

Tigan Suppositories advertisement.

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Prolonged vomiting can start serious trouble

fluid loss electrolyte imbalance



Tigan Suppositories (trimethobenzamide HCI) can help to stop it

Helps prevent excessive fluid loss

Prolonged emetic episodes in a child may result in dehydration and electrolyte imbalance. When their cause is viral or non-specific gastroenteritis, Tigan (trimethobenzamide HCl) can bring relief. With nausea and vomiting controlled, fluid loss and electrolyte imbalance can be more easily corrected.

Specific antinauseant/antiemetic action

Tigan is not a tranquilizer. It is not a phenothiazine. Tigan is a specific antinauseant/antiemetic.

Gentle, dependable relief

Extensive clinical experience has demonstrated the general reliability of Tigan in the management of nausea and vomiting associated with viral gastroenteritis. Although occasional hypersensitivity reactions and Parkinson-like symptoms have been reported, side effects are uncommon and seldom require withdrawal of therapy.

Easy for parent to administer

Each self-lubricating Tigan Suppository can be quickly divided for proper dosage. For children under 30 pounds, prescribe one-half suppository (100 mg). For children 30 to 90 pounds, prescribe one-half to one suppository (100 to 200 mg). Parents appreciate the ease of administration and its general dependability.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Control of nausea and vomiting. Contraindications: Hypersensitivity to trimethobenzamide; injectable in children; suppositories in premature or newborn infants and in patients with known sensitivity to benzocaine or similar local anesthetics.

Warnings: Drowsiness may occur; patient should not drive or operate machinery until response is determined. Safety in pregnancy or in nursing mothers has not been established.

Precautions: During acute febrile illness, encephalitides, gastroenteritis, dehydration and electrolyte imbalance, especially in children, the elderly or debilitated, CNS reactions have been reported with and without use of antiemetic agents. In such disorders exercise caution in administering Tigan (trimethobenzamide HCl), particularly together with other CNS-acting agents. Severe emesis should not be treated with an antiemetic drug alone; where possible establish cause of vomiting. Direct primary emphasis toward restoration of body fluids and electrolyte balance and relief of fever and causative disease process. Avoid overhydration which may result in cerebral edema. Antiemetic effects may impede diagnosis of such conditions as appendicitis and obscure signs of toxicity from overdosage of other drugs.

Adverse Reactions: Occasional reports of hypersensitivity reactions and Parkinson-like symptoms; rare occurrences of blood dyscrasias, blurring of vision, coma, convulsions, depression of mood, diarrhea, disorientation, dizziness, drowsiness, headache, jaundice, muscle cramps and opisthotonos have been reported. Allergic-type skin reactions have been reported; discontinue use at first sign of sensitization. Hypotension has been reported after parenteral use.

How Supplied: Suppositories, each containing 200 mg trimethobenzamide HCl and 2% benzocaine in a base compounded with polysorbate 80, white beeswax and propylene glycol monostearate; boxes of 10 and 50.

Tigan Suppositories (trimethobenzamide HCI)

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