DRUGS FOR VIVA
Q: 1-INJ SODIUM BICARBONATE

1. What all strengths are available?
2. What are the clinical indications for IV sodium bicarbonate?
3. How do you administer this drug?
ANS:

1. Available in 7.5% and 8.4% strengths
2. Indications
   - Severe metabolic acidosis (inborn errors of metabolism, diabetic ketoacidosis, salicylate poisoning)
   - TOF with cyanotic spell
   - Hyperkalemia
3. Dilute 1:1 with sterile water or Normal saline and administer as slow IV (1 meq/kg/minute).
Q: 2 - INJ CALCIUM GLUCONATE

1. What are the clinical indications for IV Ca gluconate?

2. What precautions should be taken while giving IV?
ANS:

1. Clinical indications
   1. Symptomatic hypocalcemia (tetany/seizures)
   2. Hyperkalemia: Protects the heart from the arrhythmogenicity of potassium

2. It is a vesicant drug. So patency of IV line should be verified before giving it. Also, it should be given very slowly after dilution with normal saline, monitoring heart rate. Stop infusion if there is bradycardia $\leq 60$/min.
Q:3-INJ DEXTROSE

1. What are the clinical indications?

2. What are the concentrations available and up to what concentration we can give through a peripheral line?
Symptomatic hypoglycemia.

5%, 10%, 25%. Up to 10%, we can give through peripheral line. Beyond that we have to use central line.
Q:4-INJ PHENYTOIN SODIUM

• What are the clinical uses of Phenytoin?
• How do you administer IV phenytoin?
• What is the serious side effect if administered rapidly?
• What are the 2 important side effects following long term use of phenytoin which can be prevented?
Anticonvulsant (especially IV phenytoin is the drug of choice in status epilepticus beyond neonatal age group), antiarrhythmic action is also there. It should be diluted and given at a rate not more than 1mg/kg/minute.

Cardiac Arrhythmia, Gum hypertrophy, hirsutism.
Q: 4-INJ PHENOBARBITONE

• What is the clinical use?

• What clinical parameter is to be monitored while giving this medicine intravenously?

• Is there any other clinical use for the same oral medicine?
ANS: Q.4

Anticonvulsant

Monitor respirations while giving it IV.

It can increase the excretion of bilirubin by increasing liver metabolism, so used in neonatal jaundice as well as some cholestatic liver diseases like neonatal hepatitis syndrome.
Q:5-INJ ADRENALINE

• What are the clinical uses?
• What are the doses?
• What are the possible routes of administration?
ANS:Q.5

Anaphylaxis, cardiac arrest, shock, croup syndrome, as local vasoconstrictor.

Doses & routes

Usual dose: 0.01ml/kg subcut in anaphylactic shock, give IM,

in croup: < 6 months 2.5ml and > 6 months 5ml undiluted adrenaline nebulized.

In cardiac arrest use IV 0.01ml/kg (diluted 1:10) or intra tracheally 0.1ml/kg(undiluted)
Q:6-INJ POTASSIUM CHLORIDE

• What are the clinical situations in which a patient may get hypokalemia?

• What is the danger of IV potassium chloride?
ANS:Q.6

Severe vomiting, diarrhea, continuous naso-gastric aspiration, during treatment for diabetic ketoacidosis.

Sudden IV push can cause cardiac arrest.
Q:7-SYRUP OSELTAMIVIR

• What is the clinical indication?

• How do you diagnose this disease?
Antiviral drug for H1N1

Definite diagnosis requires nasal and throat swab viral culture/PCR. Most of the time treatment is given without waiting for the reports if there is strong clinical suspicion.
Q:8-INJ HYDROCORTISONE

•What are the clinical uses?
ANS: Q. 8

• Acute severe asthma

• Anaphylaxis

• Hypo adrenalism

• Shock
Q:9-INJ AMPICILLIN

• What class of antibiotic is ampicillin?

• What is the dose in pneumonia treatment?

• If it produces a rash in a child with fever, what are the possibilities?
• Beta lactam antibiotic (semisynthetic penicillin)

• 50mg/kg/dose 6 hrly

• Ampicillin allergy or the patient may be having infectious mononucleosis.
Q:10-IV FLUID: RINGER LACTATE

• What are the clinical uses?

• What is the concentration of sodium in this?
ANS:Q.10

• It is a crystalloid. Used as volume expander in severe dehydration, acute hemorrhage, shock etc.

• Sodium 130meq/l (other contents are potassium 4, calcium 3, chloride 109, lactate 28 meq/l)
Q:11-ISOLYTE P

• What is the use of this fluid?

• How much fluid will you advice for a 15 kg child?
This is the pediatric maintenance fluid. Given when oral intake is not possible or is contraindicated.

Calculation is by Holliday Segar formula.

- Up to 10kg: 100ml/kg/day.
- 11-20kg: 1000ml + 50ml/kg for each kg above 10kg.
- More than 20kg: 1500ml + 20ml/kg for each kg above 20kg.
Q:12-IV FLUID: NORMAL SALINE

What are the uses?

What is the concentration of sodium in this?
ANS:Q.12

• Uses are same as that of Ringer Lactate.

• More preferred fluid to treat shock.

• Sodium 150meq/L
Q: 13-INJ CLOXACILLIN

• What kind of penicillin is Cloxacillin?

• What is the specific indication to use Cloxacillin in child with pneumonia?

• What dose of Cloxacillin is recommended by the ARI control programme?
ANS: Q.13

- Penicillinase resistant Penicillin Staph. Pneumonia

- 50mg/kg/dose 6 hrly
Q:14-INJ DIAZEPAM

• What is the dose of IV diazepam?

• What care should be taken while giving iv diazepam?
ANS:Q.14

• 0.3 mg/kg/dose

• Risk for respiratory depression is there, so it should be monitored. The rate of IV push should not be more than 4 mg/minute.
Q:15-INJ CEFTRIAXONE

1. To which group of antibiotic this drug belongs?

2. What are the indications?
ANS: Q.15

Third generation cephalosporin

1. Meningitis

2. Septicemia

3. Enteric fever
Q:16 DIGOXIN

1. What are the indications?

2. What are the contraindications?

3. Common side effects?
ANS: Q.16

1. Congestive cardiac failure
   Supraventricular tachycardia

2. Constrictive pericarditis, Hyperkalemia

3. Vomiting, Cardiac arrhythmias
Q:17-INJ AMINOPHYLLIN

1. What are the indications?

2. What are the side effects?
1. Acute severe asthma, Apnea of prematurity

2. Arrhythmia, Convulsions
Thank You