

**SAFETY ALERT**

There are three different strengths of Prograf ® with similar packaging

0.5mg, 1mg and 5mg

Please take the time to familiarise yourself with the different capsules and take extreme care not to confuse the different strengths when administering a dose.

Your child has been prescribed **Tacrolimus**

Brand name: **Prograf®**

**Do not stop giving tacrolimus, as your child’s transplanted organ may be rejected and they may become seriously ill.**

**Do not change the brand or type of tacrolimus without talking to your doctor first, as there may be toxic effects or organ rejection.**

Tacrolimus belongs to a group of medicines called immunosuppressants. These medicines help to stop the body’s immune system from attacking a transplanted organ. It is vital that your child takes this medicine regularly to prevent the organ being rejected.

***When should I give tacrolimus?***

Tacrolimus is usually given twice each day, once in the morning and once in the evening. Ideally, these times are 10–12 hours apart, for example some time between 7 and 8 am, and between 7 and 8 pm. It is particularly important to give this medicine at about the same time(s) each day. You can use an alarm clock or the reminder on your mobile phone to remind you.

***How much should I give?***

**Your doctor will work out the amount of tacrolimus (the dose) that is right for your child. The dose will change frequently, especially in the early days of treatment. It is important that you follow your doctor’s instructions about how much to give and make note of dose changes in your medication passport.**

***How should I give it?***

This medicine is best taken when the stomach is empty. Give it at least 30 mins before a meal or at least 30 mins after a meal.

Remove the capsule from the package and give it to your child straight away. Capsules should be swallowed whole with a glass of water, squash or milk. Your child should not chew the capsule.

You can open these capsules and stir the contents into a glass of water, or mix with a small amount of soft food such as honey, jam or yogurt. Your child should swallow it all straight away. You must be careful not to inhale the powder in the capsule. Wash your hands thoroughly after handling the capsules, and anything else that the powder has been in contact with. This is to make sure that the medicine does not affect anyone else’s immune system.

***When should the medicine start working?***

The medicine starts to work as soon as your child starts taking it. You will not see any difference in your child. However, they must continue to take it as your doctor has told you to, otherwise the transplanted organ will be rejected by the body.

***What if my child is sick (vomits)?***

If your child is sick less than 30 minutes after having a dose of tacrolimus, give them the same dose again. If your child is sick more than 30 minutes after having a dose of tacrolimus, you do not need to give them another dose. Wait until the next normal dose. If your child is sick again, seek advice from the renal unit. They will decide what to do and advise you accordingly.

***What if I forget to give it?***

If you remember up to 6 hours after you should have given a dose, give your child the missed dose. For example, if you usually give a dose at about 7 am, you can give the missed dose at any time up to 1 pm. If you remember after that time, do not give the missed dose. Wait until the next normal dose.

Never give a double dose of tacrolimus.

***What if I give too much?***

It can be dangerous to give too much tacrolimus. If you think you may have given your child too much tacrolimus, contact your doctor or take your child to hospital. Take the medicine container or packaging with you, even if it is empty. This will be useful to the doctor. Have the packaging with you if you telephone for advice.

***Side-effects***

***Are there any possible side-effects?***

We use medicines to make our children better, but sometimes they have other effects that we don’t want (side-effects).

***Side-effects you must do something about:***

If your child gets a skin rash, spots or itching, has problems breathing or seems short of breath or is wheezing, or their face, throat, lips or tongue start to swell, they may be allergic to tacrolimus. Take them to hospital or call an ambulance straight away.

If your child has pain when passing urine (doing a wee) or produces less urine than usual, contact your doctor, transplant specialist or nurse straight away, as your child may have a kidney problem.

***Other side-effects you need to know about***

Your child may get diarrhoea, indigestion, feel sick or be sick (vomit). These effects usually wear off when your child’s body is used to the medicine. If they are still a problem after a week, contact your doctor, transplant specialist or nurse.

Your child may get dizzy, seem confused, anxious or depressed and may have difficulty sleeping.

•They may have blurred (fuzzy) vision or hearing problems.

•They may get muscle cramps and pains in the joints.

•They may lose some hair but this will grow back when the medicine is stopped.

There may, sometimes, be other side-effects that are not listed above. If you notice anything unusual and are concerned, contact your doctor.

**NB If your child experiences diarrhoea or vomiting for any reason it’s very important that you contact St. Michaels C ward straight away. Diarrhoea causes the levels of tacrolimus in the blood to rise. Vomiting and dehydration can raise the levels of tacrolimus and creatinine, which could potentially damage the new kidney.**

***Can other medicines be given at the same time?***

•You can give your child medicines that contain paracetamol, unless your doctor has told you not to.

•You should not give your child medicines that contain ibuprofen.

Tacrolimus should not be taken with some common drugs that you get on prescription. It is important to tell your doctor and pharmacist that your child is taking tacrolimus and check before giving any other medicines. This includes herbal or complementary medicines.

***Is there anything else I need to know about tacrolimus?***

**Because tacrolimus weakens the body’s immune system, your child will be more prone to infection. If they have a fever (temperature above 38°C) or seem unwell, contact your doctor straight away.**

**It is important that your child always takes the same brand of tacrolimus. Make a note of which brand your child has, and check that you are given the right one each time you get a new supply.**

**Your child should not eat grapefruit or drink grapefruit juice, as this may increase the level of tacrolimus in the body, which could be harmful.**

**Your child has an increased risk of getting skin cancer while taking tacrolimus. To protect their skin, they should wear clothes that cover their body, arms and legs, use high-factor sunscreen, and avoid going out in strong sunlight.**

Make sure that you always have enough medicine. Tacrolimus needs to be prescribed by your hospital on a high-tech prescription. You cannot get repeats from your GP. Remember to request repeat prescriptions in advance at you outpatient appointments and give your chemist enough notice to order your medication especially in advance of bank holiday weekends.

***Where should I keep this medicine?***

•Keep the medicine in a cupboard, away from heat and direct sunlight.

•Keep the medicine in the container it came in.

•Make sure that children cannot see or reach the medicine.

***Who to contact for more information?***

Your child’s doctor, pharmacist or nurse will be able to give you more information about tacrolimus and about other medicines used to prevent transplant rejection.

Temple street main Hospital PH: (01) 8784200. Renal clinic PH: (01) 8784257. St. Michaels C ward PH: (01) 878 4258 Renal Pharmacist available through switch on bleep 105.