

<b>Ondansetron</b>	4mg	Oral	PP: 1 tab	16 Ksh
<b>Ondansetron</b>	2mg/5ml	Oral	PP: 30ml	167 Ksh
<b>Ondansetron</b>	4mg/2ml	Inj	PP: 1 amp	173 Ksh

*Nausea and vomiting: 4mg every 8-12 hours as needed*

<b>Promethazine (Phenergan)</b>	25mg	Oral	PP: 1 tab	3 Ksh
<b>Promethazine (Phenergan)</b>	5 mg/5 ml	Liquid	PP: 100ml	70 Ksh

*Nausea, vomiting, vertigo, allergy/urticaria: 12.5-25mg 2-3 times daily; child 2-5 years 5-15mg daily in 1-2 divided doses; 5-10years 10-25mg daily in 1-2 divided doses*

<b>Promethazine (Phenergan)</b>	50 mg/2 ml	Inj	PP: 1 amp	28 Ksh
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*Nausea, vomiting, vertigo, allergy: deep IM / slow IV – 25-50mg, max 100mg; child 5-10 years 6.25-12.5mg*

## 4.7 Analgesics

### 4.7a Non-opioid analgesia and NSAIDs

*Use the lowest dose possible for the shortest duration possible. Avoid in CKD>3 and if cardiac impairment.*

*Caution in elderly, in asthma and IBD. Contraindicated if history/high risk of GI bleed. Prescribe with PPI at prophylactic dose if age>50 years, higher risk of GI side effects or if required for longer than 1 week (e.g. omeprazole 20mg od)*

<b>Aspirin</b>	300mg	Oral	PP: 1 tab	9 Ksh
<b>Aspirin</b>	75mg	Oral	PP: 1 tab	4Ksh

*Rheumatic fever: 80-100mg/kg per day in divided doses for 2 weeks, then 60-70mg/kg per day for 3-6 weeks*

*Secondary prophylaxis in thrombotic cerebrovascular or cardiovascular disease: 75mg once daily*

<b>Celecoxib</b>	100mg	Oral	PP: 1 cap	16 Ksh
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*200mg daily in 1-2 divided doses, increase if necessary, max dose 200mg twice daily; discontinue if no improvement after 2 weeks on maximum dose*

*Contraindicated in cardiovascular disease. Caution in hypertension and oedema or with risk factors for CVD*

<b>Diclofenac Sodium</b>	50mg	Oral	PP: 1 tab	3 Ksh
<b>Diclofenac suppository</b>	100mg	Supp	PP: 1 supp	32 Ksh
<b>Diclofenac</b>	75 mg	IM	PP: 1 amp	15 Ksh
<b>Diclofenac</b>	75mg	IV	PP: 1 amp	110Ksh

*75-150 mg daily in 2-3 divided doses*

*Contraindicated in cardiovascular disease. Caution in hypertension and oedema or with risk factors for CVD*

<b>Diclofenac gel</b>	30g	topical	PP: 1 tube	131 Ksh
<b>Diclofenac 4% solution</b>	8mg/spray	topical	PP: 1 can	711 Ksh

*4 sprays twice daily on painful areas*

<b>Ibuprofen</b>	400mg	Oral	PP: 1 tab	3 Ksh
<b>Ibuprofen</b>	200mg	Oral	PP: 1 tab	2 Ksh

*Pain and inflammation in inflammatory arthritis and other msk disorders, mild to moderate pain including dysmenorrhoea, dental pain & migraine, post-operative analgesia: Adults and children > 12 years: 200-400mg 3-4 times daily, increased if necessary (max 2.4g/day)*

*Fever with discomfort and pain in children: 3-6 months: 50mg 3 times daily; 6 months – 1 year: 50mg 3-4 times daily; 1-4 years: 100mg 3 times daily; 4-7 years: 150mg 3 times daily; 7-12 years: 200mg 3 times daily*

<b>Indomethacin</b>	25mg	Oral	PP: 1 tab	5 Ksh
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*Inflammatory arthritis: 25-50mg 3-4 times daily; acute gout: 50mg 3-4 times daily; dysmenorrhoea 25mg 3 times daily*

<b>Mefenamic Acid (Ponstan)</b>	250mg	Oral	PP: 1 tab	3 Ksh
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*Dysmenorrhoea and menorrhagia: >12 years: 500mg 3 times daily*

<b>Meloxicam</b>	15mg	Oral	PP: 1 tab	3 Ksh
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*Contraindicated in CVD. Caution in hypertension and oedema or with risk factors for CVD.*

*Acute gout: 15mg once daily, discontinue 2-3 days after resolution of symptoms (usual duration 5-7 days);*

*Osteoarthritis and acute pain: initial 7.5mg once daily, can increase to 15mg once daily; Rheumatoid arthritis: dose as above but verify renal function first*

<b>Paracetamol</b>	120 mg/5 ml	Liquid	PP: 100ml	121 Ksh
<b>Paracetamol</b>	500mg	Oral	PP: 1 tab	2 Ksh
<i>Mild to moderate pain: 0.5-1g 3-4 times daily; Child: &lt; 1y: 2.5 ml, 1-5y: 5 ml, 5-12y 10 ml; all 3-4 times daily</i>				
<b>Paracetamol</b>	1g	IV	PP: 1 vial	280 Ksh
<i>IV infusion over 15 minutes, Adult and child &gt;50kg: 1g every 4-6 hours, max 4g daily; 10-50kg: 15mg/kg every 4-6 hourly, max 60mg/kg daily</i>				
<b>Paracetamol</b>	250mg	Supp	Pp: 1 supp	15 Ksh
<i>3-12 months: ¼ - ½ supp; 1-5y: ½ - 1 supp; 5-12 years: 1-2 supp; all 3-4 times daily as required</i>				

#### **4.7b Opioid analgesia and compound preparations**

<b>Aceclofenac/chlorzoxazone/paracetamol ('Zyrtal MR')</b>	aceclofenac 100mg chlorzoxazone 500mg, paracetamol 500mg	Oral	PP: 1 tab	25 Ksh
<b>Chlorzoxazone/paracetamol ('Myospaz')</b>	chlorzoxazone 250mg paracetamol 500mg		PP: 1 tab	17 Ksh
<b>Codeine phosphate/caffeine/doxylamine succinate/paracetamol ('Pynstop' or 'Betapyn')</b>	codeine phosphate 10mg, caffeine 45mg, doxylamine succinate 5mg, paracetamol 450mg	Oral	PP: 1 tab	8 - 18 Ksh
<b>Dihydrocodeine/DF 118</b>	30mg	Oral	PP: 1 tab	14 Ksh
<i>1 tab 4 times daily</i>				
<b>Fentanyl</b>	100mcg/2ml	Inj	PP: 1 amp	197 Ksh
<i>By slow IV 50-100mcg then 50mcg as required</i>				
<b>Morphine Sulphate</b>	10 mg/ml	Inj	PP: 1 amp	115 Ksh
<i>Acute pain: 5-10 mg every 4 hrs; Breakthrough pain (separate order 5– 10 mg every 4 hrs PRN until pain controlled; only as IV (NOT to give as IM or SC)</i>				
<b>Morphine Sulphate syrup</b>	10mg/5ml	Oral	PP: 1ml	6 Ksh
<i>To be used PRN for acute pain or breakthrough pain</i>				
<b>Morphine Extended Release</b>	10mg	Oral	PP: 1 tab	29 Ksh
<b>Morphine Extended Release</b>	30mg	Oral	PP: 1 tab	81 Ksh
<i>RESTRICTED PRESCRIBING – cannot be prescribed without approval by palliative care team or consultant</i>				
<b>Pethidine (Meperidine)</b>	100 mg/2 ml	Inj	PP: 1 amp	123 Ksh
<b>Pethidine</b>	50mg	Inj	PP: 1 amp	80 Ksh
<b>Tramadol</b>	50mg	Oral	PP: 1 cap	12 Ksh
<i>50-100mg every 6 hours; max 400mg daily</i>				

#### **4.7c Neuropathic pain**

<https://kijabe.wordpress.com/opd-department-guidelines/> see peripheral neuropathy guideline

<b>Amitriptyline</b>	25mg	Oral	PP: 1 tab	2 Ksh
<i>Neuropathic pain: initially 12.5mg nocte, gradually increased if necessary to 75mg. Side effects: dry mouth, blurred vision, constipation, urinary retention, drowsiness. Caution if cardiovascular disease, epilepsy, diabetes, BPH, glaucoma and in the elderly.</i>				
<b>Gabapentin</b>	100mg	Capsule	PP: 1 cap	42 Ks
<b>Gabapentin</b>	300mg	Capsule	PP: 1 cap	21 Ksh
<i>Peripheral neuropathic pain: initially 300mg three times daily, then increase according to response (max 3.6g daily = 12 tablets). Can start with 300mg at night if mild pain or if renal disease.</i>				
<i>Fibromyalgia: initially 300mg at night, increase every 1-2 weeks</i>				
<i>Lower dose if reduced eGFR. Avoid abrupt withdrawal. Caution if elderly, diabetes, history of psychotic illness. GI side effects common.</i>				
<b>Carbamazepine</b>	200mg	Oral	PP: 1 tab	8 Ksh
<i>Trigeminal neuralgia, diabetic neuropathy: initially 100mg 1-2 times daily, increased gradually according to response, usual dose 200mg 3-4 times daily (max 1.6g daily)</i>				
<b>Pregabalin</b>	25mg	Oral	PP: 1 tab	22 Ksh
<b>Pregabalin</b>	75mg	Oral	PP: 1 tab	21 Ksh
<i>Neuropathic pain: initially 75mg bd then increase if necessary (max 600mg in 2-3 divided doses). Lower dose if reduced eGFR. Avoid abrupt withdrawal. Avoid in severe congestive heart failure. GI side effects common.</i>				

#### 4.7d Migraine treatment

<https://kijabe.wordpress.com/opd-department-guidelines/> see headache diagnosis & migraine guidelines

**Amitriptyline** 25mg Oral PP: 1 tab 2 Ksh

Migraine prophylaxis (second line): before bed - initially small dose-12.5mg nocte, increasing to up to 150mg (caution side effects)

#### Propranolol

Migraine prophylaxis (first line): 40mg bd, then increase up to 240mg in divided doses as necessary

**Sumatriptan** 50mg Oral PP: 1 tab 98 ksh

**Sumatriptan** 100mg Oral PP: 1 tab 123 ksh

Acute migraine: 50mg stat dose at start of attack, (some patients require 100mg), dose can be repeated after at least 2 hours if migraine recurs

#### 4.8 Antiepileptics

<https://kijabe.wordpress.com/opd-department-guidelines/> see epilepsy diagnosis & management guidelines

#### 4.8a Epilepsy control

**Discontinuation of therapy** – for all anti-epileptics being taken chronically, please withdraw gradually (over 2-6 months) to minimize the potential of increased seizure frequency

**Changing from one anti-epileptic drug to another** – check diagnosis, dose and compliance first; start new drug and build up to target dose while continuing first medication, start to slowly withdraw the first drug only once the new regimen has been established

**Pregnancy and women of child-bearing age** – need to discuss carefully, avoid sodium valproate as most teratogenic, if wanting to get pregnant discuss with consultant, prescribe high dose folic acid (5mg per day) for any woman of child-bearing age taking anti-epileptics. **If already pregnant but seizures well-controlled, do not switch drugs as more risk of uncontrolled seizures**

**Carbamazepine (Tegretol)** 200 mg Oral PP: 1 tab 8 Ksh

**Carbamazepine** 100mg/5ml Oral PP: 100ml 1103 Ksh

Generalised tonic-clonic seizures (primary, secondary) and focal seizures (first line for all women of child-bearing age and second line for men/girls <12y, or if cost is a problem): initially 100-200mg 1-2 times daily, increased slowly to usual dose of 400mg-600mg bd (in some cases 800mg-1g bd is needed); elderly - reduce initial dose; children – up to 1y 50-100mg bd,, 1-5y 100-200mg bd, 5-10y 200-300mg bd, 10-15y 300-500mg bd

**Levetiracetam (Keppra)** 250mg Oral PP: 1 tab 37 Ksh

Focal seizures (monotherapy or adjunctive therapy) and adjunctive therapy of myoclonic seizures and generalised tonic-clonic seizures: initially 250mg bd, then increased according to response and tolerability every two weeks, max 1.5g bd; children >12y and >50kg weight as for adults; weight<50kg initially 10mg/kg bd and increase by 10mg/kg every 2 weeks to recommended dose of 30mg/kg bd

**Phenobarbital** 30mg Oral PP: 1 tab 2 Ksh

Generalised tonic-clonic seizures and focal seizures: 60-180 mg/day at night, children – 5-8 mg/kg at night Avoid outside the neonatal period unless no alternative available or affordable; Can cause behavioural disturbances, hyperkinesia, cognitive impairment and sedation; Rebound seizures may be a problem on withdrawal so withdraw slowly

**Phenytoin** 100mg Oral PP: 1 tabs 18 Ksh

**Phenytoin** 50mg Oral PP: 1 cap 17 Ksh

**Phenytoin** 30mg/5ml Oral PP: 100ml 400Ksh

Generalised tonic-clonic seizures, focal seizures, prevention or treatment of seizures during or following neurosurgery or following head trauma: initially 150-300 mg/day in 1 dose or in 2 divided doses, increase gradually as necessary, usual dose 200-500 mg/day. Child: initially 5mg/kg daily in 2 divided doses, usual dose range 4-8 mg/kg/day. **In those taking long-term, prescribe with folic acid (5mg/day) to reduce gum hypertrophy.**

<b>Sodium valproate</b>	200mg/5ml	Oral	PP: 100ml	478.5Ksh
<b>Sodium valproate</b>	200mg/5ml	Oral	PP: 300ml	1138 Ksh
<b>Sodium valproate</b>	200mg	Oral	PP: 1 tab	21 Ksh
<b>Sodium valproate</b>	300mg	Oral	PP: 1 tab	32 Ksh
<b>Sodium valproate</b>	500mg	Oral	PP:1 tab	45 Ksh

*All forms of epilepsy (first line treatment apart from women of child-bearing age): initially 600mg daily in 2 divided doses, increase gradually (in steps of 150-300mg) every 3 days, usual dose 1-2 g daily, child (1 month to 12 years), initially 10-15mg/kg (max 600mg) in 2 divided doses, usual maintenance 25-30mg/kg daily in 2 divided doses*

*Contraindications – risk of liver disease, pregnancy; NOTE – teratogenic – prescribe alternative (e.g. carbamazepine) or ensure reliable contraception if no alternative, in women of child-bearing age*

#### **4.8b Status epilepticus**

<b>Diazepam</b>	10 mg/2 ml	Inj	PP: 1 amp	200 Ksh
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*Adult: SLOWLY IV 10mg (over 2 minutes), repeat after 10 minutes if necessary; Child > 2 months: give IV solution rectally 0.5mg/kg, repeat after 10 minutes if necessary; if given IV (higher risk of respiratory depression) 0.25mg/kg*

<b>Phenobarbital</b>	200 mg/2 ml	Inj	PP: 1 amp	273 Ksh
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*Neonatal seizures and alternative in children if no response after 2 doses of diazepam: loading dose 15 mg/kg, can repeat up to total dose of 40mg/kg in 24 hours, maintenance 1-5 mg/kg/day*

<b>Phenytoin</b>	250mg/5ml	Inj	PP: 1 amp	290 Ksh
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*Second line if no response after 2 doses diazepam in adults and children >2months: loading dose of 20mg/kg (max 2g) by slow IV infusion at a maximum rate of 1mg/kg/minute, with BP and heart monitoring; follow with maintenance dose (IV or oral): adults 100mg every 6-8 hours; child/neonate 5-10 mg/kg daily in 2 divided doses*

#### **4.9 Drugs Used in Parkinsonism and Related Disorders**

<b>Benzhexol (Artane)</b>	5mg	Oral	PP: 1 tab	5 Ksh
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*Adjunct to Sinemet if still tremor and rigidity, but note risk of toxicity and aggravation of dementia in the elderly. Use low doses only, initially 1.25mg daily, increase gradually to maximum dose of 5mg in divided doses. Use with caution in cardiovascular disease, glaucoma and BPH*

<b>Co-careldopa (Sinemet)</b>	Levodopa 250 mg Carbidopa 25 mg	Oral	PP: 1 tab	67 Ksh
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*Initially ½ tablet 1-2 times daily, increased by ½ tablet every few days (or slower) according to response, (maximum dose 8 tablets per day), dosing frequency of >4 times daily may be required, use the lowest dose necessary to provide satisfactory clinical response. Cautions: antiparkinsonian drugs can cause confusion in the elderly so it is important to initiate treatment with low doses and to increase the dose gradually; never stop abruptly.*

## 5. INFECTIONS

### **5.1 Antibiotics/Antivirals**

#### **5.1.1 Penicillins**

<b>Amoxicillin</b>	250mg	Oral	PP: 1 cap	5 Ksh
<b>Amoxicillin</b>	500mg	Oral	PP: 1 cap	12Ksh
<b>Amoxicillin</b>	125mg/5ml	Liquid	PP: 100ml	98 Ksh

*Paeds: 25-100 mg/kg/day in 3 divided doses*

<b>Amoxicillin/clavulanic acid</b>	156mg/5ml	Oral	PP: 100ml	180 Ksh
<b>Amoxicillin/clavulanic acid</b>	228mg/5ml	Oral	PP: 100ml	333 Ksh
<b>Amoxicillin/clavulanic acid</b>	375mg (250/125)	Oral	PP: 1 tab	14 Ksh
<b>Amoxicillin/clavulanic acid</b>	625mg (500/125)	Oral	PP: 1 tab	30 Ksh
<b>Amoxicillin/clavulanic acid</b>	1g (875/125)	Oral	PP: 1 tab	36 Ksh

<b>Ampicillin</b>	500mg/2ml	Inj	PP: 1 amp	51 Ksh
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*250-1000 mg IV 4 times daily*

<b>Benzathine Penicillin</b>	2.4 MIU	Inj	PP: 1 vial	76 Ksh
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*Given as a deep intramuscular injection in upper, outer quadrant of gluteus maximus or ventrogluteal field.*

*Primary syphilis: 2.4MIU as single dose; Latent syphilis: 2.4MIU once weekly for 3 weeks;*

*Prophylaxis of rheumatic fever (no cardiac involvement): 1.2MIU monthly for at least 5 years or up to 18 years of age (whichever is longer);*

*Prophylaxis of rheumatic fever (with cardiac involvement): 1.2MIU monthly for life*

<b>Cloxacillin</b>	250mg	Oral	PP: 1 tab	5 Ksh
<b>Cloxacillin</b>	125mg/5ml	Liquid	PP: 100ml	102 Ksh

*Paeds: < 1 yr, 1/2 tsp QID. 1-6 yrs, 1 tsp QID. >6 yrs, 2 tsp QID. 1-2 tabs 4 times daily. If > 30 days treatment use 50-100 mg/kg/day divided into 4 doses*

<b>Penicillin V</b>	250mg	Oral	PP: 1 tab	4 Ksh
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*1-2 tabs 4 times daily*

<b>Flucloxacillin</b>	250mg	Oral	PP: 1 cap	5 Ksh
<b>Flucloxacillin</b>	500mg	Oral	PP: 1 cap	12 Ksh

<b>Piperacillin/Tazobactam</b>	4.5g	Inj	PP: 1 vial	595 Ksh
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*Paeds: 90mg/kg iv 6-8hourly, adults 4.5g iv 6-8hourly.*

#### **5.1.2 Cephalosporins, Carbapenems and other beta-lactams**

<b>Cefadroxil (Cefadox)</b>	500mg	Oral	PP: 1 cap	20 Ksh
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*Over 40 kg, 1-2 tabs BID*

<b>Cefazolin</b>	1g	Inj	PP: 1 vial	291 Ksh
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*0.5- 1 gm IV 3- 4 times daily*

<b>Ceftriaxone</b>	1g	Inj	PP: 1 vial	128 Ksh
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*1 g/day IM/IV (>2 min) 2-4 g daily in severe infections. Rotate IM sites if giving more than 1g/day*

<b>Cefuroxime</b>	500mg	Oral	PP: 1 tab	39 Ksh
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<b>Cefuroxime</b>	125mg/5ml	Liquid	PP: 100ml	280 Ksh
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*250-500mg orally bd, UTI 125mg bd*

<b>Cefuroxime</b>	750mg	Inj	PP: 1 vial	104 Ksh
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*750mg iv tds; child 25mg/kg iv tds*

<b>Cefepime</b>	1g	Inj	PP: 1 vial	725 Ksh
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<b>Cefotaxime</b>	1g	Inj	PP: 1 vial	321 Ksh
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<b>Ceftazidime</b>	1g	Inj	PP: 1 vial	266 Ksh
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<b>Cefoperazone/salbactam</b>	1g	Inj	PP: 1 vial	602 Ksh
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<b>Meropenem</b>	500mg	Inj	PP: 1 vial	774 Ksh
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<b>Meropenem</b>	1g	Inj	PP: 1 vial	619 Ksh
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*500mg iv tds, severe infections 1gm iv tds, meningitis 2gm iv tds, paeds 10-20mg/kg iv tds*

### 5.1.3 Tetracyclines

<b>Doxycycline</b>	100mg	Oral	PP: 1 tab	7 Ksh
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1 tab twice daily

### 5.1.4 Aminoglycosides

<b>Gentamicin</b>	20mg/2ml	Inj	PP: 1 amp	15 Ksh
<b>Gentamicin</b>	80mg/2ml	Inj	PP: 1 amp	18 Ksh

Adults: Loading dose 2 mg/kg. Maintenance 3-5 mg/kg/day in 3 divided doses by slow IV injection (at least 3 minutes) OR 5-7mg/kg once daily by IV infusion; Paeds – 7.5mg/kg once daily by slow IV injection

!! Renal and ototoxicity

<b>Amikacin</b>	100mg	Inj	PP: 1 amp	106 Ksh
<b>Amikacin</b>	500mg	Inj	PP: 1 amp	136 Ksh

15mg/kg daily in 2 doses

### 5.1.5 Macrolides

<b>Azithromycin</b>	500mg	Oral	PP: 1 tab	36 Ksh
<b>Azithromycin</b>	200mg/5ml	Liquid	PP: 15 ml	100 Ksh
<b>Azithromycin</b>	500mg	Inj	PP: 1 vial	327 Ksh
<b>Clarithromycin</b>	500mg	Oral	PP: 1 tab	29 Ksh

1 tab every 12 hrs

<b>Erythromycin</b>	250mg	Oral	PP: 1 tab	3 Ksh
<b>Erythromycin</b>	500mg	Oral	PP: 1 tab	12 Ksh

1-2 tabs 4 times daily

<b>Erythromycin</b>	125mg/5ml	Liquid	PP: 100ml	106 Ksh
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up to 2 yrs, 1 tsp every 6 hrs. 2-8 yrs, 2 tsp every 6 hrs. Doses doubled for severe infections

### 5.1.6 Clindamycin

<b>Clindamycin</b>	150mg	Oral	PP: 1 cap	14 Ksh
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1-2 tabs every 6 hrs; up to 3 tabs every 6 hrs in severe infections

### 5.1.7 Sulfonamides and trimethoprim

<b>Co-trimoxazole (Septrin)</b>	200/40mg/5ml	Liquid	PP: 100ml	85 Ksh
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6 weeks-5 months: 2.5ml; 6 months- 5 years: 5ml; 6 – 12 years: 10ml, all twice daily

<b>Co-trimoxazole (Septrin)</b>	400mg/80mg	Oral	PP: 1 tab	3 Ksh
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2 tabs twice daily

<b>Co-trimoxazole (Septrin)</b>	800mg/160mg	Oral	PP: 1 tab	6 Ksh
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1 tab twice daily

### 5.1.9 Antituberculous drugs

<b>Rifampicin</b>	300mg	Oral	PP: 1 tab	26 Ksh
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Sometimes prescribed for brucellosis. Otherwise, all anti-TB drugs given through CCC

### 5.1.11 Metronidazole and Tinidazole

<b>Metronidazole</b>	400mg	Oral	PP: 1 tab	4 Ksh
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Anaerobes: 400mg 3 times daily for 5 days. Giardiasis: 2g once daily for 3 days OR 400mg 3 times daily for 7 days (if pregnant); Contraindicated in 1<sup>st</sup> trimester of pregnancy

<b>Metronidazole</b>	200mg/5ml	Liquid	PP: 100 ml	60 Ksh
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Anaerobic infection children 15-35mg/kg/day in 3 divided doses; Giardiasis 25mg/kg once daily for 3 days

<b>Metronidazole</b>	500mg	Inj	PP: 1 vial	101 Ksh
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500mg every 8 hours, to be given over 20 minutes

<b>Metronidazole/diloxanide</b>	400mg/500mg	Oral	PP: 1 tab	12 Ksh
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Amoebiasis: 1 tablet 3 times daily for 10 days (to eliminate trophozoites as well as cyst carriage)

<b>Tinidazole</b>	500mg	Oral	PP: 1 tab	12 Ksh
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Anaerobes: 500mg bd for 5-6 days; Intestinal amoebiasis: adults and child >12y, 2g once daily for 2-3 days; Amoebic involvement of liver: 1.5-2g once daily for 3-6 days; Giardiasis: 2g single dose. Contraindicated in 1<sup>st</sup> trimester of pregnancy

### 5.1.12 Quinolones

<b>Ciprofloxacin</b>	500mg	Oral	PP: 1 tab	10 Ksh
<i>250-500mg twice daily, child up to 20mg/kg twice daily</i>				
<b>Ciprofloxacin</b>	200mg/100ml	Inj	PP: 1 vial	113 Ksh
<i>200-400mg IV twice daily; child: up to 10mg/kg 2-3 times daily</i>				
<b>Norfloxacin</b>	400mg	Oral	PP: 1 tab	6 Ksh
<i>3<sup>rd</sup> or 4<sup>th</sup> line antibiotics in UTI, Chronic prostate: 400mg twice daily for 28 days</i>				

### 5.1.12 Other antimicrobials

<b>Chloramphenicol</b>	125mg/5ml	Liquid	PP: 100ml	100 Ksh
<i>Children: 50-100mg/kg/day in 4 divided doses</i>				
<b>Chloramphenicol</b>	250mg	Oral	PP: 1 cap	10 Ksh
<b>Chloramphenicol</b>	1g/2ml	Inj	PP: 1 amp	100 Ksh
<i>50mg/kg/day divided into 4 doses (can double dose in exceptional situations)</i>				
<b>Nitrofurantoin</b>	100mg	Oral	PP: 1 tab	6 Ksh
<i>100mg 4 times daily</i>				
<b>Vancomycin</b>	500mg	Inj	PP: 1 amp	679 Ksh
<i>1g IV 12 hourly; Children: 15mg/kg every 8 hours max 2gm daily; C Difficile</i>				

### 5.2 Antifungal Drugs

<b>Amphotericin B</b>	50mg	Inj	PP: 1 vial	653 Ksh
<i>Test dose: 1 mg over 30 min; then 250 mcg – 1 mg/kg daily</i>				
<b>Clotrimazole</b>	20g	Topical	PP: 1 tube	32 Ksh
<b>Clotrimazole/Betamethasone</b>	15g	Topical	PP: 1 tube	42 Ksh
<b>Clotrimazole/Clindamycin</b>	100mg/100mg	Pessary	PP: 1 pess	61 Ksh
<b>(Vagillin)</b>				
<i>1 tablet vaginally per night for 7 nights</i>				
<b>Clotrimazole</b>	200mg	Pessary	PP: 1 pess	31 Ksh
<i>Vaginal candidiasis: Insert one tablet vaginally each night for 3 nights</i>				
<b>Extra-derm cream</b>		Topical	PP: 1 tube	157 Ksh
<i>(gentamycin, clotrimazole, betamethasone)</i>				
<b>Fluconazole</b>	200mg	Oral	PP: 1 tab	15 Ksh
<b>Fluconazole</b>	50mg/5ml	Oral	PP: 30ml	97 Ksh
<b>Griseofulvin</b>	500mg	Oral	PP: 1 tab	11 Ksh
<b>Griseofulvin</b>	250mg	Oral	PP: 1 tab	7 Ksh
<b>Ketoconazole</b>	200mg	Oral	PP: 1 tab	9 Ksh
<b>Ketoconazole cream</b>	20g	Topical	PP: 1 tube	154 Ksh
<b>Nystatin drops</b>	100000iu/ml	Liquid	PP: 30 ml	68 Ksh
<i>Oral candidiasis: 1ml 3-4 times daily for adults or children</i>				
<b>Terbinafine cream</b>	15g	Topical	PP: 1 tube	194 Ksh

### 5.3 Antiviral Drugs

<b>Acyclovir</b>	400mg	Oral	PP: 1 tab	16 Ksh
<b>Acyclovir</b>	250mg	Inj	PP: 1 vial	1479 Ksh
<b>Valacyclovir</b>	400mg	Oral	PP: 1 tab	328 Ksh

### 5.4 Antiprotozoal Drugs

<b>Artemether/lumefantrine</b>	20mg/120mg	Oral	PP: 1 tab	10 Ksh
<b>(Co-Artem)</b>				
<i>5-15kg: 1 tab stat, 8h and then BD for 2 days; 15-25kg: 2 tabs stat, 8h and then BD for 2 days; 25-35kg: 3 tabs stat, 8h and then BD for 2 days; &gt;35kg: 4 tabs stat, 8h and then BD for 2 days</i>				
<i>ALWAYS ENSURE THAT THE 3 DAYS IS COMPLETED ONCE STARTED, even if tests become negative</i>				
<b>Artesunate</b>	60mg	Inj	PP: 1 amp	231 Ksh
<b>Artesunate</b>	120mg	Inj	PP: 1 amp	555 Ksh
<i>Severe malaria: 2.4mg/kg IM/IV at 0h, 12h and 24h, then once daily until can take oral medication (then must complete the full 3 days)</i>				

<b>Aminosidine (Paramomycin)</b>	250mg	Oral	PP: 1 tab	30 Ksh
<b>Doxycycline</b>	100mg	Oral	PP: 1 tab	7 Ksh
<i>Malaria prophylaxis: 100mg daily (can cause increased sun sensitivity)</i>				
<b>Metronidazole</b>	400mg	Oral	PP: 1 tab	4 Ksh
<i>Giardiasis: 2g once daily for 3 days OR 400mg 3 times daily for 7 days (if pregnant); Contraindicated in 1<sup>st</sup> trimester of pregnancy</i>				
<b>Metronidazole</b>	200mg/5ml	Liquid	PP: 100 ml	59 Ksh
<i>Giardiasis 25mg/kg once daily for 3 days</i>				
<b>Metronidazole/diloxanide DS</b>	400mg/500mg	Oral	PP: 1 tab	12 Ksh
<i>Amoebiasis: 1 tablet 3 times daily for 10 days (to eliminate trophozoites as well as cyst carriage)</i>				
<b>Primaquine</b>	15mg	Oral	PP: 1 tab	50 Ksh
<b>Quinine Sulphate</b>	300mg	Oral	PP: 1 tab	20 Ksh
<i>Malaria second line treatment and in first trimester of pregnancy: 600mg 3 times daily for 7 days</i>				
<b>Quinine Dihydrochloride</b>	600mg/2ml	Inj	PP: 1 amp	75 Ksh
<i>600 mg 3 times daily, Paeds: 25 mg/kg/day in 3 divided doses diluted in 10 ml/kg Darrows IV</i>				
<b>Tinidazole</b>	500mg	Oral	PP: 1 tab	12 Ksh
<i>Intestinal amoebiasis: adults and child &gt;12y, 2g once daily for 2-3 days; Amoebic involvement of liver: 1.5-2g once daily for 3-6 days; Giardiasis: 2g single dose. Contraindicated in 1<sup>st</sup> trimester of pregnancy</i>				

### **5.5 Anthelmintics**

<b>Albendazole</b>	400mg	Oral	PP: 1 tab	18 Ksh
<b>Albendazole</b>	200mg/5ml	Liquid	PP: 20ml	40 Ksh
<i>Ascaris, Hookworm, Trichuris: 400mg one dose (child &gt;6m and &lt;10kg: 200mg); Strongyloides: 400mg twice daily for 7 days; Threadworm/Pinworm: 400mg one dose then repeat after 2-4 weeks (child &gt;6m and &lt;10kg 200mg); Hydatid cysts: adjunct to surgical drainage</i>				
<b>Mebendazole</b>	100mg	Oral	PP: 1 tab	10 Ksh
<i>Ascaris, Hookworm, Trichuris: 1 tablet twice daily for 3 days or 5 tablets in once dose (child &gt;6m and &lt;10kg: 50mg); Threadworm/Pinworm: 1 tablet twice daily for 3 days or 5 tablets in once dose (child &gt;6m and &lt;10kg: 50mg)</i>				
<b>Praziquantel</b>	600mg	Oral	PP: 1 tab	30Ksh
<i>Schistosomiasis: 40mg/kg in one dose; can repeat for three days in CNS disease (with steroid cover); Tapeworms: 25mg/kg in one dose</i>				



## 6. ENDOCRINE SYSTEM

### **6.1 Drugs Used in Diabetes**

<https://kijabe.wordpress.com/opd-department-guidelines/> see diabetes guidelines

<b>Empagliflozin</b>	10mg	Oral	PP: 1 tab	44 Ksh
<b>Glibenclamide</b>	5mg	Oral	PP: 1 tab	5 Ksh
<i>Only use if gliclazide unavailable</i>				
<b>Gliclazide</b>	80mg	Oral	PP: 1 tab	7 Ksh
<i>First line sulphonylurea, use if blood sugars not at target with metformin alone (or first-line if metformin contraindicated). Start at 40-80mg OD then titrate up according to HbA1c, Max 320mg, doses higher than 160mg to be given in divided doses</i>				
<b>Glimepiride</b>	2mg	Oral	PP: 1 tab	5 Ksh
<b>Insulin Rapid Action</b>	100 IU/ml	Inj	PP: 10ml	500 Ksh
<b>Insulin 70/30 (Mixtard 30)</b>	100 IU/ml	SC	PP: 10ml	500 Ksh
<i>Second-line insulin for T2DM (or if glargine not possible); commence at 0.2 units/kg/day total dose, give 2/3 dose with breakfast and 1/3 dose with evening meal, adjust dose by around 10% once or twice a week until the FBS &lt;9 on waking and before evening meal</i>				
<b>Insulin 70/30 (Humulin cartridge)</b>	300IU/ml	SC	PP: 3ml	663 Ksh
<b>Insulin Glargine</b>	100 IU/ml	SC	PP: 10ml	1417 Ksh
<i>First line insulin for T2DM when possible; given once daily at the same time each day (usually bedtime), start with 0.1 IU/kg/day then adjust dose by around 10% once or twice a week until the morning FBS &lt;9</i>				
<b>Metformin</b>	500mg	Oral	PP: 1 tab	3 Ksh
<b>Metformin</b>	850mg	Oral	PP: 1 tab	7 Ksh
<b>Metformin XR (Glucophage XR)</b>	500mg	Oral	PP: 1 tab	9 Ksh
<i>Slowly titrate every two weeks to reduce GI side effects, 850mg tds maximum dose (2.5g/d) (can tell patient to do this). Note can try metformin XR if severe side effects (but more expensive)</i>				
<b>Pioglitazone</b>	15mg	Oral	PP: 1 tab	6 Ksh
<b>Vildagliptin</b>	50mg	Oral	PP: 1 tab	9 Ksh
<b>Glucometer (Accu-chek active)</b>			PP: 1 unit	500 Ksh
<b>Strips for glucometer</b>			PP: 50 str	2018 Ksh

### **6.2 Thyroid and Antithyroid Drugs**

<https://kijabe.wordpress.com/opd-department-guidelines/> see hyperthyroidism & hypothyroidism

<b>Carbimazole</b>	5mg	Oral	PP: 1 tab	4 Ksh
<i>5-10 mg two or three times daily until euthyroid, then reduced. Continue 18/12 or until surgery</i>				
<b>Lugol's Iodine drops</b>	100ml	Oral	PP: 100ml	400 Ksh
<b>Thyroxine sodium</b>	25mcg	Oral	PP: 1 tab	11 Ksh
<b>Thyroxine sodium</b>	100mcg	Oral	PP: 1 tab	15 Ksh
<i>Initially 25-100mcg daily, increase every 3-4 weeks to maintenance dose (usually 100-200 mcg/day)</i>				

### **6.3 Corticosteroids**

<b>Dexamethasone</b>	4mg	Oral	PP: 1 tab	5 Ksh
<i>Chemo induced vomiting, multiple myeloma, multiple sclerosis, inflammation and allergic conditions: 0.5mg – 40mg; Croup 150mcg/kg for 1 dose</i>				
<b>Dexamethasone</b>	4mg/ml	Inj	PP: 1 amp	22 Ksh
<i>Shock, spinal cord compression, cerebral oedema. Avoid sudden cessation if taken for more than 7 days</i>				
<b>Fludrocortisone</b>	100mcg	Oral	PP: 1 tab	47 Ksh
<i>Adrenocortical insufficiency, congenital adrenogenital syndrome, severe orthostatic hypotension</i>				
<b>Hydrocortisone</b>	10mg	Oral	PP: 1 tab	30 Ksh
<i>Inflammatory diseases, collagen diseases, endocrine diseases, autoimmune diseases: 10mg – 320mg od</i>				
<b>Hydrocortisone</b>	100mg/2ml	Inj	PP: 1 vial	84 Ksh
<i>Acute asthma (if unable to take oral prednisolone): 100mg every 6 hours until conversion to oral prednisolone possible: child 4mg/kg (max 100mg); Acute adrenal crisis, TB meningitis 100-500 mg 3-4 times in 24 hours</i>				
<b>Methylprednisolone</b>	500mg	Inj	PP: 1 vial	1160 Ksh
<i>Allergic conditions, severe lupus nephritis, pneumocystis, severe IBD, acute spinal cord injury, acute exacerbation of multiple sclerosis: initially 10-500mg daily</i>				

<b>Methylprednisolone (Depo-Medrol)</b>	40mg/ml	Inj	PP: 1 vial	875 Ksh
<b>Methylprednisolone (Depo-Medrol)</b>	80mg/ml	Inj	PP: 1 vial	1131 Ksh
<i>Intra-articular injections. For large joints 20-80mg, medium 10-40mg, small 4-10mg</i>				
<b>Prednisolone</b>	5mg	Oral	PP: 1 tab	3 Ksh
<i>Acute asthma: 40mg once daily for at least 5 days; child 1-2mg/kg (max 40mg/day); Exacerbations of COPD: 30-40mg once daily for 7-10 days (no need to tail off steroids); Bell's palsy: 50mg in 1-2 divided doses for 10 days; Suppression of inflammatory and allergic disorders, rheumatoid arthritis; Croup 1-2mg/kg stat</i>				
<i>Preferably taken in the morning after breakfast</i>				
<i>NB: avoid sudden cessation of treatment if patient has taken more than 40mg prednisolone (or equivalent) for more than 7 days, or if have taken a course of prednisolone for more than three weeks, or if have recently repeated courses</i>				
<b>Triamcinolone acetonide</b>	40mg/ml	Inj	PP: 1 vial	135 Ksh
<i>By intra articular or intra-bursal 10-40mg; by IM 40-60mg</i>				

## 6.4 Sex Hormones

<https://kijabe.wordpress.com/opd-department-guidelines/> see 'Contraception' and 'Menstrual problems – heavy or abnormal uterine bleeding'

<b>Alprostadil (Bioglandin)</b>	500mcg	Inj	PP: 1 amp	13485 Ksh
<b>Combined oral contraceptive pill</b>		Oral	PP:	0 Ksh*
<i>Ethinylestradiol 30mcg/levonorgestrel 50mcg; *charge for initial counselling only</i>				
<b>Etonogestrel implant (Implanon)</b>	68mg	Implant		0 Ksh*
<i>Contraceptive sub-dermal implant (one rod), which can be left in place for 3 years; *but charge for procedure</i>				
<b>Hydroxyprogesterone (Primolut depo)</b>	250mg/ml	Inj	PP: 1 amp	1310 Ksh
<b>Intra-uterine system (Mirena coil)</b>		Intra-uterine		7240 Ksh
<i>Used for contraception and in menorrhagia; effective for 5 years</i>				
<b>Levonorgestrel implant (Jadelle)</b>	150mg	Implant		0 Ksh*
<i>Contraceptive sub-dermal implant (two rods), can be left in place for 5 years; *but charge for procedure</i>				
<b>Medroxyprogesterone (Provera)</b>	5mg	Oral	PP: 1 tab	41 Ksh
<b>Medroxyprogesterone (Depo Provera)</b>	150mg	Inj	PP: 1 amp	0 Ksh*
<i>Contraceptive injection, given by deep IM injection every 12 weeks; *but charge for procedure (200Ksh)</i>				
<b>Norethisterone (Primolut N)</b>	5mg	Oral	PP: 1 tab	38 Ksh
<b>Stilboestrol</b>	5mg	Oral	PP: 1 tab	21 Ksh
<i>Prostate Cancer: 1-3 mg daily, Breast Cancer: 10-20 mg daily</i>				

## 6.5 Hypothalamic & Pituitary Hormones & Anti-Oestrogens

<b>Bicalutamide</b>	50mg	Oral	PP: 1 tab	1116 Ksh
<b>Clomiphene</b>	50mg	Oral	PP: 1 tab	48 Ksh
<b>Desmopressin</b>	0.2mg	Oral	PP: 1 tab	102 Ksh
<b>Desmopressin nasal spray</b>	2.5mcg/dose	Spray	PP: 1 can	7120 Ksh
<b>Desmopressin</b>	4mcg/ml	Inj	PP: 1 vial	720
<b>Letrozole</b>	2.5mg	Oral	PP: 1 tab	11 Ksh
<b>Tamoxifen</b>	20mg	Oral	PP: 1 tab	16 Ksh
<i>20mg daily</i>				

## 6.6 Drugs affecting bone metabolism

<b>Atlenronate</b>	70mg	Oral	PP: 1 tab	73 Ksh
<i>Osteoporosis: 70mg once weekly, doses should be taken with plenty of liquid while standing, on an empty stomach, 30 minutes before breakfast; patient should remain sitting or standing for 30 minutes following administration; Caution upper GI disorders</i>				

## 7. OBSTETRICS, GYNAECOLOGY, & URINARY TRACT DISORDERS

### **7.1 Drugs Used in Obstetrics**

<b>Ergometrine</b>	0.5mg/ml	Inj	PP: 1 amp	40 Ksh
<b>Magnesium Sulphate</b>	0.5 g/ ml	Inj	PP: 10ml	269 Ksh
<b>Misoprostol</b>	200mcg	Oral	PP: 1 tab	31 Ksh
<i>Treatment of post-partum haemorrhage: 200-1000mcg, orally, rectally, vaginally</i>				
<b>Oxytocin</b>	10IU/ml	Inj	PP: 1 amp	45 Ksh

### **7.2 Drugs used in benign prostatic hyperplasia/urinary disorders**

<https://kijabe.wordpress.com/opd-department-guidelines/> see LUTS in males guideline

<b>Doxazocin</b>	4mg	Oral	PP: 1 tab	12 Ksh
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*Alpha-blocker - male LUTS where conservative management has been unsuccessful or is not appropriate; alternative to combination therapy, especially if cost is an issue; first-line alpha blocker: 4mg OD and review after 6 weeks; common side effects: dizziness, fatigue, rhinitis, postural hypotension*

*If already on treatment for hypertension, consider reducing doses of anti-hypertensives to reduce risk of postural hypotension.*

<b>Dutasteride</b>	0.5mg	Oral	PP: 1 tab	69 Ksh
<b>Dutasteride/Tamsulosin</b>	0.5mg/0.4mg	Oral	PP: 1 tab	60 Ksh

*Combination therapy (Alpha-blocker and 5-ARI) - male LUTS voiding symptoms where conservative management has been unsuccessful or is not appropriate, generally used as first line at Kijabe Hospital if affordable (or finasteride/tamsulosin), 1 tablet OD and review after 6 weeks; common side effects: reduced libido and impotence*

<b>Finasteride</b>	5mg	Oral	PP: 1 tab	20 Ksh
<b>Finasteride/Tamsulosin</b>	5mg/0.4mg	Oral	PP: 1 tab	48 Ksh

*Combination therapy (Alpha-blocker and 5-ARI) - male LUTS voiding symptoms where conservative management has been unsuccessful or is not appropriate, generally used as first line at Kijabe Hospital if affordable (or dutasteride/tamsulosin), 1 tablet OD and review after 6 weeks; common side effects: reduced libido and impotence*

<b>Oxybutinin</b>	5mg	Oral	PP: 1 tab	9 Ksh
<b>Sildenafil</b>	50mg	Oral	PP: 1 tab	7 Ksh

*Erectile dysfunction: initially 50mg, to be taken approx. 1h before sexual activity. Adjust according to response, 25-100mg as single dose, maximum 1 dose per day*

<b>Solifenacin</b>	5mg	Oral	PP: 1 tab	70 Ksh
<b>Tamsulosin</b>	0.4mg	Oral	PP: 1 tab	54 Ksh

*Second-line alpha-blocker - male moderate-severe LUTS where conservative management has been unsuccessful or is not appropriate; usually second line to combination therapy/doxazocin: 0.4mg OD and review after 6 weeks; common side effects: dizziness, fatigue, rhinitis, postural hypotension*

<b>Tadalafil</b>	5mg	Oral	PP: 1 tab	60 Ksh
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## 8. MALIGNANT DISEASE & IMMUNOSUPPRESSION

### **8.1 Cytotoxic Drugs**

<b>Bortezomib</b>	3.5mg	Inj	PP: 1 vial	9044 Ksh
<b>Bicalutamide</b>	50mg	Oral	PP: 1 tab	185 Ksh
<b>Capecitabine</b>	500mg	Oral	PP: 1 tab	86 Ksh
<b>Caboplatin</b>	150mg	Inj	PP: 1 vial	2030 Ksh
<b>Cyclophosphamide</b>	50mg	Oral	PP: 1 tab	17 Ksh
<b>Cyclophosphamide</b>	500mg	Inj	PP: 1 vial	363 Ksh
<b>Cytarabine</b>	100mg	Inj	PP: 1 vial	1282 Ksh
<b>Dactinomycin</b>	0.5mg	Inj	PP: 1 vial	1450 Ksh
<b>Darcabazine</b>	200mg	Inj	PP: 1 vial	870 Ksh
<b>Docetaxel</b>	80mg	Inj	PP: 1 vial	2594 Ksh
<b>Doxorubicin</b>	50mg	Inj	PP: 1 vial	711 Ksh
<b>Etoposide</b>	100mg	Inj	PP: 1 vial	500 Ksh
<b>Filgrastim</b>	0.3g	Inj	PP: 1 vial	1330 Ksh
<b>Goselerin</b>	10.8mg	Inj	PP: 1 vial	16285 Ksh
<b>Hydroxyurea</b>	500mg	Oral	PP: 1 cap	19 Ksh
<b>Ifofamide / Mesna</b>	1g / 2g	Inj	PP: 1 vial	1700 Ksh
<b>Leuprolide</b>	3.5mg	Inj	PP: 1 vial	7105 Ksh
<b>Methotrexate</b>	2.5mg	Oral	PP: 1 tab	218Ksh
<b>Methotrexate</b>	50mg	Inj	PP: 1 vial	239 Ksh
<b>Oxaliplatin</b>	100mg	Inj	PP: 1 vial	2610 Ksh
<b>Vincristine</b>	1mg/ml	Inj	PP: 1 ml	291 Ksh
<b>Vinblastine</b>	10mg	Inj	PP: 1 vial	1088 Ksh

## 9. NUTRITION & BLOOD

### 9.1 Anaemias

<https://kijabe.wordpress.com/opd-department-guidelines/> see anaemia guideline

**Ferrous sulphate** 100mg/5ml Liquid PP: 100ml 100 Ksh

**Ferrous sulphate** 200mg Oral PP: 1 tab 2 Ksh

*Iron deficiency anaemia and prophylaxis during pregnancy: Adults: 1 tablet per day, can reduce to alternate days if side effects; Children: <4 years 4-6 mg/kg/day in 2-3 divided doses; 4-12 years 200mg daily in 1-2 divided doses*

**Ferrous/folic** 200mg/0.4mg Oral PP: 1 tab 6 Ksh

**Folic acid** 5mg Oral PP: 1 tab 2 Ksh

*1 tablet daily. Children: <1 yr 100 mcg; 1-4 yrs 300 mcg; >4 yrs 0.5 – 1.25 mg; all once daily*

**Ranferon tonic** See below Oral PP: 200ml 269 Ksh

*5ml contains: Ferric ammonium citrate 200mg (41mg elemental iron), folic acid 1.5mg, Vit B12 50mcg*

**Ranferon-12** See below Oral PP: 1 cap 17 Ksh

*Ferrous fumarate 305mg (100mg elemental iron), folic acid 0.75mg, cyanocobalamin 5mcg, vitamin C 75mg, zinc sulphate 5mg*

*Adults: 1 capsule 1-2 daily; Children 6-12y: 1 capsule daily*

**Vitamin B12** 1mg/ml Inj PP: 1 amp 142 Ksh

**Vitamin B compound** B12 1000mcg Oral PP: 1 tab 2 Ksh

B1 200mg

B6 50mg

### 9.2 Fluids & Electrolytes

**Dextrose 5%** 500ml IV PP: 1 litre 102 Ksh

**Dextrose 10%** 500ml IV PP: 500ml 94 Ksh

**Dextrose 50%** 25g/50ml Inj PP: 1 amp 150 Ksh

**Dextrose/Normal Saline** 500ml IV PP: 500ml 94 Ksh

**Dextrose/Normal Saline** 1 litre IV PP: 1 litre 155 Ksh

**Human Albumin 20%** 20% IV PP: 100ml 9280 Ksh

*RESTRICTED PRESCRIBING – only to be prescribed by consultant; use in exceptional circumstances only*

**Phosphate Sandoz** See below Oral PP: 1 tab 84 Ksh

*Each tablet contains: Phosphorous 500mg (phosphate 16.1mmol), Potassium 123mg*

*(3.1mmol/mEq K<sup>+</sup>), Sodium bicarbonate 350mg (total Na<sup>+</sup> content 20.4mmol)*

**Potassium Chloride** 600mg Oral PP: 1 tab 18 Ksh

*1-4 tabs two to three times daily. Contraindicated in renal failure*

**Potassium Chloride 15%** 20 mRq/10ml Inj PP: 1 amp 150 Ksh

**Ringer-lactate solution** IV PP: 1 litre 177 Ksh

**Sodium Chloride 0.9%** 0.9% IV PP: 250ml 67 Ksh

**Sodium Chloride 0.9%** 0.9% IV PP: 500ml 94 Ksh

**Sodium Chloride 0.9%** 0.9% IV PP: 1 litre 138 Ksh

**Sodium Chloride 0.9%** 0.9% IV PP: 2 litres 405 Ksh

**Sodium Chloride 30%** 30% IV PP: 10ml 379 Ksh

**Sodium Chloride 3%** 3% IV PP: 500ml 200 Ksh

**Sodium Chloride (slow sodium)** 500mg Oral PP: 1 tab 31 Ksh

**Sodium Bicarbonate** 8.4% W/V Inj PP: 1 amp 300 Ksh

**Sodium Bicarbonate** 600mg (6mmol) Oral PP: 1 tab 32 Ksh

### 9.5, 9.6 Minerals & Vitamins & nutrients

**Calcium/Vit D3/Mg/Zn** Ca 800mg, Vit D3 Oral PP: 1 tab 23 KSH

(Osteocare) 400IU, Mg 300mg

Zn 10mg

*Do not take at same time as other medication (especially antiretrovirals) as may affect absorption, give at least 4 hours apart*

<b>Calcium with Vit D3, phosphorus, magnesium and zinc suspension</b>	Per 5ml: Ca 150mg, Vit D3 200IU, Phos 75mg, Mg 37.5mg, Zn 2mg	Oral	PP: 200ml	363 Ksh
<b>Calcium carbonate/Vit D3</b>	Ca 500mg, Vit D3 200 IU	Oral	PP: 1 tab	49 Ksh
<i>For use on renal unit</i>				
<b>Calcium Gluconate</b>	10%	Inj	PP: 1 amp	218 Ksh
<b>Cyproheptadine syrup</b>	2mg/5ml	Oral	PP: 100ml	276 Ksh
<b>Multivitamin syrup</b>		Liquid	PP: 100ml	96 Ksh
<i>Adults 5-10 ml daily, &lt;2 yrs, 2.5 ml daily; &gt;2 yrs 5 ml daily</i>				
<b>Multivitamin drops</b>	0.6ml/dose	Oral	PP: 15ml	290 Ksh
<b>Multivitamin</b>	See below	Oral	PP: 1 tab	2 Ksh
<i>1-2 tabs daily, 5-12 years 1 daily</i>				
<i>(A 800 iu, D3 100 iu, B1 0.5 mg, B2 0.5 mg, Niacinamide 8 mg, Fe 20 mg, Ca 100 mg</i>				
<b>Multivitamins/minerals for pregnancy (Pregnacare)</b>		Oral	PP: 1 tab	745 Ksh
<b>Pyridoxine (Vit B6)</b>	50mg	Oral	PP: 1 tab	2 Ksh
<i>Isoniazid-induced peripheral neuropathy: Prophylaxis: 1/2 tab daily. Treatment: 1 tab 3 times daily</i>				
<b>Parenteral nutrition (SmofKabiven)</b>	900Kcal	IV	PP: 1904ml	9614 Ksh
<b>Vitamin B compound (neuro forte)</b>	B12 1000mcg B1 200mg B6 50mg	Oral	PP: 1 tab	12 Ksh
<b>Vitamin B12</b>	1000mcg	Inj	PP: 1 amp	320 Ksh
<b>Vitamin C</b>	200mg	Oral	PP: 1 tab	5 Ksh
<i>1-4 tabs once daily. Paeds: Infants 5 mg/kg/day. Children 50-125 mg/day</i>				
<b>Vitamin D3 drops</b>	400 IU / 0.5ml	Oral	PP: 15ml	290Ksh
<b>Vitamin D3</b>	60,000 IU	Oral	PP: 1 cap	113 Ksh
<b>Vitamin D3</b>	300,000 IU	Inj	PP: 1 vial	460 Ksh
<b>Vitamin K – adult</b>	10mg/ml	Inj	PP: 1 amp	91 Ksh
<b>Vitamin K – Paediatric</b>	1mg/ml	Inj	PP: 1 amp	310 Ksh

# 10. MUSCULOSKELETAL & JOINT DISEASES

## **10.1 Drugs Used in Rheumatic Diseases & Gout**

<https://kijabe.wordpress.com/opd-department-guidelines/> see joint pain, rheumatoid arthritis, low back pain guidelines

### **10.1.1 Non-steroidal anti-inflammatory drugs**

<b>Aspirin</b>	300mg	Oral	PP: 1 tab	5 Ksh
<i>Rheumatic fever: 80-100mg/kg per day in divided doses for 2 weeks, then 60-70mg/kg per day for 3-6 weeks</i>				
<b>Celecoxib</b>	100mg	Oral	PP: 1 cap	16 Ksh
<i>200mg daily in 1-2 divided doses, increased if necessary to 200mg twice daily, discontinue if no improvement after two weeks on maximum dose</i>				
<i>Contraindicated in cardiovascular disease. Caution in hypertension and oedema or with risk factors for CVD</i>				
<b>Diclofenac</b>	50mg	Oral	PP: 1 tab	3 Ksh
<b>Diclofenac suppository</b>	100mg	Supp	PP: 1 supp	32 Ksh
<b>Diclofenac</b>	75 mg	IM	PP: 1 amp	15 Ksh
<b>Diclofenac</b>	75mg	IV	PP: 1 amp	110Ksh

*75-150 mg daily in 2-3 divided doses*

*Contraindicated in cardiovascular disease. Caution in hypertension and oedema or with risk factors for CVD*

<b>Diclofenac gel</b>	30g	topical	PP: 1 tube	131 Ksh
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*Apply with gentle massage only onto affected area 3 times daily, wash hands after use*

<b>Diclofenac 4% solution</b>	8mg/spray	topical	PP: 1 can	711 Ksh
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*4 sprays bd on painful areas*

<b>Ibuprofen</b>	400mg	Oral	PP: 1 tab	3 Ksh
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<b>Ibuprofen</b>	200mg	Oral	PP: 1 tab	2 Ksh
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*Pain and inflammation in inflammatory arthritis and other msk disorders: Adults and children > 12 years: 200-400mg 3-4 times daily, increased if necessary (max 2.4g/day)*

<b>Indomethacin</b>	25mg	Oral	PP: 1 tab	5 Ksh
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*Inflammatory arthritis: 25-50mg 3-4 times daily; acute gout: 50mg 3-4 times daily*

<b>Mefenamic Acid (Ponstan)</b>	250mg	Oral	PP: 1 tab	3 Ksh
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*Pain and inflammation in rheumatoid and osteoarthritis: 500mg 3 times daily*

<b>Meloxicam</b>	15mg	Oral	PP: 1 tab	3 Ksh
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*Acute gout: 15mg once daily, discontinue 2-3 days after resolution of symptoms (usual duration 5-7 days);*

*Osteoarthritis and acute pain: initial 7.5mg once daily, can increase to 15mg once daily; Rheumatoid*

*arthritis: dose as above but verify renal function first*

*Contraindicated in CVD. Caution in hypertension and oedema or with risk factors for CVD.*

### **10.1.2 Corticosteroids – systemic corticosteroids and local corticosteroid injections**

<b>Prednisolone</b>	5mg	Oral	PP: 1 tab	3 Ksh
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*Rheumatoid arthritis: used for symptom control (if NSAIDs not adequate) while waiting for optimal effects of DMARD, or flares of disease,*

*Polymyalgia rheumatica: initial dose 10-15mg daily; Giant cell arteritis: 40-60mg daily, treatment continued until remission of symptoms then reduce gradually to maintenance 7.5-10mg; Polymyositis: initially 60mg daily; SLE when necessary: 60mg daily for initial symptom control while waiting for effects of hydroxychloroquine, then reduce dose*

<b>Triamcinolone</b>	40mg/ml	Inj	PP: 1 amp	135 Ksh
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*Large joint: 40mg in 2-5ml lignocaine; small joint 20mg in 1-3ml lignocaine*

### **10.1.3 Drugs that suppress the rheumatic disease process**

<b>Azathioprine</b>	50mg	Oral	PP: 1 tab	19 Ksh
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<b>Hydroxychloroquine</b>	200mg	Oral	PP: 1 tab	35 Ksh
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*Active rheumatoid arthritis, systemic and discoid lupus erythematosus: 200-400mg daily; maximum 6.5mg/kg per day*

<b>Methotrexate</b>	2.5mg	Oral	PP: 1 tab	18 Ksh
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*7.5 mg once weekly (single dose or divided into 3 doses of 2.5 mg every 12 hours). Max total weekly: 20 mg*

#### 10.1.4 Gout and hyperuricemia

<b>Allopurinol</b>	100mg	Oral	PP: 1 tab	9 Ksh
<i>Gout prophylaxis &amp; prophylaxis of hyperuricaemia associated with chemotherapy: 100-200mg daily, take after food; CKD 4&amp;5: 100mg once daily</i>				
<b>Colchicine</b>	0.5mg	Oral	PP: 1 tab	15Ksh
<i>Treatment of gout, 500mcg 2-4 times daily until symptoms relieved max 6mg per course</i>				

### **10.2 Drugs used in neuromuscular disorders**

#### 10.2.1 Drugs that enhance neuromuscular transmission

<b>Pyridostigmine</b>	60mg	Oral	PP: 1 tab	57 Ksh
<i>Myasthenia gravis: 30-120mg at suitable intervals throughout the day, total daily dose 0.3-1.2g</i>				

#### 10.2.2 Skeletal muscle relaxants

<b>Baclofen</b>	10mg	Oral	PP: 1 tab	10 Ksh
<i>Pain of muscle spasms in palliative care: 5-10mg 3 times daily; Hiccup due to gastric distension in palliative care: 5mg twice daily; Chronic severe spasticity (e.g. multiple sclerosis or traumatic partial section of spinal cord): 5mg 3 times daily, gradually increased to 60mg daily in divided doses, review treatment if no benefit within 6 weeks</i>				
<b>Chlorzoxazone/Paracetamol</b>	250mg/500mg	Oral	PP: 1 tab	17 Ksh
<i>Adults: 1 or 2 tablets 3 or 4 times daily, Children: 7 to 12 years ½ to 1 tablet 3 or 4 times daily</i>				
<b>Chlorzoxazone/Aceclofenac/Paracetamol</b>		Oral	PP: 1 tab	20 Ksh
<b>Diazepam</b>	5mg	Oral	PP: 1 tab	3 Ksh
<i>Muscle spasm: 2-15mg daily in divided doses</i>				



# 11. EYE

## 11.3 Anti-Infective Eye Preparations

<b>Ciprofloxacin eye/ear drops</b>	3%	Drops	PP: 5ml	163 Ksh
<b>Gentamicin Eye/ear drops</b>	0.3%	Drops	PP: 5ml	50 Ksh

*Bacterial conjunctivitis: 2 drops every 2 hrs for 24 hrs, then 4 times daily for 4 days*

<b>Tetracycline Eye Ointment</b>	1%	Oint	PP: 1 tube	35 Ksh
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*Bacterial conjunctivitis: small amount under lower lid every 3 hours for 24 hours, then 4 times daily; Neonatal prophylaxis: all neonates immediately after delivery*

## 11.4 Corticosteroids and Other Anti-inflammatory Preparations

<b>Chloramphenicol/dexamethasone</b>	0.5/0.1%	Drops	PP: 5ml	196 Ksh
<b>Ciprofloxacin/Dexamethasone eye/ear</b>	0.3/0.1%	Drops	PP: 5ml	204 Ksh
<b>Fluorometholone</b>	0.1%	Drops	PP: 5ml	340 Ksh
<b>Olopatadine hydrochloride</b>	0.1%	Drops	PP: 5ml	478 Ksh
<b>Prednisolone eye/ear</b>	1%	Drops	PP: 5ml	188 Ksh
<b>Sodium Cromoglycate</b>	2%	Drops	PP: 10ml	204 Ksh

## 11.5 Mydriatics and Cycloplegics

<b>AtropinE</b>	1%	Drops	PP: 5ml	247 Ksh
<b>Tropicamide/phenylephrine</b>		Drops	PP: 5ml	365 Ksh

## 11.6 Treatment of Glaucoma

<b>Acetazolamide</b>	250mg	Oral	PP: 1 tab	42 Ksh
<b>Timolol</b>	0.25%	Drops	PP: 5ml	125 Ksh

*Apply twice daily*

## 11.7 Local Anaesthetics

<b>Proparacaine</b>	0.5%	Drops	PP: 5ml	406Ksh
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## 11.8 Tear deficiency, ocular lubricants and astringents

<b>Zinc Sulphate</b>	0.25%	Drops	PP: 10ml	430 Ksh
<b>Methylcellulose (artificial tears)</b>	0.7%	Drops	PP: 5ml	271 Ksh

## 12. EAR, NOSE, & OROPHARYNX

### **12.1 Drugs Acting on the Ear**

<b>Ciprofloxacin ear/eye drops</b>	0.3%	Drops	PP: 5 ml	163 Ksh
<b>Ciprofloxacin/Dexamethasone</b>	0.3/0.1%	Drops	PP: 5 ml	204 Ksh
<b>Gentamicin ear/eye drops</b>	0.3%	Drops	PP: 5 ml	50 Ksh
<b>Otorex ear drops</b>		Drops	PP: 10 ml	302 Ksh

### **12.2 Drugs Acting on the Nose**

<b>Beclomethasone Nasal</b>	50 mcg/puff	spray	PP: 1 spray	544 Ksh
<i>2 puffs twice daily</i>				
<b>Normal saline drops</b>	0.9%	Drops	PP: 20 ml	82 Ksh
<b>Xylometazoline nasal (otrivin)</b>	0.1%	Drops	PP:	639 Ksh
<i>2-3 drops into each nostril 2-3 times daily when required</i>				

### **12.3 Drugs Acting on the Oropharynx**

<b>Chlorhexidine mouth wash</b>	0.2%	Oral	PP:	243 Ksh
<b>Iodine (povidone) mouth wash</b>	1%	Oral	PP:	66 Ksh
<b>Nystatin</b>	500,000 iu/ml	Liquid	PP: 30ml	68 Ksh
<i>Oral candidiasis: 2 - 5 ml 4 times daily</i>				
<b>Throat Lozenges</b>		Oral	PP: 1 tab	13 Ksh
<i>Iodine 0.085 mg/menthol 0.95 mg/phenol 3.75 mg; 1 lozenge every 2-3 hours as required</i>				

# 13. SKIN

## 13.2 Emollient & Barrier Preparations

<b>Zinc and castor oil cream</b>		Topical	PP: 100g	222 Ksh
<i>Barrier cream</i>				
<b>Emulsifying ointment</b>		Topical	PP: 1g	2 Ksh
<i>Emollient for severely dry skin</i>				

## 13.3 Topical Local Anaesthetics & Antipruritics

<b>Calamine lotion</b>		Topical	PP: 100ml	170 Ksh
<i>Apply to affected area 3-4 times daily as required</i>				
<b>Lignocaine Plain Pump Spray</b>	10mg/dose	Spray	PP: 1ml	312 Ksh
<i>Spray to oropharynx until anaesthetised</i>				
<b>Medijel Ointment</b>		Topical	PP: 15g	Ksh 641
<i>Apply onto painful mouth ulcers as required, up to every 20 minutes</i>				

## 13.4 Topical Corticosteroids

<b>Betamethasone Ointment</b>	0.1%	Oint	PP: 1 tube	50 Ksh
<i>Apply thinly to affected area twice daily</i>				
<b>Hydrocortisone Cream</b>	1%	Cream	PP: 1 tube	52 Ksh
<i>Apply thinly to affected area twice daily</i>				

## 13.7 Preparations for Warts & Calluses

<b>Silver Nitrate Pencil</b>	95%	Topical	PP:1 pencil	207 Ksh
<i>Apply to granulation tissue until grey, repeat if necessary</i>				

## 13.10 Anti-infective Skin Preparations

<b>Acyclovir cream</b>	5%	Topical	PP: 10g	65 Ksh
<b>Benzyol Benzoate Lotion</b>	25%	Topical	PP: 100ml	98 Ksh
<i>Scabies: Apply lotion to ALL skin from the neck down; wash off after 24 hours and repeat after one week</i>				
<b>Clotrimazole cream 1%</b>	20g	Topical	PP: 1 tube	32 Ksh
<b>Clotrimazole/Betamethasone cream</b>	15g	Topical	PP: 1 tube	42 Ksh
<b>Extra-derm cream</b>		Topical	PP: 1 tube	157 Ksh
<i>(gentamycin, clotrimazole, betamethasone)</i>				
<b>Grabacin powder</b>		Topical	PP: 10g	145 Ksh
<b>Grabacin ointment</b>		Topical	PP: 113g	180 Ksh
<b>Ketoconazole cream</b>		Topical	PP: 1 tube	154 Ksh
<b>Mupirocin ointment</b>		Topical	PP: 1 tube	268 Ksh
<b>Silver Sulphadiazine cream</b>		Topical	PP: 250g	262 Ksh
<i>Apply a thin film to burned area one or twice daily</i>				
<b>Terbinafine cream</b>	15g	Topical	PP: 1 tube	194 Ksh
<b>Tetracycline skin ointment</b>	3%	Topical	PP: 1 tube	63 Ksh
<i>Localised bacterial skin infections: Apply thinly to affected area 2-3 times daily</i>				
<b>Whitfield's Ointment (benzoic acid / salicylic acid)</b>	6%/3%	Topical	PP: 20g	74 Ksh
<i>Apply thinly to affected area twice or three times daily</i>				

## 13.11 Disinfectants & Cleansers

<b>Alcohol hand rub</b>		Topical	PP: 1 litre	725 Ksh
<i>(isopropranol, glycerol, hydrogen peroxide)</i>				
<b>Anios clean excel D</b>		Concentrate	PP: 1 litre	1740 Ksh
<b>Chlorhexidine gluconate</b>	20%	Concentrate	PP: 1 litre	6888 Ksh
<b>Chlorhexidine gluconate</b>	4%	Concentrate	PP: 1 ml	2 Ksh
<b>Chlorhexidine / Cetrimide</b>	1.5%/15%	Concentrate	PP: 1 litre	242 Ksh

<b>Chlorhexidine isopropanol solution</b>	2%	Diluted	PP: 1 litre	3178 Ksh
<i>For disinfecting skin</i>				
<b>Hexanios G&amp;R</b>		Concentrate	PP: 1 litre	1346 Ksh
<i>For disinfecting instruments</i>				
<b>Hydrogen Peroxide</b>	6%	Concentrate	PP: 1 ml	2 Ksh
<i>For disinfecting wounds</i>				
<b>Iodine</b>	10%	Concentrate	PP: 1 litre	421 Ksh
<b>Sodium Hypochlorite</b>	3.5%	Concentrate	PP: 1 litre	74 Ksh
<b>Steranios</b>	2%	Concentrate	PP: 1 litre	616 Ksh
<i>For disinfecting surgical and medical equipment.</i>				

# 14. IMMUNOLOGICAL PRODUCTS & VACCINES

## **14.4 Vaccines and Antisera**

<b>Hepatitis B Vaccine - Adult</b>	20 mcg	Inj	PP: 1 amp	726 Ksh
<i>&gt;10 y: 1 ml (20 mcg), at 0, 1 &amp; 6 months</i>				
<b>Rabies Vaccine (VeroRab)</b>	2.5 IU	Inj	PP: 1 amp	1086 Ksh
<i>0.1 ml intradermally at 2 sites e.g 0.2 ml, on days 0, 3, 7, 14, 30, 90</i>				
<b>Tetanus Toxoid Vaccine</b>	0.5ml	Inj	PP: 1 amp	160 Ksh
<i>0.5 ml IM. Boosters every 10 yrs. Adult (previously unimmunised): 3 doses at intervals of 4 weeks</i>				

## **14.5 Immunoglobulins**

<b>Anti-D (Rhogam)</b>	300 mcg	Inj	PP: 1 amp	5400 Ksh
<b>Antirabies immunoglobulin</b>	1000 IU/5ml	Inj	PP: 1 vial	1995 Ksh
<i>40IU/kg IM at once</i>				
<b>Hepatitis immunoglobulin</b>	200 IU/ml	Inj	PP: 1 vial	26100 Ksh
<i>200iu IM as soon as possible after birth</i>				
<b>Human immunoglobulin</b>	5g	Inj	PP: 1 amp	36250 Ksh
<b>Tetanus Anti-toxin Ig</b>	1500 IU/ml	Inj	PP: 1 amp	674 Ksh
<i>See pharmacist to special order from Nairobi</i>				

## 15. ANAESTHESIA

### **15.1 General Anaesthesia**

<b>Atropine Sulphate</b>	1 mg/ml	Inj	PP: 1 amp	30 Ksh
<b>Diazepam</b>	10mg/2ml	Inj	PP: 1 amp	120 Ksh

*IM or slow IV at a rate of not more than 5 mg/min. Consult reference for doses depending on indication and age*

<b>Ephedrine</b>	30mg/ml	Inj	PP: 1 amp	272 Ksh
<b>Fentanyl Citrate</b>	100mcg/2ml	Inj	PP: 1 amp	203 Ksh
<b>Glycopyronium</b>	200mcg/ml	Inj	PP: 1 amp	190 Ksh
<b>Fluothane</b>	250ml	Liquid	PP: 1 ml	20 Ksh
<b>Hyoscine butylbromide (Buscopan)</b>	20mg/ml	Inj	PP: 1 amp	55 Ksh

*Diagnostic Procedures: 20 mg i.v.; repeated after 30 mins if required*

<b>Isoflurane</b>	250mg	Liquid	PP: 1 ml	36 Ksh
<b>Ketamine</b>	500mg/10ml	Inj	PP: 1 amp	390 Ksh
<b>Midazolam</b>	1mg/ml	Inj	PP: 1 amp	132 Ksh

*Sedation: 2 mg IV over 30 sec, followed after 2 min by 0.5-1 mg if not adequate. Usual 2.5-7.5 mg*

<b>Naloxone</b>	400 mcg/2 ml	Inj	PP: 1 amp	439 Ksh
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*Opiate poisoning: 100-200 mcg i.v. (0.5-1 ml), further 0.5 ml after 2 mins if response inadequate. Paeds: 10 mcg/kg*

<b>Neostigmine</b>	2.5mg/ml	Inj	PP: 1 amp	231 Ksh
<b>Pancuronium</b>	4 mg/ml	Inj	PP: 1 amp	172 Ksh
<b>Propofol</b>	1%	Inj	PP: 20 ml	232 Ksh
<b>Rocuronium</b>	50mg/5ml	Inj	PP: 1 amp	998 Ksh
<b>Suxamethonium Chloride</b>	50 mg/2 ml	Inj	PP: 1 amp	222 Ksh
<b>Sevoflurane</b>	250 ml	Liquid	PP: 1 ml	109 Ksh
<b>Thiopentone (Thiopental)</b>	0.5g/5ml	Liquid	PP: 1 amp	260 Ksh

### **15.2 Local Anaesthesia**

<b>Bupivacaine&amp; Dextrose</b>	0.5%	Inj	PP: 4ml	550 Ksh
<b>Bupivacaine with preservative</b>	0.5%	Inj	PP: 20ml	470 Ksh
<b>Bupivacaine without preservative</b>	0.5%	Inj	PP: 10ml	348 Ksh

<b>Lignocaine 2% Plain</b>	20mg/ml	Inj	PP: 30ml	312 Ksh
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*Paeds: < 1 yr Max 0.5 mg/kg; >1 yr Max 1.0 mg/kg Dilute to 1% if greater volume needed*

<b>Lignocaine Plain Pump Spray</b>	10% (10mg/dose)	Spray	PP: 50ml	4750 Ksh
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*Spray to oropharynx PRN until anaesthetised*

<b>Lignocaine 2% + adrenaline</b>	20mg/ml / 0.01ml/ml	Inj	PP: 30ml	80 Ksh
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