PHARMACY
INDIA
Learn | Understand | Succeed

PHARMACOLOGY CHEAT SHEET

Your Quick Revision Companion

- HIGH-YIELD ESSENTIALS
- EASY TO LEARN EASY TO REVISE
- BOOST CONCEPTS NOT JUST MEMORY
- EXAM-FOCUSED MAXIMUM SCORE

STUDY SMART | STAY AHEAD | ACHIEVE MORE

FOR PHARMACY STUDENTS, BY PHARMACY EXPERTS

DRUG NAMES & SYNDROMES

SYNDROME	COMMON CAUSATIVE DRUGS
① Serotonin Syndrome	Fluoxetine, Sertraline, Paroxetine, Venlafaxine, Tramadol, Linezolid, MAOIs
② Neuroleptic Malignant Syndrome (NMS)	Haloperidol, Chlorpromazine, Fluphenazine, Risperidone
③ Stevens-Johnson Syndrome (SJS)	Carbamazepine, Phenytoin, Lamotrigine, Sulfonamides, Allopurinol
④ Toxic Epidermal Necrolysis (TEN)	Sulfonamides, Carbamazepine, Phenytoin, NSAIDs, Allopurinol
⑤ Red Man Syndrome	Vancomycin
⑥ Gray Baby Syndrome	Chloramphenicol
⑦ Purple Glove Syndrome	Phenytoin
⑧ Fanconi Syndrome	Tenofovir, Ifosfamide, Cisplatin
⑨ Cushing Syndrome (Drug-induced)	Prednisolone, Dexamethasone, Hydrocortisone
⑩ Lupus-like Syndrome	Hydralazine, Procainamide, Isoniazid, Methyldopa
⑪ Reye Syndrome	Aspirin (children with viral infections)
⑫ SIADH	Carbamazepine, Cyclophosphamide, SSRIs
⑬ Torsades de Pointes Syndrome	Quinidine, Sotalol, Erythromycin, Haloperidol
⑭ Malignant Hyperthermia	Succinylcholine, Halothane, Sevoflurane
⑮ DRESS Syndrome (Drug Reaction with Eosinophilia and Systemic Symptoms)	Phenytoin, Carbamazepine, Lamotrigine, Allopurinol
⑯ Hand-Foot Syndrome	Capecitabine, 5-Fluorouracil, Sorafenib
⑰ Hemolytic Syndrome (G6PD Deficiency)	Primaquine, Sulfonamides, Dapsone, Nitrofurantoin
⑱ Drug-Induced Parkinsonism	Haloperidol, Metoclopramide
⑲ Anticholinergic Syndrome	Atropine, Scopolamine, TCAs, Antihistamines
⑳ Cholinergic Syndrome	Neostigmine, Physostigmine, Organophosphates
㉑ Disulfiram-like Syndrome	Metronidazole, Cefotetan, Cefoperazone

MOST FREQUENTLY ASKED IN PHARMACOLOGY EXAMS

① Serotonin Syndrome
→ SSRIs + MAOIs

② Neuroleptic Malignant Syndrome
→ Haloperidol

③ Stevens-Johnson Syndrome
→ Carbamazepine

④ Red Man Syndrome
→ Vancomycin

⑤ Gray Baby Syndrome
→ Chloramphenicol

⑥ Purple Glove Syndrome
→ Phenytoin

⑦ Malignant Hyperthermia
→ Succinylcholine + Halothane

⑧ Lupus-like Syndrome
→ Hydralazine, Procainamide

⑨ Reye Syndrome
→ Aspirin

⑩ DRESS Syndrome
→ Carbamazepine, Phenytoin, Allopurinol

CORRECTION TO PREVIOUS IMAGE

Acute Inflammatory Response Syndrome (AIRS) is not a standard high-yield drug syndrome.

Replace it with:

DRESS Syndrome (Drug Reaction with Eosinophilia and Systemic Symptoms)

for better pharmacology accuracy. ✓

KEY POINTS

- Many syndromes are dose-related or idiosyncratic (unpredictable).
- Early recognition and withdrawal of the offending drug is the most important step.
- Supportive and symptomatic treatment is often required.

DRUGS CAUSING HYPERSENSITIVITY

DEFINITION : Drugs causing hypersensitivity are those that can induce immune-mediated allergic or anaphylactoid reactions in susceptible individuals.

CLASSES & EXAMPLES

CLASS / CATEGORY	DRUGS (EXAMPLES)
① ANTIBIOTICS (Most common cause)	• Penicillins (e.g., Penicillin G, Amoxicillin) • Cephalosporins (e.g., Cefazolin, Ceftriaxone) • Sulfonamides (e.g., Co-trimoxazole) • Macrolides (e.g., Erythromycin)
② NSAIDs	• Aspirin, Ibuprofen, Diclofenac, Naproxen
③ ANALGESICS & ANTIPYRETICS	• Paracetamol (rare), Metamizole
④ CONTRAST AGENTS (Radiographic)	• Iodinated contrast media (e.g., Iopamidol, Iohexol)
⑤ VACCINES & SERA	• Tetanus toxoid, BCG vaccine, Antivenoms, Immunoglobulins
⑥ ANESTHETIC AGENTS	• Local anesthetics (e.g., Procaine, Lidocaine) • General anesthetics (e.g., Thiopentone, Atracurium, Succinylcholine)
⑦ OTHER DRUGS	• Allopurinol, Carbamazepine, Phenytoin, Hydralazine, Methyldopa, Gold salts, Biologic agents (e.g., Insulin, Monoclonal antibodies)
⑧ HERBAL / NATURAL PRODUCTS	• Herbal medicines, Bee venom, Latex
⑨ CHEMOTHERAPEUTIC AGENTS	• Bleomycin, Asparaginase, Taxanes, L-Asparaginase, Platinum agents

IMPORTANT NOTES :

- Reactions may be immediate (minutes to hours) or delayed (days).
- Manifestations range from mild (rash, urticaria) to severe (anaphylaxis, angioedema, SJS/TEN, DRESS).
- Risk increases with previous exposure, genetic predisposition and cross-reactivity.
- Always take a detailed drug history and discontinue the offending drug.
- Treat based on severity (antihistamines, corticosteroids, adrenaline for anaphylaxis).

NEUROTOXIC DRUGS

DEFINITION : Neurotoxic drugs are those that can cause damage to the nervous system, leading to neurological dysfunction or nerve injury.

CLASSES & EXAMPLES

CLASS / CATEGORY	DRUGS (EXAMPLES)
① ANESTHETICS (Peripheral & CNS toxicity)	• Local anesthetics (e.g., Bupivacaine in high doses) • General anesthetics (e.g., Enflurane, Isoflurane)
② ANTICONVULSANTS (Cerebellar toxicity)	• Phenytoin, Valproic acid, Carbamazepine
③ ANTITUBERCULAR DRUGS (Peripheral neuropathy)	• Isoniazid, Ethambutol, Cycloserine
④ CHEMOTHERAPEUTIC AGENTS (Peripheral neuropathy)	• Vincristine, Vinblastine, Cisplatin, Paclitaxel, 5-Fluorouracil
⑤ HEAVY METALS & TOXIC SUBSTANCES	• Lead, Mercury, Arsenic, Manganese, Organophosphates, Carbon monoxide
⑥ ANTIVIRAL DRUGS	• Zidovudine, Ganciclovir
⑦ IMMUNOSUPPRESSANTS	• Cyclosporine, Tacrolimus
⑧ ANTIBIOTICS	• Metronidazole, Chloramphenicol, Colistin, Linezolid
⑨ STATINS	• Atorvastatin, Simvastatin (may cause peripheral neuropathy)
⑩ OTHERS	• Alcohol, Lithium, Dapsone, Disulfiram, Cocaine, Interferon-α

IMPORTANT NOTES :

- Neurotoxicity may be dose-related or cumulative.
- May affect central nervous system (CNS) or peripheral nervous system (PNS).
- Symptoms include headache, dizziness, confusion, ataxia, tremors, seizures, numbness, tingling and weakness.
- Risk increases with pre-existing neurological disease, renal/hepatic impairment and drug interactions.
- Monitor neurological status during therapy and discontinue/adjust the offending drug if toxicity occurs.

CARDIOTOXIC DRUGS

DEFINITION : Cardiotoxic drugs are those that can cause adverse effects on the heart or cardiovascular system, leading to dysfunction or failure.

CLASSES & EXAMPLES

CLASS / CATEGORY	DRUGS (EXAMPLES)
① ANTINEOPLASTIC DRUGS	• Doxorubicin, Daunorubicin, Epirubicin, Cyclophosphamide, Trastuzumab, 5-Fluorouracil
② ANTIARRHYTHMIC DRUGS	• Amiodarone, Dofetilide, Sotalol, Disopyramide, Quinidine, Procainamide
③ ANTIBIOTICS	• Erythromycin (IV), Clarithromycin, Azithromycin
④ ANTIPSYCHOTIC DRUGS	• Thioridazine, Haloperidol, Ziprasidone, Quetiapine, Clozapine
⑤ ANTIDEPRESSANTS	• Tricyclic antidepressants (Amitriptyline, Imipramine), Sertraline, Citalopram
⑥ LOCAL ANAESTHETICS	• Bupivacaine, Levobupivacaine
⑦ ANTIMALARIAL DRUGS	• Chloroquine, Hydroxychloroquine, Mefloquine
⑧ DIURETICS	• Furosemide (high doses), Indapamide, Hydrochlorothiazide (electrolyte imbalance)
⑨ DIGITALIS GLYCOSIDES	• Digoxin
⑩ OTHERS	• Cocaine, Alcohol, Lithium, Interferon-α, Calcineurin inhibitors (Cyclosporine, Tacrolimus)

IMPORTANT NOTES :

- Cardiotoxicity may be dose-related and/or duration-dependent.
- May present as arrhythmias, QT prolongation, cardiomyopathy, heart failure or ischemia.
- Risk increases with pre-existing heart disease, electrolyte imbalance and drug interactions.
- Monitor ECG, cardiac enzymes (e.g., troponin), electrolytes and clinical signs during therapy.
- Discontinue or adjust offending drug if significant toxicity occurs.

DRUGS CAUSING OCULAR TOXICITIES

DEFINITION : Drugs causing ocular toxicities are those that can damage any part of the eye or its adnexa, leading to visual disturbances or loss of vision.

CLASSES & EXAMPLES

CLASS / CATEGORY	DRUGS (EXAMPLES)
① ANTIMALARIAL DRUGS (Retinopathy)	• Chloroquine, Hydroxychloroquine, Quinacrine, Mefloquine
② CORTICOSTEROIDS (Cataract, Glaucoma)	• Systemic: Prednisone, Dexamethasone • Topical/Ocular: Prednisolone acetate, Dexamethasone eye drops
③ ANTI-TUBERCULAR DRUGS (Optic neuritis)	• Ethambutol
④ AMINOGLYCOSIDE ANTIBIOTICS (Optic & Ototoxicity)	• Gentamicin, Amikacin, Streptomycin, Tobramycin
⑤ TETRACYCLINES (Pigment deposition, Intracranial hypertension)	• Doxycycline, Minocycline
⑥ ANTIFUNGAL DRUGS (Corneal toxicity)	• Amphotericin B, Voriconazole
⑦ ANTIARRHYTHMIC DRUGS (Corneal deposits)	• Amiodarone
⑧ CHEMOTHERAPEUTIC AGENTS (Retinopathy, Optic neuropathy)	• Tamoxifen (retinopathy) • Cytarabine (conjunctivitis) • Methotrexate (optic neuropathy)
⑨ DIURETICS (Acute angle closure glaucoma)	• Topiramate, Acetazolamide, Sulfonamides (e.g., Hydrochlorothiazide)
⑩ OTHER DRUGS (Various ocular toxicities)	• Digoxin (xanthopsia), Sildenafil (NAION), Isotretinoin (dry eye, night blindness)

IMPORTANT NOTES :

- Ocular toxicity may be dose-related and reversible if detected early.
- Monitor visual acuity, visual fields, intraocular pressure and other ocular parameters when indicated.
- Discontinue the offending drug if significant toxicity occurs.
- Report any visual symptoms (blurred vision, halos, pain, photophobia) immediately.

HEPATOTOXICITY DRUGS

DEFINITION : Hepatotoxic drugs are those that can cause damage to the liver, leading to impaired liver function or liver injury.

CLASSES & EXAMPLES

CLASS / CATEGORY	DRUGS (EXAMPLES)
① ANALGESICS & ANTIPYRETICS	• Paracetamol (acetaminophen) - overdose, Diclofenac, Ibuprofen, Aspirin (high doses)
② ANTI-TUBERCULAR DRUGS	• Isoniazid, Rifampicin, Pyrazinamide, Ethambutol
③ ANTIBIOTICS	• Amoxicillin-clavulanate, Erythromycin, Tetracycline, Chloramphenicol
④ ANTIFUNGAL DRUGS	• Ketoconazole, Itraconazole, Fluconazole, Amphotericin B
⑤ ANTICONVULSANTS	• Phenytoin, Valproic acid, Carbamazepine, Phenobarbital
⑥ STATINS	• Atorvastatin, Simvastatin, Rosuvastatin
⑦ ANTI-CANCER DRUGS (CHEMOTHERAPEUTICS)	• Methotrexate, Cyclophosphamide, Doxorubicin, 5-Fluorouracil
⑧ IMMUNOSUPPRESSANTS	• Azathioprine, Cyclosporine, Tacrolimus, Mycophenolate mofetil
⑨ ANAESTHETICS	• Halothane, Enflurane, Isoflurane, Propofol (rare)
⑩ OTHERS	• Methyldopa, Allopurinol, Amiodarone, Gold salts

IMPORTANT NOTES :

- Hepatotoxicity may be dose-dependent or idiosyncratic.
- Risk increases with alcohol, pre-existing liver disease, polypharmacy and prolonged use.
- Monitor liver function tests (ALT, AST, ALP, Bilirubin) during therapy.
- Discontinue the drug if significant liver injury occurs.

NEPHROTOXIC DRUGS

DEFINITION : Nephrotoxic drugs are those that can cause damage to the kidneys, leading to impaired renal function or kidney injury.

CLASSES & EXAMPLES

CLASS / CATEGORY	DRUGS (EXAMPLES)
① AMINOGLYCOSIDE ANTIBIOTICS	• Gentamicin, Amikacin, Tobramycin, Streptomycin, Neomycin, Kanamycin
② GLYCOPEPTIDE ANTIBIOTICS	• Vancomycin, Teicoplanin
③ DIURETICS	• Furosemide, Bumetanide, Ethacrynic acid, Mannitol (high doses)
④ NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)	• Ibuprofen, Diclofenac, Indomethacin, Naproxen, Ketorolac, Piroxicam
⑤ CONTRAST AGENTS	• Iodinated contrast media (e.g. Iopamidol, Iohexol, Ioversol)
⑥ ANTIVIRAL DRUGS	• Acyclovir, Tenofovir, Cidofovir
⑦ ANTIFUNGAL DRUGS	• Amphotericin B, Ketoconazole
⑧ IMMUNOSUPPRESSANTS	• Cyclosporine, Tacrolimus
⑨ CHEMOTHERAPEUTIC AGENTS	• Cisplatin, Methotrexate, Ifosfamide
⑩ OTHERS	• Lithium, Colistin (Polymyxin E), Pentamidine

IMPORTANT NOTES :

- Nephrotoxicity can be dose-dependent and/or duration-dependent.
- Risk is higher with dehydration, hypotension, pre-existing kidney disease, old age and concurrent use of other nephrotoxic drugs.
- Monitor renal function (serum creatinine, BUN, urine output) during therapy.

OTOTOXIC DRUGS

Definition : Ototoxic drugs are those that can damage the inner ear (cochlea or vestibular system) leading to hearing loss, tinnitus or vertigo.

CATEGORIES & EXAMPLES

CATEGORY	DRUGS (EXAMPLES)
① AMINOGLYCOSIDE ANTIBIOTICS	• Gentamicin, Amikacin, Tobramycin, Streptomycin, Neomycin, Kanamycin
② LOOP DIURETICS	• Furosemide, Bumetanide, Torsemide, Ethacrynic acid
③ PLATINUM COMPOUNDS	• Cisplatin, Carboplatin, Oxaliplatin
④ SALICYLATES	• Aspirin (high doses), Sodium salicylate
⑤ GLYCOPEPTIDE ANTIBIOTICS	• Vancomycin, Teicoplanin
⑥ MACROLIDE ANTIBIOTICS	• Erythromycin (IV, high doses)
⑦ ANTIFUNGALS	• Amphotericin B
⑧ ANTICANCER DRUGS	• Methotrexate, Ifosfamide
⑨ QUININE & DERIVATIVES	• Quinine, Chloroquine, Hydroxychloroquine
⑩ OTHERS	• Pentamidine, Colistin, Polymyxin B

NOTE :

- The ototoxicity may be reversible or permanent.
- Risk increases with high dose, prolonged use, and renal impairment.
- Monitor hearing and vestibular function during therapy.

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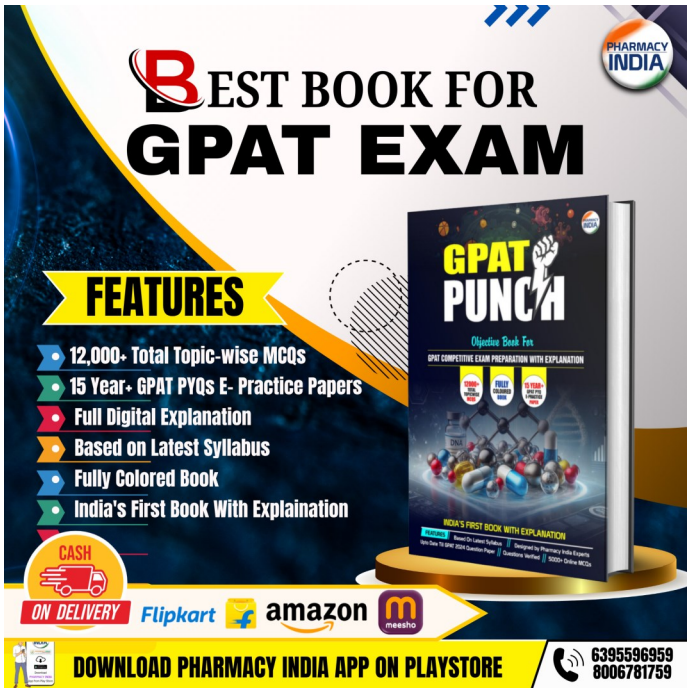

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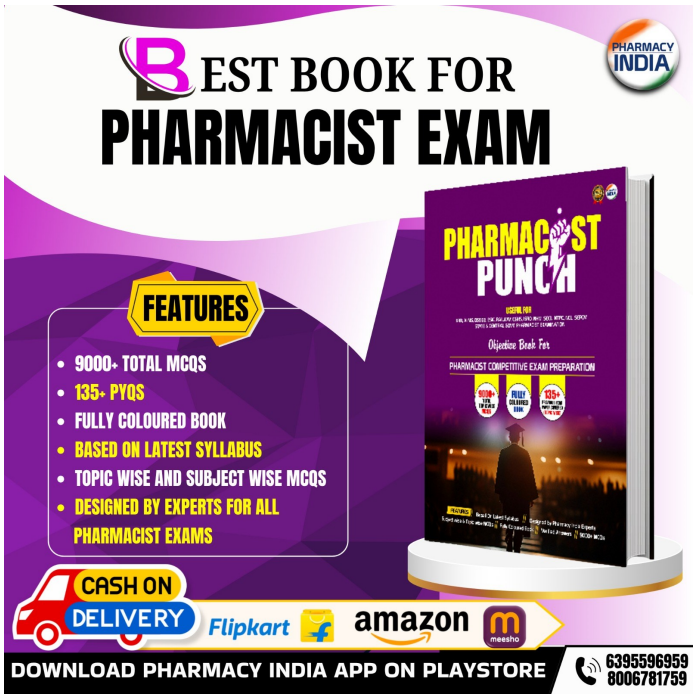

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