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Pediatric Drug Chart

Piyush Gupta's PEDIATRIC DRUG COMPANION



Nidhi Bedi
Piyush Gupta

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B Baclofen

Drug name	Baclofen
Category	Central muscle relaxant
Route	Oral, Intrathecal
Strength	Tab (10 mg, 25 mg); Inj (0.5 mg/mL, 2 mg/mL)
Brands	Bacmax (Tab), Liofen (Inj, Tab)
Mechanism of action	Gamma-aminobutyric acid agonist, inhibits monosynaptic and polysynaptic reflexes at the spinal level by activating GABA receptors
Pharmacokinetics	Peak plasma concentration: 2 hours, elimination half-life: 5.5 hours, excreted primarily from kidney
Indications	Severe chronic spasticity as in cerebral palsy
Dosage as per indications	0.75–2 mg/kg/day oral q 8 h
Maximum dosage	<8 years: 60 mg/day; >8 years: 80 mg/day
Dose adjustments	Deranged renal function
Adverse effects	Drowsiness, fatigue, nausea, vertigo, psychiatric disturbances, urinary frequency, hypotonia, rash
Contraindications	Hypersensitivity
Drug interactions	Other muscle relaxant drugs
Remarks	Dosage is increased over 3 days to get the desired effect or till maximum dose achieved if needed. Stop slowly. Use cautiously in children with seizure disorder

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Beclomethasone Dipropionate (BDP)

Drug name	Beclomethasone dipropionate (BDP)
Category	Steroid, Antiasthmatic
Route	Oral, Nasal, Inhalational
Strength	Metered Dose Inhaler (MDI) (50 µg/puff, 100 µg/puff, 200 µg/puff); Rotacaps (100 µg, 200 µg, 400 µg), Nasal Spray (50 µg/spray)
Brands	Besone (Inhaler), Beclate (Inhaler, Rotacap, Nasal spray)
Mechanism of action	Has glucocorticoid receptor binding activity. When converted to becometasone-17-monopropionate (B-17-MP) via esterase enzyme, has anti-inflammatory activity
Pharmacokinetics	Has extensive first pass metabolism. Highly plasma protein bound. Half-life BDP and B-17-MP are 30 minutes and 2.5 hours respectively
Indications	Asthma; Allergic rhinitis
Dosage as per indications	• *Oral inhalation:* – *6–11 years:* 100–200 µg (low dose), 200–400 µg (medium dose), >400 µg (high dose) – *>11 years:* 200–500 µg (low dose), 500–1000 µg (medium dose), >1000 µg (high dose) • *Nasal inhalation:* – *6–12 years:* 1 spray in each nostril TID – *>12 years:* 1 spray in each nostril TID or 2 sprays in each nostril BID
Maximum dosage	• *6–11 years:* 400 µg (oral inhalational MDI) • *>11 years:* 1000 µg (oral inhalational MDI)
Dose adjustments	Not needed in renal and hepatic derangement
Adverse effects	• *Short-term:* Hoarseness, oral candidiasis. • *Long-term (with high doses):* Cushingoid features, adrenal suppression, growth retardation, decreased bone mineral density, cataract, psychological illnesses
Contraindications	Hypersensitivity. Not recommended in children <6 years
Drug interactions	Other drugs with steroidal activity
Remarks	Rinse mouth after each use of MDI. Avoid using in doses exceeding the recommended doses

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B Bedaquiline

Drug name	Bedaquiline
Category	Antitubercular
Route	Oral
Strength	Tab (100 mg)
Brands	Sirturo (Tab)
Mechanism of action	Diarylquinoline antimycobacterial, inhibits mycobacterial enzyme adenosine 5′-triphosphate synthase
Pharmacokinetics	Highly protein bound, metabolized via CYP3A4 enzymatic pathway, half-life around 5–6 months, mainly eliminated in feces
Indications	Multidrug-resistant tuberculosis (MDR-TB)
Dosage as per indications	400 mg once daily for week 1 and 2 followed by 200 mg 3 times per week from 3rd week to 24th week
Maximum dosage	Not known
Dose adjustments	In liver derangement, end-stage renal disease
Adverse effects	Nausea, headache, QT prolongation, liver dysfunction
Contraindications	Hypersensitivity
Drug interactions	Drugs affecting QT interval, CYP3A4 inducers and inhibitors
Remarks	To be given with food

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Benzathine Penicillin

Drug name	Benzathine penicillin
Category	Antibiotic, Penicillin
Route	Intramuscular
Strength	Inj (1.2 MU, 2.4 MU, 4.8 MU vials)
Brands	Longacillin (Inj), Pencom LA (Inj), Penidure LA (Inj)
Mechanism of action	Bactericidal. Inhibits bacterial cell wall synthesis by blocking penicillin-binding proteins
Pharmacokinetics	Is converted to benzylpenicillin by hydrolysis. Peak plasma levels noted in 24 hours. Nearly 50% plasma protein bound. Plasma protein binding is approximately 55%. Eliminated mainly by kidneys
Indications	Rheumatic heart disease for secondary prophylaxis
Dosage as per indications	• *<6 years:* 0.6 MU IM every 21 days • *>6 years:* 1.2 MU IM every 21 days
Maximum dosage	1.2 MU/dose
Dose adjustments	Dose adjustments needed in deranged renal functions
Adverse effects	Candidiasis, diarrhea, nausea, hypersensitivity, rash, fever, urticaria, impact on renal hepatic and hematopoietic system in chronic use
Contraindications	Hypersensitivity to penicillin, cephalosporin or other beta-lactam agents
Drug interactions	Probenecid, methotrexate, anticoagulants
Remarks	To be given only after test dose; can cause severe anaphylaxis. Never give IV as it may result in cardiac arrest and death. The injection must not be administered into tissue with reduced perfusion. The injection should be administered as slowly as possible. Children should be observed for at least half hour after injection for anaphylaxis

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B Benzyl Penicillin

Drug name	Benzyl penicillin
Category	Antibiotic, Penicillin
Route	Oral, Intravenous
Strength	Tab (2 lakh, 4 lakh, 8 lakh units); Inj (5 lakh, 10 lakh units vials)
Brands	Benzyl Pen (Inj), Pentids (Tab)
Mechanism of action	Bactericidal; inhibiting bacterial cell wall biosynthesis
Pharmacokinetics	Maximum concentration achieved in 15–30 minutes. *Plasma half-life:* 30 minutes. Most of the drug is eliminated by renal route mainly tubular secretion
Indications	Rheumatic fever; Streptococcal infection
Dosage as per indications	• *For penicillin-sensitive infections*: 1–2 lakh units/kg/day IV infusion q 4–6 h • *For meningitis and endocarditis:* 2–3 lakh units/kg/day IM q 4 h (maximum dose 24 million U/day) • *For rheumatic fever prophylaxis:* 2 lakh units (125 mg) BD
Maximum dosage	24 million U/day
Dose adjustments	The dose and frequency of administration should be decreased in both renal and hepatic impairment
Adverse effects	Hypersensitivity, pseudomembranous colitis, hypokalemia, hypernatremia
Contraindications	Hypersensitivity
Drug interactions	Probenecid acid decreases tubular secretion and increases the levels
Remarks	Only freshly prepared solutions should be used. Administer 30 minutes before or 2 hours after meals

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Bevacizumab

Drug name	Bevacizumab
Category	Antiangiogenic
Route	Intravenous, Intravitreal
Strength	Inj 400 mg/vial
Brands	Avastin (Inj), Bevatas (Inj), Bevacirel (Inj)
Mechanism of action	It binds to VEGF, prevents the interaction of VEGF to its receptors leading to inhibition of endothelial cell proliferation and new blood vessel formation
Pharmacokinetics	*Half-life:* 20 days, limited studies available
Indications	Malignancy (solid tumors); Retinopathy of prematurity (ROP)
Dosage as per indications	• *Recurrent/poor-prognosis solid cancers:* 5–10 mg/kg IV every 2–4 weeks • *Retinopathy of prematurity (ROP):* Intravitreal bevacizumab is also being used to treat severe ROP. Doses used have varied from 0.031 mg to 0.625 mg with varying success
Maximum dosage	Not known
Dose adjustments	Not known
Adverse effects	Lymphopenia, reversible posterior leukoencephalopathy syndrome, hypertension, intravitreal injection may lead to retinal detachment, recurrence, refractive errors, nystagmus, and strabismus during follow-up
Contraindications	Hypersensitivity
Drug interactions	No known drug interaction; studies limited

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B Bisacodyl

Drug name	Bisacodyl
Category	Laxative and purgative (Diphenylmethane derivatives group)
Route	Oral, Rectal
Strength	Tab (5 mg); Suppository (5 mg, 10 mg); Enema (10 mg/30 mL)
Brands	Dulcolax (Tab, Suppository)
Mechanism of action	It acts locally by 2 mechanisms. It exerts hydragogue effect as a contact laxative. It stimulates the mucosa of large intestine and rectum leading to peristalsis and promotion of accumulation of water and electrolytes
Pharmacokinetics	Poorly absorbed orally. Rapidly hydrolyzed to its active form bis-(p-hydroxyphenyl)-pyridyl-2-methane (BHPM), by esterases of the enteric mucosa. Maximum laxative effect is noted 6–12 hours after oral intake and 20–60 minutes after suppository. Majorly eliminated in feces. *Half-life:* 7–10 hours
Indications	Laxative
Dosage as per indications	• *Oral:* 0.3 mg/kg/day or 5–10 mg administered 6 hours before the desired effect • *Rectal:* >11 years: 10 mg
Maximum dosage	*Oral:* 30 mg/24 h
Dose adjustments	Not known
Adverse effects	Abdominal cramps, vomiting, nausea, rectal irritation
Contraindications	Ileus, intestinal obstruction, acute abdomen, severe dehydration, galactose intolerance, known hypersensitivity
Drug interactions	Intestinal motility agents
Remarks	Do not chew or crush tablets, do not give within 1 hour of antacids. Should not be used in children and adolescents under the age of 12 years

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Bleomycin

Drug name	Bleomycin
Category	Chemotherapeutic drug, Glycopeptide antibiotic
Route	Intravenous, Intramuscular, Subcutaneous
Strength	Inj (15 IU)
Brands	Bleocel (Inj), Bleotex (Inj), Bleo (Inj)
Mechanism of action	Acts by inhibition of DNA synthesis
Pharmacokinetics	50% systemically absorbed, *Half-life:* Around 2 hours, metabolized in liver, around two-thirds eliminated in urine in active form
Indications	Non-Hodgkin lymphoma; Hodgkin lymphoma; Testicular cancer; Squamous cell carcinoma
Dosage as per indications	0.25–0.50 units/kg (10–20 units/m^2) IV/IM/SC weekly or twice weekly
Maximum dosage	Not known
Dose adjustments	Cautious use in patients with renal impairment
Adverse effects	Fever, thrombocytopenia, anaphylaxis, rash, pulmonary toxicity (fibrosis, interstitial pneumonitis)
Contraindications	Hypersensitivity, severe pulmonary disease
Drug interactions	Nephrotoxic drugs, digoxin

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Nidhi Bedi MD is a Professor, Department of Pediatrics, Faculty of Medicine and Health Sciences (Formerly SGT Medical College Hospital and Research Institute), Gurugram, Haryana, India. She is an alumnus of University College of Medical Sciences, New Delhi and has a vast teaching experience spanning over a decade at Vardhman Mahavir Medical College and Safdarjung Hospital, Hamdard Institute of Medical Sciences and Research, ESI Medical College, New Delhi and Medanta—The Medicity, Gurugram. She has a keen interest in nutrition and has been instrumental in formulating the Indian Academy of Pediatrics (IAP) guidelines on junk foods (both technical and parental) as member of the core group; these are now accepted across the nation. She has published more than 25 research papers and contributed chapters in several books including those of the IAP. She had been an instructor of Pediatric Advanced Life Support (PALS) courses and is Faculty of the Early Childhood Development Program of the Academy. In view of her editorial prowess, she has been nominated to the Editorial Board of Indian Pediatrics, the flagship journal of IAP. In addition, she had a successful tenure as Deputy Editor of Indian Pediatrics Case Reports (IPCaRes), a new journal launched by IAP. She is also on the review board of several other journals. She has been the main pillar in bringing out the *Undergraduate Textbook of Pediatrics* along with Dr Piyush Gupta. This is their second book together. She is currently working on Vitamin D, which is her core area of research.

Piyush Gupta MD FIAP FNNF FAMS FRCPCH is a Professor, Department of Pediatrics, and Principal, University College of Medical Sciences, New Delhi, India. He is a renowned academician, teacher, researcher, author, and editor. He has published more than 300 papers, 400 book chapters, and edited/authored 45 books. He has served as Editor-in-Chief of 'Indian Pediatrics,' for 6 years. He has been conferred fellowships by the Royal College of Paediatrics, UK; Indian Academy of Pediatrics; National Neonatology Forum, India; National Academy of Medical Sciences, India; and awarded by the American Academy of Pediatrics. His major initiatives include workshops on thesis and scientific paper writing; and increasing awareness for practicing rational management of diarrhea and pneumonia in children. He has served as Technical Expert/Advisor to Government of India, WHO, UNICEF, and ICMR. He has delivered 40 orations, including the prestigious KL Wig Oration in the field of Medical Education in India. He has served as the Joint Secretary of South Asia Pediatrics Association. He has been awarded as the National Teacher of Excellence by the Vice-President of India. In 2021, he served as the National President of Indian Academy of Pediatrics. During his presidential year, he conceptualized and facilitated framing of 105 IAP Guidelines on parental education; and initiated a nationwide campaign on Nurturing Care for Early Childhood Development, supported by WHO and UNICEF. In 2022, he was awarded the "Outstanding Asian Pediatrician Award" by the Asia Pacific Pediatric Association. His thrust areas are Nutrition, Child Survival, and Medical Education.

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