

PEDIATRIC INFORMATION

WARNINGS

Newborn infants during first month of life have a sharply defined tolerance to digitals. Impaired renal function must also be carefully taken into consideration.

"Premature and immature infants" are particularly sensitive and further reduction of dosage may be necessary.

Congestive failure accompanying acute "glomerulonephritis" requires extreme care in digitalization. A relatively low total dose administered in divided doses and concomitant use of reserpine or other antihypertensive agents has been recommended. Constant ECG monitoring is essential and digitals discontinued as soon as possible.

IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS

See Adult Precautions.

"Rheumatic carditis"—such cases, especially when severe, are unusually sensitive to digitals and prone to disturbances of rhythm. If heart failure develops, digitalization may be tried with relatively low doses; then cautiously increased until a beneficial effect is obtained. If a therapeutic trial does not result in improvement, the drug should be considered ineffective and be discontinued.

Note: Digitals glycosides are an important cause of accidental poisoning in children.

PRECAUTIONS

Dosage must be carefully titrated.

Electrocardiographic monitoring may be necessary to avoid intoxication.

Premonitory signs of toxicity in the newborn are undue slowing of the sinus rate, sinoatrial arrest, and prolongation of PR interval.

OVERDOSAGE EFFECTS

Toxic signs differ from the adult in a number of respects.

Cardiac arrhythmias are the more reliable and frequent signs of toxicity.

Vomiting and diarrhea, neurologic and ophthalmological disturbances are rare as initial signs.

Premature ventricular systoles are rarely seen; nodal and atrial systoles are more frequent.

Atrial arrhythmias, atrial ectopic rhythms and paroxysmal atrial tachycardia with AV block particularly are more common manifestations of toxicity in children.

Ventricular arrhythmias are rare.

TREATMENT OF TOXIC ARRHYTHMIAS

(See section for adults.) Potassium preparations may be given orally in divided doses totaling 1-2 gm. daily in children. When correction of the arrhythmia is urgent, 5 to 10 mEq. of potassium per hour are given, this amount being dissolved in 100 ml. of 5 percent dextrose in water. Additional amounts of potassium may be given if necessary and well tolerated by the child.

A chelating agent may be tried if other measures fail. EDTA intravenously has been