

SENTRY M PACKAGE INSERT

SCHEDULING STATUS S0

PROPRIETARY NAME (AND DOSAGE FORM)

Sentry M (Effervescent tablet)

COMPOSITION

Each effervescent tablet contains:

Vit. C	100 mg
Vit. E	30 mg
Vit. B2	1,6 mg
Vit. A	500 µg
Biotin	150 µg
Vit. D3	7,5 µg
Vit. B12	1 µg
Vit. B3	18 mg
Vit. B6	2 mg
Vit. B1	1,4 mg
Folic acid	400 µg
Vit. K1	90 µg
Calcium	250 mg
Phosphorus	250 mg
Potassium	100 mg
Iron	3 mg
Magnesium	120 mg
Copper	500 µg
Chromium	25 µg
Manganese	1 mg
Molybdenum	45 µg
Selenium	50 µg
Zinc	5 mg
Iodine	105 µg
Pantothenic acid	6 mg

The other ingredients are aspartame, acesulfame-K, beta-carotene 10 %, citric acid, maize starch, orange flavour, polysorbate 20, sodium bicarbonate, sorbitol and sucroestere 15.

PHARMACOLOGICAL CLASSIFICATION

D. 22.1 Multivitamins and multivitamins with minerals (Health Supplement)

PHARMACOLOGICAL ACTION

Pharmacodynamic properties

Vitamins and minerals correct and prevent the impairment of cell metabolism in conditions with increased demands. Low supply of vitamins and minerals may cause disturbances in the body such as tiredness, decrease in vitality, reduced resistance and slows down convalescence.

Vitamin A: Vitamin A participates in the formation and maintenance of integrity of mucous membranes and epithelial tissues as well as playing an important role in the visual process, and is isomerized to the 11-cis isomer and subsequently bound to opsin to form the photoreceptor for vision under subdued light.

Vitamin B1: Thiamine is associated with carbohydrate metabolism as well as acting as a co-enzyme in the direct oxidative pathway of glucose metabolism.

Vitamin B2: Riboflavin is phosphorylated to flavine mononucleotide and flavine adenine dinucleotide which are co-enzymes in oxidative phosphorylation.

Vitamin B3: The function of nicotinamide includes the degradation and synthesis of amino acids, carbohydrates and fatty acids.

Vitamin B6: Once absorbed, pyridoxine is rapidly converted to the co-enzymes pyridoxal phosphate and pyridoxamine phosphate, which play an essential role in protein metabolism.

Vitamin B12: Vitamin B12 is present in the body mainly as methylcobalamin and as adenosylcobalamin and hydroxycobalamin. These act as co-enzymes in the isomerisation of methylmalonyl co-enzyme to succinyl co-enzyme, in the trans methylation of homocysteine to methionine, and with folate in several metabolic pathways respectively.

Vitamin C: Vitamin C acts as a cofactor in numerous biological processes including the hydroxylation of proline to hydroxyproline and is also necessary for the incorporation of iron into ferritin. Vitamin C increases the phagocytic function of leucocytes, it possesses anti-inflammatory activity and it promotes wound healing. Ascorbic acid is important in the hydroxylation of dopamine to noradrenaline and in hydroxylations occurring in steroid synthesis in the adrenals.

Vitamin D3: Vitamin D is required for the absorption and transport of calcium and phosphate from the gastro-intestinal tract.

Vitamin E: Vitamin E is essential for the normal function of the muscular system.

Vitamin K1: Vitamin K1 is crucial for blood clotting by activating coagulation factors.

Biotin: Biotin is a co-enzyme for carboxylation during the metabolism of proteins and carbohydrates.

Calcium: Calcium is involved in the maintenance of normal muscle and nerve function and essential for normal cardiac function and the clotting of blood.

Chromium: Chromium is an essential trace element involved in carbohydrate metabolism.

Copper: Traces of copper are essential to the body as constituents of enzyme systems involved in oxidation reactions.

Folic acid: Folic acid is reduced in the body to tetrahydrofolate which is a co-enzyme for various metabolic processes, including the synthesis of purine and pyrimidine nucleotides and hence in the synthesis of DNA.

Iodine: Iodine is an essential constituent of the thyroid hormones.

Iron: Iron plays an essential role in oxygen transport as it is a constituent of haemoglobin. It is also present in the muscle protein myoglobin and in the liver.

Magnesium: Magnesium is essential to the body as a constituent of skeletal structures and in maintaining cell integrity and fluid balance.

Manganese: Manganese is a constituent of enzyme systems including those involved in lipid synthesis, the tricarboxylic acid cycle and purine and pyrimidine metabolism. It is bound to arginase of the liver and activates many enzymes.

Molybdenum: Molybdenum is an essential trace element.

Pantothenic acid: Pantothenic acid is incorporated into co-enzyme A and is involved in metabolic pathways involving acetylation which includes detoxification of drug molecules and biosynthesis of cholesterol, steroid hormones, mucopolysaccharides and acetylcholine, and has an essential function in lipid metabolism.

Phosphorus: Organic phosphate esters play a key role in the metabolism of carbohydrates, fats and proteins.

Phosphate also acts as a buffer and plays a role in the renal excretion of sodium and hydrogen ions.

Potassium: Potassium is the principle cation of intracellular fluid and is intimately involved in the cell function and metabolism. It is essential for carbohydrate metabolism and glycogen storage and protein synthesis.

Selenium: Selenium is an essential trace element. It is thought to be involved in the synthesis of amino acids and in the functioning of membranes.

Zinc: Zinc plays a role in DNA synthesis and cell division and is a constituent of many enzymes and is essential to the body.

Pharmacokinetic properties

Vitamin A: Vitamin A is readily absorbed except when liver function is impaired. It is bound to a globulin in the blood. Metabolites of vitamin A are excreted in the faeces and the urine.

Vitamin B1: Thiamine is absorbed from the gastro-intestinal tract and is widely distributed to most body tissues. Excess amounts are excreted in the urine as unchanged thiamine or its metabolites.

Vitamin B2: Riboflavin is absorbed from the gastro-intestinal tract and is bound to plasma proteins in the circulation. It is widely distributed, with excess amounts excreted in the urine.

Vitamin B3: Nicotinamide has a short half-life, is absorbed from the gastro-intestinal tract and is widely distributed in the body tissues.

Vitamin B6: Pyridoxine is absorbed from the gastro-intestinal tract and converted to the active pyridoxal phosphate which is bound to plasma proteins. It is excreted in the urine.

Vitamin B12: Cyanocobalamin is absorbed from the gastro-intestinal tract and is extensively bound to specific plasma proteins. Cobalamins are stored in the liver, excreted in the bile and undergo enterohepatic recycling, and is partially excreted in the urine.

Vitamin C: Ascorbic acid is readily absorbed from the gastro-intestinal tract and is widely distributed in the body tissues. Ascorbic acid is rapidly eliminated in the urine.

Vitamin D3: Cholecalciferol is absorbed from the gastro-intestinal tract into the circulation and is subject to enterohepatic circulation. Vitamin D metabolites are bound to specific plasma proteins.

Vitamin E: Vitamin E is absorbed from the gastro-intestinal

tract. Mostly present in the lymph and is then widely distributed to all tissues. Most of a dose is slowly excreted in the bile and the remainder is eliminated in the urine as glucuronides of tocopheronic acid or other metabolites.

Vitamin K1: Vitamin K1 is absorbed from the gastro-intestinal tract and stored in the liver. It has a short half-life.

Biotin: Following absorption, biotin is stored in the liver, kidney and pancreas.

Calcium: Absorption of calcium decreases with age. A third of ingested calcium is absorbed from the small intestine.

Copper: Copper is absorbed from the gastro-intestinal tract and the major route of excretion is via the bile.

Folic acid: Folic acid is mainly absorbed from the proximal part of the small intestine. Folic acid rapidly appears in the blood where it is extensively bound to plasma proteins and distributed in bodily tissues. Some of the folic acid is excreted as folate in the urine and some is stored in the liver as folate.

Iodine: Iodides are absorbed and stored in the thyroid gland as thyroglobulin. Iodides are mainly excreted in the urine, with smaller amounts eliminated in the faeces, saliva and sweat.

Iron: Iron is mainly absorbed in the duodenum and jejunum. In cases of iron deficiency, absorption is increased and, conversely, it is decreased in iron overload. Iron is stored as ferritin.

Magnesium: Magnesium salts are poorly absorbed from the gastro-intestinal tract and is excreted in both the urine and the faeces, with excretion reduced in deficiency states.

Manganese: Manganese is poorly absorbed.

Pantothenic acid: Pantothenic acid is readily absorbed from the gastro-intestinal tract and is widely distributed in the body tissues. About 70 % of pantothenic acid is excreted unchanged in the urine and around 30 % in the faeces.

Phosphorus: Phosphorus is present in bones as phosphate salts, mainly hydroxyapatite crystals. The phosphate in these crystals is available for exchange with phosphate ions in the extra-cellular fluids.

Potassium: Potassium salts are absorbed from the gastro-intestinal tract. Potassium is excreted in the urine, the faeces and in perspiration.

Zinc: Zinc is poorly absorbed from the gastro-intestinal tract. It is widely distributed throughout the body. It is excreted in the faeces with trace amounts appearing in the urine.

INDICATIONS

In the absence of a healthy, normal diet, **Sentry M** assists in maintaining good health.

CONTRAINDICATIONS

Patients suffering with megaloblastic anemia or hemochromatosis.

Patients with known hypersensitivity to any of the ingredients in this product.

WARNINGS AND SPECIAL PRECAUTIONS

No other vitamin and mineral supplements should be taken with **Sentry M** effervescent tablets except under medical supervision.

Sentry M contains iron, keep out of the reach and sight of children as overdose may be fatal.

If you are taking warfarin or any other anticoagulant medication, consult your doctor before taking **Sentry M**. Patients with thyroid disorders should consult a doctor before taking **Sentry M**.

Effects on ability to drive and handle machinery

Sentry M should have no or negligible influence on the ability to drive or use machinery.

INTERACTIONS

Tetracycline absorption may be decreased when taking iron, calcium and zinc simultaneously.

Folic acid can reduce the plasma concentration of phenytoin.

PREGNANCY AND LACTATION

The safety of taking **Sentry M** during pregnancy and lactation has not yet been established.

DOSAGE AND DIRECTIONS FOR USE

Adults: Dissolve tablet in a glass of water before use. Take one tablet once daily or as recommended by your doctor.

SIDE-EFFECTS

Immune system disorders: Hypersensitivity
Gastrointestinal disorders: Nausea, diarrhoea, constipation and abdominal discomfort.

KNOWN SYMPTOMS OF OVER DOSAGE AND

PARTICULARS OF ITS TREATMENT

Any symptoms which may be observed due to the ingestion of large quantities of **Sentry M** will be due to the fat soluble vitamin content. If iron over dosage is suspected, symptoms may include abdominal pain, diarrhoea, nausea, vomiting, rectal bleeding, haematemesis, lethargy and circulatory collapse. Desferrioxamine will be administered and serum iron levels monitored.

Treatment of an overdose should be symptomatic and supportive. Any fluid or electrolyte imbalance should be corrected.

IDENTIFICATION

Orange round effervescent tablet

PRESENTATION

White Polypropylene cylindrical tube with a white LDPE cap with silica gel desiccant, containing 20 effervescent tablets

STORAGE INSTRUCTIONS

Store at or below 25 °C in a cool, dry place.
KEEP OUT OF REACH OF CHILDREN

REGISTRATION NUMBER

To be allocated

DISCLAIMER

This medicine has not been evaluated by the Medicines Control Council. This medicine is not intended to diagnose, treat, cure or prevent any disease.

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION

Lamar International (Pty) Ltd
13 Pasita Street
Rosen Heights, Rosen Park
Bellville
Cape Town
7530

DATE OF PUBLICATION OF THE PACKAGE INSERT

To be allocated

SENTRY M VOUBILJET

SKEDULERINGSTATUS

S0

EIENDOMSNAAM (en doseervorm)

Sentry M (Effervescent tablet)

SAMESTELLING

Elke bruistablet bevat:

Vit.	100 mg
Vit. E	30 mg
Vit. B2	1,6 mg
Vit. A	500 µg
Biotin	150 µg
Vit. D3	7,5 µg
Vit. B12	1 µg
Vit. B3	18 mg
Vit. B6	2 mg
Vit. B1	1,4 mg
Foliensuur	400 µg
Vit. K1	90 µg
Kalsium	250 mg
Fosfor	250 mg
Kalium	100 mg
Yster	3 mg
Magnesium	120 mg
Koper	500 µg
Chroom	25 µg
Mangaan	1 mg
Molibdeen	45 µg
Selenium	50 µg
Sink	5 mg
Jodium	105 µg
Pantoteensuur	6 mg

Die onaktiewe bestanddele is aspartaam, asesulfaam-K, beta-karotoeen 10 %, sitroensuur, meliestysel, lemoengeursel, p

FARMAKOLOGIESE KLASSIFIKASIE

D. 22.1 Multivitiemene en multivitiemene met minerale (Gesondheidsaanvulling)

FARMAKOLOGIESE AKSIE

Farmakodinamiese eienskappe

Vitamiene en minerale korrigeer en verhoed die inkorting van sel metabolisme in toestande van 'n verhoogde behoefte. 'n Lae inname van vitamiene en minerale kan verstourings soos moegheid, swak gesondheid, verlaagde weerstand en vertraagde herstel veroorsaak in die liggaam.

Vitamiene A: Vitamiene A dra by tot die vorming en instandhouding van die integriteit van slymvliese en epitheelweefsel, en speel ook 'n belangrike rol in die visuele proses. Dit word ge-isomeriseer na die 11-sis isomeer en word daarna gebind aan opsin om die fotoreseptor te vorm vir visie in beperkte lig.

Vitamiene B1: Tiamien word geassosieer met koolhidraat metabolisme en tree ook op as 'n ko-ensiem in die direkte oksidatiewe proses van glukose metabolisme.

Vitamiene B2: Riboflavin word gefosforleer na flavien mononukleotied en flavien adenien nukleotied, wat ko-ensieme in oksidatiewe fosforilasie is.

Vitamiene B3: Die funksie van nikotienamied sluit die afbraak en sintese van aminosure, koolhidrate en vetsure in.

Vitamiene B6: Na absorpsie, word piridoksien vinnig na die ko-ensieme, piridoksale fosfaat en piridoksamienfosfaat omgskakel, wat 'n noodsaaklike rol speel in proteien metabolisme.

Vitamiene B12: Vitamiene B12 is hoofsaaklik as metielkobolamien, adenosielkobolamien en hidroksiekobolamien in die liggaam teenwoordig wat as ko-ensieme in die isomerisasie van metielmaloniel ko-ensiem na suksiniel ko-ensiem optree, asook in die transmetilasie van homosisteien na metionien, en met folaat in verskeie metabolisme prosesse onderskeidelik.

Vitamiene C: Vitamiene C tree as 'n ko-faktor op in verskeie biologiese prosesse, insluitend die hidroksilasie van prolief na hidroksieprolien en word ook benodig vir die insluiting van yster in ferritien. Vitamiene C verhoog die fagositiese funksie van leukosiete, besit 'n anti-inflammatoriese aktiwiteit, en bevorder wondgenesing. Askorbiensuur is belangrik vir die hidroksilasie van dopamien na noradrenalin en in hidroksilasie wat plaasvind in steroïedsintese in die biniere.

Vitamiene D3: Vitamiene D word benodig vir die absorpsie en vervoer van kalsium en fosfaat vanuit die spysverteringstelsel.

Vitamiene E: Vitamiene E is noodsaaklik vir die normale funksionering van die spierstelsel.

Vitamiene K1: Vitamiene K1 is belangrik vir bloedstolling deur

die aktivering van koagulasie faktore.

Biotin: Biotin is 'n ko-ensiem vir karboksilasie gedurende die metabolisme van proteïene en koolhidrate.

Kalsium: Kalsium is betrokke by die onderhoud van normale spier- en senuweefunksie en is noodsaaklik vir normale hartfunksie, asook bloedstolling.

Chroom: Chroom is 'n noodsaaklike sporelement wat betrokke is by koolhidraat metabolisme.

Koper: Klein hoeveelhede van koper is noodsaaklik vir die liggaam as bestanddele van ensiemsisteme betrokke by oksidasie reaksies.

Foliensuur: Foliensuur word in die liggaam verander na tetrahydrofolaat, wat 'n ko-ensiem is vir verskeie metabolisme prosesse, insluitend die sintese van purien en pirimidien nukleotiede, en dus in die sintese van DNA.

Jodium: Jodium is 'n noodsaaklike bestanddeel van die tiroïedhormone.

Yster: Yster speel 'n belangrike rol in die vervoer van suurstof aangesien dit 'n bestanddeel van hemoglobien is. Dit is ook teenwoordig in die spier proteïen mioglobien, asook in die lewer.

Magnesium: Magnesium is noodsaaklik in die liggaam as 'n bestanddeel van skeletale strukture asook by die instandhouding van sel integriteit en vloeistofbalans.

Mangaan: Mangaan is 'n bestanddeel van ensiemsisteme, insluitend die betrokke by lipiedsintese, die tri-karboksiliese suur siklus asook purien en pirimidien metabolisme. Dit is gebonde aan arginase van die lewer en aktiveer vele ensieme.

Molibdeen: Molibdeen is 'n noodsaaklike sporelement.

Pantoteensuur: Pantoteensuur word ingesluit in ko-ensiem A en is betrokke by metabolisme prosesse wat asetillering betref, wat ontgifting van medisyne molekules en biosintese van cholesterol, steroïedhormone, mukopolisakkariede en asetielcholien insluit, en het 'n noodsaaklike funksie in lipiedmetabolisme.

Fosfor: Organiese fosfaatesters speel 'n belangrike rol in die metabolisme van koolhidrate, vette en proteïene. Fosfaat dien ook as 'n buffer en speel 'n rol in die renale uitskeiding van natrium en waterstof ione.

Kalium: Kalium is die hoofkation van intrasellulêre vloeistof en is nou betrokke by selffunksie en metabolisme. Dit is noodsaaklik vir koolhidraat metabolisme en storing van glikoëen en proteïensintese.

Selenium: Selenium is 'n noodsaaklike sporelement. Dit is vermoedelik betrokke by die sintese van aminosure en by die funksionering van membrane.

Sink: Sink speel 'n rol in DNA sintese en selverdeling, en is 'n bestanddeel van vele ensieme en is noodsaaklik vir die liggaam.

Farmakokinetiese eienskappe

Vitamiene A: Vitamiene A word gereidelik geabsorbeer tensy lewerfunksie ingekort is. Dit word gebind aan 'n globulien in die bloed. Metaboliete van vitamiene A word in die ontlasting en uriene uitgeskei.

Vitamiene B1: Tiamien word geabsorbeer vanuit die gastroïntestinale stelsel en word wyd versprei na meeste liggaamsweefsels. Oortollige hoeveelhede word as onveranderde tiamien of as metaboliete in die uriene uitgeskei.

Vitamiene B2: Riboflavin word geabsorbeer vanuit die gastroïntestinale stelsel en word gebind aan plasmaproteïene in die sirkulasie. Dit word wyd versprei, met oortollige hoeveelhede wat uitgeskei word in die uriene.

Vitamiene B3: Nikotienamied het 'n kort halfleeftyd, word geabsorbeer vanuit die gastroïntestinale stelsel en word wyd versprei in die liggaamsweefsels.

Vitamiene B6: Piridoksien word geabsorbeer vanuit die gastroïntestinale stelsel en omgskakel na die aktiewe piridoksale fosfaat wat gebind is aan plasmaproteïene.

Dit word in die uriene uitgeskei.

Vitamiene B12: Sianokobolamien word geabsorbeer vanuit die gastroïntestinale stelsel en is omvattend gebonde aan spesifieke plasmaproteïene. Kobolamiene word gestoor in die lewer, uitgeskei in die gal en ondergaan enterohepatiese herwinning, en word gedeeltelik uitgeskei in die uriene.

Vitamiene C: Askorbiensuur word gereidelik geabsorbeer vanuit die gastroïntestinale stelsel en word wyd versprei in die liggaamsweefsels. Askorbiensuur word vinnig in die uriene uitgeskei.

Vitamiene D3: Cholekalsiferol word geabsorbeer vanuit die

gastroïntestinale stelsel in die sirkulasie en en is onderhewig aan enterohepatiese sirkulasie. Vitamiene D metaboliete word spesifiek gebind aan spesifieke plasmaproteïene.

Vitamiene E: Vitamiene E word geabsorbeer uit die gastroïntestinale stelsel. Dit is meestal teenwoordig in die limf en word dan wyd versprei na alle weefsels. Die grootste gedeelte van 'n dosis word stadig in die gal uitgeskei en die oorskot word in die uriene geëlimineer in die uriene as glukuroniede van tokoferoniese suur of ander metaboliete.

Vitamiene K1: Vitamiene K1 word geabsorbeer vanuit die gastroïntestinale stelsel en in die lewer gestoor. Dit het 'n kort halfleeftyd.

Biotin: Na absorpsie word biotin gestoor in die lewer, niere en pankreas.

Kalsium: Absorpsie van kalsium neem af met ouderdom. 'n Derde van ingenome kalsium word vanuit die dunderm geabsorbeer.

Koper: Koper word geabsorbeer vanuit die gastroïntestinale stelsel en die hoof roete van uitskeiding is deur die gal.

Foliensuur: Foliensuur word hoofsaaklik geabsorbeer vanuit die proksimale gedeelte van die dunderm. Foliensuur verskyn spoedig in die bloed waar dit omvattend gebonde is aan plasma proteïene en versprei word in liggaamsweefsels. 'n Gedeelte van die foliensuur word as folaat uitgeskei in die uriene en 'n gedeelte word in die lewer as folaat gestoor.

Jodium: Jodiede word geabsorbeer en gestoor in die tiroïedklier as tiroglobulien. Jodiede word hoofsaaklik uitgeskei in die uriene, met kleiner hoeveelhede uitgeskei in die ontlasting, speeksel en sweet.

Yster: Yster word hoofsaaklik in die duodenum en jejunum geabsorbeer. In gevalle van ystertekort verhoog absorpsie, en omgekeerd, verlaag absorpsie met 'n yster oorlading. Yster word as ferritien gestoor.

Magnesium: Magnesiumsoute word swak geabsorbeer vanuit die gastroïntestinale stelsel en word uitgeskei in beide die uriene en ontlasting, met verminderde uitskeiding in toestande waar daar 'n tekort voorkom.

Mangaan: Mangaan word swak geabsorbeer.

Pantoteensuur: Pantoteensuur word gereidelik geabsorbeer vanuit die gastroïntestinale stelsel en word wyd versprei in die liggaamsweefsels. Ongeveer 70 % van pantoteensuur word onveranderd in die uriene uitgeskei, en ongeveer 30 % in die ontlasting.

Fosfor: Fosfor is teenwoordig in bene as fosfaatsoute, hoofsaaklik hidroksieapatiet kristalle. Die fosfaat in hierdie kristalle is beskikbaar vir uitruiling met fosfaat ione in die ekstrasellulêre vloeistowwe.

Kalium: Kaliumsoute word geabsorbeer vanuit die gastroïntestinale stelsel. Kalium word uitgeskei in die uriene, ontlasting en sweet.

Sink: Sink word swak geabsorbeer vanuit die gastroïntestinale stelsel. Dit word wyd versprei deur die liggaam. Dit word uitgeskei in die ontlasting met klein hoeveelhede teenwoordig in die uriene.

INDIKASIES

In die afwesigheid van 'n gesonde, normale dieet, kan Sentry M help met die handhawing van goeie gesondheid.

KONTRA INDIKASIES

Pasiënte wat lei aan megaloblastiese anemie of hemochromatose.

Pasiënte met 'n bekende hipersensitiwiteit vir enige van die bestanddele in die produk.

WAARSKUWINGS EN SPESIALE

VOORSORGMATREËLS

Geen ander vitamiene en mineraal aanvullings moet geneem word saam met **Sentry M** bruistablette nie, tensy onder mediese toesig.

Sentry M bevat yster, bewaar dus buite die bereik en sig van kinders, aangesien 'n oordosis fataal kan wees.

Indien u warfarien of enige ander antikoagulant medikasie neem, konsulteer u dokter voordat u **Sentry M** gebruik.

Pasiënte met tiroïedverstourings moet 'n dokter konsulteer voor gebruik van **Sentry M**.

Uitwerking op die vermoë om te bestuur en masjinerie te hanter

Sentry M behoort geen of 'n weglaatbare effek op die vermoë om te bestuur of masjinerie te gebruik te hê.

INTERAKSIES

Tetrasiklien absorpsie mag verminder met die gelyktydige inname van yster, kalsium en sink.

Foliensuur kan die plasma konsentrasie van fenitofien verminder.

SWANGERSKAP EN LAKTASIE

Die veiligheid van die gebruik van Sentry M tydens swangerskap en laktasie is nog nie vasgestel nie.

DOSERING EN GEBRUIKSAANWYSINGS

Volwassenes: Los een tablet in 'n glas water op voor gebruik. Neem een tablet een keer per dag of soos voorgeskryf deur u dokter.

NEWE-EFFEKTE

Immuunstelsel verstourings: Hipersensitiwiteit
Gastroïntestinale verstourings: Naarheid, diarree, konstipasie en abdominale ongemak.

BEKENDE SIMPTOME VAN OORDOSERING EN BESONDERHEDE VAN DIE BEHANDELING DAARVAN

Enige simptome wat waargeneem mag word weens die inname van groot hoeveelhede van Sentry M sal wees weens die vetoplosbare vitamiene inhoud. Indien 'n yster oordosering vermoed word, kan die volgende simptome voorkom: maagpyn, diarree, naarheid, braking, rektale bloeding, hematemese, lusteloosheid en sirkulatoriese kollaps. Desferrioksamien sal toegedien word en serum ystervlakke sal monitor word.

Behandeling van 'n oordosis moet simptome en ondersteunend wees. Enige vloeistof of elektrolietwanbalans moet reggestel word.

IDENTIFIKASIE

Oranje ronde bruistablet

AANBIEDING

Wit Polipropileen silindriese buis met 'n wit LDPE doppie met slika gel droogmiddel, wat 20 bruistablette bevat.

BERGINGSINSTRUKSIES

Berg by of benede 25 °C in 'n koel, droë plek.
HOU BUITE BEREIK VAN KINDERS

REGISTRASIENOMMER

Moet toegeken word.

VRYSWARING

Hierdie medisyne is nie geëvalueer deur die Medisyne Beheerraad nie. Hierdie medisyne is nie bedoel om enige siekte te diagnoseer, te behandel, genees of te voorkom nie.

NAAM EN BESIGHEIDSADRES VAN DIE HOUER VAN DIE

REGISTRASIESERTIFKAAT

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7530

DATUM VAN PUBLIKASIE VAN DIE VOUBILJET

Moet toegeken word