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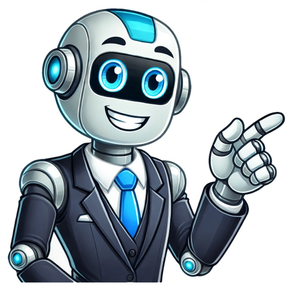

Sulfa drugs list

1. Sulfonamides used in medicine 2. List of sulfonamides 3. Short-acting sulfonamides 4. Intermediate-acting sulfonamides 5. Long-acting sulfonamides 6. Ultra long-acting sulfonamides Sulfonamides are synthetic medications created from sulfanilamide with antibacterial properties. They were the first class of antibiotics discovered and have applications beyond antibiotic use, such as treating diabetes, thyroiditis, and arthritis. The drugs contain sulfa compounds and can trigger allergic reactions in sensitive individuals. The list includes Bactrim and Bactrim DS, which are commonly prescribed medications containing sulfonamide. Sulfanilamides undergo chemical reactions to produce the medication. They have a wide range of applications, including antibacterial treatment and managing various health conditions. Sulfonamide-containing medications are used to treat a range of bacterial infections and other conditions. They include antibiotics such as Septra and Septra DS, Pediazole, and Silvadene, which are used to treat various types of infections. Sulfonamides are also found in over-the-counter topical products and prescription drugs for treating certain ear infections and vaginal infections. In addition, sulfonamide-containing nonantimicrobial agents include classes of drugs such as sulfonylureas, which lower blood sugar in people with Type 2 diabetes, and carbonic anhydrase inhibitors like Diamox. Other medications that contain sulfonamides include loop diuretics for heart failure and high blood pressure, COX-2 inhibitors for pain relief, and triptans for migraines. However, some individuals may be allergic to sulfonamide-containing antimicrobials, although research suggests that reactions are unlikely. People with a history of sulfa allergy can still take certain medications, such as penicillin-based antibiotics or fluoroquinolone-based antibiotics. A severe body-wide inflammatory response known as a sulfa allergy can affect multiple organs. If you're allergic to sulfonamides, it's best to steer clear of antibiotics like Bactrim or Septra (TMP/SMX), which contain trimethoprim-sulfamethoxazole. People living with HIV are more susceptible to experiencing severe reactions to these types of medications. According to stats, 3-8% of the general public has a sulfonamide allergy, but those with HIV face an increased risk, with odds being 10-20 times higher. Sulfa is commonly found in meds and supplements, whereas sulfites are added as preservatives in processed foods or occur naturally in fermented goods like beer and wine. Sulfa allergy symptoms often resemble asthma (runny nose, sneezing, watery eyes, wheezing), unlike sulfa allergies which can manifest as rashes. Both conditions have no connection. Sulfa reactions can range from mild to severe and may present in various ways, including skin rashes. It's crucial to seek medical help ASAP, as an initially mild reaction could escalate into life-threatening anaphylaxis requiring emergency care. Common symptoms of sulfa allergies include: * A flat, red rash * Generalized itching (pruritus) * Hives (urticaria) with raised welts and clear borders * Swelling in the face, lips, hands, or tongue * Shortness of breath In severe cases, it can be a sign of anaphylaxis. Some rare but serious side effects include Stevens-Johnson syndrome or toxic epidermal necrolysis, which destroy skin layers and mucous membranes. Sun exposure may exacerbate the rash, so finding shade and cooling down with ice can help initially. Sulfa medications may also cause other side effects like diarrhea, nausea, dizziness, headaches, and rare severe conditions such as: * Severe rash * Liver damage (hepatotoxicity) * Low white blood cell count * Anemia Since there's no sulfa allergy test, people usually discover their sensitivity after experiencing adverse reactions to medications, supplements, or personal care products. The diagnosis is based on symptoms, physical exam, and medical history. Sulfa reactions typically resolve within two weeks of stopping the offending medication. The treatment for sulfa allergies typically involves desensitization programs, where small doses are gradually increased to improve tolerance. Patients may be able to take certain medications with low risk of allergic reactions. However, it is crucial to report any known or suspected allergies to a healthcare provider, who can then prescribe alternative medications to avoid triggering a reaction. Symptoms of sulfa allergies usually appear early after taking the medication and manifest as a rash. Once the offending medication is stopped, symptoms typically resolve within two weeks. In the meantime, antihistamines and corticosteroids can help alleviate symptoms. In emergency situations, seeking immediate medical care is essential if a severe reaction occurs. Informing a healthcare provider of a known sulfa allergy is vital to prevent future allergic reactions. Setting up a blood plasma system by Dr. Drew led to a major breakthrough in the storage and transportation of blood products during World War II. His discovery that plasma could replace whole blood allowed for more efficient use of resources, especially during times of extreme casualties. As war raged across Europe in 1940, medical teams relied heavily on blood donations for wounded troops. To address this need, Dr. Drew was tasked with organizing the Blood for Britain project, which successfully collected and processed over 14,500 units of plasma within five months. This achievement revolutionized blood plasma transfusion, enabling pooled plasma to be administered directly on battlefields and significantly improving survival rates. Recognizing the importance of a similar system in the US, Dr. Drew was appointed Director of the first American Red Cross Blood Bank in February 1941. He established an effective plasma collection and preservation organization that served as a model for modern volunteer blood donation programs. The use of dried plasma became a vital component in treating wounded soldiers on World War II battlefields due to its ability to reduce death from shock caused by bleeding. By the time the program ended in September 1945, the American Red Cross had collected over 13 million units of blood and converted nearly all of it into plasma. The use of morphine as a pain killer during World War II also played a significant role in medical treatment. Morphine, processed from the opium poppy plant, was widely used to alleviate pain in wounded soldiers. The development of the hypodermic syringe allowed for injections of morphine, which proved indispensable for patients undergoing surgery. Squibb, a pharmaceutical company, introduced the morphine syrette, a controlled-release system that enabled medics to administer precise amounts of morphine directly on the front lines. This innovation facilitated more effective pain management and improved treatment outcomes for wounded soldiers. The medic used a syrette to administer morphine to wounded soldiers during World War II. The process involved the medic breaking open the seal on the syrette and injecting it into the soldier's vein. Initially, this method was authorized for use by medics to alleviate pain in wounded soldiers. However, if necessary, the medication could also be administered at a battalion or collecting station. To prevent overdose, the syrette was attached to the casualty's collar. In most cases, a single injection of 1/2 grain morphine from the toothpaste-like syrette, combined with physical exhaustion, would render the patient unconscious. Upon recovery, many patients would awaken in hospitals.

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