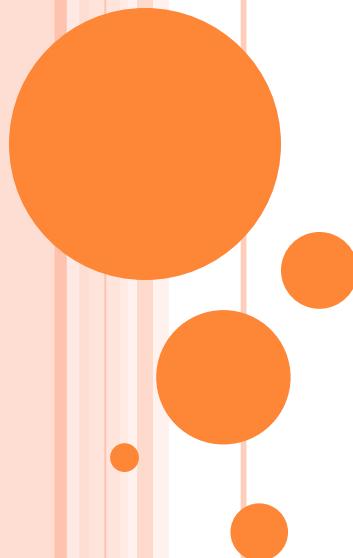


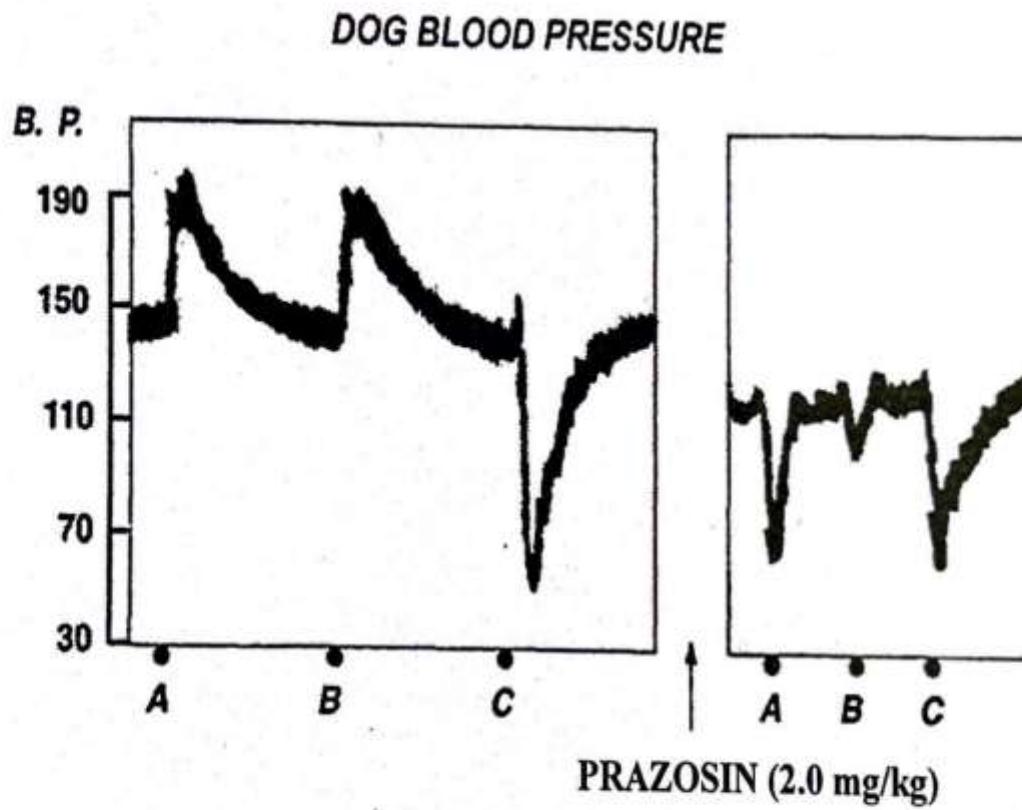
PRACTICAL REVISION



Department of Pharmacology, PIMSR, Vadodara

Spot exercise

Following graph shows the effects of drugs A, B and C on dog mean blood pressure. The responses of these drugs are recorded after administration of prazosin.



A :

B :

C : Isoprenaline

(2.0 μ g/kg)

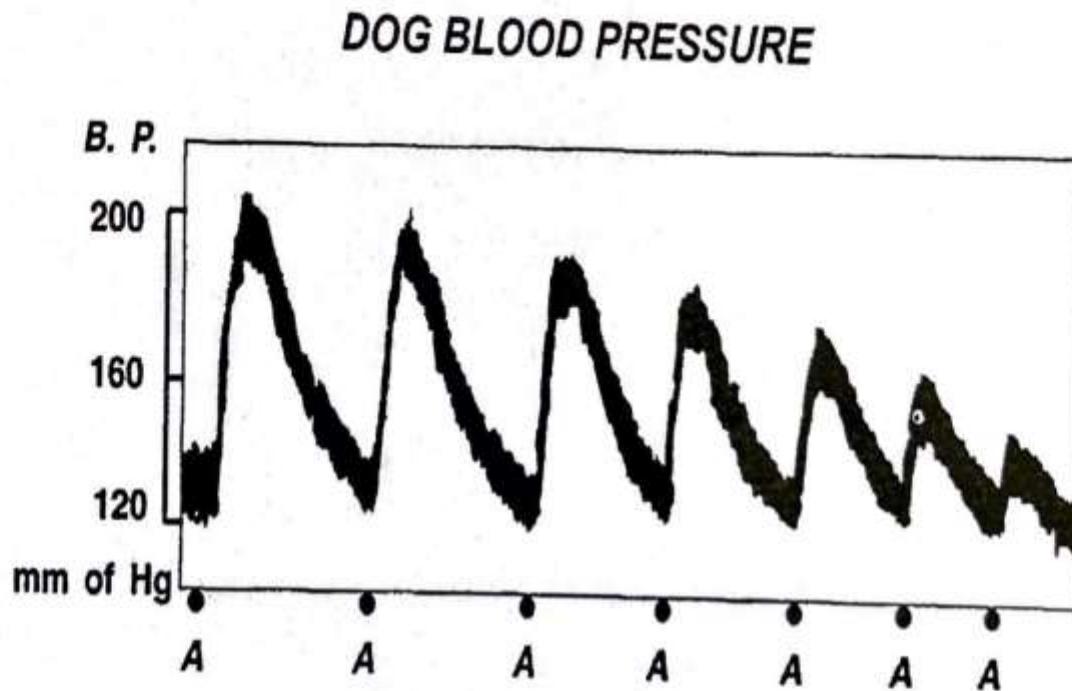
Identify the probable nature of drugs A and B with reasons.

A: Adrenaline
B: Nor adrenaline

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Spot exercise

Following graph shows the effect of repeated administration of same doses of drug A on mean blood pressure of dog.



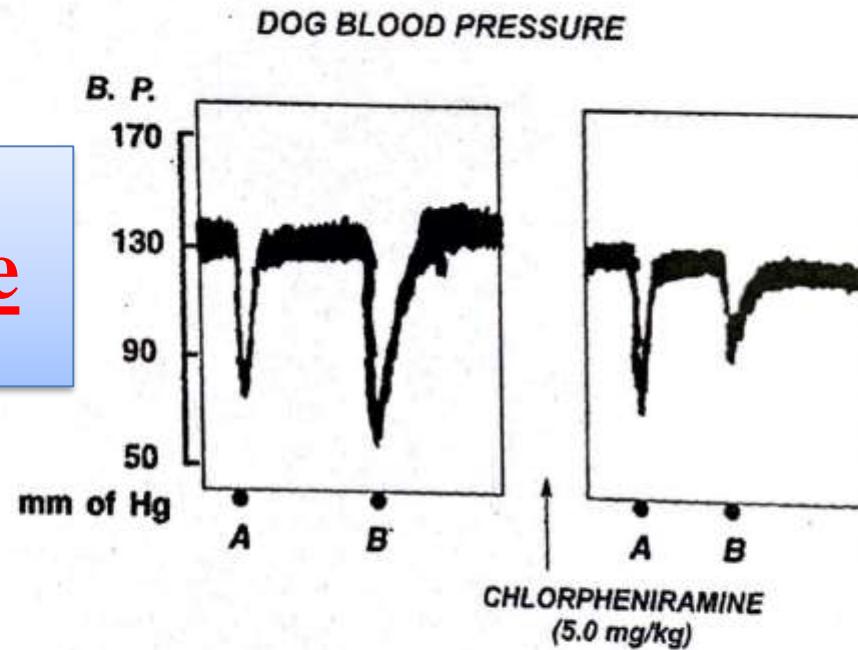
Identify the probable nature of drug. Explain the effect.

Tachyphylaxis

Sp Exp Pharm 1.5
Department of Pharmacology, PIMSR, Vadodara

Spot exercise

Following graph shows the effects of drugs A and B on dog mean blood pressure. The responses of drugs A and B are obtained again after administration of chlorpheniramine.



B : Histamine

A : Acetylcholine (3 µg/kg)

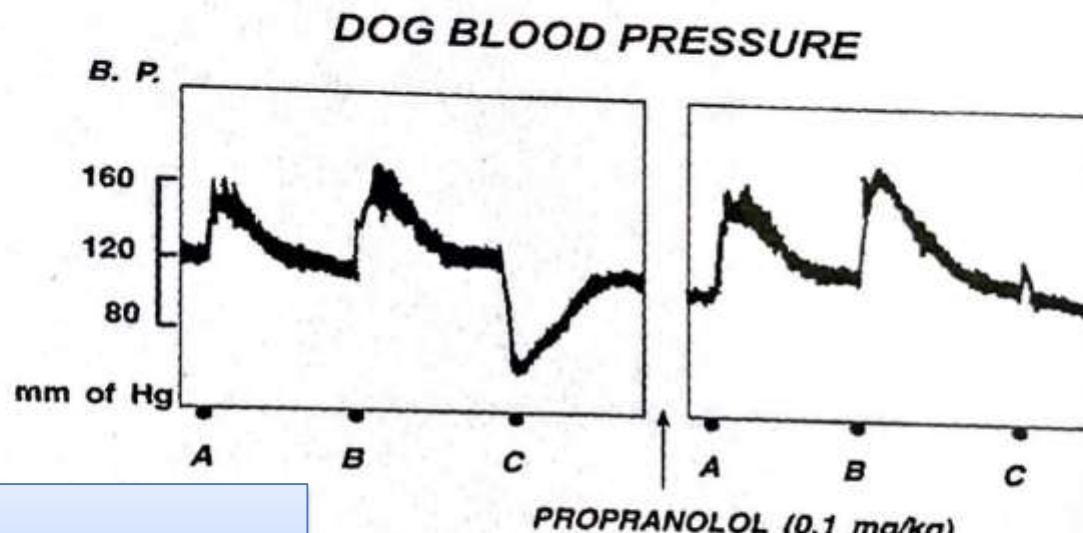
Identify the probable nature of drug B with reasons.

Sp Exp Pharm 1.1

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Spot exercise

The Following graph shows effects of drugs A, B and C on dog mean blood pressure. The responses of drugs A, B and C are obtained after administration of propranolol.



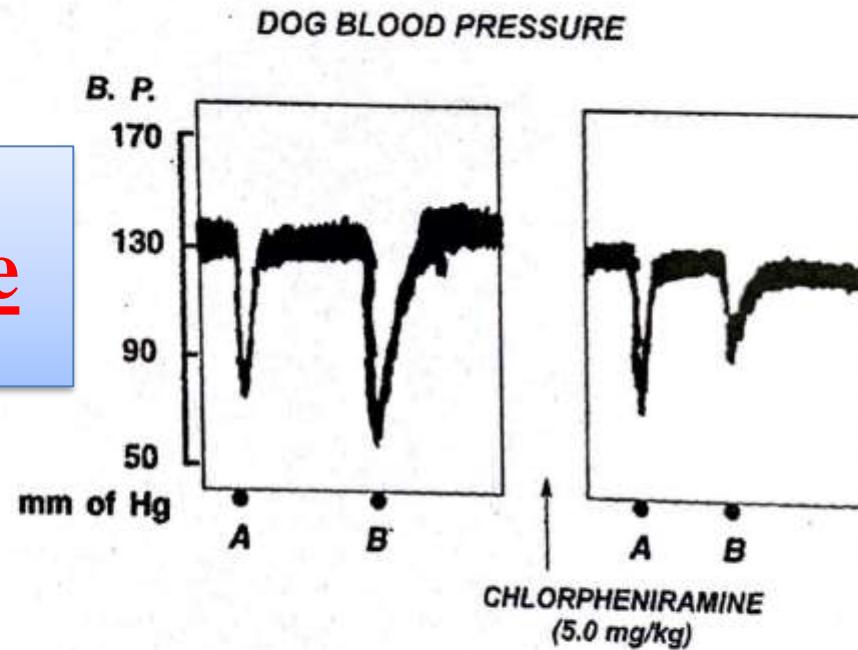
A : Epinephrine (2.0 µg/kg)
B : Norepinephrine (2.0 µg/kg)
C :

C : Isoprenaline

Identify the probable nature of drug C with reasons

Department of Pharmacology, PIMSR, Vadodara**Spot exercise**

Following graph shows the effects of drugs A and B on dog mean blood pressure. The responses of drugs A and B are obtained again after administration of chlorpheniramine.



B : Histamine

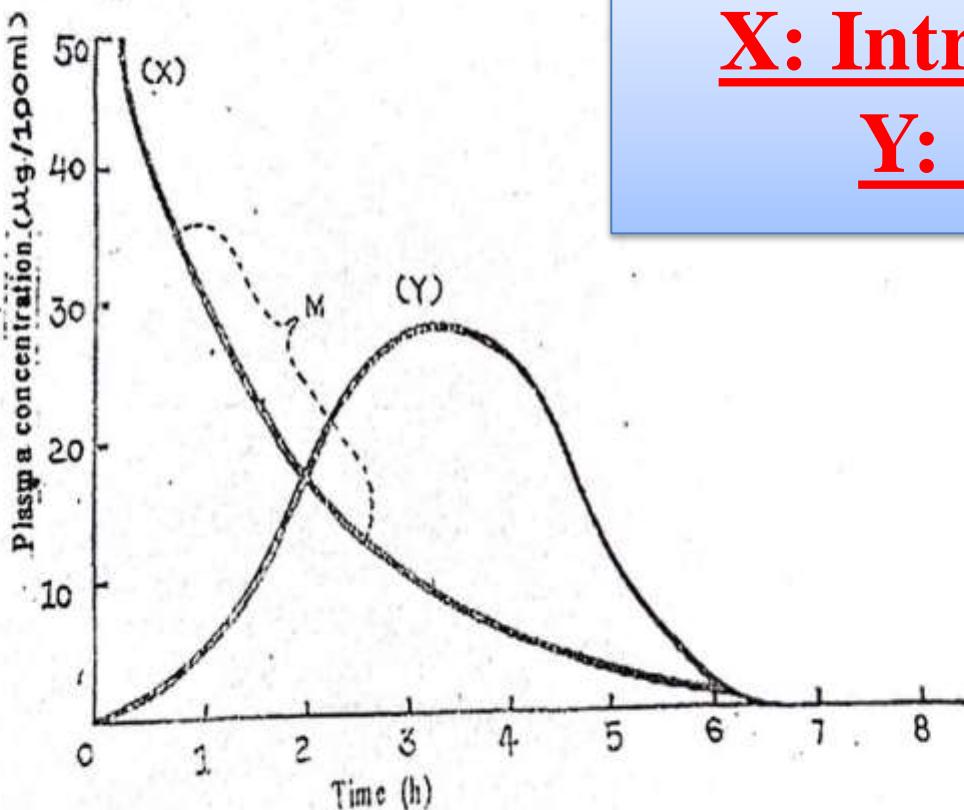
A : Acetylcholine (3 µg/kg)

Identify the probable nature of drug B with reasons.

Department of Pharmacology, PIMSR, Vadodara

Spot exercise

The given graph shows plasma concentration of a drug given by two different routes of administration versus time.



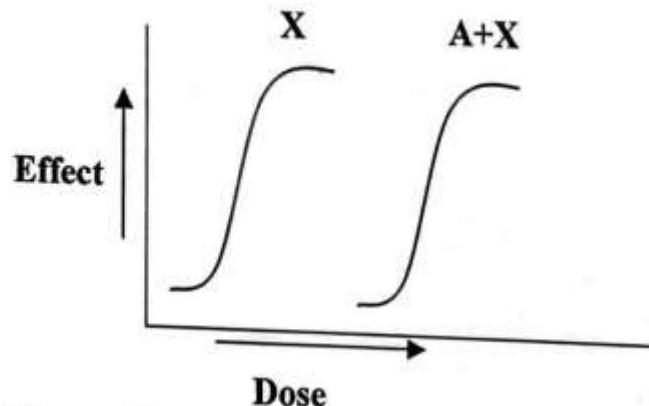
X: Intravenous
Y: Oral

Identify the route of administration of graph X and Y. Give reasons.

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Spot exercise

Following graph shows Dose response curves of drug X and drug X in presence of drug A.



**Competitive
antagonist**

X : - Dose Response Curve of Drug X.

A+X: - Dose Response Curve of Drug X in presence of Drug A

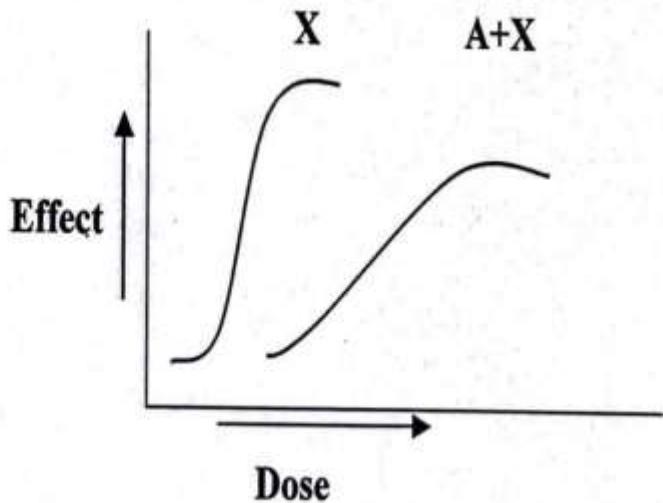
Answer the following questions-

1. What is the type of drug antagonism observed in the graph?
2. Mention the reasons to support your answer.

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Spot exercise

Following graph shows Dose response curves of drug X and drug X in presence of drug A.



**Non competitive
antagonism**

X : - Dose Response Curve of Drug X.

A+X: - Dose Response Curve of Drug X in presence of Drug A

Answer the following questions-

1. What is the type of drug antagonism observed in the graph?
2. Mention the reasons to support your answer.

Initial Case Follow-up Case **A. PATIENT INFORMATION *****1.** Patient Initials:**2.** Age or date of birth:**3.** Gender: M F Other **4.** Weight (in Kg.)**B. SUSPECTED ADVERSE REACTION *****5.** Event / Reaction start date (dd/mm/yyyy)**6.** Event / Reaction stop date (dd/mm/yyyy)**7.** Describe Event/Reaction management with details , if any

C. SUSPECTED MEDICATION(S) *

S. No.	8. Name (Brand/ Generic)	Manufacturer (if known)	Batch No. / Lot No.	Expiry Date (if known)	Dose	Route	Frequency	Therapy Dates		Indication	Causality Assessment
								Date Started	Date Stopped		
i											
ii											
iii											
iv*											

9. Action taken after reaction (please tick)

S. No. as per C	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if re-introduced)
i										
ii										
iii										
iv										

11. Concomitant medical product including self-medication and herbal remedies with therapy dates (Exclude those used to treat reaction)

S. No.	Name (Brand / Generic)	Dose	Route	Frequency (OD, BD, etc.)	Therapy Dates		Indication
					Date Started	Date Stopped	
i							
ii							
iii*							

Additional Information :

D. REPORTER DETAILS *

16. Name & Address : _____

Pin : _____ Email : _____

Contact No- : _____

Occupation : _____ Signature : _____

17. Date of this report (dd/mm/yyyy) : _____

Signature and Name of Receiving Personnel :

Confidentiality : The patient's identity is held in strict confidence and protected to the fullest extent. Submission of a report does not constitute an admission that medical personnel or manufacturer or the product caused or contributed to the reaction. Submission of an ADR report does not have any legal implication on the reporter.

Use separate page for more information

* Mandatory Fields for suspected ADR Reporting Form

FOR AMC / NCC USE ONLY

Reg. No. / IPD No. / OPD No. / CR No. :

AMC Report No. :

Worldwide Unique No. :

12. Relevant investigations with dates :

13. Relevant medical / medication history (e.g. allergies, pregnancy, addiction, hepatic, renal dysfunction etc.)

14. Seriousness of the reaction : No if Yes (please tick anyone)

- | | |
|--|--|
| <input type="checkbox"/> Death (dd/mm/yyyy) | <input type="checkbox"/> Congenital-anomaly |
| <input type="checkbox"/> Life threatening | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Hospitalization-Initial/Prolonged | <input type="checkbox"/> Other Medically important |

15. Outcome:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Recovered | <input type="checkbox"/> Recovering | <input type="checkbox"/> Not Recovered |
| <input type="checkbox"/> Fatal | <input type="checkbox"/> Recovered with sequelae | <input type="checkbox"/> Unknown |

D. REPORTER DETAILS *

16. Name & Address : _____

Pin : _____ Email : _____

Contact No. : _____

Occupation : _____ Signature : _____

17. Date of this report (dd/mm/yyyy) :

Method for Intravenous Injection:

- **Wash your hands** with soap and water.
- **Reassure the patient** and explain the procedure.
- **Select a vein** and make it more visible by applying a tourniquet.
- **Disinfect the skin** with antiseptic (spirit).
- **Insert the needle** at a **35-degree** angle with the bevel facing up.



- **Puncture the skin**, then move the needle horizontally into the vein.
- **Aspirate blood** slowly to confirm the needle is in the vein.
- **Loosen the tourniquet** before injecting the drug.
- **Fix the needle** in place with adhesive tape and adjust the flow rate.
- **Check for any pain, swelling, or hematoma.**
- After the infusion, **remove the needle**, press with cotton, and safely dispose of the waste.

Intramuscular Injection: How to Administer

- Wash your hands.
- Reassure the patient and explain the procedure.
- Uncover the injection site (upper gluteus, side of thigh, or deltoid muscle).
- Disinfect the skin.
- Ask the patient to relax the muscle.
- Insert the needle quickly at a 90-degree angle (ensure correct depth).

- **Aspirate** briefly; if blood appears, replace the needle and start again.
- **Inject slowly** to reduce pain.
- **Withdraw the needle** quickly.
- **Press cotton wool** on the site and fix with tape.
- **Check the patient's reaction** and reassure them.
- **Dispose of waste properly** and wash your hands.

