## Paracetamol Paediatric Oral Suspension IP

# Sumo-L DS

ALKEM

**1. NAME OF THE MEDICINAL PRODUCT**

Sumo-L DS

**2. QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each 5 ml contains:
Paracetamol IP……250 mg

**3. PHARMACEUTICAL FORM**

Oral Suspension.

**4. CLINICAL PARTICULARS**

**4.1 Therapeutic Indications**

For the treatment of mild to moderate pain and as an anti-pyretic. Used for the relief of pain and feverishness associated with teething, toothache, headache, colds and flu.

**4.2 Posology and Method of Administration**

Paracetamol dosage in children are 15mg/kg per dose, maximum 4 times in a day. Dose should not exceed 60 mg/kg in 24 hour period. Minimum dosing interval should be 4 hours.
As a general guide for prescribing in children the following daily doses in terms of volume of oral suspension are suggested-

| Weight of a child (Kg) | Paracetamol 250mg/5mL Dose (mL) |
|---|---|
| 20-25 | 6-8 |
| 25-32 | 8-10 |
| 32-40 | 10-13 |
| 40-45 | 13-14 |

**4.3 Contraindications**

Hypersensitivity to Paracetamol or any of the other constituents.

**4.4 Special Warnings and Special Precautions for Use**

Care is advised in the administration of Paracetamol to patients with severe renal or severe hepatic impairment. The hazards of overdose are greater in those with (non-cirrhotic) alcoholic liver disease.
The label should contain the following statements:

- Contains paracetamol.
- Do not give this medicine with any other paracetamol-containing product.
- For oral use only.
- Never give more medicine than shown in the table.
- Do not overfill the spoon.

- Always use the spoon supplied with the pack.
- Do not give more than 4 doses in any 24 hour period.
- Leave at least 4 hours between doses.
- Do not give this medicine to your child for more than 3 days without speaking to your doctor or pharmacist.
- As with all medicines, if your child is currently taking any medicine consult your doctor or pharmacist before taking this product.
- Do not store above 25°C. Store in the original package.
- Keep all medicines out of the reach and sight of children.
- Immediate medical advice should be sought in the event of an overdose, even if the child seems well.
- Immediate medical advice should be sought in the event of an overdose, even if the child seems well, because of the risk of delayed, serious liver damage

**4.5 Interaction with Other Medicinal Products and Other Forms of Interaction**

The speed of absorption of Paracetamol may be increased by metoclopramide or domperidone and absorption reduced by colestyramine. The anti-coagulant effect of warfarin and other coumarins may be enhanced by prolonged regular use of Paracetamol with increased risk of bleeding; occasional doses have no significant effect.

Drugs which induce hepatic microsomal enzymes such as alcohol. Concomitant barbiturates and tricyclic antidepressants may increase the hepatoxicity of Paracetamol particularly after overdose. Anti-convulsant or oral steroid contraceptives have the ability to reduce serum levels of Paracetamol by liver enzyme induction.

**4.6 Fertility, Pregnancy and Lactation**

Epidemiological studies in human pregnancy have shown no ill effects due to Paracetamol used in the recommended dosage, but patients should follow the advice of their doctor regarding its use.

Paracetamol is excreted in breast milk but not in a clinically significant amount. Available published data do not contraindicate breast-feeding.

**4.7 Effects on Ability to Drive and Use Machines**

None

**4.8 Undesirable Effects**

Adverse effects of Paracetamol are rare but hypersensitivity including skin rash may occur. Very rare cases of serious skin reactions have been reported. There have been reports of blood dyscrasias including thrombocytopenia and agranulocytosis, but these were not necessarily causally related to Paracetamol. With prolonged use or overdosage, hepatic necrosis, acute pancreatitis and nephrotoxicity have been reported.

**4.9 Overdose**

Liver damage is possible in adults who have taken 10 g or more of Paracetamol. Ingestion of 5 g or more of Paracetamol may lead to liver damage if the patient has risk factors.

**Risk Factors**

If the patient:

A: Is on long term treatment with carbamazepine, phenobarbitone, phenytoin, primidone, rifampicin, St. John's Wort or other drugs that induce liver enzymes.

or

b: Regularly consumes ethanol in excess of recommended amounts.

or

c: Is likely to be glutathione deplete e.g. eating disorders, cystic fibrosis, HIV infection, starvation, cachexia.

**Symptoms**

Symptoms of paracetamol overdosage in the first 24 hours are pallor, nausea, vomiting, anorexia and abdominal pain. Liver damage may become apparent 12 to 48 hours after ingestion. Abnormalities of glucose metabolism and metabolic acidosis may occur. In severe poisoning, hepatic failure may progress to encephalopathy, haemorrhage, hypoglycaemia, cerebral oedema and death. Acute renal failure with acute tubular necrosis, strongly suggested by loin pain, haematuria and proteinuria, may develop even in the absence of severe liver damage. Cardiac arrhythmias and pancreatitis have been reported.

**Management**

Immediate treatment is essential in the management of paracetamol overdose. Despite a lack of significant early symptoms, patients should be referred to hospital urgently for immediate medical attention. Symptoms may be limited to nausea or vomiting and may not reflect the severity of overdose or the risk of organ damage. Management should be in accordance with established treatment guidelines, see BNF overdose section.

Treatment with activated charcoal should be considered if the overdose has been taken within one 1 hour. Plasma Paracetamol concentration should be measured at 4 hours or later after ingestion (earlier concentrations are unreliable). Treatment with N-acetylcysteine may be used up to 24 hours after ingestion of Paracetamol, however, the maximum protective effect is obtained up to 8 hours post-ingestion. The effectiveness of the antidote declines sharply after this time. If required the patient should be given intravenous N-acetylcysteine, in line with the established dosage schedule. If vomiting is not a problem, oral methionine may be a suitable alternative for remote areas, outside hospital. Management of patients who present with serious hepatic dysfunction beyond 24 h from ingestion should be discussed with the NPIS or a liver unit.

## 5. PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic Properties

Paracetamol is an antipyretic analgesic. The mechanism of action is probably similar to that of aspirin and dependent on the inhibition of prostaglandin synthesis. This inhibition appears, however to be on a selective basis.

### 5.2 Pharmacokinetic Properties

Paracetamol is rapidly and almost completely absorbed from the gastro-intestinal tract. The concentration in plasma reaches a peak in 30 to 60 minutes and the half life in plasma is 1 to 4 hours after therapeutic doses. Paracetamol is relatively uniformly distributed throughout most body fluids. Binding of the drug to plasma proteins is variable; 20 to 50% may be bound at the concentrations encountered during acute intoxication. Following therapeutic doses 90 to 100% of the drug may be recovered in the urine within the first day. However, practically no Paracetamol is excreted unchanged, and the bulk is excreted after hepatic conjugation.

### 5.3 Preclinical Safety Data

There are no pre-clinical data of relevance to the prescriber which are additional to that already included in other sections of the SPC.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 Shelf-life

The expiry dates are indicated on the label and packaging.

**6.2 Special Precautions for Storage**

Store in a cool place, Protected from light

**7. MARKETED BY**


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Date of revision: November 2019