سسپنشن کی تیاری کا طریقہ:

۶۰ ملی لیٹر سسپنشن تیار کرنے کے لئے بوتل کو پہلے ہلا لیں۔ دو کپ اُبلا ہوا ٹھنڈا پانی دیئے گئے کپ پر لگے ۱۵ ملی لیٹر کے نشان تک بھر کر بوتل میں ڈال کر اچھی طرح ہلا لیں۔ پاؤڈر مکس ہو جائے تو ایک کپ پانی مزید شامل کر کے بوتل کو اچھی طرح ہلا لیں۔

ہدایات:

* دوا کو گرمی، روشنی اور نمی سے محفوظ رکھیں۔
* دوا کو خشک اور ٹھنڈی جگہ پر رکھیں۔
* تمام دوائیں بچوں کی پہنچ سے دور رکھیں۔
* استعمال سے پہلے بوتل کو اچھی طرح ہلا لیں۔
* تیار شدہ سسپنشن کو کمرے کے درجہ حرارت پر رکھیں۔
* تیار شدہ سسپنشن کو ریفریجریٹر میں مت رکھیں۔
* تیار شدہ سسپنشن ۱۴ دن تک قابلِ استعمال ہے۔

پیکنگ:

ریسپی میکس ۲۵۰ ملی گرام فلم کوٹڈ گولیاں (۱x۱۰) کے بلسٹر پیک میں دستیاب ہیں۔
ریسپی میکس ۵۰۰ ملی گرام فلم کوٹڈ گولیاں (۱x۱۰) کے بلسٹر پیک میں دستیاب ہیں۔
ریسپی میکس پاؤڈر سسپنشن ۶۰ ملی لیٹر رنگدار پلاسٹک بوتل میں دستیاب ہے۔

Manufactured
Schazoo Zaka (Pvt) Ltd.
Kalalwala, 20-Km Lahore-Jaranwala Road,
Distt: Sheikhupura, Pakistan.

فلم کوٹڈ گولیاں اور پاؤڈر سسپنشن

ریسپی میکس®

کلیریتھرومائیسین یو۔ایس۔پی

وسیع العمل اینٹی بائیوٹک

خوراک:

<u>بڑوں کے لیے:</u> عمومی تجویز کردہ خوراک ایک گولی (۲۵۰ ملی گرام) روزانہ دو مرتبہ۔
شدید علامات کی صورت میں ۵۰۰ ملی گرام کی ایک گولی روزانہ دو مرتبہ۔
<u>بچوں کے لیے:</u> Non-mycobacterial انفیکشن کے لیے تجویز کردہ خوراک ۷.۵ ملی گرام فی کلوگرام بلحاظ وزن دو مرتبہ یا ۵۰۰ ملی گرام روزانہ دو مرتبہ ہے۔

انتباہ:

یہ دوا صرف مستند ڈاکٹر کی ہدایات کے مطابق استعمال کریں۔
دوا کو تجویز کردہ خوراک سے بڑھانا خطرناک ہو سکتا ہے۔

Film Coated Tablets & Powder Suspension

RESPIMA®

Clarithromycin

Broad Spectrum Antibiotic

COMPOSITION:
Each Respimax 250mg film coated tablet contains
Clarithromycin U.S.P. 250mg
Each Respimax 500mg film coated tablet contains
Clarithromycin U.S.P. 500mg
Each 5ml of Respimax reconstituted suspension contains
Clarithromycin U.S.P. 125mg

CLINICAL PHARMACOLOGY:
Mode of action:
Clarithromycin, a semi-synthetic antibiotic, derived from the macrolide class of antibiotics demonstrates activity against wide range of gram-positive and gram-negative bacteria.
Clarithromycin acts by binding to the 50S ribosomal subunit of susceptible micro-organisms and thus, interfering with microbial protein synthesis.
Pharmacokinetics:
Following oral administration, clarithromycin is readily and rapidly absorbed with an absolute bioavailability of approximately 50%. The highest concentrations were usually found in the liver and lung where the tissue to plasma ratios reached 10 to 20. The protein binding of clarithromycin in human plasma averaged about 70% at concentrations of 0.45-4.5 µg/ ml. The peak plasma concentrations were attained within 2 to 3 hours after oral dosing. The elimination half life of clarithromycin was about 3 to 4 hours with 250mg tablets administered every 12 hours but increased to 5-7 hours with 500mg tablet administered every 8 to 12 hours. After a 250mg tablet every 12 hours, approximately 20% of the dose is excreted in urine as clarithromycin, while after a 500mg tablet every 12 hours, the urinary excretion of clarithromycin is somewhat greater, approximately 30%. In comparison, after an oral dose of 125mg / 5ml suspension every 12 hours, approximately 40% is excreted in urine as clarithromycin. The renal clearance of clarithromycin is however, relatively independent of the dose size and approximates the normal glomerular filtration rate. **Pharmacodynamics:**
The principal metabolite of clarithromycin is a microbiologically active metabolite, 14-OH clarithromycin. This metabolite is as active or 1 to 2 folds less active than the parent compound for most organisms except for H.influenzae against which it is twice as active. The parent compound and the 14-OH metabolite exert either an additive or synergestic effect on H. influenzae in vitro and in vivo, depending on bacterial strains.
Microbiological Activity:
Clarithromycin has been shown to be active against a variety of aerobic and anaerobic Gram-positive and Gram- negative microorganisms as well as most Mycobacterium avium complex microorganisms. Clarithromycin has been shown to be active against most strains of the following micro-organisms.

Edited by				Approved by				
R&D OFFICER SIGN & DATE	RND MANAGER SIGN & DATE	Q.C. MANAGER SIGN & DATE	Q.A MANAGER SIGN & DATE	PRODUCT MANAGER SIGN & DATE	MARKETING MANAGER SIGN & DATE	DIRECTOR TECHNICAL		

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Aerobic Gram negative micro-organisms
Streptococcus pneumoniae
Haemophilus influenzae
Haemophilus parainfluenza
Neisseria gonorrhoea
Streptococcus viridins
Legionella pneumophila
Anaerobic bacteria
Mycobacteria
Clostridium perfringens
Mycobacterium avium complex (M.A.C)
consisting of Mycobacterium
Mycobacterium leprae
Mycobacterium fortuitum

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Pharmacokinetics:
Following oral administration, clarithromycin is readily and rapidly absorbed with an absolute bioavailability of approximately 50%. The highest concentrations were usually found in the liver and lung where the tissue to plasma ratios reached 10 to 20. The protein binding of clarithromycin in human plasma averaged about 70% at concentrations of 0.45-4.5 µg/ ml. The peak plasma concentrations were attained within 2 to 3 hours after oral dosing. The elimination half life of clarithromycin was about 3 to 4 hours with 250mg tablets administered every 12 hours but increased to 5-7 hours with 500mg tablet administered every 8 to 12 hours. After a 250mg tablet every 12 hours, approximately 20% of the dose is excreted in urine as clarithromycin, while after a 500mg tablet every 12 hours, the urinary excretion of clarithromycin is somewhat greater, approximately 30%. In comparison, after an oral dose of 125mg / 5ml suspension every 12 hours, approximately 40% is excreted in urine as clarithromycin. The renal clearance of clarithromycin is however, relatively independent of the dose size and approximates the normal glomerular filtration rate. Pharmacodynamics:
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PAEDIATRIC DOSAGE GUIDELINES
(Based on Body weight)

Wt. (kg)	Dosage in standard 5ml Teaspoonful
	Teaspoonful
1	1 Teaspoonful

*Children < 8kg should be dosed on a per kg basis (approx. 7.5mg/kg twice a day)

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