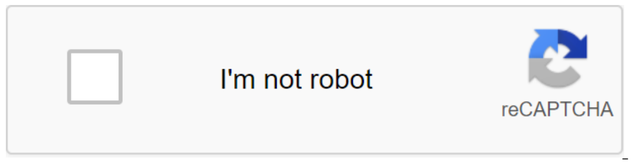
Flumil 20 mg solucion oral



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650632 848531 No stock 799544 No shares 748343 No stock 808501 703377 No shares 701276 704186 650822 Indicated to relief licking. In the composition of Flumil is acetylcysteine, an active substance that acts to reduce the viscosity of mucus, makes it much more fluid, in order to make its elimination as simple as possible.How flumil 200 be taken? To take it, it is advisable to shake the bottle, in order to keep the whole solution mixed. Thanks to the effect of pre-posing the cup inside the package, you can measure the 15 ml that is needed. They should be taken 15 ml per day. But under no circumstances should it be overcome from this amount, what precautions should be taken into account? You may experience drowsiness after each shot. In addition to the feeling of desire vomiting or nausea. However, under no circumstances are the secondary aspects that are common. It belongs to a group of medicines called mucolytics, which work by reducing the viscosity of mucus, fluid it and facilitating its elimination. This medication is indicated to facilitate the elimination of excess snot and sputum, in colds and flu, for adults. You should see your doctor if it gets worse or if it doesn't improve after 5 days of treatment. You may experience drowsiness after each shot. In addition to the feeling of desire vomiting or nausea. However, under no circumstances are the secondary aspects that are common. Price: 8.14 euros VAT included 9.05 with Save 0.91 new price in our online store Availability: The stock order it before 1 p.m. and get it tomorrow! FREE shipping from, from 29o per pharmacy Get it, Where you want, in 24/48h Pay 100% safe, guaranteed return for 7 days Flumil 20 mg/ml oral solution Each ml contains: Acetylcystsein 20 mg Excipients with a known sodium effect 3.82 mg p-hydroxybenzoate methyl 1.00 mg For a complete list of excipients, see section 6.1. Oral solution: Pure and colorless solution with raspberry smell. Acetylcysteine is shown as adjuvant treatment in respiratory processes with excessive or thick mucous hypersecretation, such as acute and chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, athelecttasis due to mucous obstruction, pulmonary complications of cystic fibrosis and other comorbidities in adults Adult dose: 200 mg of acetylcysteine per shot, every 8 hours, or 600 mg in one intake. Do not exceed the dose of 600 mg per day. Adolescents and children over 7 years of age: The usual recommended dose is 600 mg of acetylcysteine daily orally, at 3 200 mg every 8 hours. Children 2 to 7 years old: The usual recommended dose of 300 mg of acetylcysteine daily orally, in 3 100 mg every 8 hours. Pulmonary complications of cystic fibrosis: The usual recommended dose of acetylcysein in these cases is as follows: Adults and children over 7 years of age: 200 to 400 mg of acetylcythein every 8 hours. Children 2 to 7 years old: 200 mg of acetylcysteine every 8 hours. Administrative method: Orally. It is preferable to administer in the morning, afternoon and evening, or at a single dose in the morning, in accordance with the prescribed dosage. Oral solutions are ingested immediately after being presused. It is recommended to drink a glass of water or any other liquid after each dose and plenty of fluid throughout the day. This medicine can be taken with or without food. The accompanying intake of the drug with food does not affect the effectiveness of the drug. Hypersensitivity to active substance or to any of the excipients listed in section 6.1. Don't give it to children under the age of 2. Mucolytic agents can cause respiratory obstruction in children under the age of 2 years. Due to the physiological characteristics of the airways in this age group, the ability to wait may be limited. Therefore, mucolytic remedies should not be used in children under 2 years of age (see 4.3 Contras). Caution is recommended when using the drug in patients with ulcers or a history of ulcers, especially in the case of concomitant administration with other drugs with the known effect of gastric mucous irritation. When observing gastric discomfort should review the clinical situation. The introduction of the drug should be evaluated in asthma patients, with a history of bronchospasm or other severe respiratory failure, as it can increase airway obstruction or cause bronchospasm, especially when inhaled. If bronchospasm occurs, acetylcysteine should be discontinued and appropriate treatment is instituted. Administration of acetylcysteine, mainly at the beginning of treatment, can fluid bronchial secretion and lead to an increase in expectations. If the patient is unable to expect effectively, postural drainage and bronchodic aspiration should be performed. Acetylcysteine can affect histamine metabolism in a moderate manner, so it should be administered with caution in long-term treatment in patients with histamine intolerance, as symptoms of intolerance (headache, vasomotor rhinitis, itching) may occur. The possible presence of a small sulphurous odor does not indicate a change in the drug, but is typical for the active substance. Information on exicients This drug contains 3.82 mg of sodium per ml, equivalent to 0.19% of the maximum daily intake of 2 grams of sodium recommended by WHO for adulthood. Flumil 20 mg/ml oral solution can produce (possibly delayed) because it contains methyl p-hydroxybenzoate. This drug contains 1.5 mg of sodium benzoate in each ml. Since antitusives cause cough reflex inhibition, acetylcysteine is not recommended with these drugs or with substances that inhibit bronchial secretion (anticholinergic, antihistamines), as it can be difficult to eliminate secretions. Metal salts. Due to its possible side effect, it should be noted that acetylcysteine can reduce the bioavailability of salts from certain metals such as gold, calcium, iron. In this case, it is recommended to blur the pictures for at least 2 hours. Dissolving acetylcystein formulations associated with other drugs is not recommended. Antibiotics. If acetylcysteine is given along with antibiotics such as amphothericin B, sodium ampicillin, cephalosporins, erythromycin lactobione or some tetracycline, antibiotics may be physically incompatible or antibiotics may even be inactivated. In these cases, it is recommended that the images be divided into at least 2-hour intervals. This does not apply to loracarbef. The simultaneous introduction of nitroglycerin and acetylcysteine has been shown to produce significant hypotension and increase the enlargement of the temporal artery. If joint therapy of nitroglycerin and acetylcysein is needed, patients should be tested for the onset of hypotension, which can be severe, and warn patients about the possibility of headaches. Accompanying the use of acetylcysteine and carbamazepine can lead to the subtherapeutic level of carbamazepine. Pediatric studies of population interaction were conducted only in adults. Intervention in analytical tests Acetylcystein can interfere with the method of color assessment to determine salicylate. Acetylcysteine can interfere with the analysis of urine ketone. Clinical data on pregnancy on the use of acetylcysteine in pregnant women are limited. Animal studies have not shown direct or indirect effects indicating reproductive toxicity (see section 5.3). As a precautionary measure, it is preferable to avoid the use of flumille during pregnancy. Before using the medication during pregnancy, a risk assessment should be made regarding the potential benefits. Acetylcythein is recommended under medical supervision during pregnancy. Lactation Is not known whether acetylcysteine or its metabolites are secreted in human milk. The risk to the child cannot be ruled out. A decision should be made between discontinuing breastfeeding or discontinuing or abstaining from flumilia treatment after considering the benefits of breastfeeding for the baby and the benefits of maternal care. Recommended administration under medical supervision Breastfeeding. Fertility The potential effect of acetylcysteine on fertility is unknown. Animal studies do not indicate harmful effects on fertility in humans at recommended doses (see section 5.3). There is no evidence of an impact on the ability to drive and use cars. The most common adverse reactions associated with oral administration are gastrointestinal acetylcysteine by nature. Less commonly reported hypersensitivity reactions including anaphylactic shock, anaphylactic/anaphylide reactions, bronchospasm, angioedema, rash and itching. The following table outlines adverse reactions according to the systemic classification of organs and frequency. The frequency categories affected are defined under the following convention: Very common (≥ 1/10) Common (? 1/100 to 1/10) Unusual (? 1/1000 to 1/100) Rare (? The frequency is not known (cannot be estimated by available data). In the following table, adverse reactions are presented in order to reduce severity within each frequency range. Clasificación de órganos del sistema Reacciones adversas Poco frecuentes (≥ 1/1.000 a <1/100) Raras (≥ 1/10.000 a <1/1.000) Muy raras (<1/10.000) Frecuencia no conocida (no puede estimarse a partir de los datos disponibles) Trastornos del sistema inmunológico Hipersensibilidad Shock anafiláctico, reacción anafiláctica/ anafilactoide Trastornos del sistema nervioso Cefalea Somnolencia Trastornos del oído y del laberinto Tinnitus Trastornos cardiacos Taquicardia Trastornos vasculares Hemorragia Trastornos respiratorios, torácicos y mediastínicos Broncoespasmo, disnea Trastornos gastrointestinales Vómitos, diarrea, estomatitis, dolor abdominal, náuseas Dispepsia Trastornos de la piel y del tejido subcutáneo Urticaria, erupción cutánea, angioedema, prurito Trastornos generales y alteraciones en el lugar de administración Pirexia Edema facial Exploraciones complementarias Hipotensión En casos muy raros, se ha descrito la aparición de reacciones cutáneas graves tales como síndrome de Stevens-Johnson y síndrome de Lyell en conexión temporal con la administración de acetilcisteína. In most cases, at least one more drug suspected of triggering mucocotant syndrome can also be identified. In the event of any changes in the skin or mucous membranes, acetylcysteine should be stopped immediately and medical care requested. Several studies have confirmed a decrease in platelet aggregation in the presence of acetylcysteine, although the clinical significance of this effect has not yet been confirmed. Notice of suspected adverse reactions: It is important to report suspected adverse reactions to the drug after authorization. This allows continuous monitoring of the relationship Medicine. Medical professionals are encouraged to report suspected adverse reactions through the Spanish drug pharmaceutical system for human use: . In the case of mass eating, side effects such as nausea, vomiting and diarrhea may be intensification. There is no specific antidote to acetylcysteine, so symptomatic treatment is recommended. The airways will be stored without secretion, lying the patient down and practicing bronchial aspirations. If necessary, gastric lava will be performed (if no more than 30 minutes have passed after eating). Healthy volunteers received 11.2 grams of acetylcysteine per day for three months, with no serious side effects. Oral doses of up to 500 mg of acetylcysteinein/kg of body weight were tolerated without any symptoms of poisoning. Pharmacotherapy group: Mucolytics. ATC code: R05CB01. Acetylcystsein Mechanism of Action and Pharmacodynamic Effects of Acetyliccysteine is a mucolytic agent that reduces the viscosity of mucous secretions, mucus fluid without increasing its volume, when activating the hairy epithelium, thereby conducive to expectation and normalization of mucous function. Its mucolytic action is explained by the depolymerization of mucoprostic complexes and nucleic acids, which increase viscosity to the vitreous and pneumatic components of sputum and other secretions, an effect that is carried out by its free group of sulphide, which acts directly on the mucoproteins, disrupting the disulfide bridges and reducing mucus. Acetylcythein also has a direct antioxidant effect through the same free group of sulphgidreles (-SH), which acts directly on electrophilic groups oxidizing radicals. Because of its diminishing character, acetylcysteine exerts cytoprotective activity in the resporator apparatus against the harmful effects of oxidative stress by oxidizing free radicals of various etiology at the pulmonary level. Based on its structure derived from cysteine, acetylcysteine acts as a precursor to glutathione synthesis and normalizes its levels while reducing the continuous oxidation of aggression on the respiratory system. Additional properties include reducing induced hyperplasia of mucous cells and increasing the production of surfactants by stimulating type II pneumocytes. Acetylmistein protects 1-antitripsin, an enzyme elastase inhibitor, from inactivation of hypochloric acid (HOCl), a powerful inhibitor produced by the enzyme myelopeidase-activated phagos. In addition, its molecular structure allows acetylcysteine to easily pass through cell membranes. Inside the cell, acetylcysteine is deacetylized, thus producing L-cysteine, an amino acid to synthesize glutt (GSH). Acetylcystein also has an indirect antioxidant effect through its role as a precursor to GSH. GSH is an extremely reactive tripeptyide that appears widespread in various tissues of animal organisms and is essential for maintaining the functionality and integrity of cell morphology. In fact, it is the most important mechanism of intracellular protection against oxidizing radicals, both exogenous and endogenous, as well as against various cytotoxic substances, including acetaminophen. Acetylcythein plays a key role in maintaining appropriate levels of GSH, thereby contributing to cell protection. Thus, acetylcysteine is a specific antidote to acetaminophen poisoning. The clinical efficacy and safety of mucolytic acetylcysteine effect has been clinically demonstrated in several placebo-controlled clinical trials. Absorption of acetylcysteine is completely absorbed after oral administration. Due to the metabolization of the intestinal wall and the effect of the first step of the liver, the bioavailability of acetylcysteine is in deficit (about 10%). and is metabolized (active) (80%), and can be found mainly in the liver, The volume of acetylmisticein spread varies from 0.33 to 0.47 liters/kg. Binding of plasma protein is scarce, approximately 50% in 4 hours of dose and reduced to 20% at 12 hours. After this stage of transformation acetylcythein and cysteine have the same metabolic pathway. The linearity/nonlineatherity of Pharmacokinetics of acetylcysteine is proportional to the dose in the dose range between 200-3200 mg/m2 for AUC and Cmax. Data from non-clinical studies show no particular risks to humans in accordance with traditional studies of re-dose toxicity studies. , genotoxicity, carcinogenic potential, reproductive and toxicity development. Methyl p-hydroxybenzoate (E218) sodium benzoate (E211) deseetate sodium carmelo sodium sucrose sucracola sucralose aroma of raspberry hydroxide sodium treated water Acetylcystine reacts some metals, especially iron, nickel and copper, as well as rubber. Contact with the materials containing them should be avoided. If acetylcystein solutions are mixed with antibiotics such as amphothericin B, sodium ampicillin, cephalosporina, erythromycin lactobione or some tetracycline, antibiotics may be physically incompatible or antibiotics may even be inactivated. In these cases, it is recommended that the images be divided into at least 2-hour intervals. Dissolving acetylcystein formulations associated with other drugs is not recommended. Two years. After opening, 15 days. No special storage conditions are required. Glass bottle Topaz with 100 or 200 ml of oral solution, with aluminum cork with children's protective thread. The finished plastic dosing cup is included for proper presing medication. No specials. The disposal of the unused drug and all the materials that have been made with it will be carried out in accordance with local rules or will be returned to the pharmacy. S.A.U. C /Maresme, 5. Polagono Kahn Bernades-Subir-08130 - Sta. Perp'tua de Mogoda (Barcelona) Spain Date of first resolution: December 2000 Last extension date: December 2010 2010 flumil 20 mg/ml solucion oral