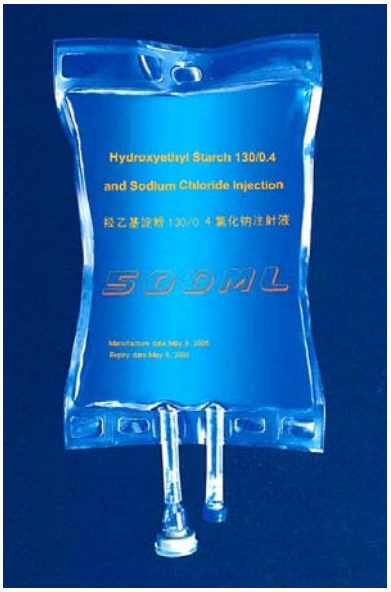
TRUMP's new recommended formulations---

HES130/0.4 solution

the best blood substitute in the world

TRUMP is dedicated to introduce the good treatment medicines produced in China to the overseas regions, where the cheaper price medicines with good treatment needed mostly, endeavor to make patients in these districts benefit from the rapidly developed Chinese Pharmaceutical technologies, donate his energy to the human's health.



With the development of Chinese pharmaceutics technology, now China can produce the best blood substitute in the world--- HES130/0.4.

The reliable quality of HES 130/0.4 solution can be produced by TRUMP's cooperated medicine plant located in Shangdong, and TRUMP is his sole distributor in the world market.

The advantages of HES 130/0.4

Expansion effects in Bodies as the same ideal characteristics as the HES 200/0.5
long time usages with larger dosage has little risks of deposits in body.
Has the least adverse effect to the body's function of blood coagulation.
Can be used safely to the patients with the renal inadequacy.
Can be used safely to the Children**,**

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TRUMP's cooperated plant,

your trustful producer of HES130/0.4 solution

Established in 1952, TRUMP's cooperated plant is one of the earliest medicine plant in China, with more than 50 years' development, nowadays this plant has been one of the best medicine producer in China, and his quality has been recognized.

He construct his own GMP workshop to produce the raw material of HES 130/0.4 and establish the strict manufacturing and quality control system so that he can control the quality of raw material and assure of the quality's stability.,

He has established the perfect quality audit and control systems and has his own modern testing centre with advanced precise testing and analysis instruments, making the strictly inner control standard to carry out the testing to each step of the manufacturing from the raw material to the finished HES130/0.4 infusion.

With the GMP infusion workshop, and international advanced manufacturing equipment and technology, TRUMP's cooperated plant, a GMP Certified producer, can produce the high and consistent quality of HES 130/0.4 infusion in the world. The most advanced multi-layer non-PVC soft bag packing make the patients get the maximum medical safety when infused with this solution.

First class manufacturing line in the world

TRUMP's cooperated plant introduce the most advanced manufacturing equipment in the world, which is produced by M/S. PLUEMAT, Germany, to produce the multi-layer non-PVC soft bag packed HES130/0.4 infusion.

The most advanced medical packing materials in the world

TRUMP'S cooperated plant import the multi-layer non-PVC medical film, which is the world advanced infusion packing material, produced by M/S. Sengewald and M/S. PolyCine, as the medical packing material of HES130/0.4 infusion. The standard is conformity with the BP/USP, and it is registered with the permission of SFDA.

(Multi-layer non-PVC soft bag i.v. solution manufacturing line, the best in the world.)

HES 130/0.4 infusion (Hydroxyethyl Starch 130/0.4)

The 3rd generation artificial colloid substitute for plasma
Safety and efficient plasma substitute,
The best in the world

Advantage:

1. Expansion effects in Bodies as the same ideal characteristics as the HES 200/0.5
2. long time usages with larger dosage has little risks of deposits in body.
3. Has the least adverse effect to the body's function of blood coagulation.
4. Can be used safely to the patients with the renal inadequacy.
5. Can be used safely to the Children**,**
6. The most advanced multi-layer non-PVC soft bag packing make the patients get the maximum medical safety when infused with this infusion.

Application:

Safely used to the different surgical operations, especially for the patients who suffered heavy blood losses and shocks.

- Treatment and prophylaxis of all kinds of Hypovolemia and Shock
- Treatment of acute isovolumetric hemodilution.

Average Molecular Weight(MW): 130000
Molar Substitution Level(MS)0.38-0.45
Molar substitution ratio: C_2：C_6 = 9：1

Specification: 30g: 4.5 g/500ml
Packages: Multi-layer non-PVC soft bag

6% medium molecular weight HES 130/0.4 infusion

The 3rd generation artificial colloid substitute for plasma

Safety and efficient plasma substitute, the best in the world

HES 130/0.4 comes very close to

"The ideal colloid"

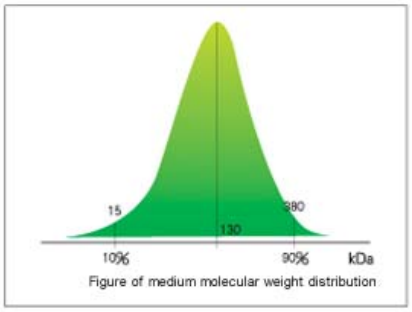
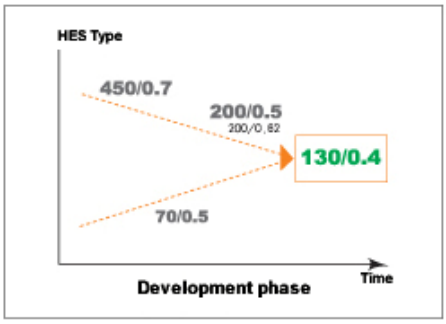


Figure of medium molecular weight distribution

The Development of Hydroxyethyl Starch

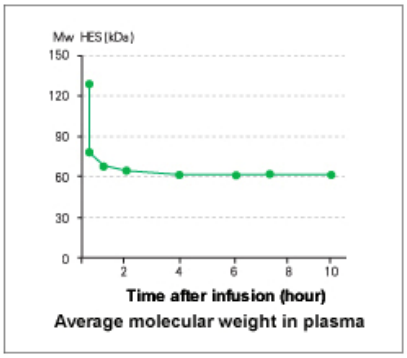
Heading from low or high molecular weight to medium molecular weight (130,000D)
Heading from high substitute level to low substitute level (0.4)
Heading from long elimination half life to short half life ($t_{1/2}$=1.4 hrs)
Heading from non-prevention of blood capillary leakage to prevention of blood capillary leakage



Excellent physiochemical Property

- Average molecular weight of 130,000D with more concentrated molecular weight distribution
- Average molar substitution of (MS) 0.4
- The C_2/C_6 ratio of hydroxyethylation about 9:1
- Rapid and immediate volume expansion and long lasting volume of at least of 6 hours
- 100% volume.expansion
- Complete clear no tissue storage
- Little side-effect on the coagulation and renal function

Satisfactory volume expansion.

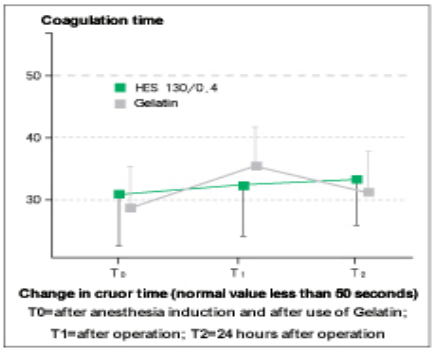


- Infused into body, the molecular weight *in vivo* can reach 70,000-80,000D immediately.
- The improvement of the C_2/C_6 ratio extend the volume expansion time
- It maintain above the value of renal threshold during the whole process of treatment

Better safety

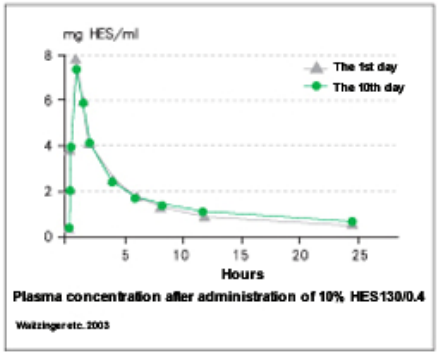
- The ratio of big molecule with adverse effect on hemorheology or hemostasis is reduced.
- The ratio of small molecule lower than the value of renal threshold is reduced.

Little effect on hemostasis and coagulation



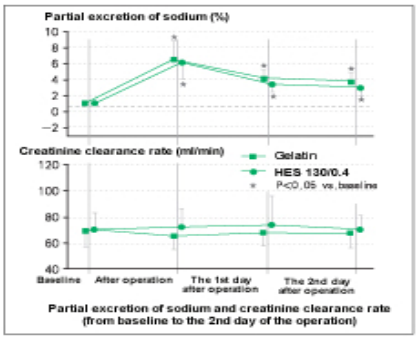
Daily infusion of 6% medium molecular weight HES 130/0.4 with the high dose of 50 ml/kg body weight will not lead to the platelet adhesiveness or aggregation, no evidence of more hemorrhage. The function of blood coagulation is in its normal condition during the operation.

No accumulation after regular infusion



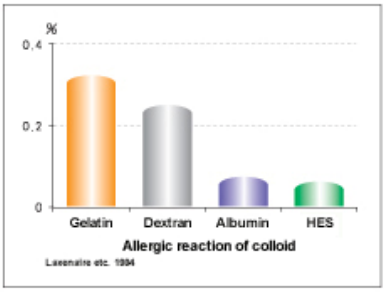
- Medium molecular weight (130,000D) with more concentrated distribution (150000D 10% 380,000D 10%)
- Due to medium degree of molar substitute (0.4) and higher C_2/C_4 ratio of 9:1, there is no plasma accumulation even infused with the maximum dosage daily over 10 days.

No damage on renal function



There is no injury on renal function infused with the recommended dosages of 6% medium molecular weight HES 130/0.4

Far lower allergic reaction ratio—only 0.058% (while that of gelatin 0.345%)



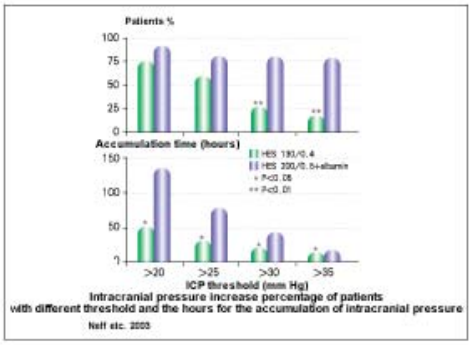
Clinic application

Safely applied in abdominal surgical operation

6% medium molecular weight HES 130/0.4 has better effect of reducing the inflammation compared with using crystal liquid as volume substitute, which has been discovered in the abdominal surgery.

Safely applied in serious Craniocerebral injury

6% medium molecular weight HES 130/0.4 can be infused in the patients at daily dose of 70 ml/kg body weight for several days without any injury on the blood coagulation or renal function, or inducing hemorrhage.



Other good effects may be reduce the time that use breathing machine or in ICU, reduce the time that use the Gelatin, reduce the intracranial pressure, as well as avoid using human albumin.

Safety and efficacy in heart operation

●the least effect on blood coagulation
●reducing the volume of blood transfusion
●can be used in the volume treatment in heart operation safely and effectively

The comparison between 6% HES130/0.4 solution and 6% HES200/0.5 solution

●No difference in the infusion volume and hemodynamics
●6% HES 130/0.4 solution has better safety, larger dosage can be used..
●The less demand on RBC when infused with 6% HES 130/0.4 solution..
●No side effect on coagulation even the highest daily dose of 50 ml/kg body weight used with 6% HES 130/0.4 Solution.

Indications

- Treatment and prophylaxis of all kinds of Hypovolemia and Shock
- Treatment of acute isovolumetric hemodilution.

Atorvastatin Calcium Tablets

The best selling medicine to modulate Cholesterol in the world , the good effect is the same as LIPITOR.

Be applied to cure hypercholesterolemia and mixed hyperlipemia, prevent coronary heart disease and cerebral apoplexy.

Introduction：

ATORVASTATIN CALCIUM reduces the body's ability to make cholesterol and thus lowers high cholesterol. It belongs to a group of drugs known as HMG-CoA reductase inhibitors or 'statins'. The drug can also reduce the risk of heart attack, stroke, or

other complications in certain patients, such as those with type 2 diabetes or risk factors for heart disease. Cholesterol-lowering drugs are used along with a diet low in fat and cholesterol; additional lifestyle changes may be recommended. Generic atorvastatin tablets are not yet available.

Advantages：

Atorvastatin helped lower LDL cholesterol levels. By keeping cholesterol levels at the recommended levels, heart attack, stroke, and other cardiovascular problems can be avoided.

When given Atorvastatin Calcium, LDL cholesterol was lowered much more in the men and women. The rate for having either a heart attack was 27% lower in the men and women.

Specification: 10 mg
Packing: 10 mg X 7 blister/ Aluminum-foil unit
10 mg X 10 blister/Aluminum-foil unit
Shelf life: 3 years

Usage:

Take Atorvastatin Calcium tablets by mouth. Swallow the tablets with a drink of water. Atorvastatin Calcium can be taken at anytime of the day, with or without food. Follow the directions on the prescription label. Take your doses at regular intervals. Do not take your medicine more often than directed.

Contact your pediatrician or health care professional regarding the use of this medicine in children. Special care may be needed. Atorvastatin Calcium has been used in children as young as 10 years of age.

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

Storage:
Keep out of the reach of children in a container that small children cannot open.

Store at controlled room temperature between 20 to 25 degrees C (68 to 77 degrees F). Keep container tightly closed. Throw away any unused medicine after the expiration date

Caution:

It should be known whether the patients have any of these conditions:

•an alcohol problem
•any hormone disorder (such as diabetes, under-active thyroid)
•blood salt imbalance
•infection
•kidney disease
•liver disease
•low blood pressure
•muscle disorder or condition
•recent surgery
•seizures (convulsions)
•severe injury
•an unusual or allergic reaction to Atorvastatin Calcium, other medicines, foods, dyes, or preservatives
•pregnant or trying to get pregnant
•breast-feeding

The following drug(s) may interact with Atorvastatin Calcium :

•alcohol-containing beverages
•antacids
•barbiturates (examples: phenobarbital, butalbital, primidone)
•birth control pills
•bosentan
•carbamazepine
•certain antibiotics such as clarithromycin, erythromycin, or troleandomycin
•colestipol
•cyclosporine
•diltiazem
•fenofibrate
•gemfibrozil
•grapefruit juice
•herbal medicines such as St. John's Wort or Went Yeast/Red Rice Yeast
•imatinib, STI-571
•medicines for fungal infections (examples: fluconazole, itraconazole, ketoconazole, voriconazole)
•medicines for treating HIV infection
•niacin
•nefazodone
•oxcarbazepine
•phenytoin
•pioglitazone
•rifampin, rifabutin, or rifapentine

•telithromycin
•verapamil

Tell your prescriber or health care professional about all other medicines you are taking, including non-prescription medicines, nutritional supplements, or herbal products. Also tell your prescriber or health care professional if you are a frequent user of drinks with caffeine or alcohol, if you smoke, or if you use illegal drugs. These may affect the way your medicine works. Check with your health care professional before stopping or starting any of your medicines.

Side effects from taking Atorvastatin Calcium:

Side effects that you should report to your prescriber or health care professional as soon as possible:

Rare or uncommon:
•dark yellow or brown urine
•decreased urination, difficulty passing urine
•fever
•muscle pain, tenderness, cramps, or weakness
•redness, blistering, peeling or loosening of the skin, including inside the mouth
•skin rash, itching
•unusual tiredness or weakness
•yellowing of the skin or eyes

Side effects that usually do not require medical attention (report to your prescriber or health care professional if they continue or are bothersome):
•diarrhea
•gas
•headache
•joint pain
•nausea, vomiting
•stomach upset or pain
•tiredness

Pay more attention to the following while taking Atorvastatin Calcium:
Visit your prescriber or health care professional for regular checks on your progress. You will need to have regular tests to make sure your liver is working properly.

Tell your prescriber or health care professional as soon as you can if you get any unexplained muscle pain, tenderness, or weakness, especially if you also have a fever and tiredness.

Atorvastatin Calcium is only part of a total cholesterol-lowering program. Your physician or

dietician can suggest a low-cholesterol and low-fat diet that will reduce your risk of getting heart and blood vessel disease. Avoid alcohol and smoking, and keep a proper exercise schedule.

Atorvastatin Calcium should not be used by females who are pregnant or breast-feeding. There is a potential for serious side effects to an unborn child or to an infant. Talk to your health care professional or pharmacist for more information.

If you are going to have surgery tell your prescriber or health care professional that you are taking Atorvastatin Calcium.

CLINICAL PHARMACOLOGY

Mechanism of Action

Atorvastatin is a selective, competitive inhibitor of HMG-CoA reductase, the rate-limiting enzyme that converts 3-hydroxy-3-methylglutaryl-coenzyme A to mevalonate, a precursor of sterols, including cholesterol. Cholesterol and triglycerides circulate in the bloodstream as part of lipoprotein complexes. With ultracentrifugation, these complexes separate into HDL (high-density lipoprotein), IDL (intermediate-density lipoprotein), LDL (low-density lipoprotein), and VLDL (very-low-density lipoprotein) fractions. Triglycerides (TG) and cholesterol in the liver are incorporated into VLDL and released into the plasma for delivery to peripheral tissues. LDL is formed from VLDL and is catabolized primarily through the high-affinity LDL receptor. Clinical and pathologic studies show that elevated plasma levels of total cholesterol (total-C), LDL-cholesterol (LDL-C), and apolipoprotein B (apo B) promote human atherosclerosis and are risk factors for developing cardiovascular disease, while increased levels of HDL-C are associated with a decreased cardiovascular risk.

In animal models, Lipitor lowers plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of hepatic LDL receptors on the cell-surface to enhance uptake and catabolism of LDL; Lipitor also reduces LDL production and the number of LDL particles. Lipitor reduces LDL-C in some patients with homozygous familial hypercholesterolemia (FH), a population that rarely responds to other lipid-lowering medication(s).

A variety of clinical studies have demonstrated that elevated levels of total-C, LDL-C, and apo B (a membrane complex for LDL-C) promote human atherosclerosis. Similarly, decreased levels of HDL-C (and its transport complex, apo A) are associated with the development of atherosclerosis. Epidemiologic investigations have established that cardiovascular morbidity and mortality vary directly with the level of total-C and LDL-C, and inversely with the level of HDL-C.

Lipitor reduces total-C, LDL-C, and apo B in patients with homozygous and heterozygous FH, nonfamilial forms of hypercholesterolemia, and mixed dyslipidemia. Lipitor also reduces VLDL-C and TG and produces variable increases in HDL-C and apolipoprotein A-1. Lipitor reduces total-C, LDL-C, VLDL-C, apo B, TG, and non-HDL-C, and increases HDL-C in patients with

isolated hypertriglyceridemia. Lipitor reduces intermediate density lipoprotein cholesterol (IDL-C) in patients with dysbetalipoproteinemia. The effect of Lipitor on cardiovascular morbidity and mortality has not been determined.

Like LDL, cholesterol-enriched triglyceride-rich lipoproteins, including VLDL, intermediate density lipoprotein (IDL), and remnants, can also promote atherosclerosis. Elevated plasma triglycerides are frequently found in a triad with low HDL-C levels and small LDL particles, as well as in association with non-lipid metabolic risk factors for coronary heart disease. As such, total plasma TG has not consistently been shown to be an independent risk factor for CHD. Furthermore, the independent effect of raising HDL or lowering TG on the risk of coronary and cardiovascular morbidity and mortality has not been determined.

Pharmacodynamics

Atorvastatin as well as some of its metabolites are pharmacologically active in humans. The liver is the primary site of action and the principal site of cholesterol synthesis and LDL clearance. Drug dosage rather than systemic drug concentration correlates better with LDL-C reduction. Individualization of drug dosage should be based on therapeutic response (see DOSAGE AND ADMINISTRATION).

Pharmacokinetics and Drug Metabolism

Absorption: Atorvastatin is rapidly absorbed after oral administration; maximum plasma concentrations occur within 1 to 2 hours. Extent of absorption increases in proportion to atorvastatin dose. The absolute bioavailability of atorvastatin (parent drug) is approximately 14% and the systemic availability of HMG-CoA reductase inhibitory activity is approximately 30%. The low systemic availability is attributed to presystemic clearance in gastrointestinal mucosa and/or hepatic first-pass metabolism. Although food decreases the rate and extent of drug absorption by approximately 25% and 9%, respectively, as assessed by Cmax and AUC, LDL-C reduction is similar whether atorvastatin is given with or without food. Plasma atorvastatin concentrations are lower (approximately 30% for Cmax and AUC) following evening drug administration compared with morning. However, LDL-C reduction is the same regardless of the time of day of drug administration (see DOSAGE AND ADMINISTRATION).

Distribution: Mean volume of distribution of atorvastatin is approximately 381 liters. Atorvastatin is >98% bound to plasma proteins. A blood/plasma ratio of approximately 0.25 indicates poor drug penetration into red blood cells. Based on observations in rats, atorvastatin is likely to be secreted in human milk (see CONTRAINDICATIONS, Pregnancy and Lactation, and PRECAUTIONS, Nursing Mothers).

Metabolism: Atorvastatin is extensively metabolized to ortho- and parahydroxylated derivatives and various beta-oxidation products. *In vitro* inhibition of HMG-CoA reductase by ortho- and parahydroxylated metabolites is equivalent to that of atorvastatin. Approximately 70% of circulating inhibitory activity for HMG-CoA reductase is attributed to active metabolites. *In vitro* studies suggest the importance of atorvastatin metabolism by cytochrome P450 3 A4, consistent with increased plasma concentrations of atorvastatin in humans following coadministration with erythromycin, a known inhibitor of this isozyme (see PRECAUTIONS, Drug Interactions). In animals, the ortho-hydroxy metabolite

undergoes further glucuronidation.

Excretion: Atorvastatin and its metabolites are eliminated primarily in bile following hepatic and/or extra-hepatic metabolism; however, the drug does not appear to undergo enterohepatic recirculation. Mean plasma elimination half-life of atorvastatin in humans is approximately 14 hours, but the half-life of inhibitory activity for HMG-CoA reductase is 20 to 30 hours due to the contribution of active metabolites. Less than 2% of a dose of atorvastatin is recovered in urine following oral administration.

Special Populations

Geriatric: Plasma concentrations of atorvastatin are higher (approximately 40% for Cmax and 30% for AUC) in healthy elderly subjects (age >65 years) than in young adults.Clinical data suggest a greater degree of LDL-lowering at any dose of drug in the elderly patient population compared to younger adults (see PRECAUTIONS section; Geriatric Use subsection).

Pediatric: Pharmacokinetic data in the pediatric population are not available.

Gender: Plasma concentrations of atorvastatin in women differ from those in men (approximately 20% higher for Cmax and 10% lower for AUC); however, there is no clinically significant difference in LDL-C reduction with Lipitor between men and women.

Renal Insufficiency: Renal disease has no influence on the plasma concentrations or LDL-C reduction of atorvastatin; thus, dose adjustment in patients with renal dysfunction is not necessary (see DOSAGE AND ADMINISTRATION).

Hemodialysis: While studies have not been conducted in patients with end-stage renal disease, hemodialysis is not expected to significantly enhance clearance of atorvastatin since the drug is extensively bound to plasma proteins.

Hepatic Insufficiency: In patients with chronic alcoholic liver disease, plasma concentrations of atorvastatin are markedly increased. Cmax and AUC are each 4-fold greater in patients with Childs-Pugh A disease. Cmax and AUC are approximately 16-fold and 11-fold increased, respectively, in patients with Childs-Pugh B disease (see CONTRAINDICATIONS).

Clinical Studies

Hypercholesterolemia (Heterozygous Familial and Nonfamilial) and Mixed Dyslipidemia *(Fredrickson* Types Ha and IIb)

Lipitor reduces total-C, LDL-C, VLDL-C, apo B, and TG, and increases HDL-C in patients with hypercholesterolemia and mixed dyslipidemia. Therapeutic response is seen within 2 weeks, and maximum response is usually achieved within 4 weeks and maintained during chronic therapy.

Montmorillonite powder

The only natural medicines for diarrhea,
which conforms to WHO diarrhea treatment standard.
Safe for pregnancy and children.

WHO suggestion for diarrhea treatment
High efficiency
Oral taking
Not absorbed by gastrointestinal duct
Able to take with other oral fluid replacement
Against various gastrointestinal attacking factor
Not interfere gastrointestinal absorbing function, especially absorption of glucose and amino acid

[Description]
Grey or light yellow powder with odour sweetly. .

[Pharmacology]
The product has construction of layers and uneven distribution of electric charge, so it has the effect of stop and restrain the toxin produced by the virus and bacteria in the gastrointestinal duct, as well as the effect of covering the mucous membrane of the gastrointestinal duct and combining the mucin-like glycoproteins. So it can repair and improve the protection function of mucous membrane against attacking factor not only in quality but also in amount.

[Pharmacokinetics]
The product won't enter the circulation of the blood and will be excluded out of the body with the attacking factors it has fixed under the movement of gastrointestinal duct. It won't have influence on the examination of X-ray or change the color of stool nor the normal movement of the enteric duct.

[Indications]
The acute or chronic diarrhea of adults or children.
The assistant to the therapy to pain caused by diseases of esophagus, stomach or duodenum. It can't be used as antispasmodic drugs.

[Dosage and Administration]
Put the product into 50ml warm water, shake well and drink. For children: under 1 year old, 1 pack everyday. 1-2 years old, 1-2 packs everyday. Older than 2 years, 2-3 packs everyday. All above should be shared into three

times. Or listen to the doctor. Adult: 1 pack every time and three times a day. When patient having acute diarrhea takes the drug for first time, the first dosage should be double.

[Side effect]Sometimes constipation or dry stool can be seen.
[Cautions] Take care of the correction of dehydration when used to treat acute diarrhea.
[For Pregnancy and Lactation] It can be taken safely.
[For children] It can be taken safely. But over-taken may cause constipation.
[For the old] It can be taken safely.
[Interactions] There should be interval between taking this drug and others if necessary.
[Over-taken] Constipation can be caused when over-taken.
[Specification] 3g montmorillonite in every pack.
[Package] Aluminium and plastic membrane package. Every box contains 10 packs or 6 packs.

Trauma oil

Traditional Chinese herb medicine, patent in China.
The only medicine in China, which can cure the patients,
who has been burned and scalded with the body area of 29%.

Absolute advantages:
1. Short in treatment period
Most of patients who injured with less than II degree of burn and Scald can be cured within 10-15 days. Most of patients who injured with more than II degree of burn and scald can be cared within 20-30 days.
2. Quick in pain alleviating
3. Strong in anti-infection
4. Good efficacy in would surface recovery.
5. No side effect.

Suitable for different kind of Burn, Scald, Sunburn, Knife and sword injury, weapon injury, radiotherapy and chemotherapeutics, Skin infection.

Composition: Tung Leaves, sesame oil.
Appearance: Deep yellow-green oil liquid, with slight odour.
Packing: 100 ml/bottle 30 ml/bottle

Shelf life: 18 month.
Storage: Tightly sealed, in cool place, not more than 20 ℃.
Usage:
Smear to wounded part with Cotton ball, three times daily.
Put gauze soaked with medicines to the wounded part, three times daily.

Haemostasis dressing

The best Haemostasis medicine in China, can stop the bleeding very quickly, ideal haemostasis product for the emergency medical rescue, save people's life in time.

Character and mechanism

- Zeolite powder dressing is a new generation urgent styptic product.
- The medicine is produced through eighteen steps special technics, main component zeolite, off-yellow appearance, round granule, granularity mesh 0.2mm-1.0mm, chemical essence of remodel high ion-exchange Ca-A molecular-sieve.
- Its characteristic is molecular micro-aperture established by silicon, aluminum and oxygen in three-dimensional space. It selectively absorbs water-molecular in blood when acted on wound, but not other components in blood, resulting in condensing of hematoblast and prothrombin. As absorbing water, brings caloric, which enhances hematoblast agglomeration speed and ability, so acts styptic.

Clinical research results from Chinese national medicine clinical research base

Analysis on bleeding	**Arterial bleeding**	**Stanching time(s)**
	Aorta	32.78±13.71
	Median	27.33±1.50
	Arteriole	31.00±3.39
Analysis on depth of wound	**Depth of wound**	**Stanching time(s)**
	≤1	32.00±11.93
	1~2	29.22±5.91
	2~3	24.80±5.02
	>3	39.00±10.15

The results show that average styptic time is 30.26±8.80 seconds, minimum is 16 seconds and maximum is 56 seconds.

Usage

1. Clean out blood, water and smudginess around wound with sterile gauze.
2. Open the package from opening.
3. Pour the medicine to wound, make sure powder is enough to stanch.
4. Cover wound with sterile gauze, press until stanch.

5. Bind up with medical bandage.
6. Pour out residual medicine, have recourse to medical aid, and give the empty bag to medical personnel.

Cautions

1. To patients of encephalic or thorax bleeding, serious liverish or bleeding-cruor dysfunction, use the medicine with caution.
2. The medicine is disposable, in which clot powder is autoclaved, sterile gauze and elastic bandage is sterilized by ethylene oxide. Once the package is destroyed, do not use it any more.
3. The bedewed medicine will produce heat. To avoid causalgia, deal with water and blood in wound with gauze before using the medicine.
4. After using the medicine, get medical assistance as soon as possible within 24 hours. Using the medicine should be known. Do debridement, be sure to clean out the clot powder absolutely.
5. Avoid to contact eyes, nares and throat. Once gotten into eyes, rinsing out with enough water; once swallowed, drinking enough water; once inbreathed, deep breathing for more than 15 minutes in drafty place.
6. Keep away from children.