

MEDICATION TRANSLATION

PARACETAMOL/ANAREX TABLETS

Take ___ tablets ___ times a day when required for **fever, headache and bodyache**

SORE THROAT LOZENGES

Take ___ tablet to suck ___ times a day when required for **sore throat**

SORE THROAT GARGLE

Gargle ___ ml ___ times a day when required for **sore throat**

SORE THROAT SPRAY

Place ___ sprays into throat ___ times a day when required for **sore throat**

FLU TABLET

Take ___ tablet ___ times a day when required for **runny nose, itchiness or insomnia**. (This may cause drowsiness)

COUGH SYRUP

Drink ___ ml ___ times a day **when required** for cough

GASTRIC SYRUP

Drink ___ ml ___ times a day **when required** for gastric or stomach pain

ACETYLCYSTEINE TAB

Take ___ tablet, dissolve in water and drink ___ times a day when required for phlegm

ANTIBIOTIC

Take __ tablets __ times a day after food. Complete the course to kill the bacteria.

MDI SALBUTAMOL INHALER

Inhale __ puff __ times daily when necessary for shortness of breath or wheezing

HYOSCINE STOMACH CRAMP TABLET

Take __ tablet __ times a day when required for stomach cramp (This may cause drowsiness)

DIARRHOEA TABLET (LOPERAMIDE/ LOMOTIL)

Take __ tablet __ times a day when required for diarrhoea

CHARCOAL TABLET

Take __ tablets __ times daily when having diarrhoea, 2 hours apart from other medicines.

LACTULOSE SYRUP

Drink ____ ml ____ times a day when required for constipation

CONSTIPATION TABLET

Take __ tablets __ times a day when required for constipation

METOCLOPRAMIDE (NAUSEA/ VOMITING TABLET)

Take ___ tablet ___ times a day when required for nausea or vomiting. Take on empty stomach 30minutes before food (may cause drowsiness)

PROCHLORPERAZINE (GIDDINESS TABLET)

Take ___ tab ___ times a day when required for giddiness (may cause drowsiness)

NSAID TABLET (PAIN / SWELLING)

Take ___ tablet ___ times a day after food when required for swelling or pain

CREAM

Apply **thinly** ___ **times daily** over affected skin area

EYE DROP

___ drop ___ times daily into affected eye when required. Once opened, please discard 4 weeks from date of opening.

NASAL DROP

Use ___ drop ___ times daily into affected nostril for ___ days when required.

NASAL SPRAY

Use ___ spray ___ times daily into both nostrils

FAMOTIDINE TABLET

Take ___ tablet ___ times a day when required for gastric

OMEPRAZOLE CAPSULE

Take __ capsule __ times a day 30 minutes before meals when required for gastric

METFORMIN TABLET

Take __ tablets __ times a day after food for blood sugar

SULFONYLUREA TABLET

Take __ tablets __ times a day before food for blood sugar

STATIN TABLET

Take __ tablets every night for cholesterol

BLOOD PRESSURE TABLET

Take __ tablets __ times a day for blood pressure

CONTROLLER INHALER (ASTHMA)

Inhale __ puff __ times a day for asthma. Gargle with water after use.

DRUG NAME:

Take __ tablets __ times a day

These translations are done by well-minded volunteers. Please excuse any minor imperfections :)

