

**KOTRA PHARMA (M) SDN. BHD**  
**AXCEL PARACETAMOL 120MG SYRUP (CHERRY)**  
**PACKAGE INSERT**



**PARACETAMOL-120**  
**SYRUP (CHERRY)**

**COMPOSITION:**

Each 5ml contains  
Paracetamol 120mg

Methylparaben 0.1% w/v as preservative.  
Cherry Red Dye as colourant.

**PRESENTATION:**

A cherry-red coloured and cherry flavoured suspension.

**INDICATIONS:**

For the relief of fever, symptoms of cold and influenza, teething pains and headache.

**DOSAGE AND ADMINISTRATION:**

For oral administration only.  
SHAKE WELL BEFORE USE.  
Children 3 months to 1 year old : 60mg - 120mg (2.5ml - 5 ml)  
1 - 6 years : 120mg - 240mg (5ml - 10ml)  
6 - 12 years : 240mg - 480mg (10ml - 20ml)  
to be taken 3 or 4 times a day.

**CONTRAINDICATION:**

Contraindicated in patient with nephropathy.

**PRECAUTION:**

It should be given with care to patients with impaired kidney or liver functions. Chronic use should be avoided.

This preparation contains PARACETAMOL.  
Do not take any other PARACETAMOL containing medicines at the same time.

Allergy alert: Paracetamol may cause severe skin reactions. Symptoms may include skin reddening, blisters or rash. These could be signs of a serious condition. If these reactions occur, stop use and seek medical assistance right away.

**SIDE EFFECTS:**

Cutaneous hypersensitivity reactions including skin rashes, angioedema, Stevens Johnson Syndrome / Toxic Epiderma Necrolysis have been reported.

**DRUG INTERACTIONS:**

The prothrombinopenic effect of the oral anticoagulants may be increased by chronic administration of full doses of paracetamol.

**OVERDOSAGE AND TREATMENT:**

In non-fatal cases, the hepatic lesions are reversible over a period of weeks or months. Measurement of the plasma half-time of paracetamol during the first day of acute poisoning provides an early indication of the severity of the liver injury. Hepatic necrosis should be anticipated if the half-time exceeds 4 hours, and hepatic coma is likely if the half-time is greater than 12 hours. Encephalopathy should also be anticipated if serum bilirubin concentration exceeds 4mg / 100ml during the first 5 days. Treatment of acute paracetamol overdosage is purely symptomatic, vigorous supportive therapy is essential in severe intoxication. Induction of vomiting or gastric lavage should be performed in all cases, follow by oral advocated for patients with a plasma paracetamol concentration greater than 120mg / ml 4 hours after drug ingestion. Peritoneal dialysis with albumin in the dialysate may be useful. N-acetyl-cysteine intravenously, or 1-methionine orally appear to protect the liver if administered within 10 hours of ingestion and overdosage. There are no known antidotes for paracetamol.

**STORAGE:**

Keep container well closed. Store below 30°C . Protect from light.

**KEEP OUT OF REACH OF CHILDREN**  
**JAUHI DARI KANAK-KANAK**

**PACK QUANTITIES:**

Available in 60ml and 100ml PET bottles.

Further information can be obtained from pharmacist, physician or the manufacturer.

MAL 19911434XZ

Product Registration Holder & Manufactured by:



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