

# Australia's most valuable evidence in context



- Contains all 13 Therapeutic Guidelines titles plus Management Guidelines: Developmental Disability 2
- Both nonpharmacological and pharmacological options for patient management are discussed
- Updated three times per year
- Comprehensive: immediate access to over 3000 clinical topics

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- Time-saving calculators for creatinine clearance and ideal body weight
- Intuitive navigation

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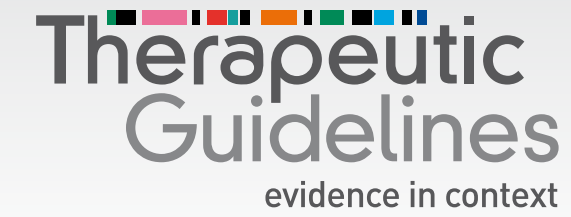
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Analgesic	Antibiotic	Cardiovascular	Dermatology	Emergency Medicine	Endocrinology	Gastrointestinal	Neurology	Oral and Dental	Palliative Care	Psychotropic	Respiratory	Rheumatology
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Key features... Innovative design elements throughout to clarify and highlight information. Examples include...

- Quick and easy navigation
- Links to supporting evidence\*  
Key references, Cochrane reviews, PubMed abstracts
- Links to Pharmaceutical Benefits Scheme information\*  
Current PBS information beside all relevant drug recommendations
- Links to other relevant information\*  
Australian Prescriber articles, Medicines Safety Updates, NPS publications
- Drug use in pregnancy and breastfeeding

- Diagrams
- Calculators\*
- Tables
- Printable patient information sheets\*
- Graphs
- Charts
- Algorithms

**Creatinine clearance calculator**

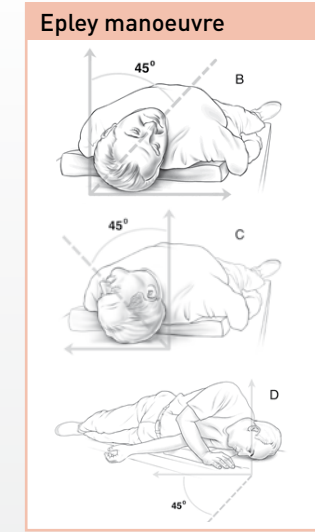
weight (actual or ideal)  kg  
age  years  
sex  male  female  
serum creatinine  micromoles/L

Calculate Clear form

Creatinine clearance estimate  mL/min

**Antidepressant-free intervals recommended when changing from one antidepressant to another**

Changing from	Interval (days)	Quetiapine	Mirtazapine	Venlafaxine	Paroxetine	Desvenlafaxine	Escitalopram	Citalopram	TCAs (mg)	Tricyclic antidepressants (mg)
Quetiapine (200 mg)	1 week	1 week	1 week	1 week	1 week	1 week	1 week	1 week	1 week	1 week
Mirtazapine (30 mg)	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days
Venlafaxine (75 mg)	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days
Paroxetine (20 mg)	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days
Desvenlafaxine (50 mg)	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days
Escitalopram (10 mg)	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days
Citalopram (10 mg)	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days
TCAs (mg)	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days
Tricyclic antidepressants (mg)	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days	2 to 4 days



**Patient information sheet**

**Patient information for care of areas treated with liquid nitrogen**

Liquid nitrogen is used to treat viral warts, seborrheic keratoses and solar keratoses, as well as some non-melanocytic skin cancers. It rapidly freezes the skin producing changes similar to frostbite and causing destruction of the skin lesion.

**Day 1 following treatment:**  
The area treated will become red and swollen. A blister may develop and occasionally this will be blood-filled. Blisters are best left alone, but can be burst with a sterile needle if they are uncomfortable or extending.

**Days 2 and 3 following treatment:**  
Once comfortable in the above position, gently pull the chin towards the throat (retract), stretching the upper neck, as required. Gradually remove towels/pillows. This may take 5 to 20 minutes. As pain diminishes, progress onto exercises in Figure b and Figure c.

**Patient information sheet**

**Exercises for acute neck pain**

(a) Lying supine-neck support  
This exercise is useful to reduce a fixed flexed position. Lie in a supine position initially, with as many towels or pillows as required. Gradually remove towels/pillows. This may take 5 to 20 minutes. As pain diminishes, progress onto exercises in Figure b and Figure c.

(b) Lying supine-chin retraction  
Once comfortable in the above position, gently pull the chin towards the throat (retract), stretching the upper neck, as required. Gradually remove towels/pillows. This may take 5 to 20 minutes. As pain diminishes, progress onto exercises in Figure b and Figure c.

**Lund and Browder chart for calculating the percentage of total body surface area burnt**

Region	Partial thickness (%TBSA)	Full thickness (%TBSA)
head		
neck		
anterior trunk		
posterior trunk		
right arm		
left arm		
right leg		
left leg		
total body		

**Patient information sheet**

**Low back stretching exercises**

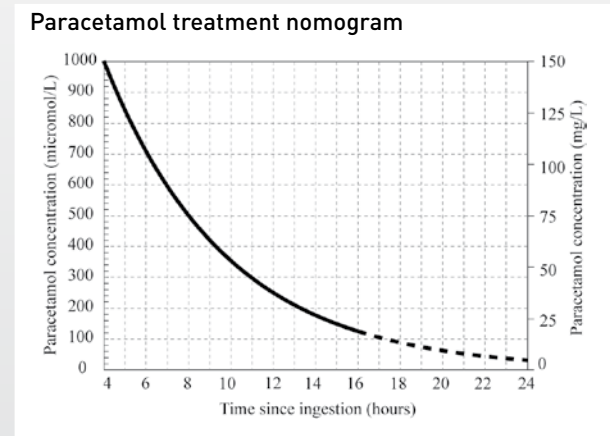
**Prone on elbows**  
Rise up on the elbows as high as possible. Keep the hips on the floor. Hold for 3 seconds. Repeat 10 times.

**Mid-back stretch**  
Push chest toward floor. Reaching forward as far as you can. Hold for 3 seconds. Repeat 10 times.

**Spacer devices**

**Large-volume spacer**  
One-way valve inside the spacer  
May require adaptor for the nebuliser supply  
Chamber body approx 750 mL capacity  
Exit holes for expiration

**Small-volume spacer**  
Flexible fit nebuliser for all nebulisers  
One-way flap valve inside mouthpiece  
Exit holes allow expiration  
Mouthpiece can be replaced by soft plastic face mask for infants



**Gastrostomy insertion site and tube**

**Ideal body weight calculator**

height  cm  
sex  male  female  
Calculate Clear form  
ideal body weight  kg

**Semont manoeuvre**

**Algorithm for treatment of PONV in adults**

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    PONV
    -> Exclude medication or mechanical causes (eg swallowing blood, abdominal obstruction)
    -> If using opioid via patient-controlled analgesia, add droperidol 2.5 mg/100 mg morphine
    -> No prophylaxis given
    -> Give 5-HT3-receptor antagonist (see Table 3, p.43)
    -> Ongoing nausea and vomiting
    -> Give antiemetic from different class such as
    -> dexascorbutolone 4 mg IV
    -> droperidol 0.625 mg IV
    -> Ongoing nausea and vomiting
    -> Give antiemetic from different class as above
    -> Ongoing nausea and vomiting
    -> Consider promethazine 12.5 mg IV

    Failed prophylaxis
    -> Do not repeat initial therapy. Give antiemetic from different class such as
    -> 5-HT3-receptor antagonist (see Table 3, p.43)
    -> dexascorbutolone 4 mg IV
    -> droperidol 0.625 mg IV
    -> Ongoing nausea and vomiting
    -> Do not repeat 5-HT3-receptor antagonist or droperidol therapy until more than 6 hours after last dose and dexascorbutolone until more than 8 hours after last dose. Give antiemetic from different class as above.
    -> Ongoing nausea and vomiting
    -> Consider promethazine 12.5 mg IV
    
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Therapeutic Guidelines Limited.  
ABN 45 074 766 224

Ground Floor 473 Victoria Street  
West Melbourne VIC 3003 Australia

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