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**Warnings:** The extrapyramidal symptoms which can occur secondary to 'Compazine' may be confused with the central nervous system signs of an undiagnosed primary disease responsible for the vomiting, e.g., Reye's syndrome or encephalopathy. The use of 'Compazine' and other potent antihistamines should be avoided in children and adolescents whose signs and symptoms suggest Reye's syndrome.

May cause tardive dyskinesia in some patients on neuroleptic (antipsychotic) therapy, usually chronic in nature. Tardive dyskinesia may be confused with the central nervous system signs of an undiagnosed primary disease. The risk of tardive dyskinesia and likelihood of reversibility are thought related to duration of treatment and total cumulative dose of neuroleptics used.

**Neuroleptic Malignant Syndrome (NMS):** A potentially fatal symptom complex, has been reported in association with antipsychotic drugs. Clinical manifestations include hyperpyrexia, muscle rigidity, altered mental status and evidence of autonomic instability.

The management of NMS should include 1) immediate discontinuation of antipsychotic drugs and other drugs that may exacerbate the condition; 2) attention to fever if present, and medical monitoring; and 3) treatment, if any, of concomitant serious medical problems.

'Compazine' Ampules contain sodium lactate and sodium sulfate, which may cause allergic reactions including anaphylactic shock and death in certain susceptible people. The overall prevalence of sulfite sensitivity in the general population is unknown and probably low. Sulfite sensitivity is shown more frequently in asthmatic than nonasthmatic people.

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Use in pregnancy is not recommended except in cases where it is necessary in the interest of the mother. Use in breast-feeding women is considered inadvisable because of the potential for adverse effects in the breast-fed infant.

**Precautions: The anticholinergic action of 'Compazine' may mask the signs and symptoms of overdosage with other drugs and obscure the diagnosis and treatment of other conditions, such as gastrointestinal obstruction. Use in children is not recommended except when the drug is being used for control of severe nausea and vomiting. The following is a brief summary.**

**Adverse Reactions:** Dryness, dizziness, amnesia, blurred vision, skin reactions. Hypotension. Cholestatic jaundice, leucopenia, agranulocytosis. Fatty changes in the liver have been observed in patients treated with 'Compazine.' There is evidence that phenothiazines may mask the signs and symptoms of cardiovascular overloading. The effects are more frequent or intense in specific disorders (e.g., severe hypotension in mitral insufficiency). Other adverse reactions reported with 'Compazine' or other phenothiazines:

- Sudden death in patients taking phenothiazines (apparently due to cardiac arrest or asphyxia)
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- EKG changes have been reported. Discontinue long-term, high-dose therapy gradually.

**Note:** Sudden death in patients taking phenothiazines is apparently due to cardiac arrest or asphyxia due to failure of cough reflex has been reported.

**Supplied:** Tablets - 5, 10 and 25 mg, in bottles of 100; 'Spasmule' capsules - 10, 15 and 30 mg, in bottles of 100; Injections - 5 mg/mL, in 2 mL, single-use disposable syringes; Suppositories - 2.5, 5 and 25 mg; Syrup - 5 mg/mL, in 60 mL; Single Unit Packet - 15 mg (intended for intranasal use) - 5, 10 and 15 mg, tablets - 15, 30 and 60 mg; 'Spasmule' capsules.

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Our ER is a tent. Or a truck.
You'll find it pitched in the wreckage of a tornado,
or parked on the mud banks of a swollen river.
There are no admissions procedures here. Just
the survivors. And the Army National Guard—the
450,000 man backbone of American resolve.
We train for battle, but the skills and disciplines
we learn are most often tested against the forces
of nature.

Last year we fought 67 forest fires, 29 blizzards,
15 hurricanes, 6 tornados, 3 chemical spills...We
rescued, revived, bandaged, fed, and comforted
thousands of citizens.

We do it for Country. We do it for our own
home towns.
And we do it because every once in a while
somebody looks up and says thank you.
IRRESISTIBLE FORCE.
For outpatient anesthesia

Rapid
Well-suited to the rapid turnover of outpatient cases, the low solubility of isoflurane in blood and tissue (only that of nitrous oxide is lower) enables you to quickly adjust the level of anesthesia to patient and surgical requirements.

Following anesthesia, a rapid washout and prompt recovery provide for your early patient assessment. Patient alertness and cooperation can facilitate handling in the outpatient setting.

Complete
Without any other agent or premedicant, isoflurane provides every action required for a complete anesthetic, on a closely controlled, breath-by-breath basis: unconsciousness, surgical analgesia, amnesia, and good surgical muscle relaxation—a useful advantage for laparoscopies and orthopedic work, and one that begins when the anesthetic begins and ends with elimination of the anesthetic, thereby decreasing the risk of residual paralysis in the PAR.

Because isoflurane is a complete anesthetic when given alone in oxygen or room air, nitrous oxide can be eliminated if you choose. Isoflurane anesthetics are seldom complicated and prolonged by postoperative nausea and vomiting.
Excellent Safety Profile

Stability of heart rhythm and good cardiac output are notable features of an isoflurane anesthetic. CNS excitation does not occur at any concentration or \( \text{PaCO}_2 \) level. Virtually 100% of isoflurane is exhaled unchanged from the patient (only 0.17% of the isoflurane taken up is recovered as metabolites). This near absence of metabolic by-products all but assures an absence of hepatic or renal toxicity from metabolism.
For outpatient anesthesia

FORANE®
(isoflurane, USP)

Rapid...Complete...Excellent Safety Profile

INDICATIONS AND USAGE

FORANE isoflurane is a nonflammable liquid administered by vaporization, as a general inhalation anesthetic agent. It is a colorless, 2.2-difluoroethanol difluoromethyl ether, and its structural formula is:

\[
\text{H} - \text{C} - \text{O} - \text{C} - \text{H} 
\]

Some physical constants are:

- Molecular weight: 184.5
- Boiling point at 760 mm Hg: 485 °C (boiling)
- Refractive index at 20 °C: 1.4044
- Vapor pressure in mm Hg at 20 °C: 238
- 10 °C: 286
- 20 °C: 307
- 30 °C: 387
- 40 °C: 450

Equation for vapor pressure calculation:

\[
\text{Vapor pressure} = \frac{A \times V}{B + T} 
\]

where:

- A = 1966, B = 1964.58, T (°C) = 273.16 (Kelvin)

The use of FORANE isoflurane for maintenance of surgical anesthesia further increases heart rate, ventilation, and oxygenation of the surgical area. Minimal respiratory depression, including apnea is observed. The use of isoflurane may be associated with temporary hypotension and a decrease in blood pressure. Nitrous oxide decreases the level of anesthetic drug required for a given effect.

Increased blood loss is comparable to that seen with halothane has been observed in patients undergoing ablation.

FORANE isoflurane is more reactive to nitrous oxide than other agents, and it may be necessary to decrease the oxygen conformation to achieve the desired anesthetic depth.

PRECAUTIONS

These precautions should be followed when using FORANE isoflurane:

- Caution: Federal Law Prohibits Dispensing Without Prescription
- Full-term infants and neonates, as well as other general anesthetics, may cause a slight decrease in intracranial pressure for 2 to 3 days following anesthesia. As with all anesthetic agents, meals should be given before surgery to prevent postoperative ileus. This may occur for up to 6 days after administration.

Increased blood loss is comparable to that seen with halothane has been observed in patients undergoing ablation.

FORANE isoflurane is more reactive to nitrous oxide than other agents, and it may be necessary to decrease the oxygen conformation to achieve the desired anesthetic depth.

- Drug interactions: Bupivacaine, propranolol, and some drugs that decrease blood pressure, such as clonidine and the use of dopamine, may cause a decrease in blood pressure. The use of dopamine may cause a decrease in blood pressure, which may be advantageous in certain situations.

- Pregnancy Category D: Ioflurane should not be used during pregnancy or lactation.

- Nursing Mothers: Ioflurane should not be used during pregnancy or lactation.

- Increased blood loss is comparable to that seen with halothane has been observed in patients undergoing ablation.

- FORANE isoflurane is more reactive to nitrous oxide than other agents, and it may be necessary to decrease the oxygen conformation to achieve the desired anesthetic depth.

OVERDOSAGE

In the event of overdose, or what may appear to be an overdose, the following actions should be taken:

- Drug administration. Establish a clear airway and institute assisted or controlled ventilation with pure oxygen.

- Increased blood loss is comparable to that seen with halothane has been observed in patients undergoing ablation.

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Bill Ressler, CRNA

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With the recent expansion of our Anesthesiology Department, we are offering qualified CRNAs an excellent opportunity to put their training to work in an exciting environment. We provide a broad range of anesthesia experience in all surgical specialties including cardiac surgery. A Board Certified Anesthesiologist is in-house 24 hours a day to enhance anesthesia coverage.

We have raised our salaries and benefits, making them highly competitive and most attractive. Take a closer look at the opportunities at Saint John Hospital. Qualified candidates please send resume in confidence or call the Human Resources Department at (313) 341-3968. An equal opportunity employer.

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Detroit, MI 48236

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03. External Issues Impacting on Education of Nurse Anesthesia-------------------Gene Blumenreich, JD
07. Issues and Answers -------------------------------Ira P. Gunn and Dr. Dennis O'Leary (JCAH)
02. Marketing the CRNA as a Professional --------------------------Jeffery M. Beutler, CRNA, MS

Motivation

74. Taking Charge of Your Future — Starting Now ----------------------Patricia Fripp, CPAE
04. Self-Determination and Fitness/Wellness---------------------------------Sister Marion Irvine, OP

News of Note

26. The Anesthetist and Risk Management-----------------------------George Gore, JD (Two Cassettes)
73. Ethical Issues for Nurse Anesthesia---------------------------------Leah Curtin, MS, MA, RN, FAAN
50. Joint Commission on Accreditation of Hospitals-------------------Richard Ouelette, CRNA, M.Ed.

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