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EMERGENCY CARE, Acute Care and Primary Care Physician Opportunities—Excellent civilian positions are available now with Government Healthcare Services in Charleston, SC; Bremerton, WA; Jacksonville, FL; and LeMoore, CA. You’ll be part of our comprehensive healthcare delivery team and enjoy one of these choice locations, plus competitive fees and have the opportunity to participate in our high-limit occurrence-based malpractice insurance program. Additional contracts are pending in Washington, California, and Georgia. For complete details, contact Richard Washington at 1-800-325-3982, ext. 5343. Spectrum Government Healthcare Services, P.O. Box 27352, St. Louis, MO 63141.

ROCKFORD, ILLINOIS—Fast Track opportunity available with 398-bed multi-specialty teaching facility. The Fast Track operates from 10am to 10pm daily with average patient flow of 3 to 4 per hour. Requires no on-call responsibility and offers excellent back-up from BC/BP emergency medicine staff. Fee-for-service with minimum guarantee of $60.00 per clinical hour. To learn more about this opportunity contact Mike Callami, 1-800-777-7964, ext. 3074. Synergy, 999 Executive Parkway, St. Louis, MO 63141.

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TENORMIN®

**Indications and Use:**
- **Hypertension:** TENORMIN is indicated in the management of hypertension. It may be used alone or in combination with other antihypertensive agents.
- **Heart Failure:** TENORMIN is indicated in the management of hemodynamically stable patients with definite or suspected acute myocardial infarction to reduce cardiovascular morbidity and mortality in the setting of ongoing ischemia.
- **Congestive Heart Failure:** TENORMIN is indicated in the management of chronic congestive heart failure.

**Dosage and Administration:**
- **Heart Failure:** TENORMIN is recommended for initial dosing of 25 mg twice daily and may be increased by 25 mg twice daily at weekly intervals, as tolerated.
- **Congestive Heart Failure:** TENORMIN is recommended for initial dosing of 25 mg twice daily, which may be increased by 25 mg twice daily at weekly intervals, as tolerated.

**Adverse Reactions:**
- **Cardiovascular:** Transient increases in blood pressure may occur early in therapy. However, in the majority of patients, blood pressure will return toward control levels within 4 to 7 days.
- **Respiratory:** Transient increases in blood pressure may occur early in therapy. However, in the majority of patients, blood pressure will return toward control levels within 4 to 7 days.
- **Gastrointestinal:** Transient increases in blood pressure may occur early in therapy. However, in the majority of patients, blood pressure will return toward control levels within 4 to 7 days.
- **Central Nervous System:** Transient increases in blood pressure may occur early in therapy. However, in the majority of patients, blood pressure will return toward control levels within 4 to 7 days.
- **Urogenital:** Transient increases in blood pressure may occur early in therapy. However, in the majority of patients, blood pressure will return toward control levels within 4 to 7 days.
- **Hypersensitivity:** Transient increases in blood pressure may occur early in therapy. However, in the majority of patients, blood pressure will return toward control levels within 4 to 7 days.

**Contraindications:**
- **Heart Failure:** TENORMIN should be used with caution in patients with severe congestive heart failure. In patients with severe congestive heart failure, TENORMIN should be used with careful monitoring, as initial dose intervals should not exceed 12 hours.
- **Congestive Heart Failure:** TENORMIN should be used with caution in patients with severe congestive heart failure. In patients with severe congestive heart failure, TENORMIN should be used with careful monitoring, as initial dose intervals should not exceed 12 hours.

**Precautions:**
- **Heart Failure:** Patients with severe congestive heart failure should be monitored closely, as TENORMIN may cause transient increases in blood pressure.
- **Congestive Heart Failure:** Patients with severe congestive heart failure should be monitored closely, as TENORMIN may cause transient increases in blood pressure.

**Bromocriptine:**

**Special Populations:**
- **Pediatric Patients:** Use of TENORMIN in pediatric patients has not been established.
- **Geriatric Patients:** Use of TENORMIN in elderly patients has not been established.

**Drug Interactions:**
- **Beta-Blockers:** Use with caution in patients receiving beta-blockers, as transient increases in blood pressure may occur early in therapy. However, in the majority of patients, blood pressure will return toward control levels within 4 to 7 days.
- **Diuretics:** Use with caution in patients receiving diuretics, as transient increases in blood pressure may occur early in therapy. However, in the majority of patients, blood pressure will return toward control levels within 4 to 7 days.

**Efficacy and Safety Data:**
- **In Hypertension:** TENORMIN has been shown to lower blood pressure effectively and safely in a large number of patients with mild to severe hypertension.
- **In Heart Failure:** TENORMIN has been shown to improve symptoms and signs of heart failure in a large number of patients with mild to severe heart failure.

**NURSE'S COMPARISON:**
- **TENORMIN** vs. **Lisinopril**:
  - **TENORMIN** is a selective beta-blocker, while **Lisinopril** is an angiotensin-converting enzyme inhibitor.
  - **TENORMIN** is associated with lower incidence of symptomatic bradycardia and hypotension compared to **Lisinopril**.

**TENORMIN® (atenolol)

A study of 477 patients, the following adverse events were reported during treatment and/or oral administration:

**Cardiovascular:**
- Hypertension
- Hypotension
- Heart failure

**Respiratory:**
- Dyspnea
- Wheezing

**Gastrointestinal:**
- Diarrhea
- Nausea
- Vomiting

**Other:**
- Anemia
- Peripheral edema

In the subsequent Interim Report of the Study (IIS-1) including 16,185 patients of whom 8,327 were randomized to receive TENORMIN treatment, the dosage oftenormin and subsequent one TENORMIN was either discontinued or reduced by the following reasons:

**Reasons for Reduced Dosage**
- **Hypotension:** Reduced Dosage
- **Bradycardia:** Reduced Dosage
- **Adverse Effects:** Reduced Dosage

**Side Effects and Adverse Reactions:**
- **Bradycardia:** Reduced Dosage
- **Hypotension:** Reduced Dosage
- **Adverse Effects:** Reduced Dosage

**Additional Information:**
- **Laboratory Tests:** Periodic laboratory tests, including complete blood counts, urinalysis, and liver function tests, should be performed periodically during therapy.
- **Drug Accumulation:** Drug accumulation may occur in patients with hepatic or renal insufficiency.

**References:**

**Acknowledgements:**
- This study was supported by a grant from the National Heart, Lung, and Blood Institute, National Institutes of Health.

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References: