

Drugs	Addition/update of guidance and rationale
Sodium Lactate	<ul style="list-style-type: none"> ● The administration of sodium lactate has been de-emphasised and 0.9% sodium chloride is the intravascular fluid of choice.
Syntometrine	<ul style="list-style-type: none"> ● The indications for the administration of Syntometrine have been extended to include miscarriage with life-threatening bleeding and a confirmed diagnosis e.g. where a patient has gone home with medical management and starts to bleed. ● Additional information has been provided indicating that the action pathways for Syntometrine and misoprostol are different and therefore if one drug has not been effective after 15mins, the other may be administered in addition.
Tenecteplase	<ul style="list-style-type: none"> ● The three drugs that comprised the thrombolytics guideline tenecteplase, reteplase, and heparin have become separate guidelines. ● The thrombolysis checklist now follows the indications issued by the European Society of Cardiology. ● An emphasis on undertaking primary percutaneous coronary intervention where available as this is now the dominant reperfusion treatment.
Tetracaine	<ul style="list-style-type: none"> ● No significant changes.
Tranexamic Acid	<ul style="list-style-type: none"> ● Tranexamic acid is a new guideline for patients who require intravascular fluid. Tranexamic acid is an anti-fibrinolytic which reduces the breakdown of blood clot. ● At the time of going to print a PGD is required.
Page-for-Age (Children)	<ul style="list-style-type: none"> ● The guideline has expanded to include information and dosages for chlorphenamine, dexamethasone, ibuprofen, and ondansetron. ● Sizes of i-gel airways are now provided in the table. ● Drug routes are specified for all drugs in the drug route column; including when a drug is not appropriate for a specific age. ● The guideline has changed its name from 'age per page' to 'page per age'.