

Pyromol® 1000mg/6.7ml

Paracetamol

Acetaminophen 150mg/ml



Finding
the right
analgesic
has never been
simple



What is Pyromol®?

Pyromol® is an effective analgesic and antipyretic used in the treatment of pain and in patients with fever.

Pyromol® is indicated for the management of mild to moderate pain, management of moderate to severe pain with adjunctive opioid analgesics and reduction of fever.

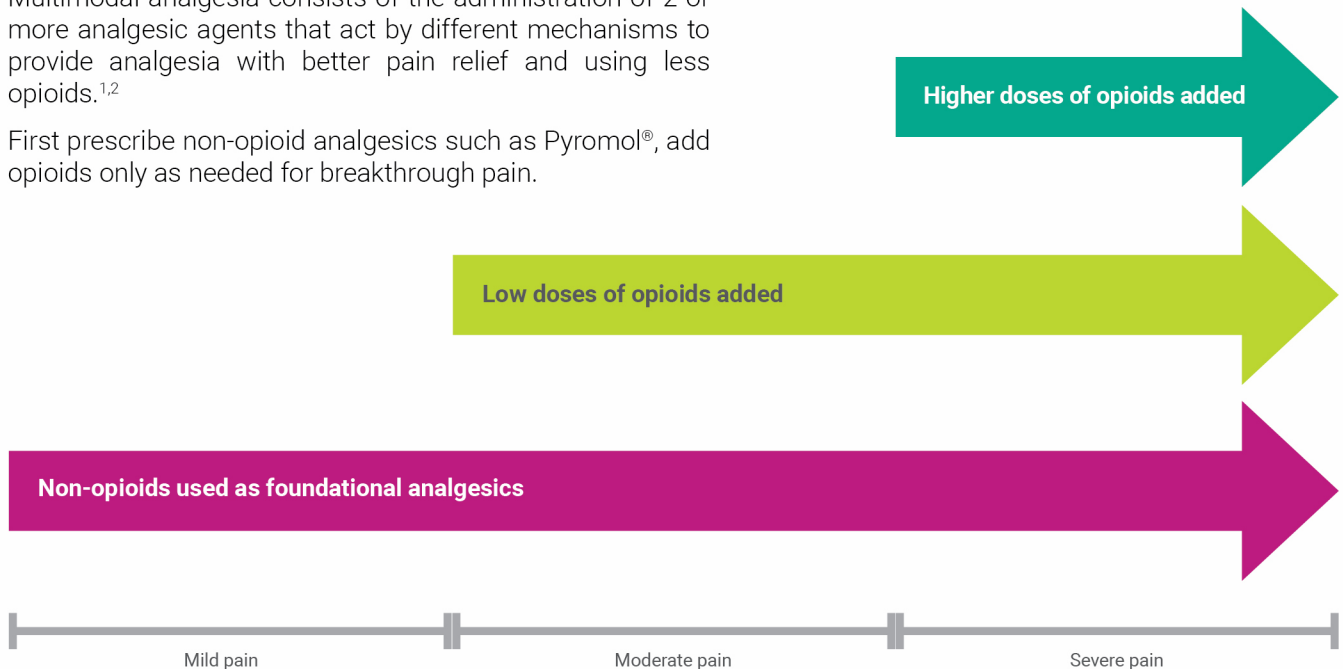
- ▶ First line recommended therapy in treating acute and chronic pain
- ▶ Recommended for control of fever
- ▶ Can be safely prescribed for pain relief during pregnancy and lactation.
- ▶ First choice non-opioid analgesic in elderly patients



Multimodal analgesia can help optimize pain management with less opioids.^{1,2}

Multimodal analgesia consists of the administration of 2 or more analgesic agents that act by different mechanisms to provide analgesia with better pain relief and using less opioids.^{1,2}

First prescribe non-opioid analgesics such as Pyromol®, add opioids only as needed for breakthrough pain.



Acetaminophen has 2 times greater pain relief vs placebo following cardiac surgery.³

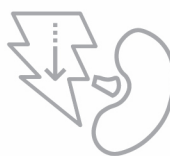
In a study of acute renal colic, patients receiving IV acetaminophen reported 70% reduction in pain vs patients receiving placebo.⁴⁻⁶

Pyromol® is contraindicated in patients with severe hepatic impairment, severe active liver disease or with known hypersensitivity to acetaminophen or to any of the excipients in the formulation.

Do not exceed the maximum recommended daily dose of acetaminophen. Administration of acetaminophen by any route in doses higher than recommended may result in hepatic injury, including the risk of severe hepatotoxicity and death.



2x HIGHER PAIN RELIEF
VS PLACEBO FOLLOWING CARDIAC SURGERY³



70% LESS PAIN
15 MINUTES FOLLOWING ADMINISTRATION
IN ACUTE RENAL COLIC⁴

References: **1.** The Joint Commission. Safe use of opioids in hospitals. Sentinel Event Alert. 2012;49:1-5. http://www.jointcommission.org/assets/1/18/SEA_49_opioids_8_2_12_final.pdf. Accessed June 12, 2015. **2.** American Society of Anesthesiologists Task Force on Acute Pain Management. Practice guidelines for acute pain management in the perioperative setting: an updated report by the American Society of Anesthesiologists Task Force on Acute Pain Management. *Anesthesiology*. 2012;116(2):248-273. **3.** Cattabriga I, Pacini D, Lamazza G, et al. Intravenous paracetamol as adjunctive treatment for postoperative pain after cardiac surgery: a double blind randomized controlled trial. *Eur J Cardiothorac Surg*. 2007;32(3):527-531. **4.** Bektas F, Eken C, Karadeniz O, Goksu E, Cubuk M, Cete Y. Intravenous paracetamol or morphine for the treatment of renal colic: a randomized, placebo-controlled trial. *Ann Emerg Med*. 2009;54(4):568-574. **5.** Vahdati SS, Baghi HRM, Ghobadi J, Ghafouri RR, Habibollahi P. Comparison of paracetamol (Apotel) and morphine in reducing post pure head trauma headache. *Anesth Pain Med*. 2014;4(3):e14903. doi:10.5812/aapm.14903. **6.** Eken C, Serinken M, Elicabuk H, Uyanik E, Erdal M. Intravenous paracetamol versus dexketoprofen versus morphine in acute mechanical low back pain in the emergency department: a randomised double-blind controlled trial. *Emerg Med j*. 2014;31(3):177-181.

