

8 aminocaproic acid

Blood: May cause pseudoagglutination.
Electrolytes, heparin, insulin, supplementary vitamins, trace minerals: May be added cautiously when needed.

Folic acid: Calcium salts precipitate as calcium folate.

Sodium bicarbonate: May precipitate calcium and magnesium and decrease activity of insulin and vitamin B complex with vitamin C.

Tetracycline: May reduce protein-sparing effects of infused amino acids.

aminocaproic acid

Amicar

Carboxylic acid derivative; fibrinolysis inhibitor

PRC: C

Available forms

Injection: 5 g/20 ml for dilution; *Syrup:* 250 mg/ml; *Tablets:* 500 mg

Indications & dosages

► *Bleeding from hyperfibrinolysis*—

Adult: 4-5 g IV or PO over 1st hr; follow with IV infusion of 1 g/hr for about 8 hr or until bleeding is controlled. Max 30 g/24 hr. **Child:** 100 mg/kg IV or 3 g/m² IV 1st hr; follow with IV infusion of 33.3 mg/kg/hr or 1 g/m²/hr. Max 18 g/m²/24 hr.

► *Chronic bleeding*—**Adult:** 5-30 g PO daily in divided doses at 3- to 6-hr intervals.

Interactions

Estrogens, hormonal contraceptives that contain estrogen: May increase risk of hypercoagulability.

aminophylline (theophylline ethylenediamine)

Phyllocontin, Truphylline

Xanthine derivative; bronchodilator
PRC: C

Available forms

Injection: 250 mg/10 ml, 500 mg/20 ml; *Oral liquid:* 105 mg/ml; *Rectal suppositories:* 250, 500 mg; *Tablets:* 100, 200 mg

Indications & dosages

► *Bronchospasm*—Loading dose

6 mg/kg IV; then maintenance infusion.

Adult (nonsmoker) not on theophylline:

0.7 mg/kg/hr IV × 12 hr; then 0.5 mg/kg/hr. **Otherwise healthy adult smoker not on theophylline:** 1 mg/kg/hr IV × 12 hr; then 0.8 mg/kg/hr.

Child 9-16 yr not on theophylline: 1 mg/kg/hr IV × 12 hr; then 0.8 mg/kg/hr.

Child 6 mo-9 yr not on theophylline: 1.2 mg/kg/hr × 12 hr; then 1 mg/kg/hr.

Patient on theophylline: Infusion of 0.63 mg/kg to increase plasma drug level by 1 mcg/ml. If no signs of toxicity, 3.1 mg/kg.

► *Chronic bronchial asthma*—**Adult,**

child: 16 mg/kg or 400 mg (whichever less) PO daily in divided doses q 6-8 hr (for rapidly absorbed forms). May increase by 25% q 2-3 d. Or 12 mg/kg or 400 mg (whichever less) (extended-release) PO daily in divided doses q 8-

12 hr. May increase by 2-3 mg/kg/d q 3 d.

Interactions

Alkali-sensitive drugs: May reduce aminophylline activity.

*Canadian

† Adjust in renal impairment

‡ Adjust in liver impairment