DAP®Clavulanic

Powder and solvent for injectable suspension.

Read all of this leaflet carefully before you start using this medicine because it contains important information fon you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask to your doctor.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist or nurse. This includes any possible side effects not listed in this leaflet.

What is in this leaflet:

1. WHAT DAP® Clavulanic IS AND WHAT IT IS USED FOR

DAP® Clavulanic is a medicine containing potassium clavulanate which is isolated and stabilised by lyophilisation. It is presented with a reconstitution diluent to obtain a suspension for administration by scarification and/or the intradermal route.

DAP® Clavulanic is used exclusively for the diagnosis of type I (or immediate) hypersensitivity to potassium clavulanate, by means of skin tests (prick and/or intradermal tests).

2. WHAT YOU NEED TO KNOW BEFORE YOU USE DAP® Clavulanic

Do not use DAP® Clavulanic:

- If there is a pathological dermal alteration in the skin test area, or any other pathological state which may considerably affect the patient's state of health.
- During an acute allergic reaction induced by any allergenic substance.
- If the patient is taking antihistamines, corticosteroids, chromones or any medication which exhibits collateral anti-allergic activity and these have not been stopped one week prior to the skin examination.
- If beta-blocker or ACE inhibitor therapy has not been stopped 48 hours prior to the test.

Warnings and Precautions

DAP® Clavulanic is administered only for skin testing.
In the event of an accidental overdose or if the skin test is performed incorrectly, it may damage a vessel and cause subsequent endovenous administration. This may result in minor or major side effects, including anaphylaxis, which should be treated as indicated in the section on adverse reactions.
The patient must remain under close supervision for at least 30 minutes after being given the skin test.
The patient must avoid alcohol consumption, hard physical exercise and hot baths/showers for several hours before and after the test.
Nonspecific reactions may occur by intradermal test at concentrations over 5 mg/mL.

Children and adolescents

The safety and efficacy of the use of DAP® Clavulanic in children have not been established yet.

Other medicines and DAP® Clavulanic

Tell your doctor if you are using, have recently used or might use any another medicines.

Antihistamines, corticosteroids, chromones or any medication which exhibits collateral anti-allergenic activity are capable of interacting and altering the results that may be obtained from the skin tests. It is necessary for the administration of oral antihistamines to be stopped one week prior to the skin examination.

The use of beta-blockers or ACE inhibitors should be discontinued 48 hours before the test, as long as the specialist is in agreement and the blood pressure is controlled.

If the patient is receiving allergen immunotherapy treatment, the skin tests should be given at least one week after the administration of the immunotherapy dose. Likewise, after the skin test two or three days must be allowed to pass before the immunotherapy dose can be administered.

DAP® Clavulanic with food, drink and alcohol

The patient must avoid alcohol consumption before and after the test.

Pregnancy, breast-feeding and fertility

Information is not available on the safety of DAP® Clavulanic when used during pregnancy or breastfeeding.
If you are pregnant or breast-feeding, think you may be pregnant or are planning to hava a baby, ask your doctor for advice before taking this medicine.
Skin testing during pregnancy is not recommended due to the additional risk of possibly inducing an anaphylactic reaction.

Driving and the using machines

There are no reports regarding the effect on the ability to drive or use tools or machinery, so no special precautions are required.

3. HOW TO USE DAP® Clavulanic

Always use this medicine exactly as your doctor has told you. Check with your doctor if you are not sure

Skin testing with DAP® Clavulanic should start with an assessment of the skin reactivity by the prick technique. The use of intradermal techniques should only begin once the prick tests prove to be negative.
The dilutions should be made while ensuring adequate aseptic conditions and using the diluents as required.

Preparation of the diagnostic solution for skin testing. Select and verify the expiry dates and the condition of the vials to be reconstituted. Under sterile conditions and using a sterile syringe and needle, remove 1 mL of the diluent and transfer it to the DAP® Clavulanic vial containing the lyophilised powder to be reconstituted, while shaking it slightly. It will then be ready for immediate direct skin application.

Skin tests using the prick test technique. This skin prick test is unlikely to cause irritation. It is performed by placing a drop of the allergenic determinant on the skin of the patient's inner forearm. Then, using a special 1 mm tip lancet, the epidermis is pierced at a right angle, allowing for the solution to

penetrate through the skin while removing the excess liquid immediately after. In no case should the result of a prick test be evaluated if blood appears. The occurrence of a small erythematous area around the puncture site is common.

Skin tests using the intradermal technique. The intradermal test involves administrating a dose of about 0.02 to 0.05 mL of allergenic determinant into the dermis. This dose is applied on the patient's inner forearm using a tuberculin syringe with a 4/10 gauge needle, applied at a 10-15 degree angle.
Care must be taken so as not to damage a blood vessel while performing the test as this would completely invalidate the results. It is common for a small wheal to appear during the administration of the antigen solution.

Patient condition while performing skin tests. Although no special skin care is necessary prior to skin testing nonetheless it is important to assess the dermographism. Also, the puncture site must be cleaned gently without rubbing vigorously, preferably with a swab wetted in water. Prior to performing the skin test the vial should be left at room temperature for at least 10 minutes.

Reading and interpreting the skin test results. The final results must be evaluated 15-20 minutes after performing the skin test.
The skin test results are indicated by the size of the induced wheal. The result is considered as Positive if the diameter of the wheal is over 3 mm, or if it exhibits pseudopod formation. The assessment is as follows:

Major Wheal Diameter;	Skin Test Interpretation;
≤ 3 mm	Negative
>3 mm	Positive

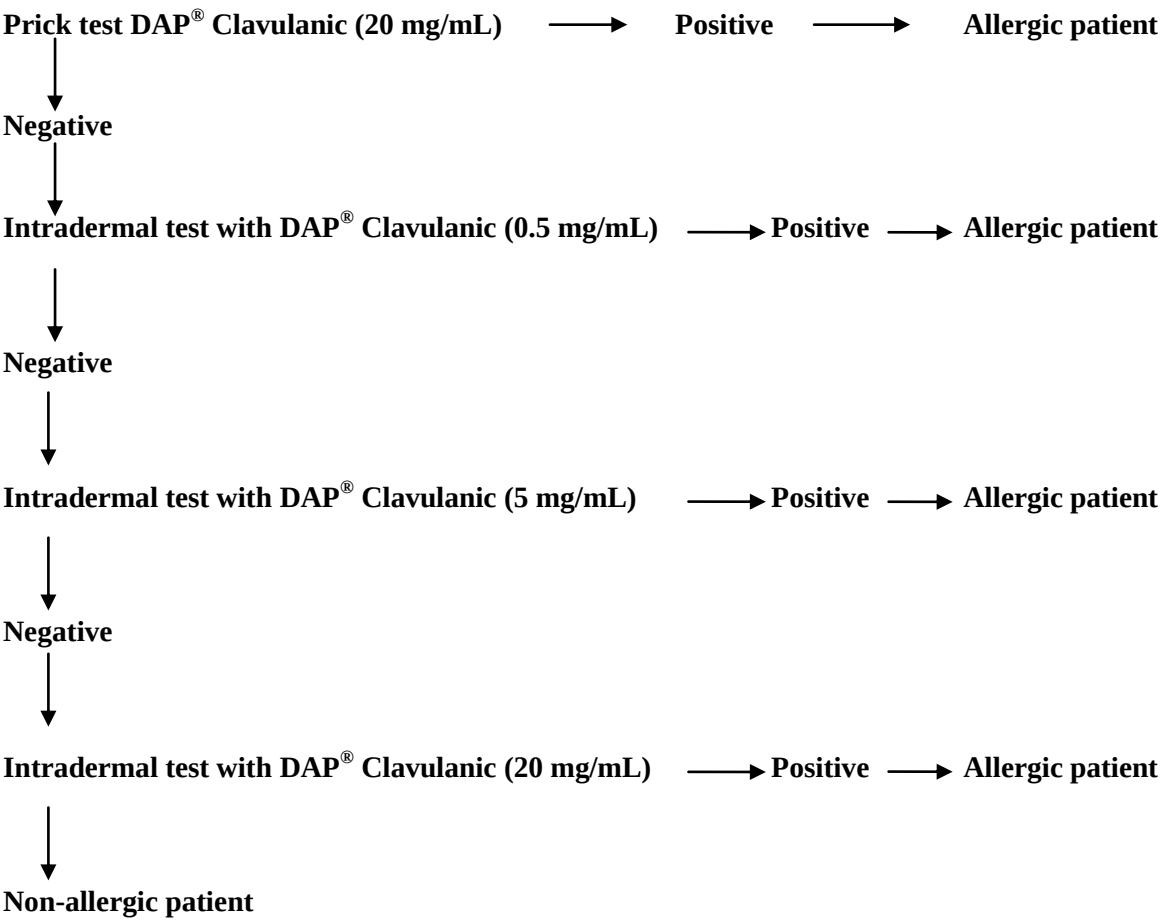
For the intradermal test, the test is considered as Positive when the difference between the initial diameter and the induced diameter is greater that 3 mm.
The patient must be supervised and monitored throughout the development of the skin test until the results are obtained. This will enable immediate action in the case of any adverse local or systemic reaction.

Reconstitution and dilution guide:

Prick Test: Concentration 20 mg/mL:
Reconstitute one 20 mg vial with 1 mL of Physiological Saline Solution.

Intradermal test:
Concentration 20 mg/mL: Reconstitute one 20 mg vial with 1 mL of physiological saline solution.
Concentration 5 mg/mL: Reconstitute one 5 mg vial with 1 mL of physiological saline solution.
Concentration 0.5 mg/mL: Extract 0.13 mL from the 5 mg/mL vial with a syringe, and add to a vial containing physiological saline solution.

For skin testing, it is recommended to start the Intradermal Test at the lowest concentration and then follow this algorithm:



4. POSSIBLE SIDE EFFECTS

Like all medicines, DAP® Clavulanic can cause side effects, although not everybody gets them.

If you get any side effects, talk to your doctor. This includes any side effects not listed in this leaflet.

Adverse effects may be immediate or delayed, depending on the time of onset of the symptoms after having completed the skin test. The classifications are:

Local reaction

It entails the development and persistence of an erythema, oedema or inflammation, with or without pruritus in the area of the skin test, which usually appears 10 to 60 minutes after the test and can last for several hours.
No pharmacological treatment is required, although the use of oral antihistamines and/or topical corticosteroid-based creams may be recommended when the induration persists and its diameter is greater than 5 cm. The use of a tourniquet above the area of the skin test is only recommended in the case of a severe local reaction. In this event the adjacent area must be infiltrated subcutaneously with 1:1000 adrenaline at a dose of 0.01 ml/kg of body weight.

Moderate systemic reaction

It entails the development of large wheals, erythema and itching which may progress into generalised urticaria or exanthem together with oculonasal symptoms and Quincke's oedema. Symptoms usually occur anytime, from within minutes until 4-6 hours later after the realisation of the test.

A tourniquet must be placed above the skin test site and baseline pharmacological treatment must be started immediately. If urticaria or Quincke's oedema develops, intravenous antihistamines and corticosteroids (100 mg of prednisolone or an equivalent) must be administered. If necessary, subcutaneous administration of 1:1000 adrenaline at a dose of 0.01 mg/kg of body weight in an area adjacent to the skin test site may be repeated every 15 minutes. The use of bronchodilating aerosols and slow intravenous theophyline may also be required.
The patient's blood pressure and pulse should be constantly monitored.

Severe systemic reaction: anaphylaxis.

The main symptoms of severe systemic reactions, which can develop within minutes after performing the skin test, are bronchospasm, dyspnea, laryngeal oedema and generalised urticaria.
Treatment involves placing a tourniquet above the test site followed by immediate subcutaneous or intramuscular administration of 1:1000 adrenaline at a dose of 0.01 mg/kg of body weight in an area adjacent to the skin test site, which may be repeated every 15 minutes if necessary. Oral or intramuscular administration of antihistamines as well as high doses of intravenous corticosteroids (250-1000 mg of prednisolone) is mandatory in the case of marked malaise and oedema. If there is an onset or coexistence of a respiratory compromise such as severe or refractory bronchospasm, it will be necessary to administer sympathomimetic bronchodilators and intravenous aminopylline (250-500 mg in adults and 5-7 mg/kg of body weight in children, every 24 hours).
The patient's blood pressure and pulse should be constantly monitored.

Anaphylaxis may develop immediately and sequentially within minutes of having performed the skin test. Usually, there are prodromal symptoms such as itching on the palms of the hands and feet as well as above and under the tongue which also affects the throat. This leads to an intense and rapid collapse that involves several organs and systems. Vascular collapse is accompanied by hypotension, nasal congestion, bronchospasm and laryngeal oedema, generalised itching, urticaria and angioedema, abdominal pain, nausea, vomiting and diarrhea, metrorrhagia, tinnitus, vertigo, loss of sphincter control, convulsions and unconsciousness.
The treatment involves applying a tourniquet above the skin test site, positioning the patient in a lateral supine position and the subcutaneous or intramuscular administration of 1:1000 adrenaline at a dose of 0.01 mg/kg of body weight, which can be repeated every 15 minutes up to a total of three times. If cardiac monitoring of the patient is available, then adrenaline 1:1000 may be administered intravenously in a 1:10 dilution, which can be repeated every 10 to 15 minutes up to a total of three times depending on the clinical progress. The patient's clinical evolution will dictate the use of oxygen and electrolytic solution fluid therapy as well as the administration of intravenous antihistamines and high dose corticosteroids (250-1000 mg of prednisolone). In the case of an asthma attack, sympathomimetic bronchodilators and intravenous aminophyline (250-500 mg in adults and 5-7 mg/kg body weight in children every 24 hours) must be used. The patient's blood pressure and pulse should be constantly monitored.

5. HOW TO STORE DAP® Clavulanic

Keep this medicine out of the sight and reach of children.

Non-reconstituted Vials, in their original form (lyophilised powder): Do not use this medicine after the expiry date which is stated on the package.The expiry date refers to the last day of that month. Do not store above 25°C.

Reconstituted vials:

- Do not use 24 hours after being reconstituted.
- Store in a refrigerator (2°C – 8°C)
- Avoid prolonged exposure to high temperatures.
- Do not freeze.
- Store in the original package.

Do not use this medicine if you notice visible signs of damage.

Medicines should not be flushed or disposed of via the household waste. Take medicines and containers no longer required to the local pharmacy for appropriate disposal. If in doubt, ask your pharmacist how to dispose of containers and medicines no longer required. This will help to protect the environment.

6. CONTENTS OF THE PACK AND OTHER INFORMATION

What DAP® Clavulanic contains

- The active substance is potassium clavulanate.
- The other component is the diluent for injectable suspension consisting of physiological saline solution.

What DAP® Clavulanic look like and contents of the pack

DAP® Clavulanic contains:
3 vials of lyophilised powder containing 20 mg potassium clavulanate (CLV)
3 vials of lyophilised powder containing 5 mg potassium clavulanate (CLV)
18 vials containing diluent and each containing 1, 2 mL of physiological saline solution

After its reconstitution DAP® Clavulanic is presented in injectable vials for administration by scarification and/or intradermal route.

Marketing Authorisation Holder and Manufacturer

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