For the use of a Register Medical Practitioner or a Hospital or a Laboratory only

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Pralidoxime Iodide Injection

AMERICAN Canpam Injection

500 mg / 20 ml.

DESCRIPTION
CANPAM (Pralidoxime Iodide Injection) is an antidote to organophosphate pesticides and chemicals. Organophosphates bind to the esteratic site of acetylcholinesterase, which results initially in reversible inactivation of the enzyme. If given within 24 hours, after organophosphate exposure, Pralidoxime Iodide Injection reactivates the enzyme cholinesterase by cleaving the phosphate-ester bond formed between the organophosphate and acetylcholinesterase.

Composition
Each ml contains:
2-Pyridine Aldoxime Methiodide…...25 mg
Water for Injection IP…..….q.s.

INDICATIONS AND USAGE
CANPAM (Pralidoxime Iodide Injection) is indicated as an antidote:

- In the treatment of poisoning due to those pesticides and chemicals (e.g., nerve agents) of the organophosphate class which have anticholinesterase activity and
- In the control of overdosage by anticholinesterase drugs used in the treatment of myasthenia gravis.

The principal indications for the use of **CANPAM** (Pralidoxime Iodide Injection) are muscle weakness and respiratory depression. In severe poisoning, respiratory depression may be due to muscle weakness.

CONTRAINDICATIONS
There are no known absolute contraindications for the use of pralidoxime. Relative contraindications include known hypersensitivity to the drug and other situations in which the risk of its use clearly outweighs possible benefit.

CAUTION & WARNINGS
CAUTION: crystals may be rarely formed when preserved in a cold place. In such cases dissolve the crystals by warming before use.

SCHEDULE H WARNING: Not to be sold by retail without the prescription of a registered medical practitioner.

This drug is to be administered under expert medical supervision only.

INTERACTIONS
When atropine and pralidoxime are used together, the signs of atropinization (flushing, mydriasis, tachycardia, dryness of the mouth and nose) may occur earlier than might be expected when atropine is used alone. This is especially true if the total dose of atropine has been large and the administration of pralidoxime has been delayed.

The following precautions should be kept in mind in the treatment of anticholinesterase poisoning, although they do not bear directly on the use of pralidoxime: since barbiturates are potentiated by the anticholinesterases, they should be used cautiously in the treatment of convulsions; morphine, theophylline, aminophylline, succinylcholine, reserpine, and phenothiazine-type tranquilizers should be avoided in patients with organophosphate poisoning.

POSSIBLE SIDE EFFECTS
Forty to Sixty minutes after intramuscular injection, mild to moderate pain may be experienced at the site of injection.

Pralidoxime Iodide Injection may cause blurred vision, diplopia and impaired accommodation, dizziness, headache, drowsiness, nausea, tachycardia, increased systolic and diastolic blood pressure, hyperventilation, and muscular weakness when given parenterally to normal volunteers who have not been exposed to anticholinesterase poisons.

OVERDOSAGE
The recommended dose should not be exceeded in any case.

DOSAGE AND ADMINISTRATION
For Intravenous Only.
As directed by the Physician.

PRESENTATION
20 ml in single dose glass Ampoule.

STORAGE
Store in cool place, Protected from light.

Keep medicine out of reach of children.

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