

is an effective anti-inflammatory and anti-allergic agent. Because it is highly soluble, speed of absorption following intramuscular injection is almost as rapid as that following intravenous injection.

Since this product is intended for emergency, short-term or local therapy the pronounced hormonal effects associated with long-term therapy usually will not be seen. It is important, however, to watch for any untoward effect when administering a potent agent such as this. Local injections of therapeutic doses into joints or soft tissues are usually well-tolerated and significant systemic hormonal effects are unlikely if injections are few in number or are given at infrequent intervals.

When this product is given intravenously or intramuscularly it is useful in the following conditions:

1. Hypersensitivity reactions such as:
 - (a) Anaphylactic reactions
 - (b) Drug reactions
 - (c) Status asthmaticus
 - (d) Transfusion reactions
 - (e) Severe urticaria
 - (f) Laryngeal edema
 - (g) Acute dermatoses
 - (h) Severe reaction to insect bites
2. Acute or relative adrenal insufficiency:
 - (a) Medical
 - (b) Surgical
 - (c) Iatrogenic
3. Shock not responding to conventional therapy.
4. Overwhelming infections with severe toxicity.
5. To initiate therapy in:
 - (a) Acute rheumatic fever
 - (b) Acute disseminated lupus erythematosus.
 - (c) Acute gout

In treating anaphylactic shock or other severe allergic reactions nonepinephrine or epinephrine should be used initially together with other accepted procedures. This may be followed by the parenteral administration of this corticoid to provide a more prolonged effect.

Patients who have received prolonged corticoid therapy may develop a state of relative adrenal insufficiency which may persist for a year or more following cessation of therapy. If such patients suffer sudden stress such as trauma, shock, surgery, overwhelming sepsis etc., reinstitution of corticoid therapy during this period may be indicated. This product may be employed for emergency use in these patients. However, because dexamethasone sodium phosphate N.F. lacks significant mineralocorticoid activity supplemental therapy with salt and a salt-retaining steroid such as desoxycorticosterone is required when it is used for the treatment of adrenal insufficiency. Because of the supplemental therapy required, dexamethasone is not the drug of choice in the treatment of adrenal insufficiency.

It may prove lifesaving in critically ill patients suffering from severe overwhelming infections for which specific antibiotic therapy is available. It may permit survival until the antibiotic has had time to take effect. Since corticoids mask the classical signs of infection their use in such cases must be undertaken with the greatest caution. Bacteriological studies and adequate antibiotic therapy must be started before the first dose of this corticoid and its use should be discontinued as soon as possible and at least 3 days before antibiotic therapy is stopped.

Surgical infections requiring corrective surgery should be performed as soon as possible. Clinical improvement following steroid therapy is not an indication to postpone surgery. Increased doses of antibiotic may be indicated while the steroid is being given.

When given intrasynovially or locally into soft tissue sites this product may provide relief of symptoms in:

- (a) Rheumatoid arthritis.
- (b) Acute gouty arthritis.
- (c) Traumatic arthritis.
- (d) Osteoarthritis.
- (e) Bursitis.
- (f) Fibrositis.
- (g) Strains and sprains.
- (h) Ganglia.