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AUTHOR'S REPLY

- Interventions were performed by study nurse (two) behind the disguise of curtain. In glycerin group, suppository was administered. In control group, study nurse went behind the curtain, opened baby's diaper and put it again. No rectal stimulation or lubricant was administered in control group.
- We had just speculated that more frequent

administration of glycerin suppository (Like 12 hourly) may be more effective. We did not find any reference recommending standard of glycerin suppository for prophylactic use in preterm neonates.

- Individual neonates may reach full feeds at different ages. Therefore, to keep uniformity of intervention in participants we chose to continue it till day 14 and not until full enteral feeds was achieved.

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Paracetamol – High Strength Formulations and Toxicity

In India, paracetamol is available in many formulations such as liquid suspension, drops, tablets, injection, rectal suppositories with varying concentrations (120/125/150/250/500 mg/5 mL). The usual cause of paracetamol overdose is frequent administration of the drug round the clock by an anxious parent who regards fever as a potential dangerous event and as a trigger for febrile seizures. Unfortunately, therapeutic misadventure (wrong prescription by a doctor) is also an important cause of paracetamol toxicity in our set-up. In an earlier study, paracetamol syrup (250mg/5 mL) was common reason of accidental single over dose (46%) and 'drops' was the common formulation causing toxicity due to multiple dose ingestion (63%) [1]. Even if the medical practitioner prescribes paracetamol in the right dosage, caregivers inadvertently administer a high strength formulation, resulting in over-dosage. The American Academy of Paediatrics has recently recommended the use of a single strength liquid preparation and the pharma industry in USA has been adhering to this recommendation. As an initiative, our hospital, administration has implemented a policy of use of only a single strength preparation of 125mg/5 mL to prevent over-dosage. This initiative needs to be propagated all over India through the Indian

Academy of Paediatrics. There is a need to counsel parents that antipyretic agents do not prevent febrile convulsions and should not be used specifically for this purpose [2]. Antipyretic agents with the sole aim of reducing body temperature in children with fever is not recommended and should only be considered for children with fever-related discomfort [3]. Pediatricians should also promote patient safety by advocating for simplified formulations, dosing instructions, and dosing devices [4].

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