**Chlorpromazine 25mg, 50mg Tablets**

**Uses:** Chlorpromazine may be used to treat nausea and vomiting. In some cases, it may also be used against hiccups.

**Dose and method of administration**

Adults: Initially 25mg three times daily or 75mg at bedtime, increasing by daily amounts of 25mg to the effective maintenance dose. The usual maintenance dose is in the range of 75 to 300mg daily, although some patients may require up to 1.0g daily.

Children aged under 1 year: Chlorpromazine should generally not be used unless the need is life-saving.

Children aged 1 to 5 years: 0.5mg/kg every 4 to 6 hours to a maximum daily dosage of 40mg.

Children aged 6 to 12 years: 1/3 to 1/2 the adult dose to a maximum daily dosage of 75mg.

Elderly or debilitated patients: Initially 1/3 to 1/2 the usual adult dose with a more gradual increase in dosage.

*Dosage in hiccup*

Adults: 25-50mg three to four times daily.

*Dosage in nausea and vomiting*

Adults: 10-25mg every 4 to 6 hours.

Children aged under 1 year: Chlorpromazine should generally not be used unless the need is life-saving.

Children aged 1 to 5 years: 0.5 mg/kg every 4 to 6 hours. The maximum daily dosage should not exceed 40mg.

Children aged 6 to 12 years: 0.5 mg/kg every 4 to 6 hours. The maximum daily dosage should not exceed 75mg.

Elderly or debilitated patients: Initially 1/3 to 1/2 the adult dose. The subsequent dosage should be adjusted under supervision to obtain control.

**Contraindications**

Chlorpromazine is contraindicated in patients with hypersensitivity to the drug, as well as in comatose patients, including those under the influence of alcohol or other central nervous system depressants.

**Special warnings and precautions for use**

Chlorpromazine should be avoided if possible in patients with hepatic or renal dysfunction, cardiac failure, phaeochromocytoma, hypothyroidism, bone marrow depression, epilepsy, Parkinson's disease, myasthenia gravis, prostatic hypertrophy or a history of narrow angle glaucoma. It should be used with caution in the elderly, especially during very hot or very cold weather because of the risk of hyper- or hypothermia.

**Undesirable side effects**

All medicines can cause unwanted side effects, which usually improve as your body adjusts to the new medicine. Speak with your doctor if any of the following side effects continue or become troublesome: shakiness, abnormal face and body movements, restlessness, uncontrollable movements of the tongue, face and jaw, drowsiness, mood changes, insomnia, dizziness, headache, confusion, constipation, diarrhoea, stomach ache, stuffy nose, dry mouth, problems urinating, blurred vision, fast or thumping heartbeat, changes in menstruation, breast problems, sexual problems, weight gain, skin rashes, jaundice (yellowing of the skin and whites of the eyes), purple tint to the skin and eyes.

**Effects on ability to drive and use machines**

Chlorpromazine may cause drowsiness and patients should be warned not to drive or operate machinery if affected.

**Pregnancy and lactation**

The safety of chlorpromazine in pregnancy has not been established, although the drug has been in wide use for many years without apparent ill consequence. There is evidence of harmful effects in animals. As with other drugs, chlorpromazine should be avoided during pregnancy unless it is considered essential by the physician. Labour may occasionally be prolonged by chlorpromazine and therapy should be delayed until the cervix is dilated 3 to 4cms. Possible effects on the neonate include lethargy, paradoxical hyperexcitability, tremor and low Apgar score. Chlorpromazine is excreted in breast milk and breast feeding should be suspended during treatment.

**Overdose**

Symptoms of overdosage may include drowsiness or loss of consciousness, hypotension, tachycardia, ventricular arrhythmias, acute extrapyramidal reactions and hypothermia. There is no specific antidote and treatment is essentially symptomatic and supportive. The stomach should be emptied by aspiration and lavage and activated charcoal should be given. Circulatory collapse may respond to elevation of the lower limbs, although volume expansion with intravenous fluids may be required. Use of a positive inotropic agent such as dopamine may be considered if circulatory collapse does not respond to volume expansion; peripheral vasoconstrictor agents are not generally recommended and adrenaline should be avoided. Tachyarrhythmias usually respond to restoration of normal body temperature and correction of circulatory or metabolic disturbances. Anti-arrhythmic therapy may be considered for persistent or life-threatening arrhythmias; lignocaine should be avoided and, as far as possible, so should long-acting anti-arrhythmic drugs. If severe dystonic reactions occur, they usually respond to procyclidine 5 to 10mg or orphenadrine 20 to 40mg given intramuscularly or intravenously. Intravenous diazepam may be used to treat convulsions. Dantrolene sodium together with cooling and general supportive measures may be used to treat the neuroleptic malignant syndrome. An open airway should be maintained and artificial respiration may be required in severe cases of central nervous system depression.

**How to store**

Store at room temperature. Keep out of reach of children. Do not use this medicine after the expiry date.

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**Dose and method of administration**

Adults: Initially 25mg three times daily or 75mg at bedtime, increasing by daily amounts of 25mg to the effective maintenance dose. The usual maintenance dose is in the range of 75 to 300mg daily, although some patients may require up to 1.0g daily.

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Children aged 1 to 5 years: 0.5mg/kg every 4 to 6 hours to a maximum daily dosage of 40mg.

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**Dose and method of administration**

Adults: Initially 25mg three times daily or 75mg at bedtime, increasing by daily amounts of 25mg to the effective maintenance dose. The usual maintenance dose is in the range of 75 to 300mg daily, although some patients may require up to 1.0g daily.

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Children aged 1 to 5 years: 0.5mg/kg every 4 to 6 hours to a maximum daily dosage of 40mg.

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