

Northwest Territories Health Centre Formulary

2014 Edition

Approval of formulary

This formulary has been approved for use by the Minister of Health and Social Services pursuant to the Hospital and Health Care Facility Standards Regulations R-036-2005 43(2).

This formulary is placed in effect by Clinical Practice Information Notice Page 119 effective April 1, 2014.

The pharmaceutical agents listed for use and the classifications in this formulary supersede any pharmaceutical agent or classifications listed in any previous formularies or other clinical guidelines currently in use in all Health and Social Services Authorities (HSSAs) in the Northwest Territories. Please destroy any copies of previous formularies to avoid confusion.



Honourable Glen Abernethy
Minister, Health and Social Services

March 12/14

Date

Table of Contents

FORMULARY INFORMATION	6
ALLERGY AND ASTHMA	9
Antihistamines.....	9
Bronchodilators and Inhaled Corticosteroids	9
Systemic Corticosteroids.....	10
ANALGESICS	11
Analgesics	11
Local Anesthetics	12
Non-steroidal Anti-inflammatory Agents	13
ANTI-INFECTIVES	15
Adjunct Pharmaceuticals.....	15
Anthelmintic	15
Antibiotics	16
Anti-tuberculosis.....	20
Anti-virals.....	21
ANTICOAGULANTS	22
Anticoagulants	22
CARDIOVASCULAR	23
Cardiovascular.....	23
CENTRAL NERVOUS SYSTEM	26

Anticonvulsants.....	26
Migraine Therapy	27
Psychotropics.....	28
Skeletal Muscle Relaxants.....	28
CONTRACEPTIVES.....	29
Contraceptives	29
Oxytocics	30
DIABETES.....	31
Glucose.....	31
Insulins.....	31
DIURETICS AND POTASSIUM SUPPLEMENTS.....	32
Diuretics.....	32
Potassium Supplements.....	32
EAR, NOSE AND THROAT.....	33
Ear, Nose and Throat.....	33
GASTROINTESTINAL.....	34
Antacids.....	34
Laxatives.....	34
Miscellaneous GI.....	36
Poisoning & Overdose Antidotes	37
VITAMINS AND MINERALS.....	39
Vitamins and Minerals	39
IV SOLUTIONS.....	41
IV Solutions	41
TOPICAL AGENTS.....	43

Topical Antimicrobials (including oral and vaginal).....	43
Topical Corticosteroids	45
Ophthalmic Preparations	45
Hemorrhoidal Preparations.....	47
VACCINES & TOXOIDS	48
Vaccines & Toxoids	48
APPENDICES.....	49
Appendix A: Abbreviations	49
Appendix B: Recommended Crash Cart List	50
Appendix C: Facility Standards Regulations	51
Appendix D: Nursing Profession Act	51
Appendix E: RNANT/NU Bylaw 20.....	52
Appendix F: Applicability to Public Health Units.....	53
Appendix G: Compounding of Medications	53
Appendix H: Container Labeling	54
Appendix I: Anaphylaxis Protocol.....	55
Appendix J: NWT Formulary Decision Tree	56
Appendix K: Request for Addition/Deletion/Change	57
Appendix L: Agents Removed from 2014 Formulary	58
Appendix M: Pharmaceutical Agent Stock List	60
INDEX	67
REFERENCES.....	72

Formulary Information

Formulary in Effect

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Foreword

The 2014 edition of The Northwest Territories Health Centre represents an intensive review by the NWT Pharmacy and Therapeutics (P&T) Committee comprised of registered nurses, nurse practitioners, pharmacists, family physicians, and physician specialists. All pharmaceutical agents were carefully reviewed to ensure they met current evidence-based clinical practice guidelines for usage. Addenda to the 2008 formulary were incorporated into this edition.

Highlights of the 2014 Edition

- Application of a decision tree algorithm to guide and explain the decision-making process for formulary items (included in Appendix J).
 - Enhanced **Practice Notes** and references.
 - Inclusion of Anaphylaxis Protocol (included in Appendix I).
-

Acknowledgements

We gratefully acknowledge the contributions made by the following individuals in updating the 2014 Formulary:

Northwest Territories Pharmacy and Therapeutics Committee

Erin Currie RN NP (Chair and Project Lead) • Mark Bleakney • Joanne Burt RN • Candis Carleton BSP • Edith Lee Pharm.D., P.E.B.C. • Kathleen Matthews RN NP • Dr. Margaret Anne Woodside • Dr. Roohina Virk

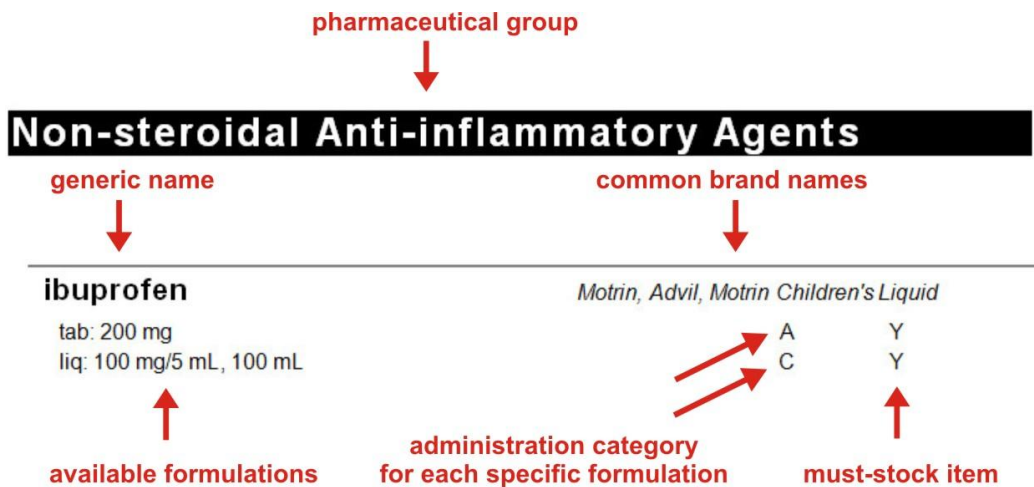
Consultants

Chris Bessey BSP • Scott Robertson RN • Susan Murdoch RN • Dr. Bing Guthrie • Dr. Amy Hendricks • Dr. Andrew Kotaska • Dr. Nicole Radziminski • Dr. Len Smith • Dr. Terry Wuerz

Project Coordinator & Publication Layout

Lydia Guthrie BSc

Using the Formulary



Practice Notes

Guidelines for consideration for many pharmaceuticals are included. When specific instructions appear in practice notes, such as maximum amount to dispense, these directions must be followed.

Practice Notes

- Adults should receive a maximum single dose of 400 mg. No analgesic benefit has been shown with higher doses and it increases the risk of GI bleed.^{11,125}

Pediatric Dosage

5-10 mg/kg/dose every 6-8 hours to a maximum of 40 mg/kg/24 hours.¹⁰

All practice notes and dosages are reviewed and verified with approved guidelines and current literature.

Initial doses for some common and emergency pharmaceutical agents are listed

Authority of Formulary

Community Health Centres and Public Health Units may only stock the pharmaceutical agents listed in this formulary. In accordance with the Hospital and Health Care Facility Standards Regulations (R.R.N.W.T. R-036-2005) **no other pharmaceutical agents may be stocked unless written authorization exists from the Minister of Health and Social Services.** This does not include patient-specific pharmaceutical agents ordered by prescription.

Category Codes

A: RN Initiated

The pharmaceutical agent may be dispensed based on the registered nurse's assessment of the patient with no limitation on the duration of treatment unless otherwise specified.

B: Physician/NP initiated

The pharmaceutical agent may be dispensed based on consultation with a physician or nurse practitioner. The duration and frequency is to be specified by the physician or nurse practitioner.

C: RN One Course

The pharmaceutical agent may be dispensed for one course of treatment based on the registered nurse's assessment of the patient. A course:

- is defined as successive doses of medication over a period of time that the specific pharmaceutical agent is expected to produce therapeutic effects.
- is to be determined through consultation of an appropriate approved reference.
- may not exceed fourteen (14) days without consulting a physician or nurse practitioner.

If the condition does not resolve, the registered nurse shall consult a physician or nurse practitioner. If continuation of the pharmaceutical agent is indicated, an order from a physician or nurse practitioner is required.

D: RN One Dose

A single dose of the pharmaceutical agent may be dispensed based on the registered nurse's assessment of the patient. If continuation of the pharmaceutical agent is indicated, an order from a physician or nurse practitioner is required.

Recommended Resources

The NWT Pharmacy and Therapeutics Committee thoroughly reviewed the following resources and recommends them for clinical use in the NWT:

eTherapeutics - Therapeutic Choices (5th ed.)

eTherapeutics electronic version available free to registered nurses through the NurseONE portal: www.nurseone.ca.

Compendium of Pharmaceuticals and Specialties (CPS)

eCPS is available free to registered nurses through the NurseONE portal: www.nurseone.ca.

Bugs & Drugs (2012 ed.)

The Ottawa Hospital Parenteral Drug Therapy Manual (2013, 34 ed.)

Available by subscription in print or electronically from the Ottawa Hospital.

NWT Clinical Practice Guidelines for Primary Community Care Nursing

Available at http://www.hss.gov.nt.ca/sites/default/files/clinical_practice_guidelines.pdf

Antihistamines

diphenhydramine

Benadryl

inj: 50 mg/mL, 1 mL	C	Y
liq: 1.25 mg/mL, 100 mL	A	Y
tab: 25 mg	A	Y

Practice Notes

- Children may experience paradoxical CNS excitation.¹
- Refer to Appendix I for use in anaphylaxis.

loratadine

Claritin

liq: 1 mg/mL, 120 mL	A	Y
tab: 10 mg	A	Y

Bronchodilators and Inhaled Corticosteroids

budesonide

Pulmicort, Nebuamp

neb: 0.25 mg/mL, 2 mL	D	N
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Practice Notes

- Oropharyngeal candidiasis is a common adverse effect of inhaled corticosteroid use.¹⁸⁶

epinephrine

Adrenalin

inj: 1:1000, 30 mL	D	Y
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Practice Notes

Dosing - Inhaled (no dilution required):²

- Adult - 5 mL of 1:1000 solution administered over 15 minutes via nebulizer.³⁹
- Pediatric - 0.5 mL of 1:1000 per kg (maximum dose 5 mL) administered over 15 minutes via nebulizer.³⁹

fluticasone

Flovent

MDI: 50 mcg/puff, 120 doses	C	Y
MDI: 125 mcg/puff, 60 doses	C	Y

Practice Notes

- Oropharyngeal candidiasis is a common adverse effect of inhaled corticosteroid use.¹⁸⁶

ipratropium bromide

Atrovent

neb: 125 mcg/mL, 2 mL

C Y

Practice Notes

- Salbutamol and ipratropium nebulizer solutions may be mixed together.³

MDI Spacer Device

Aerochamber, OptiChamber

delivery device, adult without mask
 delivery device, child with mask
 delivery device, neonate with mask

A Y
 A Y
 A Y

Practice Notes

- A spacer should be used by all patients to improve delivery of inhaled medications.
- When proper technique and a spacer device are used, therapy with an inhaler is as effective as nebulized therapy.⁷
- Provide this device via prescription where possible.

salbutamol

Ventolin

neb: 1 mg/mL, 2.5 mL
 MDI: 100 mcg/puff, 200 doses

C Y
 C Y

Practice Notes

- Salbutamol and ipratropium nebulizer solutions may be mixed together.³

Systemic Corticosteroids

dexamethasone

inj: 10 mg/mL, 10 mL

B Y

Practice Notes

- IV solution may be given orally mixed in a small quantity of juice.⁴
- PO/IV/IM dosages are equivalent.⁶

prednisone

Deltasone

tab: 5 mg
 tab: 50 mg

B Y
 B N

ALLERGY AND ASTHMA

Analgesics

acetaminophen

Tylenol, Tempra, Abenol

drops: 80 mg/mL, 24 mL	A	Y
supp: 120 mg	A	Y
supp: 325 mg	A	N
tab: 325 mg	A	Y
tab: 160 mg, chewable	A	Y

Practice Notes

- Acetaminophen is one of the most frequent causes of accidental poisoning in toddlers and infants. Products containing acetaminophen should be kept well out of reach of children.
- Patients should be cautioned against the inadvertent administration of excessive doses of acetaminophen due to administration of multiple acetaminophen-containing products at the same time (e.g. cough and cold remedies).

Dosage

Pediatric dose: 10-15 mg/kg/dose to a maximum of 65 mg/kg/24 hours.¹³⁸

acetaminophen, caffeine, and codeine *Tylenol #3, Atasol 30*

tab: with 30 mg codeine	C	Y
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Practice Notes

- This is a commonly misused medication. RN may only dispense a maximum of 15 tablets in a course of treatment.¹⁹²
- Any subsequent dispensing of this medication for the same concern requires consultation and a medication order from an authorized prescriber.

hydromorphone

Dilaudid

inj: 2 mg/mL, 1 mL	D	Y
--------------------	---	---

Practice Notes

- Name alert - Morphine and HYDROmorphone are often confused for each other. In case of morphine allergy, consider hydromorphone.

PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION.¹⁸⁴

ANALGESICS

morphine

inj: 10 mg/mL, 1 mL

D

Y

Practice Notes

- Name alert - Morphine and HYDROmorphine are often confused for each other. In case of morphine allergy, consider hydromorphone.

PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION.¹⁸⁴

Local Anesthetics

lidocaine

Xylocaine Endotracheal

endotracheal spray: 10 mg/spray, 50 mL

C

Y

lidocaine

Xylocaine

inj: 1%, 50 mL

C

Y

Practice Notes

- For infection control, single-use vials are recommended.

lidocaine with epinephrine

Xylocaine with EPI

inj: 1%/1:100 000, 20 mL

C

Y

Practice Notes

- For infection control, single-use vials are recommended.
- Do not use lidocaine with epinephrine in digits or appendages (fingers, toes, penis, ears, nose) as vasoconstriction may compromise blood supply.⁸⁵

lidocaine, viscous

Xylocaine, Lidodan Viscous

liq: 2%, 50 mL

A

N

Practice Notes

- A GI cocktail made with viscous lidocaine and an antacid ("Pink Lady") is no more effective at relieving dyspepsia than a plain liquid antacid alone.⁷⁸
- A "Pink Lady" should never be used as a diagnostic tool to rule out myocardial infarction.⁹⁶

tetracaine (amethocaine)

Ametop

gel: 4%, 1.5 g

C

N

Practice Notes

- Do not apply to broken skin, weeping or inflamed surfaces, eyelids or ears.⁹¹

Non-steroidal Anti-inflammatory Agents

All NSAIDs: Use with caution in patients with actual or risk of renal impairment, including those with diabetes.⁹⁷

acetylsalicylic acid

Aspirin

tab: 80 mg chewable

A

Y

Practice Notes

- This formulation is stocked for use as an antiplatelet agent in the management of actual or suspected myocardial infarction.
- ASA should not be used in children, teenagers or young adults with chickenpox, influenza, or flu-like illness due to the risk of Reye's syndrome.⁸

ibuprofen

Motrin, Advil, Motrin Children's Liquid

tab: 200 mg

A

Y

liq: 100 mg/5 mL, 100 mL

C

Y

Practice Notes

- Adults should receive a maximum single dose of 400 mg. No analgesic benefit has been shown with higher doses and it increases the risk of GI bleed.^{11,125}

Pediatric Dosage

5-10 mg/kg/dose every 6-8 hours to a maximum of 40 mg/kg/24 hours.¹⁰

indomethacin

Indocid

supp: 100 mg

C

Y

Practice Notes

- NSAIDs have been found to be equally or more effective than opioids in pain management for nephrolithiasis (kidney stones) and cholelithiasis (gall stones).^{99,100}
- Indomethacin should not be used as a simple analgesic or antipyretic.⁹⁸

ketorolac

Toradol

inj: 30 mg/mL, 1 mL

D

Y

Practice Notes

- A single dose must not exceed 30 mg under any circumstances.¹⁸²

ANALGESICS

methylprednisolone acetate suspension *Depo-Medrol*

inj: 40 mg/mL, vial

*

N

Practice Notes

- Not for IV use.
- May stock: 1, 2, or 5 mL
- For injection by physician or NP only.

naproxen

Naprosyn

tab: 250 mg

C

N

Practice Notes

- Maximum 7-day course (21 tablets) of this medication may be dispensed by RN.

ANALGESICS

Adjunct Pharmaceuticals

dermatological base

Taro Base, Glaxal Base

tube, 50 g

A

Y

Practice Notes

- Simple compounding of medication with dermatological base may only be performed in accordance with "Policy 707: Simple Compounding of Medications" found in the Community Health Nursing Administrative Policy Manual.¹⁶⁷
- Single-use tubes should be utilized for infection control purposes.

probenecid

Benuryl

tab: 500 mg

B

Y

Practice Notes

- Use of probenecid allows once daily IV dosing of cefazolin in adult patients.³²

Contact Stanton or Inuvik Hospital pharmacies for ordering information.

Anthelmintic

pyrantel pamoate

Combantrin

tab, chewable: 125 mg

C

Y

Practice Notes

- Used for pinworm and roundworm infestation. A second dose may be required.¹⁶⁹
- Consult with physician/NP for use in pregnancy.¹⁶⁹
- Do not use in children less than 2 years of age.¹⁹⁰

ANTI-INFECTIVES

Antibiotics

amoxicillin

Amoxil

susp: 250 mg/5 mL, 100 mL	C	Y
cap: 250 mg	C	Y
cap: 500 mg	C	Y

amoxicillin/clavulanic acid

Clavulin

susp: 200 mg/28.5 mg per 5 mL, 70 mL	C	Y
tab: 875 mg/125mg	C	Y
tab: 250 mg/125 mg	C	Y

Practice Notes

- Do not exceed a total of 125 mg of clavulanic acid per dose.¹⁹³
- Add additional amoxicillin if a larger dose is required.

ampicillin

inj: 1 g	B	Y
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Practice Notes

- While not as narrow spectrum, ampicillin can be administered as an alternate to penicillin G for intrapartum antimicrobial prophylaxis of Group-B strep positive women in labour.¹⁰¹

azithromycin

Zithromax

inj: 500 mg/5 mL	B	Y
liq: 200 mg/5 mL, 15 mL	B	N
tab: 250 mg	B/C	Y

Practice Notes

- Injectable formulation to be stocked for penicillin allergy.
- Tablet may be administered as Category C for treatment of suspected or confirmed sexually transmitted infection (azithromycin 1 g PO as a single dose). See STI manual for more information. All other indications require an order from an authorized prescriber.

cefazolin

Ancef

inj: 1 g	D	Y
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Practice Notes

- Do not use for treatment or prophylaxis of human or animal bites.¹⁶
- Use of probenecid allows once daily IV dosing of cefazolin in adult patients.³²

Drug/Form	Brand Names	Category	Must Stock
cefixime	<i>Suprax</i>		
liq: 100 mg/5 mL, 50 mL		B/C	Y
tab: 400 mg		B/C	Y
Practice Notes			
<ul style="list-style-type: none"> • Category C for treatment of suspected or confirmed gonorrhoea. • Category B for all other indications. 			
ceftriaxone	<i>Rocephin</i>		
inj: 1 g		B	Y
Practice Notes			
<ul style="list-style-type: none"> • If administering for sepsis or meningitis, draw blood cultures before administering antibiotic. 			
cephalexin	<i>Keflex</i>		
susp: 250 mg/5 mL, 100 mL		C	Y
tab: 500 mg		C	Y
ciprofloxacin	<i>Cipro</i>		
tab: 250 mg		B	Y
Practice Notes			
<ul style="list-style-type: none"> • Do not administer within 2 hours of milk, dairy products, or iron as these have shown to decrease absorption.²⁰ • Do not administer to children under the age 18, or pregnant women.²⁰ 			
clindamycin	<i>Dalacin C phosphate, Dalacin C Palmitate</i>		
inj: 150 mg/mL, 2 mL		B	Y
liq: 75 mg/5 mL, 100 mL		B	Y
cap: 150 mg		B	Y
Practice Notes			
<ul style="list-style-type: none"> • Be aware of possible <i>C. difficile</i> infection arising from clindamycin therapy up to 8 weeks post-treatment.^{130,131,132} 			
cloxacillin			
cap: 250 mg		C	Y
Practice Notes			
<ul style="list-style-type: none"> • Cloxacillin is preferred over cephalexin in only a few instances therefore review with physician or nurse practitioner.^{195,196,197} 			

ANTI-INFECTIVES

ANTI-INFECTIVES

Drug/Form	Brand Names	Category	Must Stock
doxycycline cap: 100 mg	<i>Vibramycin</i>	C	Y
Practice Notes <ul style="list-style-type: none"> Contraindicated in pregnancy and in children under the age of 8.²⁴ 			
erythromycin tab: 250 mg	<i>Eryc</i>	C	Y
gentamicin inj: 80 mg/2 mL, 2 mL		B	Y
Practice Notes <ul style="list-style-type: none"> Administer over 30-60 minutes to reduce the risk of ototoxicity/nephrotoxicity.²⁵ Patients should be advised to watch for and report any signs/symptoms of cochlear or vestibular toxicity. If symptomatic, refer as appropriate.¹⁷² 			
metronidazole tab: 250 mg minibag: 5mg/mL, 100 mL	<i>Flagyl</i>	C B	Y Y
Practice Notes <ul style="list-style-type: none"> Alcohol must be avoided during the course of treatment and for 24 hours post treatment.²⁶ 			
nitrofurantoin tab: 100 mg	<i>Macrochantin</i>	C	Y
penicillin G benzathine inj: 600,000 units/mL, 2 mL	<i>Bicillin LA</i>	B	N
Practice Notes <ul style="list-style-type: none"> Product is available through Stanton and Inuvik Hospital pharmacies. Product must be refrigerated. 			
penicillin G sodium inj: 5 Million Units/vial	<i>Crystapen</i>	B	Y

Drug/Form	Brand Names	Category	Must Stock
penicillin V tab: 300 mg	<i>Pen V, Pen Vee</i>	C	Y
Practice Notes			
<ul style="list-style-type: none"> • Penicillin is the drug of choice for streptococcal pharyngitis. Although cephalosporins are effective, they are very broad spectrum and should not replace penicillin as the drug of choice.¹⁹ 			
sulfamethoxazole/trimethoprim susp: 200 mg/40 mg per 5 mL, 400 mL tab: 800/160 mg	<i>Co-Trimoxazole, Septra, Septra DS</i>	C C	Y Y
Practice Notes			
<ul style="list-style-type: none"> • Do not use in infants less than 2 months of age, or in pregnant women unless risks outweigh the benefits, since folic acid metabolism may be affected.²² • Pediatric dosing is based on the concentration of trimethoprim (TMP) in the suspension, usually targeting a dose of 6-12 mg/kg/day of TMP divided BID.²³ 			
tetracycline cap: 250 mg		C	Y*
Practice Notes			
<ul style="list-style-type: none"> • Contraindicated in pregnancy and in children under the age of 8.²⁴ <p>* Only a must-stock item for use in "Seal Finger" in coastal communities.²⁹</p>			
vancomycin inj: 1 g		B	Y
Practice Notes			
<ul style="list-style-type: none"> • Draw blood cultures before administering antibiotic. • Vancomycin has slow distribution and poor CSF penetration. When other antibiotics are to be administered (such as ceftriaxone) the other should be given first.³⁰ 			

ANTI-INFECTIVES

Anti-tuberculosis

ethambutol

Etibi

tab: 400 mg

B

N

Practice Notes

- Ethambutol may cause optic neuritis with loss of red-green color vision, decreased visual acuity, visual field constriction or scotomata. Baseline and ongoing assessment by a competent practitioner should be performed.¹⁰⁶

Refer to TB manual for more information.

isoniazid (INH)

Isotamine

susp: 10 mg/mL, 500 mL

B

N

tab: 100 mg

B

N

tab: 300 mg

B

N

Practice Notes

- Ensure that patient is taking pyridoxine (vitamin B6) 25 mg daily while receiving INH.³⁵
- If liquid form is not available it can be compounded from tablets. Consult Stanton or Inuvik Hospital pharmacy for instructions on how to prepare suspension.

pyrazinamide

PZA

tab: 500 mg

B

N

pyridoxine

Vitamin B6, Hexa betalin

inj: 100 mg/mL, 1 mL

B

N

tab: 25 mg

B

N

rifampin

Rifadin, Rimactane

cap: 300 mg

B

N

Practice Notes

- If liquid form is not available it can be compounded from tablets. Consult Stanton or Inuvik Hospital pharmacy for instructions on how to prepare suspension.

Anti-virals

acyclovir

Zovirax

tab: 200 mg

B/C

Y

Practice Notes

- Category B if pregnant and category C otherwise.³⁶

HIV Exposure Prophylaxis

Tuvada + Kaletra

kit, each

B

Y

Practice Notes

- Consultation with the office of the Chief Medical Health Officer is required before starting chemoprophylaxis protocol. Consult the on-call list for 24-hour contact information.
- Administer within 2-4 hours if possible but consider administration up to 72 hours post-exposure.

Starter Kit - Basic 2 drug/28 Day Protocol:¹⁹⁴

emtricitabine 200 mg & tenofovir 300 mg (Truvada)

Starter Kit - Extended 3 drug/28 Day Protocol:¹⁹⁴

emtricitabine 200 mg & tenofovir 300 mg (Truvada) PLUS lopinavir 200 mg & ritonavir 50 mg (Kaletra)

ANTI-INFECTIVES

Anticoagulants

clopidogrel

tab: 75 mg

Plavix

B

Y

enoxaparin

inj: 300 mg/3 mL, 3 mL

Lovenox

B

Y

tenecteplase (TNK)

inj: 50 mg vial

TNKase

*

N

Practice Notes

- Stocked only in health facilities with a full-time physician on staff.
- To be administered by a physician only.

warfarin

tab: 1 mg

Coumadin

B

Y

ANTICOAGULANTS

Cardiovascular

adenosine

Adenocard

inj: 3 mg/mL PLS, 2 mL

D

Y

Practice Notes

- For treatment of supraventricular tachycardia (SVT) when vagal maneuvers are unsuccessful.⁴⁰
- Adenosine has a half-life of less than 10 seconds.⁴⁰ Administer in the closest IV access port to the patient followed by an immediate and rapid normal saline flush.⁴¹

Dose:

6 mg IV given rapidly over 1 - 3 seconds followed by NS bolus of 20 mL.¹⁹¹

amiodarone

Cordarone

inj: 150 mg/3 mL, 3 mL

D

Y

Practice Notes

Dosage for Cardiac Arrest (VF/pulseless VT) when unresponsive to CPR, shock and vasopressor:¹⁹¹
300 mg IV push

atropine

PLS: 1 mg/10 mL, 10 mL

D

Y

Practice Notes

Dosage for Bradycardia with/without Acute Coronary Syndromes:¹⁹¹
0.5mg IV

diltiazem

inj: 5 mg/mL, 10 mL

D

Y

Practice Notes

- Store unopened vials in the refrigerator.¹⁰⁴

dopamine

bag: 400 mg/250 mL, 250 mL

B

Y

Practice Notes

- **MUST BE ADMINISTERED VIA INFUSION PUMP.**¹⁶⁰
- Requires cardiac and continuous blood pressure monitoring during administration.¹⁶⁰
- Do not mix with sodium bicarbonate.¹⁹¹

epinephrine

Adrenalin

inj: 1:1000, 1 mL

D Y

PLS: 1:10,000, 10 mL

D Y

Practice Notes

Dosage for Cardiac Arrest:¹⁹¹

1 mg IV

ET Tube Administration

1:10,000 epinephrine may be given via ET tube during cardiac arrest if no IV access is available. Adults: give 2 mg (two 1 mg pre-loaded syringes (PLS) via ET tube) and ventilate.³⁹

1:1000 (1 mg/mL)

For use as bronchodilator - see Bronchodilators and Inhaled Corticosteroids

For use in anaphylaxis see Appendix I

DO NOT INJECT 1:1000 solution via IV route.¹³⁷

CARDIOVASCULAR

labetalol

Trandate

tab: 100 mg

B Y

lidocaine

Xylocaine

PLS: 100 mg/5 mL, 5 mL

D Y

Practice Notes

Dosage for Cardiac Arrest (VF/VT):¹⁹¹

1-1.5 mg/kg IV

magnesium sulfate

inj: 5 g/10 mL, 10 mL

B Y

Practice Notes

- **Safety Alert:** Concentrated electrolyte solutions are high-risk medications.²⁰²
- **MUST BE ADMINISTERED VIA INFUSION PUMP WITH CLOSE MONITORING.**¹⁰⁵

metoprolol

Lopressor

inj: 1 mg/mL, 5 mL

B Y

tab: 25 mg

B Y

Drug/Form	Brand Names	Category	Must Stock
nifedipine cap: 10 mg	<i>Adalat</i>	B	Y
Practice Notes			
<ul style="list-style-type: none"> Do not give as sublingual dose.¹⁵⁸ 			
nitroglycerin patch: 0.2 mg/hr spray: 0.4 mg/dose, 200 doses	<i>Nitrodur, Nitrolingual</i>	B C	Y Y
Practice Notes			
<ul style="list-style-type: none"> Do not use within 24 hours of sildenafil (Viagra), vardenafil (Levitra) or tadalafil (Cialis) as profound hypotension may occur.⁵⁰ Spray: one course is 1 spray at five minute intervals up to a maximum of 3 sprays. 			
ramipril cap: 2.5 mg	<i>Altace</i>	B	Y
sodium bicarbonate inj: 4.2%, 10 mL PLS (infant) inj: 8.4%, 10 mL PLS (peds) inj: 8.4%, 50 mL PLS (adult)		D D D	Y Y Y
vasopressin vial: 20 International Units/mL, 2 mL	<i>Pressyn AR</i>	B	Y
Practice Notes			
Cardiac arrest (as an alternative to epinephrine): 40 International Units IV diluted in 10 mL NS. ⁹⁵			

CARDIOVASCULAR

Anticonvulsants

carbamazepine

Tegretol

tab: 200 mg

B

N

diazepam

Valium

inj: 5 mg/mL, 2 mL

D

Y

tab: 5 mg

C

Y

Practice Notes

- Respiratory support equipment must be available for direct IV administration.⁶⁰
- Rectal administration for seizures when no IV access is available has been shown to be effective with low risk of respiratory side effects.^{54,55}
- Remove needle and add a catheter or feeding tube to administer rectally.
- IM administration has erratic absorption and is not recommended.⁵⁷
- Do not mix with other IV medications.

Dosage - Status Epilepticus

Pediatric (1 month – 5 years):⁵⁷

0.2-0.5 mg IV

Pediatric 5 years and older:⁵⁷

1 mg IV

Adult:^{58,57}

5-10 mg IV given at less than 5mg/min

Rectal:⁵⁷

0.5 mg/kg (maximum 20 mg)

PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION.¹⁸⁴

Drug/Form	Brand Names	Category	Must Stock
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lorazepam

Ativan

inj: 4 mg/mL, 1 mL

D Y

tab: 0.5 mg

C Y

Practice Notes

- Respiratory support required for direct IV administration.¹⁸⁵
- Store unopened vials in the refrigerator.¹⁸⁵

Dosage - Status Epilepticus:¹⁸⁵

0.05 mg/kg IV (up to 4 mg) by slow IV injection.

PROCEDURES RELATED TO CONTROLLED DRUGS AND SUBSTANCES MUST BE FOLLOWED FOR THIS MEDICATION.¹⁸⁴

phenytoin

Dilantin

inj: 50 mg/mL, 5 mL

B Y

cap: 100 mg

B Y

Practice Notes

- Do not mix with other IV medications.⁶⁴
- Dilute and administer with NS only.⁶⁴
- Should be administered with a 0.22 micron in-line filter if available to remove any crystalline phenytoin that forms during dilution.⁶⁴

Migraine Therapy

sumatriptan

Imitrex

tab: 50 mg

B Y

Practice Notes

- Do not give within 24 hours of ergotamines or other triptans.¹⁴⁸
- If possible avoid use in patients taking other serotonin modulators (e.g. SSRIs) as Serotonin Syndrome can result.¹⁴⁸

CENTRAL NERVOUS SYSTEM

Psychotropics

benztropine

Cogentin

inj: 1 mg/mL, 2 mL

D Y

tab: 2 mg

B N

Practice Notes

- Acute extrapyramidal reactions provoked by antipsychotics will respond quickly (within minutes) to the IV administration of an anticholinergic agent such as benztropine. The onset of action for PO or IM administration of benztropine is between 1 and 2 hours.⁶⁵

haloperidol

Haldol

inj: 5 mg/mL, 1 mL

B Y

tab: 5 mg

B Y

olanzapine

Zyprexa

tab: 5 mg

B Y

Skeletal Muscle Relaxants

cyclobenzaprine

Flexeril

tab: 10 mg

C N

Practice Notes

- A maximum 5-day course may be dispensed.
- May impair physical and mental abilities through CNS depression. Patients should be cautioned against driving while taking this medication.⁶⁶

Contraceptives

emergency postcoital contraception *Plan B*

tab: two X 75 microgram levonorgestrel

A

Y

Practice Notes

- Emergency contraception is more effective the sooner it is taken, but has been shown to be effective if administered up to 120 hours (5 days) after unprotected intercourse.¹⁴

estrogen 30 mcg or more, monophasic *Min-Ovral, Portia*

tab: levonorgestrel 150 mcg/ethinyl estradiol 30 mcg

A

Y

Practice Notes

- Initial course may be given from Health Centre stock. For further courses obtain a prescription.

estrogen under 30 mcg, monophasic *Alesse, Aviane*

tab: levonorgestrel 100 mcg & ethinyl estradiol 20 mcg

A

Y

Practice Notes

- Initial course may be given from Health Centre stock. For further courses obtain a prescription.

intrauterine copper contraceptive *Nova-T IUD*

IUD, each

*

N

Practice Notes

- * May be stocked in Community Health Centre for physician or NP to insert but where possible should be obtained for the patient on prescription.

medroxyprogesterone

Depo-Provera

inj: 150 mg, 1 mL

A

N

Practice Notes

- Initial dose may be given from Health Centre stock, for subsequent doses obtain a prescription.

CONTRACEPTIVES

Oxytocics

misoprostol

Cytotec

tab: 200 mcg

B

Y

Practice Notes

- Health Centres must stock at least 4 tabs to administer for post-partum bleeds.
- Additional stock may be carried for use prior to IUD insertion.¹⁰⁷

oxytocin

Syntocinon

inj: 10 IU/mL, 1 mL, 5 mL

D

Y

Practice Notes

Dosage for postpartum hemorrhage:

10 International Units IM⁶⁸

CONTRACEPTIVES

Glucose

dextrose

inj: 50% PLS, 50 mL

D Y

glucagon kit

Glucagen Hypokit

inj: 1 mg/mL, 1 mL

B Y

Practice Notes

- Mix with provided diluent as per kit instructions.
- Glucagon is not effective in malnourished patients or alcohol-induced hypoglycemia.⁷⁶

glucose gel

Insta-Glucose, Dex-4

tube: 31 g

D Y

Practice Notes

- Single-patient use tubes of glucose gel will vary slightly in size depending on manufacturer (15-31 g).

glucose solution

Glucodex

liq: 50 g, 300 mL

D Y

liq: 75 g, 300 mL

D N

Insulins

insulin NPH

Novolin GE NPH, Humulin N

vial: 100 units/mL, 10 mL

B N

insulin R

Humulin R, Toronto Insulin

inj: 100 units/mL, 10 mL

B Y

DIABETES

Diuretics

furosemide

Lasix

inj: 10 mg/mL, 2 mL

D

Y

tab: 20 mg

B

N

hydrochlorothiazide

Hydrodiuril

tab: 25 mg

B

N

mannitol

bag: 200 mg/mL, 500 mL

B

Y

Practice Notes

- Use a 0.22 micron filter during administration.³⁴

Potassium Supplements

potassium chloride

K10 Sol

liq: 20 mEq/15 mL, 500 mL

B

N

Practice Notes

- **Safety Alert:** Concentrated electrolyte solutions are high-risk medications. Only pre-mixed bags and oral solutions may be stocked.²⁰²
- Must never be stored in a patient care area.

Ear, Nose and Throat

ciprofloxacin/dexamethasone

Ciprodex

otic drops: 0.3%/0.1%, 7.5 mL

B

Y

dextromethorphan

Benylin DM, Balminil DM (sucrose free)

liq: 15 mg/mL, 100 mL

A

N

Practice Notes

- Dosing for children under the age of six has not been studied and this pharmaceutical should not be given to patients in this age group.⁷¹
- This pharmaceutical agent should never be used to treat cough due to bronchiolitis or asthma.⁷²

pseudoephedrine

Sudafed

tab: 60 mg

A

N

Practice Notes

- Give no more than 3-5 day supply.
- Not indicated for bacterial sinusitis.¹⁰⁸
- Should be used with caution in patients with hypertension, diabetes, angle closure glaucoma, coronary artery disease, congestive heart failure, prostatic hypertrophy, hyperthyroidism, or urinary retention.⁶¹

sodium chloride nasal spray

Salinex Nasal Spray

spray: 0.9%, 30 mL

A

N

Antacids

aluminum-magnesium hydroxides *Diovol, Almagel*

liq, 350 mL

A Y

Practice Notes

- A GI cocktail made with viscous lidocaine and an antacid ("Pink Lady") is no more effective at relieving dyspepsia than a plain liquid antacid alone.⁷⁸
- A "Pink Lady" should never be used as a diagnostic tool to rule out myocardial infarction.⁹⁶

omeprazole

Losec

cap: 20 mg

B Y

pantoprazole

Panto IV, Pantoloc

inj: 40 mg/10 mL, 10 mL

B Y

ranitidine

Zantac

tab: 150 mg

C Y

Laxatives

bisacodyl

Dulcolax

tab: 5 mg

C Y

Practice Notes

- Bowel Preparation Protocol: As directed for the patient by the clinician. Contact Stanton Internal Medicine or General Surgery for protocol.

glycerin suppository

supp (adult): 2.65 g

A N

supp (peds): 1.8 g

A N

lactulose

ratio-Lactulose

liq: 667 mg/mL, 500 mL

A N

polyethylene glycol & electrolyte solution *GoLyteLy, PegLyte*

susp, 4 L

B

Y

Practice Notes

- Name Alert: Polyethylene glycol for whole bowel irrigation (GoLyteLy, PegLyte) and polyethylene glycol for constipation (Restorolax, Lax-A-Day) are often confused for each other.
- Bowel Preparation Protocol: As directed for the patient by the clinician. Contact Stanton Internal Medicine or General Surgery as appropriate.

polyethylene glycol (PEG) 3350*PEG 3350, Restorolax, Lax-A-Day*

powder for solution, 238 g

C

Y

Practice Notes

- Name Alert: polyethylene glycol used for whole bowel irrigation (GoLyteLy, PegLyte) and polyethylene glycol used for pediatric constipation (Restorolax, Lax-A-Day) are often confused for each other.
- PEG 3350 is an effective and well-tolerated treatment choice for pediatric constipation, especially as an adjunct to education and behavioral training.^{109,110}
- Do not use in children less than 2 years except on the advice of a NP or physician.¹¹⁰

sodium phosphate enema*Fleet Enema*

liq: adult, 130 mL

A

Y

liq: pediatric, 65 mL

D

Y

Miscellaneous GI

dimenhydrinate

Gravol

inj: 50 mg/mL, 1 mL	A	Y
liq: 15 mg/5 mL, 75 mL	A	Y
supp: 50 mg	A	Y
tab: 50 mg	A	Y

electrolyte/dextrose preparations

Gastrolyte, Enfalyte, Pedialyte

pkg: 5 mg	A	Y*
liq, 90 mL	A	Y*

Practice Notes

- * Health centre must stock at least one electrolyte formulation – either powder or pre-mixed solution.
- Package size will vary depending on manufacturer.
- Oral rehydration therapy is the treatment of choice for children with mild to moderate dehydration caused by diarrhea. It is often as effective and is less expensive and invasive than IV hydration.^{114,116}

hyoscine butylbromide

Buscopan

inj: 20 mg/mL, 1 mL	D	Y
tab: 10 mg	A	N

metoclopramide

Maxeran

inj: 5 mg/mL, 2 mL	B	Y
tab: 5 mg	B	Y

Practice Notes

- Extrapyramidal syndromes including acute dystonic reactions can occur with metoclopramide therapy. Treatment for these symptoms is to administer diphenhydramine (Benadryl) 50 mg IM.¹¹²
- Can be considered for migraine treatment.¹⁷⁹
- Contraindicated in patients with epilepsy or pheochromocytoma. Use cautiously in patients with hypertension.¹¹³

ondansetron

Zofran

wafer: 4 mg	B/D	N
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Practice Notes

- Ondansetron is approved as a category D pharmaceutical for use in patients 15 kg and above for vomiting associated with gastroenteritis to facilitate administration of oral rehydration therapy.^{114,115} All other uses require an order from a physician or NP.^{59,116}
- Open wafer packages carefully as they are fragile.

Poisoning & Overdose Antidotes

POISON AND DRUG INFORMATION SERVICE (PADIS)

24-hour number 1-800-332-1414

acetylcysteine

Parvolex, Mucomyst, NAC

inj: 200 mg/mL, 30 mL

D Y

Practice Notes

- Acute flushing and erythema have been reported with administration of acetylcysteine. The incidence may be reduced by giving the loading dose at a slower rate over at least 60 minutes.^{153,117}

alcohol, dehydrated

Ethanol, Dehydrated Alcohol Injection

inj: 100%, 10 mL

B Y

calcium gluconate

inj: 10%, 10 mL

B Y

charcoal, activated aqueous

Charac

susp (adult): 50 g/225 mL, 225 mL

A Y

susp (peds): 25 g/112.5 mL, 112.5 mL

A Y

Practice Notes

- The adult and pediatric formulations differ only in volume, not concentration.

deferoxamine

Desferal

inj: 500 mg/7.5 mL, 7.5 mL

B Y

flumazenil

Anexate

inj: 0.1 mg/mL, 5 mL

B Y

Practice Notes

- Administration of flumazenil can precipitate withdrawal seizures in patients who have developed a tolerance to benzodiazepines. Flumazenil also does not consistently reduce respiratory depression caused by overdose.¹¹⁹

POISON AND DRUG INFORMATION SERVICE (PADIS)

24-hour number 1-800-332-1414

naloxone

Narcan

inj: 0.4 mg/mL, 1 mL

D

Y

Practice Notes

- For any patient with a decreased level of consciousness consider the administration of the following based on assessment:¹²⁰ Dextrose, Oxygen, Naloxone, Thiamine (DONT)

Opiate Overdose

- Adults: 0.4-2 mg IV ⁸²
- Pediatrics: Up to 5 years or less than 20 kg: 0.1 mg/kg
- Older than 5 years or more than 20 kg: 2 mg

phytonadione

Vitamin K1

inj: 10 mg/mL, 1 mL (adult)

B/C

Y

inj: 1 mg, 0.5 mL (peds)

B/C

Y

Practice Notes

- Category C for prophylaxis of hemorrhagic disease of the newborn.
- Category B for all other indications.
- Injectable formulation may be administered orally mixed with juice.⁸³

sodium polystyrene sulfonate

Kayexalate

liq: 15 g, 60 mL

B

N

Practice Notes

- Check serum potassium the day after administration.

POISONING & OVERDOSE

Vitamins and Minerals

calcium carbonate

tab: 500 mg

A

Y

Practice Notes

- 30 day supply can be given from Health Centre stock. Continuation of therapy requires a prescription.

ferrous sulfate

Fer-In-Sol

tab: 300 mg

C

Y

drops: 75 mg/mL, 50 mL

C

Y

Practice Notes

- Sulfate salt is 20% elemental iron (e.g. 300 mg ferrous sulfate = 60 mg elemental iron).
- 30 day supply can be given from Health Centre stock and then a reassessment is required.
- Continuation of therapy requires a prescription.

folic acid

tab: 1 mg

A

Y

Practice Notes

- 30 day supply can be given from Health Centre stock. Continuation of therapy requires a prescription.

prenatal vitamins

Nutrifer Plus, Prenavite, Materna

tab

A

Y

Practice Notes

- 30 day supply can be given from Health Centre stock. Continuation of therapy requires a prescription.

thiamine (Vitamin B1)

Betaxin

inj: 100 mg/mL, 1 mL

A

Y

tab: 100 mg

A

Y

Practice Notes

- In patients who may be thiamine deficient (such as in chronic alcoholism) administer thiamine (vitamin B1) IV before dextrose IV solutions to prevent Wernicke's encephalopathy.⁷⁵

vitamin D

D-Vi-Sol

drops: 400 international units/mL, 50 mL

A Y

tab: 400 IU

A Y

Practice Notes

- **Safety note:** different concentrations of Vitamin D drops may be available, therefore pay careful attention to dosage.
- 30 day supply can be given from Health Centre stock. Continuation of therapy requires a prescription.

VITAMINS & MINERALS

IV Solutions

dextrose in saline, 0.9%

D5NS

inj: 5% in 0.9% saline, 500 mL

D

Y

Practice Notes

Not for use during emergent volume resuscitation in children.^{198,199}

- This is the preferred maintenance solution for pediatrics and for alcohol withdrawal.^{200,201}
- In emergent situations where other dextrose concentrations are required consult Stanton or Inuvik Hospital pharmacy for instructions on preparation.
- In patients who may be thiamine deficient (such as patients with chronic alcoholism) administer thiamine (Vitamin B1) via the IV route before IV dextrose solutions to prevent Wernicke's encephalopathy.⁷⁵

dextrose in water, 10%

D10W

inj: 10% in water, 250 mL

D

Y

Practice Notes

Not for use during emergent volume resuscitation in children.^{198,199}

- In emergent situations where other dextrose concentrations are required consult Stanton or Inuvik Hospital pharmacy for instructions on preparation.
- In patients who may be thiamine deficient (such as patients with chronic alcoholism) administer thiamine (Vitamin B1) via the IV route before IV dextrose solutions to prevent Wernicke's encephalopathy.⁷⁵

dextrose in water, 5%

D5W

inj: 5% in water, 1000 mL

D

Y

inj: 5% in water, 500 mL

D

Y

inj: 5% in water, 100 mL

D

Y

inj: 5% in water, 250 mL (non-PVC bags)

D

Y

Practice Notes

- In emergent situations where other dextrose concentrations are required consult Stanton or Inuvik Hospital pharmacy for instructions on preparation.
- In patients who may be thiamine deficient (such as patients with chronic alcoholism) administer thiamine (Vitamin B1) via the IV route before IV dextrose solutions to prevent Wernicke's encephalopathy.⁷⁵
- 250 mL non- PVC bags: use for drugs that are not stable in PVC (such as amiodarone).⁴²

sodium chloride 0.9%

Normal Saline, NS

inj: 0.9%, 10 mL vial		A	Y
inj: 0.9%, 1000 mL		D	Y
inj: 0.9%, 500 mL		D	Y
inj: 0.9%, 100 mL		D	Y

sodium chloride 0.9% with potassium

NS with 20 mEq KCl

inj: 20 mEq/L, 1000 mL		B	Y
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Practice Notes

- **Safety Alert:** Concentrated electrolyte solutions are high-risk medications. Only pre-mixed bags and oral solutions may be stocked.²⁰²

sodium chloride for irrigation, 0.9%

bottle: 0.9%, 500 mL		A	Y
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Practice Notes

- Health Centres may stock 500 mL and/or 1000 mL bottles.

sterile water for injection

SWI

inj, 10 mL		A	Y
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IV SOLUTIONS

Topical Antimicrobials (including oral and vaginal)

bacitracin & polymyxin B

Polysporin, Polyderm

ung, 15 g

A

Y

clotrimazole

Canesten Combipack, Canestin

vaginal ovules/cream: 200 mg/1%, 3 days, 3 day pack

C

Y

topical: 1%, 15 g

A

N

metronidazole

Flagyl

vaginal cream: 10%, 60 g

C

Y

miconazole

Monistat 3

vaginal ovules/cream: 400 mg/2%, 3 days

A

Y

mupirocin

Bactroban, Taro-Mupirocin

ung: 2%, 15 g

A

Y

Practice Notes

- Mupirocin ointment is not formulated for use on mucosal surfaces. Intranasal use has been associated with isolated reports of stinging and drying.
- If required for use in nose, cream formulation is recommended and can be obtained by prescription.^{87,126}
- For the topical treatment of impetigo and/or lesions which are moist and weeping.¹³⁴

nystatin

Mycostatin

susp: 100,000 units/mL, 24 mL

C

Y

permethrin

Nix, Kwellada-P Creme Rinse

cream: 1%, 50 mL

A Y

Practice Notes

- For use in treatment of pediculosis (lice).
- Safe for use in infants 2 months and older. There is no evidence of risk during pregnancy and lactation.^{88,89}
- For effective lice removal, lice-comb must be used.
- Always re-examine client to evaluate for repeat treatment in 7-10 days.⁸⁸

Nonpharmacologic Adjunct for Head Lice - Wet Combing Technique⁹⁰

When performing wet combing, a lubricant such as a commercially available hair conditioner is used to wet the hair prior to the following procedure, which is also utilized for the dry combing method:

- The hair should be brushed or combed to remove tangles.
- The fine toothed comb is inserted near the crown until it gently touches the scalp, after which it is drawn firmly down and examined for lice after each stroke.
- The entire head should be combed systematically at least twice.

Control of transmission:⁵²

- Clothing, linens, stuffed animals, etc. should be placed in a plastic bag for at least three days or machine washed with hot water and then ironed or dried in a hot dryer, or dry cleaned. Items can also be frozen.

permethrin

Kwellada-P Lotion, Nix Dermal Cream

topical cream: 5%, 50 mL

A Y

Practice Notes

- For use in treatment of scabies.
- Safe for use in infants 2 months and older. The safety of this pharmaceutical during pregnancy and lactation has not been established, however there is no evidence of risk.^{88,89}
- Always re-examine client to evaluate for repeat treatment in 7-10 days.⁸⁸

Control of transmission:⁵²

- Clothing, linens, stuffed animals, etc. should be placed in a plastic bag for at least three days or machine washed with hot water and then ironed or dried in a hot dryer, or dry cleaned. Items can also be frozen.

pyrethrin & piperonyl butoxide

R & C Shampoo

shampoo: 0.33% pyrethrin/3% piperonyl butoxide, 50 mL

A N

Practice Notes

- Used in failure of first line agent (permethrin) for resistant cases.

TOPICAL ANTIMICROBIALS

Topical Corticosteroids

betamethasone valerate

Betaderm

cream: 0.1%, 15 g

C Y

ung: 0.1%, 15 g

C Y

Practice Notes

- Betamethasone is not to be used on the face without an order and consultation with a physician or NP due to the risk of increased systemic absorption and skin atrophy.¹²³

hydrocortisone

Cortate, Hyderm

cream: 1%, 15 g tube

C Y

ung: 1%, 15 g

C Y

Ophthalmic Preparations

acetazolamide

Diamox

tab: 250 mg

B Y

atropine sulfate

Isopto Atropine

drops: 1%, 0.5 mL minim

B Y

Practice Notes

- Therapy should be initiated within 24 hours of the onset of acute anterior uveitis (iritis).¹⁷⁷
- For diagnostic dilatation of the pupil, use tropicamide 1% drops as it has a shorter duration than atropine.

ciprofloxacin

Ciloxan

drops: 0.3%, 5 mL

B Y

Practice Notes

- Ophthalmic preparations may also be used in the ear (but not vice-versa).²⁰³

erythromycin

PMS-erythromycin ung

ung: 5 mg/g, 3.5 g

A Y

TOPICAL ANTIMICROBIALS

hydroxypropyl methylcellulose (hypomellose) *Isopto-Tears*

drops: 1%, 15 mL A N

lubricant, ophthalmic

Lacrilube

eye, 3.5 g A N

pilocarpine

Isopto Carpine

drops: 2%, 0.5 mL B Y

polymyxin B & gramicidin

Polysporin Eye/Ear

drops: polymyxin B 10,000 units/mL & gramicidin 0.025 mg/mL, 10 mL C Y

Practice Notes

- Formulation can be used in the eye or in the ear.⁹⁴

prednisolone

Pred-Forte

drops: 1%, 5 mL B Y

sodium fluorescein drops

Fluoristrips

drops: 2%, 0.3 mL minum B Y*
strips: each A Y*

Practice Notes

- * Must stock either strips or 2% drops.

tetracaine

Ametop

drops: 0.5%, minim A Y

tobramycin

Tobrex

ung: 0.3%, 3.5 g (ophthalmic) C Y
drops: 0.3%, 5 mL C Y

TOPICAL ANTIMICROBIALS

Drug/Form	Brand Names	Category	Must Stock
tropicamide drops: 1%, 0.5 mL	<i>Mydril</i>	B	Y

Practice Notes

- For diagnostic dilatation of the pupil.

Hemorrhoidal Preparations

hydrocortisone & zinc supp: hydrocortisone 10 mg & zinc sulfate 10 mg cream: hydrocortisone 0.5% & zinc sulfate 0.5%, 30 g	Anusol-HC, Ratio-Hemcort-HC	A A	Y Y
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TOPICAL ANTIMICROBIALS

Vaccines & Toxoids

Health Centres and Public Health units must stock the following vaccines:

- All vaccines listed on the current NWT Immunization Schedule as determined by the Chief Public Health Officer, and as amended from time-to-time (available at <http://www.hss.gov.nt.ca/health/immunization-and-vaccines/nwt-immunization-schedule>)
- Seasonal influenza vaccine during the periods specified by the Office of the Chief Public Health Officer
- Rabies Vaccine
- Tuberculin Purified Protein Derivative (PPD) (Mantoux)

Certain Health Centres and Public Health units must stock the following vaccines according to the following criteria:

- Bacille Calmette-Guérin (BCG) vaccine may only be stocked in health facilities where regular birthing services are offered, or in Public Health Units
- Botulism antitoxin must be stocked in coastal communities
- Rabies Immune Globulin must be stocked in one health facility in each community

Respiratory Syncytial Virus

- Respiratory syncytial virus monoclonal antibody (palivizumab) may only be given by order of a pediatrician and should not otherwise be routinely stocked.

Other Vaccines

The following vaccines are not listed under the routine immunization schedule but may be stocked and administered to appropriate individuals.

- Hepatitis A
- Cholera Vaccine
- Japanese Encephalitis
- Typhoid Vaccine
- Yellow Fever vaccine (May only be stocked in a facility designated by the Office of the Chief Public Health Officer. As of the date of formulary publication the Yellowknife Public Health Unit is the only facility with this designation.)

Immunizations required for travel or work in endemic countries are not considered an insured service and most authorities charge patients for these vaccines.

As brands and combinations of available vaccine products vary, the vaccine components are must-stock items rather than specific brands or formulations. Refer to the latest version of the Canadian Immunization Guide for a listing of the approved immunizing agents available in Canada available at: <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php>

Refer to Appendix F for applicability to Public Health Units.

Appendix A: Abbreviations

Abbreviation	Translation	Abbreviation	Translation
amp	ampoule	NIHB	Non-Insured Health Benefits
bid	twice daily	NP	Nurse Practitioner
cap	capsule	NPO	Nothing to eat or drink
CNS	central nervous system	NS	normal saline
EENT	eyes, ears, nose, throat	PLS	pre-loaded syringe
g	gram	PO	by mouth
h	hour	PR	by rectum
inj	injection	PRN	as needed
IV	intravenous	q[]h	every [] hours
L	litre	SL	sublingual
liq	liquid	sol	solution
mcg	microgram	supp	suppository
MDI	metered dose inhaler	susp	suspension
mEq	milliequivalent	tab	tablet
mg	milligram	tid	three times daily
mL	millilitre	ung	ointment
mmol	millimoles		

Appendix B: Recommended Crash Cart List

TOP

Defibrillator or AED
Extra monitor paper
ACLS algorithms
Quick-combo pads – adult & peds
Electrodes (Red Dots) [6]
Broselow Tape
Sharps container
Medium gloves, 1 box
Stethoscope
Blood pressure cuff, adult
Trauma scissors
Safety glasses or face shield

SIDE

O₂ Tank with wrench and gauge
suction device & tubing

AIRWAY DRAWER

Laryngoscope handle
Extra batteries for laryngoscope
Extra laryngoscope bulb
Laryngoscope blades – 0, 1, 2 straight 2, 3, 4 curved
ET tubes (uncuffed) 2.5 – 5.5
ET tubes (cuffed) 5.0 – 8.5
Adult stylets [2]
Peds stylets [2]
Adult McGill Forceps
Peds McGill Forceps
Lubricating jelly packets [2]
Oral airways (00, 4, 6, 8, 10, 11, 12)
lidocaine endotracheal spray & spray tip

MEDICATION DRAWER

Adenosine 6mg/2ml PLS [3]
Amiodarone 150 mg/3ml [3]
ASA 80 mg chewable tabs [2]
Atropine PLS 0.5mg/5ml [2]
50% Dextrose PLS [1]
Diazepam 10 mg/2 ml [2]
Diltiazem 25mg/5ml (in fridge) [2]
Diphenhydramine 50 mg/ml [1]
Epinephrine 1:1000 1mg/1ml [2]
Epinephrine Preload 1:10,000
(1 mg/10ml) [4]
Furosemide 20 mg/2ml [2]
Glucagon Kit [1]
Insta-glucose [1]
Lidocaine 100 mg/5ml inj PLS [2]

Magnesium Sulfate 5g/10ml [1]
Metoprolol 1 mg/ml [1]
Naloxone 0.4 mg/ml [2]
Nitroglycerine Spray 0.4mg/dose [1]
Phenytoin 250 mg/5 ml [4]
Sodium Bicarbonate, Adult 8.4% PLS [1]

IV DRAWER

NS 1000 ml [2]
NS 100 mL [2]
NS 10 mL [2]
D5W 500 ml
IV tubing [2]
IV secondary medication set [2]
Buretrol
1" tape
Blood tube set (purple, yellow, blue, green)
Occlusive dressing (OpSite or similar) [4]
2 x2 Gauze [5]
Tourniquet
3" Kling
Adhesive bandages (Band-Aids) [4]
Medication labels [2]
Butterfly needles 25, 23, 21
IV catheters 24, 22, 20, 18, 16, 14 [4 each]
Alcohol or chlorhexidine swabs [10]
Razor

BOTTOM

Adult & peds bag-valve mask & tubing
Adult & Peds non-rebreather mask
Adult & infant nasal prongs
Adult & Peds nebulizer mask
Suction catheter 5, 8, 10, 12
Suction connector
Yankauer suction catheter
Nasogastric tube – 12, 14, 16
60 mL catheter tip syringe
Arm board

Miscellaneous Items to consider

LMA (Laryngeal Mask Airway)
Intraosseous Needles & Setup
O₂ Saturation monitor
Broselow bags
Cricothyroidotomy kit
Calculator
Code Record & Pen

Appendix C: Facility Standards Regulations

HOSPITAL INSURANCE AND HEALTH AND SOCIAL SERVICES ADMINISTRATION ACT

HOSPITAL AND HEALTH CARE
FACILITY STANDARDS
REGULATIONS
R-036-2005

42. (2) Medical and professional staff and other hospital personnel who dispense drugs in a hospital or health care facility shall do so in accordance with a formulary approved by the Minister or other directions provided in writing by the Minister.

Appendix D: Nursing Profession Act

NURSING PROFESSION ACT

S.N.W.T 2003, c. 15
In force January 1, 2004
SI-0042003

INCLUDING AMENDMENTS MADE BY

S.N.W.T. 2006, c. 24
In Force April 2, 2007
Si-001-2007

2. (1) A registered nurse is entitled to apply nursing knowledge skills and judgment
(g) to dispense, compound and package drugs where the bylaws so permit.

Appendix E: RNANT/NU Bylaw 20

Registered Nurses Association of the Northwest Territories and Nunavut

BYLAW 20: DISPENSING, COMPOUNDING AND PACKAGING DRUGS

Date Initiated: March 30, 2007

Approved by Board of Directors: March 23, 2007

Ratified by Membership: May 8, 2008

Recommended by Minister, Health and Social Services: March 30, 2007

Section 1

- 1) A registered nurse may dispense, compound or package drugs
 - (a) in accordance with employer policies and guidelines;
 - (b) on the instruction of a pharmacist, nurse practitioner, midwife, physician, dentist or veterinarian; or
 - (c) from a formulary of stocked drugs in accordance with employer policies and guidelines.
- 2) A registered nurse must have the specific knowledge, skills and judgment to dispense, compound or package the drug safely, effectively and ethically in accordance with the requirements of the policy and standards of practice.

Section 2

- 1) A registered nurse shall dispense, compound or package drugs in the interests of patient care.
 - 2) A registered nurse shall not derive personal or commercial monetary gain from the dispensing, compounding or packaging of drugs other than employment remuneration.
 - (1) A registered nurse shall not sell drugs by retail.
 - (2) A registered nurse may collect a specific fee for a specific drug on behalf of the employer in accordance with employer policy.
-

Appendix F: Applicability to Public Health Units

The scope of services offered through Public Health Units in the Northwest Territory varies from those offered in Community Health Centres. Therefore Public Health Units:

- Shall carry all must-stock vaccines, including Bacille Calmette-Guérin (BCG)
- May stock vaccines listed under “Other Vaccines”

Other Pharmaceuticals

All Public Health Units shall:

- stock the medications for the emergency treatment of anaphylaxis listed in Appendix I of this formulary
- carry the must-stock tuberculosis medication listed in this formulary
- carry medication on this formulary required for the treatment of sexually-transmitted infections as outlined in the NWT Sexually Transmitted Infection Manual
- stock any item from this formulary deemed appropriate for use for the scope of services offered in the Public Health Unit and supported by approved guidelines

Appendix G: Compounding of Medications

Simple Compounding of Medications¹⁶⁷

Simple compounding is the act of simple combining or the mixing of two or more finished products together, with minimum risk, for therapeutic use and convenience of the patient.

Compounding must not copy or duplicate an approved drug.

Appendix H: Container Labeling

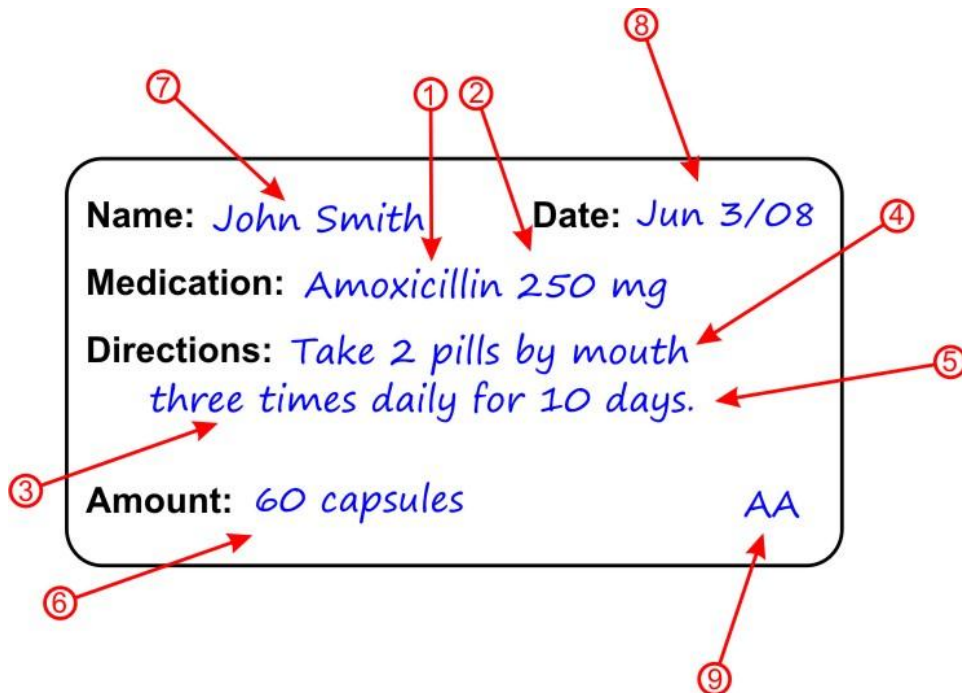
Labeling of Pharmaceutical Agent Containers²⁰⁴

In the community health setting all pharmaceutical agent containers shall be labeled in a standardized manner according to the Health and Social Services Authority (HSSA) policy, applicable laws and regulations, and standards of practice.

Labels shall include the following information:

1. Manufacturer's pharmaceutical agent name
2. Strength
3. Frequency
4. Route
5. Duration
6. Amount dispensed
7. Client's name
8. Date dispensed
9. The initials of the registered nurse dispensing the pharmaceutical agent

Every effort shall be made to affix the completed label directly to the pharmaceutical agent container.



Appendix I: Anaphylaxis Protocol ¹⁸⁷

WHEN IN DOUBT GIVE EPINEPHRINE

THERE ARE NO ABSOLUTE CONTRAINDICATIONS
TO GIVING EPINEPHRINE FOR ANAPHYLAXIS

ALWAYS GIVE EPINEPHRINE FIRST

PEDIATRIC DOSES - EPINEPHRINE 1:1000 (1 mg/mL)		
Age	Weight	IM Dose
0 – 6 months	Up to 9 kg (20 pounds)	0.01 mL/kg body weight
7 - 36 months	9 - 14.5 kg (20 - 32 lb)	0.1 - 0.2 mL
37 - 59 months	15 - 17.5 kg (33 – 39 lb)	0.15 - 0.3 mL
5 - 7 years	18 - 25.5 kg (40 – 56 lb)	0.2 - 0.3 mL
8 - 12 years	26 - 45 kg (57 – 99 lb)	0.3 mL
13 years and older	46 + kg (100 + lb)	0.5 mL

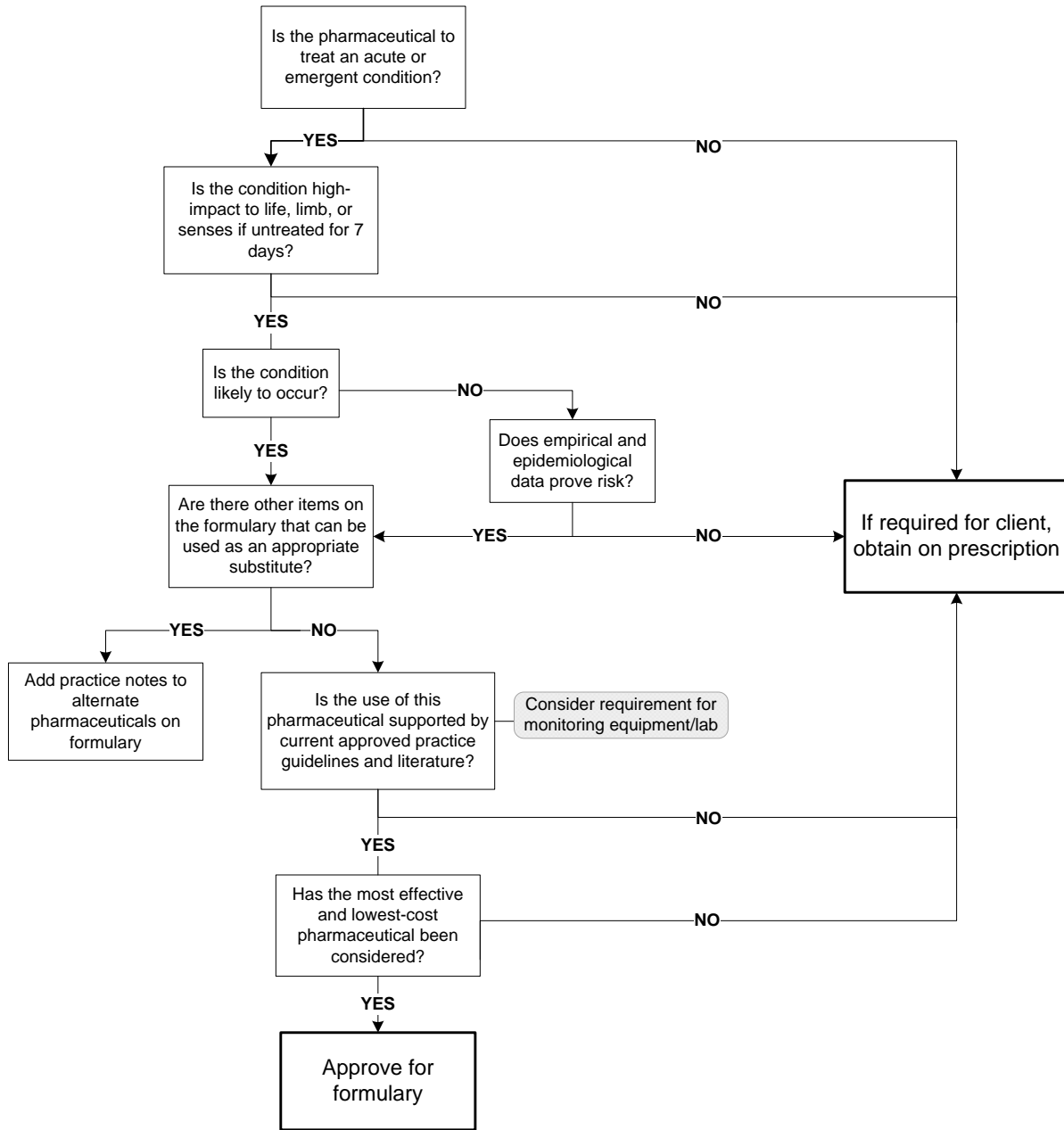
ADULT DOSES - EPINEPHRINE 1:1000
<p>EPINEPHRINE 0.5 mL IM, anterolateral thigh REPEAT q 5-15 minutes PRN for a total of 3 doses</p>
<p>Diphenhydramine (Benadryl) 50 mg IM is considered ONLY AFTER EPINEPHRINE IS GIVEN</p>

PEDIATRIC DOSES - DIPHENHYDRAMINE 50 mg/mL 1-2 mg/kg – or use table below			
Diphenhydramine (Benadryl)			
Age	Dose	Age	Dose
0-2 yrs	0.125 - 0.25 mL	5-11 yrs	0.5-1 mL
2-4 yrs	0.25 - 0.5 mL	12 yrs+	1 mL
<p>Diphenhydramine (Benadryl) is considered ONLY AFTER EPINEPHRINE HAS BEEN GIVEN</p>			

Appendix J: NWT Formulary Decision Tree

To guide a consistent approach to determining necessary and appropriate pharmaceutical items the P&T Committee adopted the following decision tree tool in the review of this formulary.

NWT Formulary Decision Tree



Appendix K: Request for Addition/Deletion/Change

NWT Health Centre Formulary - Request for Addition/Deletion/Change	
Request for: <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Change	Date of Request:
Pharmaceutical Agent Generic Name:	
Pharmaceutical Agent Trade Name(s):	
Strength (include units):	Formulation (inj/susp/ung/etc.):
Usual dose and duration:	
Recommended Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Must Stock Item <input type="checkbox"/> Optional Stock Item
Comparable pharmaceutical agents currently on formulary:	
Will this pharmaceutical agent replace an existing item on the formulary? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Substantiation of request/notes:	
<p style="text-align: center;"><i>Please include research literature or other current practice references where appropriate to support request.</i></p>	
Requested By:	Phone:
E-mail:	Fax:

For NWT Pharmacy & Therapeutics Committee Use	
Date of P&T Meeting:	Request <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Approved Pharmaceutical Agent:	
Strength:	Formulation:
Clinical Notes:	
Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Must Stock Item <input type="checkbox"/> Optional Stock Item
Send completed form to: NWT Pharmacy & Therapeutics Committee c/o GNWT Department of Health and Social Services nursing@gov.nt.ca or fax 867 873-0196	

Appendix L: Agents Removed from 2014 Formulary

captopril (tab: 25 mg)

- An alternate pharmaceutical exists on formulary (ramipril)

cefuroxime (susp: 125 mg/5 mL)

- Alternate pharmaceuticals exist on formulary (ceftriaxone, cefixime, doxycycline)

cetirizine (tab: 10 mg)

- An alternate pharmaceutical exists on formulary (loratadine)

cetirizine (liq: 5 mg/mL)

- Pharmaceutical is no longer manufactured, an alternate pharmaceutical exists on formulary (loratadine)

charcoal, activated aqueous with sorbitol (50 mg x 250 mL)

- Lack of current clinical evidence of efficacy for sorbitol. Alternate pharmaceuticals exist on formulary (charcoal, activated aqueous)

cloxacillin (susp:125 mg/5 mL x 100mL)

- Pharmaceutical is no longer manufactured, an alternate pharmaceutical exists on formulary (cephalexin)

cortisporin otic drops

- Pharmaceutical is no longer manufactured

dexamethasone (ophthalmic ung, 3.5 g)

- An alternate pharmaceutical exists on formulary (prednisolone drops)

digoxin immune fab (10 mg/mL)

- Digoxin intoxication is not common in the NWT.

dihydroergotamine (1 mg/mL)

- An alternate pharmaceutical exists on formulary (Sumatriptan 50 mg, metoclopramide 5 mg/mL)

epinephrine automatic injector (adult, pediatric)

- Not indicated for acute administration in a health care centre, an alternate pharmaceutical exists on formulary (epinephrine 1:1000)

erythromycin estolate (susp: 200 mg/5 mL)

- Pharmaceutical is no longer manufactured, an alternate pharmaceutical exists on formulary (clindamycin)

fluconazole (cap: 150 mg)

- Alternate pharmaceuticals exist on formulary (clotrimazole, miconazole 3-day combinations)

gentamicin 0.3% ophthalmic drops, 5 mL

- Pharmaceutical is no longer manufactured, an alternate pharmaceutical exists on formulary (tobramycin)

gentamicin 0.3% ophthalmic ung, 3.5 g

- Pharmaceutical is no longer manufactured, an alternate pharmaceutical exists on formulary (tobramycin)

indomethacin (cap: 25 mg)

- Alternate pharmaceuticals exist on formulary (ibuprofen, naproxen)

loperamide (tab: 2 mg)

- Not indicated for acute administration in a health care centre

meperidine (amp: 100 mg/mL x 1 mL)

- Alternate pharmaceuticals exist on formulary (hydromorphone, ketorolac)

methyldopa (tab: 250 mg)

- Alternate pharmaceuticals exist on formulary (labetalol, nifedipine)

metronidazole (inj: 500 mg)

- An alternate pharmaceutical exists on formulary (metronidazole 5 mg/mL minibag)

midazolam (1 mg/mL)

- Not indicated for acute administration in a health care centre (conscious sedation)

multivitamins (adult)

- Not indicated for acute administration in a health care centre

naphazoline 0.1% (ophthalmic drops, 15 mL)

- Lack of current clinical evidence of efficacy

nifedipine PA (tab: 20 mg)

- Pharmaceutical is no longer manufactured, an alternate pharmaceutical exists on formulary (nifedipine 10 mg capsule)

nitroglycerin (vial: 5mg/mL x10mL)

- Alternate pharmaceuticals exist on formulary (nitroglycerin patch, spray)

penicillin V (susp: 60 mg/mL)

- Pharmaceutical is no longer manufactured, an alternate pharmaceutical exists on formulary (clindamycin)

phenazopyradine (tab: 100 mg tab)

- Pharmaceutical is no longer manufactured

potassium chloride (inj: 20 mEq/10 mL)

- Multiple dosage formulations of this medication exist. This formulation removed as a risk reduction strategy

psyllium powder

- Not indicated for acute administration in a health care centre

sodium phosphate oral solution

- Not indicated for acute administration in a health care centre

tetrafluroethane spray (150 g)

- Pharmaceutical is no longer manufactured

trifluridine 1% (ophthalmic drops, 7.5 mL)

- An alternate pharmaceutical exists on formulary (acyclovir)

zidovudine/lamivudine (tab: 200-150mg) (HIV exposure prophylaxis)

- An alternate pharmaceutical exists on formulary (Emtricitabine/tenofovir 200-300 mg tablet)

Removal of Non-Formulary Drugs from Health Centres:

Pharmaceutical items that are in your health centre that are no longer on formulary may not be dispensed once the new formulary comes into effect. These items shall be disposed of in accordance with your Health Authority's policy or returned to your regional pharmacy where applicable.

Appendix M: Pharmaceutical Agent Stock List

Must Stock Items Drug Name, Generic	Formulation	Minimum Stock
* electrolyte/dextrose preparations	5 mg	6 pkgs
* electrolyte/dextrose preparations	liquid	6 bottles
* sodium fluorescein drops	2%, 0.3 mL minim	10 bottles
* sodium fluorescein drops	each	10 strips
* tetracycline	250 mg	28 caps
acetaminophen	80 mg/mL, 24 mL	12 bottles
acetaminophen	120 mg	12 supp
acetaminophen	325 mg	100 tabs
acetaminophen	160 mg, chewable	80 tabs
acetaminophen, caffeine, and codeine	with 30 mg codeine	15 tabs
acetazolamide	250 mg	6 tabs
acetylcysteine	200 mg/mL, 30 mL	5 vials
acetylsalicylic acid	80 mg chewable	8 tabs
acyclovir	200 mg	50 tabs
adenosine	3 mg/mL PLS, 2 mL	5 vials
alcohol, dehydrated	100%, 10 mL	10 vials
aluminum-magnesium hydroxides	, 350 mL	1 bottles
amiodarone	150 mg/3 mL, 3 mL	3 vials
amoxicillin	250 mg/5 mL, 100 mL	12 bottles
amoxicillin	250 mg	100 caps
amoxicillin	500 mg	200 caps
amoxicillin/clavulanic acid	200 mg/28.5 mg per 5 mL, 70 mL	5 bottles
amoxicillin/clavulanic acid	875 mg/125mg	28 tabs
amoxicillin/clavulanic acid	250 mg/125 mg	42 tabs
ampicillin	1 g	2 vials
atropine	1 mg/10 mL, 10 mL	2 PLS
atropine sulfate	1%, 0.5 mL minum	1 bottles
azithromycin	500 mg/5 mL	2 vials
azithromycin	250 mg	16 tabs
bacitracin & polymyxin B	tube	1 tubes
benztropine	1 mg/mL, 2 mL	1 vials
betamethasone valerate	0.1%, 15 g	1 tubes
betamethasone valerate	0.1%, 15 g	1 tubes
bisacodyl	5 mg	8 tabs
calcium carbonate	500 mg	60 tabs
calcium gluconate	10%, 10 mL	5 vials
cefazolin	1 g	4 vials
cefixime	100 mg/5 mL, 50 mL	1 bottles

Must Stock Items Drug Name, Generic	Formulation	Minimum Stock
cefixime	400 mg	4 tabs
ceftriaxone	1 g	2 vials
cephalexin	250 mg/5 mL, 100 mL	6 bottles
cephalexin	500 mg	56 tabs
charcoal, activated aqueous	50 g/225 mL, 225 mL	2 bottles (adult)
charcoal, activated aqueous	25 g/112.5 mL, 112.5 mL	2 bottles (peds)
ciprofloxacin	250 mg	56 tabs
ciprofloxacin	0.3%, 5 mL	1 bottle
ciprofloxacin/dexamethasone	0.3%/0.1%, 7.5 mL	1 bottle
clindamycin	150 mg/mL, 2 mL	6 vials
clindamycin	75 mg/5 mL, 100 mL	6 bottles
clindamycin	150 mg	56 caps
clopidogrel	75 mg	8 tabs
clotrimazole	200 mg/1%, 3 days, 3 day pack	1 pack
cloxacillin	250 mg	56 caps
deferoxamine	500 mg/7.5 mL, 7.5 mL	12 vials
dermatological base	tube	2 tube
dexamethasone	10 mg/mL, 10 mL	1 vial
dextrose	50% PLS, 50 mL	4 vials
dextrose in saline, 0.9%	5% in 0.9% saline, 500 mL	2 vials
dextrose in water, 10%	10% in water, 250 mL	2 vials
dextrose in water, 5%	5% in water, 1000 mL	2 vials
dextrose in water, 5%	5% in water, 500 mL	2 vials
dextrose in water, 5%	5% in water, 100 mL	2 vials
dextrose in water, 5%	5% in water, 250 mL (non-PVC bags)	4 vials
diazepam	5 mg/mL, 2 mL	5 vials
diazepam	5 mg	4 tabs
diltiazem	5 mg/mL, 10 mL	1 vial
dimenhydrinate	50 mg/mL, 1 mL	4 vials
dimenhydrinate	15 mg/5 mL, 75 mL	1 bottle
dimenhydrinate	50 mg	2 supp
dimenhydrinate	50 mg	12 tabs
diphenhydramine	50 mg/mL, 1 mL	2 vials
diphenhydramine	1.25 mg/mL, 100 mL	1 bottle
diphenhydramine	25 mg	56 tabs
dopamine	400 mg/250 mL, 250 mL	2 bags
doxycycline	100 mg	28 caps
emergency postcoital contraception	two X 75 microgram levonorgestrel	2 tabs
enoxaparin	300 mg/3 mL, 3 mL	1 vial
epinephrine	1:1000, 30 mL	1 vial

Must Stock Items Drug Name, Generic	Formulation	Minimum Stock
epinephrine	1:1000, 1 mL	4 vial
epinephrine	1:10,000, 10 mL	6 PLS
erythromycin	250 mg	112 tabs
erythromycin	5 mg/g, 3.5 g	2 tubes
estrogen 30 mcg or more, monophasic	levonorgestrel 150 mcg/ethinyl estradiol 30 mcg	21 tabs
estrogen under 30 mcg, monophasic	levonorgestrel 100 mcg & ethinyl estradiol 20 mcg	21 tabs
ferrous sulfate	300 mg	60 tabs
ferrous sulfate	75 mg/mL, 50 mL	2 bottles
flumazenil	0.1 mg/mL, 5 mL	2 vials
fluticasone	50 mcg/puff, 120 doses	1 MDI
fluticasone	125 mcg/puff, 60 doses	1 MDI
folic acid	1 mg	60 tabs
furosemide	10 mg/mL, 2 mL	2 vials
gentamicin	80 mg/2 mL, 2 mL	4 vials
glucagon kit	1 mg/mL, 1 mL	2 vials
glucose gel	31 g	1 tube
glucose solution	50 g, 300 mL	4 bottles
haloperidol	5 mg/mL, 1 mL	12 vials
haloperidol	5 mg	4 tabs
HIV Exposure Prophylaxis	see p. 21	1 kit
hydrocortisone	1%, 15 g tube	1 tube
hydrocortisone	1%, 15 g	1 tube
hydrocortisone & zinc	hydrocortisone 10 mg & zinc sulfate 10 mg	12 supp
hydrocortisone & zinc	hydrocortisone 0.5% & zinc sulfate 0.5%, 30 g	1 tube
hydromorphone	2 mg/mL, 1 mL	4 vials
hyoscine butylbromide	20 mg/mL, 1 mL	2 vials
ibuprofen	200 mg	100 tabs
ibuprofen	100 mg/5 mL, 100 mL	2 bottles
indomethacin	100 mg	6 supp
insulin R	100 units/mL, 10 mL	1 vials
ipratropium bromide	125 mcg/mL, 2 mL	40 nebs
ketorolac	30 mg/mL, 1 mL	4 vials
labetalol	100 mg	56 tabs
lidocaine	100 mg/5 mL, 5 mL	2 PLS
lidocaine	10 mg/spray, 50 mL	1 canister
lidocaine	1%, 50 mL	1 vial
lidocaine with epinephrine	1%/1:100 000, 20 mL	1 vial
loratadine	1 mg/mL, 120 mL	1 bottles
loratadine	10 mg	28 tabs

Must Stock Items Drug Name, Generic	Formulation	Minimum Stock
lorazepam	4 mg/mL, 1 mL	2 vials
lorazepam	0.5 mg	20 tabs
magnesium sulfate	5 g/10 mL, 10 mL	5 vials
mannitol	200 mg/mL, 500 mL	2 bags
MDI Spacer Device	adult without mask	1
MDI Spacer Device	child with mask	1
MDI Spacer Device	neonate with mask	1
metoclopramide	5 mg/mL, 2 mL	16 vials
metoclopramide	5 mg	32 tabs
metoprolol	1 mg/mL, 5 mL	3 vials
metoprolol	25 mg	56 tabs
metronidazole	250 mg	42 tabs
metronidazole	10%, 60 g	1 tubes
metronidazole	5mg/mL, 100 mL	2 minibags
miconazole	400 mg/2%, 3 days	1 pack
misoprostol	200 mcg	4 tabs
morphine	10 mg/mL, 1 mL	6 vials
mupirocin	2%, 15 g	1 tube
naloxone	0.4 mg/mL, 1 mL	4 vials
nifedipine	10 mg	4 caps
nitrofurantoin	100 mg	28 tabs
nitroglycerin	0.2 mg/hr	7 patches
nitroglycerin	0.4 mg/dose, 200 doses	1 bottle
nystatin	100,000 units/mL, 24 mL	1 bottle
olanzapine	5 mg	14 tabs
omeprazole	20 mg	14 caps
oxytocin	10 IU/mL, 1 mL, 5 mL	2 vials
pantoprazole	40 mg/10 mL, 10 mL	2 vials
penicillin G sodium	5 Million Units/vial	4 vials
penicillin V	300 mg	100 tabs
permethrin	1%, 50 mL	2 tubes
permethrin	5%, 50 mL	1 tubes
phenytoin	50 mg/mL, 5 mL	20 vials
phenytoin	100 mg	56 caps
phytonadione	10 mg/mL, 1 mL (adult)	1 vial
phytonadione	1 mg, 0.5 mL (peds)	1 vial
pilocarpine	2%, 0.5 mL	1 bottle
polyethylene glycol & electrolyte solution	bottle	1 bottle
polyethylene glycol (PEG) 3350	bottle	1 bottle
polymyxin B & gramicidin	polymyxin B 10,000 units/mL & gramicidin 0.025 mg/mL, 10 mL	2 bottles
prednisolone	1%, 5 mL	1 bottles

Must Stock Items Drug Name, Generic	Formulation	Minimum Stock
prednisone	5 mg	250 tabs
prenatal vitamins		60 tabs
probenecid	500 mg	56 tabs
pyrantel pamoate	125 mg	12 tabs, chewable
ramipril	2.5 mg	14 caps
ranitidine	150 mg	14 tabs
salbutamol	1 mg/mL, 2.5 mL	20 nebs
salbutamol	100 mcg/puff, 200 doses	2 MDI
sodium bicarbonate	4.2%, 10 mL PLS (infant)	2 vials
sodium bicarbonate	8.4%, 10 mL PLS (peds)	2 vials
sodium bicarbonate	8.4%, 50 mL PLS (adult)	2 vials
sodium chloride 0.9%	0.9%, 10 mL vial	4 vials
sodium chloride 0.9%	0.9%, 1000 mL	12 vials
sodium chloride 0.9%	0.9%, 500 mL	12 vials
sodium chloride 0.9%	0.9%, 100 mL	12 vials
sodium chloride 0.9% with potassium	20 mEq/L, 1000 mL	2 vials
sodium chloride for irrigation, 0.9%	0.9%, 500 mL	2 bottle
sodium phosphate enema	adult, 130 mL	1 bottle
sodium phosphate enema	pediatric, 65 mL	1 bottle
sterile water for injection	vial	4 vials
sulfamethoxazole/trimethoprim	200 mg/40 mg per 5 mL, 400 mL	2 bottles
sulfamethoxazole/trimethoprim	800/160 mg	56 tabs
sumatriptan	50 mg	16 tabs
tetracaine	0.5%, minim	2 bottles
thiamine (Vitamin B1)	100 mg/mL, 1 mL	1 vial
thiamine (Vitamin B1)	100 mg	14 tabs
tobramycin	0.3%, 3.5 g (ophthalmic)	2 tubes
tobramycin	0.3%, 5 mL	1 bottle
tropicamide	1%, 0.5 mL	1 bottle
vancomycin	1 g	2 vials
vasopressin	20 International Units/mL, 2 mL	4 vial
vitamin D	400 international units/mL, 50 mL	2 bottles
vitamin D	400 IU	60 tabs
warfarin	1 mg	28 tabs

* See pharmaceutical listing for note on must stock conditions

Optional Stock Items Drug Name, Generic	Formulation	Stock Units
acetaminophen	325 mg	supps
azithromycin	200 mg/5 mL, 15 mL	bottles
benztropine	2 mg	tabs
budesonide	0.25 mg/mL, 2 mL	neb
carbamazepine	200 mg	tabs
clotrimazole	1%, 15 g	tubes
cyclobenzaprine	10 mg	tabs
dextromethorphan	15 mg/mL, 100 mL	bottles
ethambutol	400 mg	tabs
furosemide	20 mg	tabs
glucose solution	75 g, 300 mL	bottles
glycerin suppository	2.65 g	supps (adult)
glycerin suppository	1.8 g	supps (peds)
hydrochlorothiazide	25 mg	tabs
hydroxypropyl methylcellulose (hypromellose)	1%, 15 mL	drops
hyoscine butylbromide	10 mg	tabs
insulin NPH	100 units/mL, 10 mL	vials
intrauterine copper contraceptive	each	IUD
isoniazid (INH)	10 mg/mL, 500 mL	bottles
isoniazid (INH)	100 mg	tabs
isoniazid (INH)	300 mg	tabs
lactulose	667 mg/mL, 500 mL	bottles
lidocaine, viscous	2%, 50 mL	bottles
lubricant, ophthalmic	3.5 g	bottles
medroxyprogesterone	150 mg, 1 mL	vials
methylprednisolone acetate suspension	40 mg/mL, vial	vials
naproxen	250 mg	tabs
ondansetron	4 mg	wafers
penicillin G benzathine	600,000 units/mL, 2 mL	vials
potassium chloride	20 mEq/15 mL, 500 mL	bottles
prednisone	50 mg	tabs
pseudoephedrine	60 mg	tabs
pyrazinamide	500 mg	tabs
pyrethrin & piperonyl butoxide	0.33% pyrethrin/3% piperonyl butoxide, 50 mL	shampoo
pyridoxine	100 mg/mL, 1 mL	vials
pyridoxine	25 mg	tabs
rifampin	300 mg	caps
sodium chloride nasal spray	0.9%, 30 mL	spray
sodium polystyrene sulfonate	15 g, 60 mL	bottles
tenecteplase (TNK)	50 mg vial	vials
tetracaine (amethocaine)	4%, 1.5 g	gel

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Index

A

Abenol, 11
acetaminophen, 11
acetaminophen, caffeine, and codeine, 11
acetazolamide, 45
acetylcysteine, 37
acetylsalicylic acid, 13
acyclovir, 21
Adalat, 25
Adenocard, 23
adenosine, 23
adjunct pharmaceuticals, 15
Adrenalin, 9, 24
Advil, 13
Aerochamber, 10
alcohol, dehydrated, 37
Alesse, 29
Almagel, 34
Altace, 25
aluminum-magnesium hydroxides, 34
Ametop, 12, 46
amiodarone, 23
amoxicillin, 16
amoxicillin/clavulanic acid, 16
Amoxil, 16
ampicillin, 16
analgesics, 11
Ancef, 16
Anexate, 37
antacids, 34
anticoagulants, 22
anticonvulsants, 26
Antihistamines, 9
anti-virals, 21
Anusol-HC, 47
Aspirin, 13
Atasol 30, 11
Ativan, 27
atropine, 23
atropine sulfate, 45
Atrovent, 10
Aviane, 29
azithromycin, 16

B

bacitracin & polymyxin B, 43
Bactroban, 43
Balminil DM (sucrose free), 33
Benadryl, 9

Benuryl, 15
Benylin DM, 33
benztropine, 28
Betaderm, 45
betamethasone valerate, 45
Betaxin, 39
Bicillin LA, 18
bisacodyl, 34
bronchodilators and inhaled corticosteroids, 9
budesonide, 9
Bugs & Drugs, 8
Buscopan, 36

C

calcium carbonate, 39
calcium gluconate, 37
Canesten Combipack, 43
Canestin, 43
carbamazepine, 26
cardiovascular, 23
cefazolin, 16
cefixime, 17
ceftriaxone, 17
cephalexin, 17
Charac, 37
charcoal, activated aqueous, 37
Ciloxan, 45
Ciprodex, 33
ciprofloxacin, 17, 45
Clavulin, 16
clindamycin, 17
clopidogrel, 22
clotrimazole, 43
cloxacillin, 17
Cogentin, 28
Combantrin, 15
contraceptives, 29
Cordarone, 23
Cortate, 45
Co-Trimoxazole, 19
Coumadin, 22
CPS, 8
Crystapen, 18
cyclobenzaprine, 28



INDEX



D

D10W, 41
D5NS, 41
D5W, 41
Dalacin C Palmitate, 17
Dalacin C phosphate, 17
deferroxamine, 37
Dehydrated Alcohol, 37
Deltasone, 10
Depo-Medrol, 14
Depo-Provera, 29
Desferal, 37
Dex-4, 31
dexamethasone, 10
dextromethorphan, 33
dextrose, 31
dextrose in saline, 0.9%, 41
dextrose in water, 10%, 41
dextrose in water, 5%, 41
Diamox, 45
diazepam, 26
Dilantin, 27
Dilaudid, 11
diltiazem, 23
dimenhydrinate, 36
Diovol, 34
diuretics, 32
dopamine, 23
doxycycline, 18
Dulcolax, 34
D-Vi-Sol, 40

E

electrolyte/dextrose preparations, 36
emergency postcoital contraception, 29
Enfalyte, 36
enoxaparin, 22
epinephrine, 9, 24
Eryc, 18
erythromycin, 18, 45
esium sulfate, 24
estrogen 30 mcg or more., 29
estrogen under 30 mcg, monophasic, 29
ethambutol, 20
Ethanol, 37
eTherapeutics, 8
Etibi, 20

F

Fer-In-Sol, 39
ferrous sulfate, 39
Flagyl, 18, 43
Fleet Enema, 35
Flexeril, 28
Flovent, 9
flumazenil, 37
Fluoristrips, 46
fluticasone, 9
folic acid, 39
furosemide, 32

G

Gastrolyte, 36
gentamicin, 18
Glaxal Base, 15
Glucagen Hypokit, 31
glucagon kit, 31
Glucodex, 31
glucose, 31
glucose gel, 31
glucose solution, 31
glycerin suppository, 34
Golytely, 35
Gravol, 36

H

Haldol, 28
haloperidol, 28
hemorrhoidal preparations, 47
Hexa betalin, 20
HIV Exposure Prophylaxis, 21
Humulin N, 31
Humulin R, 31
Hyderm, 45
hydrochlorothiazide, 32
hydrocortisone, 45
hydrocortisone & zinc, 47
Hydrodiuril, 32
hydromorphone, 11
hydroxypropyl methylcellulose (hypomellose, 46
hyoscine butylbromide, 36

I

ibuprofen, 13
Imitrex, 27
Indocid, 13
indomethacin, 13
Insta-Glucose, 31
insulin NPH, 31
insulin R, 31
intrauterine copper contraceptive, 29
ipratropium bromide, 10
isoniazid (INH), 20
Isopto Atropine, 45
Isopto Carpine, 46
Isopto-Tears, 46
Isotamine, 20
IUD, 29
IV solutions, 41

K

Kayexalate, 38
Keflex, 17
ketorolac, 13
Kwellada, 44
Kwellada-P Lotion, 44

L

labetalol, 24
Lacrilube, 46
lactulose, 34
Lasix, 32
Lax-A-Day, 35
laxatives, 34
lidocaine, 12, 24
lidocaine with epinephrine, 12
lidocaine, viscous, 12
Lidodan Viscous, 12
local anesthetics, 12
Lopressor, 24
loratadine, 9
lorazepam, 27
Losec, 34
Lovenox, 22
lubricant, ophthalmic, 46

M

Macrochantin, 18
mannitol, 32
Materna, 39
Maxeran, 36

medroxyprogesterone, 29
methylprednisolone acetate suspension, 14
metoclopramide, 36
metoprolol, 24
metronidazole, 18, 43
miconazole, 43
migraine therapy, 27
Min-Ovral, 29
miscellaneous GI, 36
misoprostol, 30
Monistat 3, 43
morphine, 12
Motrin, 13
Motrin Children's Liquid, 13
Mucomyst, 37
mupirocin, 43
Mycostatin, 43
Mydrilcil, 47

N

NAC, 37
naloxone, 38
Naprosyn, 14
naproxen, 14
Narcan, 38
nifedipine, 25
Nitrodur, 25
nitrofurantoin, 18
nitroglycerin, 25
Nitrolingual, 25
Nix, 44
Nix Dermal Cream, 44
non-steroidal anti-inflammatory agents, 13
Normal Saline, 42
Novolin GE NPH, 31
NS, 42
NS with 20 mEq KCl, 42
NurseONE, 8
Nutrifer Plus, 39
nystatin, 43

O

olanzapine, 28
omeprazole, 34
ondansetron, 36
ophthalmic preparations, 45
OptiChamber, 10
Ottawa Hospital Parenteral Drug Therapy Manual, 8
oxytocics, 30
oxytocin, 30





P

P Creme Rinse, 44
Panto IV, 34
Pantoloc, 34
pantoprazole, 34
Parvolex, 37
Pedialyte, 36
PEG 3350, 35
PegLyte, 35
Pen V, 19
Pen Vee, 19
penicillin G benzathine, 18
penicillin G sodium, 18
penicillin V, 19
permethrin, 44
phenytoin, 27
phytonadione, 38
pilocarpine, 46
Plan B, 29
Plavix, 22
PMS-erythromycin ung, 45
poisoning & overdose antidotes, 37
Polyderm, 43
polyethylene glycol & electrolyte solution, 35
polyethylene glycol (PEG) 3350, 35
polymyxin B & gramicidin, 46
Polysporin, 43
Polysporin Eye/Ear, 46
Portia, 29
potassium chloride, 32
potassium supplements, 32
Pred-Forte, 46
prednisolone, 46
prednisone, 10
prenatal vitamins, 39
Prenavite, 39
Pressyn, 25
probenecid, 15
pseudoephedrine, 33
Pulmicort Nebuamp, 9
pyrantel pamoate, 15
pyrazinamide, 20
pyrethrin & piperonyl butoxide, 44
pyridoxine, 20

R

R & C Shampoo, 44
ramipril, 25
ranitidine, 34
Ratio-Hemcort-HC, 47
Restoralax, 35
Rifadin, 20

rifampin, 20
Rimactane, 20
Rocephin, 17

S

salbutamol, 10
Salinex Nasal Spray, 33
Septra, 19
Septra DS, 19
sodium bicarbonate, 25
sodium chloride 0.9%, 42
sodium chloride 0.9% with potassium, 42
sodium chloride for irrigation, 0.9%, 42
sodium chloride nasal spray, 33
sodium fluorescein drops, 46
sodium phosphate enema, 35
sodium polystyrene sulfonate, 38
sterile water for injection, 42
Sudafed, 33
sulfamethoxazole/trimethoprim, 19
sumatriptan, 27
Suprax, 17
Syntocinon, 30
systemic corticosteroids, 10

T

Taro Base, 15
Taro-Mupirocin, 43
Tegretol, 26
Tempra, 11
tenecteplase (TNK), 22
tetracaine, 46
tetracaine (amethocaine), 12
tetracycline, 19
Therapeutic Choices, 8
thiamine (Vitamin B1), 39
TNKase, 22
tobramycin, 46
Tobrex, 46
topical antimicrobials (including oral and vaginal), 43
topical corticosteroids, 45
Toradol, 13
Toronto Insulin, 31
tropicamide, 47
Tuvada + Kaletra, 21
Tylenol, 11
Tylenol #3, 11

V

vaccines & toxoids, 48
Valium, 26
vancomycin, 19
vasopressin, 25
Ventolin, 10
Vibramycin, 18
Vitamin B6, 20
vitamin D, 40
Vitamin K1, 38
vitamins and minerals, 39

W

warfarin, 22

X

Xylocaine, 12, 24
Xylocaine Endotracheal, 12
Xylocaine with EPI, 12

Z

Zantac, 34
Zithromax, 16
Zofran, 36
Zovirax, 21
Zyprexa, 28



INDEX

References

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