

CF Guidelines - Other medications

Lung Disease:

Drug	Dose	Indication	Noes / Comments
Aminophylline - IV	0.5mg/kg/hr. Prescribed as 500mg in 100ml N Saline, infused at weight in ml/h. Although occasionally may use continuous infusion, overnight use between doses of antibiotics requires less venous access (i.e. use the same line as for antibiotics)	Wheeze with tenacious sputum (the IV fluid infused also helps rehydration)	If only used overnight then give 200mg oral uniphylline continuous in morning (and omit nocte dose if on regularly). Checktheophylline levels at end of infusion (day 2, then weekly) to ensure not toxic (>20mg/l). "Therapeutic" levels not necessarily needed. BEWARE of interactions – consult BNF.
Tranexamic Acid	A: upto 1g qds acutely (Oral)	Haemoptysis	Ideally tranexamic acid should only be used for acute haemoptysis and weaned over subsequent days. Occasionally may be needed chronically at dose of 1g bd (need FBC/clotting twice weekly.)
Oseltamivir - Tami-flu	A: 75mg bd for 5/7 (Oral)	Flu like symptoms during a flu epidemic period.	Must be started within 24hrs of symptoms. Take nasal washings/ swabs for viral PCR.

Liver Disease:

Drug	Dose	Indication	Notes / Comments
Ursodexycolic Acid (URSO/UDCA)	20mg/hg/day in 2-3 divided doses.	Elevated LFT's. Abnormal liver USS (other than steatosis)	Take with or after food. May be used in conjunction with Taurine.
Taurine	30mg/kg/day. Maximum of 500mg tds	Persistent malabsorption despite PERT + PPI	Take mins before food or bedtime. Not licensed as is food supplement. Can be perscribed as 'Taurine Capsules'

Proton Pump Inhibitors:

Drug	Dose	Indication	Notes / Comments
Omeprazole	20mg bd (bd in resistant cases)	GastroOesophReflex, Ineffective PERT	Reduces reflux symptoms and improves efficacy of pancreatic replacement enzymes by increasing duodenal pH.

Salt Supplementation:

Drug	Dose	Indication	Notes / Comments
Sodium Chloride Tablets	P1mth - 12yrs: 1-2mmol/kg devided A: 60-80 mmol/day in devided doses - 2-6 x 600mg slow sodium	To replace increased salt loss in CF.	Dioralyte sachets can be used in young children or babies. Slow sodium cannot be crushed. Encourage fluid intake.

Vitamin Preparations:

Drug	Dose	Notes / Comments
ADEKS	Vitamin A: 4000 IU Vitamin C: 60mg Vitamin D: 400 IU Vitamin E: 150 IU Vitamin K: 0.15mg	Also includes trace elements. Convenient, but expensive (£30/month) compared with others.

A & D Capsules	Vitamin A: 4000 IU Vitamin D: 400IU	Recent supply problems.
Vitamin Capsules BPC	Vitamin A: 2500 IU Vitamin D: 300 IU	
Dalivit Drops (0.6ml)	Vitamin A: 5000 IU Vitamin D: 400 IU Vitamin C: 50mg	
Ketovite Liquid (5ml)	Vitamin A: 2500 IU Vitamin D: 400 IU	
Vita-E Capsules	Vitamin E: 200 IU	
Menadiol	Vitamin K: 10mg	Ensure menadiol is prescribed/dispensed rather than cheaper phytomenadione which is less efficiently absorbed in CF.

Document approved - December 2011
Document due for review - December 2013

Acknowledgements: *The Peninsula CF team acknowledges the use of guidelines produced by The CF Trust, Manchester, Papworth, Leeds and Brompton CF teams during development of these local Peninsula protocols and guidelines.*