

# DRUGS ON THE GO

## A Prescribers Guide For Managing HIV & TB



THE AURUM  
INSTITUTE



# Features of 'Drugs on the Go'

- **Well-reviewed:** reviewed by a number of doctors and pharmacists working in the fields of HIV, TB and palliative care
- **Portable:** Pocket size means it is always at hand
- **Comprehensive:** Includes doses, formulations, contraindications, side effects, drug interactions, food interactions, storage requirements, monitoring
- **Easy to use:** weight-band dosing tables used where appropriate
- **Aligned to national department of health guidelines**
- **Comprehensive:** covers ART, first-line TB, MDR TB, analgesia and prophylactic drugs used in HIV infection, thus encouraging TB/HIV integration
- **Analgesia included:** this has been specifically included as it is an area that is often neglected despite being an essential part of the management of any chronic illness

# Features of 'Drugs on the Go'

- **Inclusive:** all drugs registered in SA are included in the book even though they are currently unavailable in the public sector. This means that if these drugs do become available in the public sector in the future, the information will be accessible. It can thus also be used in the private sector.
- **Practical:** section on practical tips includes advice on dealing with common problems experienced in clinical settings
- **Staging:** included to avoid having to consult another document
- **Web version:** Available on Aurum website as a PDF document which can also be downloaded to your smartphone

# CASE 1

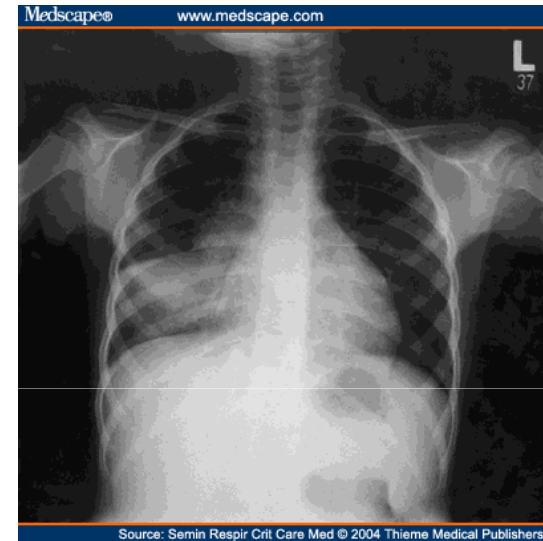
**1. A 2 year old boy is diagnosed with pulmonary TB. His weight is 8kg.**

1.1 Which drugs would you use?

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1.2 What dosages would you prescribe?

- Page 62



# CASE 1 Continued

2. You decide to test for HIV - rapid and confirmatory test are positive. After a month on TB treatment you decide to start him on abacavir, lamivudine and lopinavir/ritonavir.

II. What dosages will you prescribe?

- ABC dose page 15
- 3TC dose page 22
- LPV/r dose page 50
- RTV dose page 53



# CASE 1 Continued

**3. The mother calls the clinic 2 days later to say that the child refuses to take the ritonavir and spits it out.**

**3.1 What would you advise?**

- Page 55 – practical tips



# CASE 1 Continued

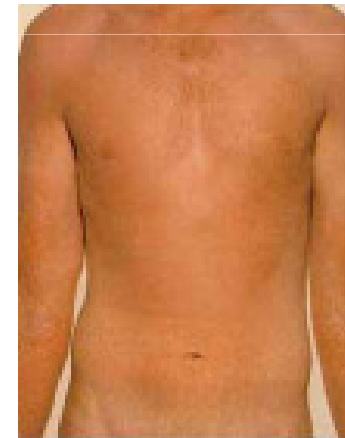
**4. Two weeks later his mother brings him back to the clinic as he has developed a generalised maculopapular rash, vomiting, malaise and a fever.**

4.1 What is the likely diagnosis?

- **Page 16**

4.2 What should you do?

- **Page 16**



# CASE 2

**A 20 year old female has recently been diagnosed with HIV-infection.**

- She visits your clinic with a painful vesicular rash in a dermatomal distribution which developed on her trunk 1 day ago.
- You diagnose herpes zoster and prescribe acyclovir and paracetamol but she returns 2 days later with unbearable pain.
- You decide to prescribe tramadol
  - **What dose would you prescribe?**
    - **Page 144**

