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化学品安全技术说明书

填表时间 2019-12-26

打印时间 2025-11-04

MSDS标题

ORPHENADRINE CITRATE MSDS报告

产品标题

柠檬酸邻甲苯海拉明

CAS号

4682-36-4

化学品及企业标识

PRODUCT NAME

ORPHENADRINE CITRATE

NFPA

Flammability	1
Toxicity	2
Body Contact	2
Reactivity	1
Chronic	2

SCALE: Min/Nil=0 Low=1 Moderate=2 High=3 Extreme=4

PRODUCT USE

An anticholinergic agent employed mainly in the symptomatic treatment of arteriosclerotic, idiopathic and postencephalitic parkinsonism; also used to alleviate extrapyramidal syndrome induced by drugs such as phenothiazines and reserpine. Also has weak antihistaminic, local anaesthetic and skeletal muscle relaxant properties. A congener of diphenhydramine without sharing its soporific effect - has been abused for its supposed

SYNONYMS

C24-H31-N-O8, C24-H31-N-O8, "ethylamine, N, N-dimethyl-2-((o-methyl-alphaphenylbenzyl)oxo)-, citrate", "ethylamine, N, N-dimethyl-2-((o-methyl-alphaphenylbenzyl)oxo)-, citrate", "2-dimethylaminoethyl 2-methylbenzhydryl ether citrate", "N, N-dimethyl-2-(o-methyl-alphaphenylbenzyloxy)ethylamine citrate", "N, N-dimethyl-2-(o-methyl-alphaphenylbenzyloxy)ethylamine citrate", "N, N-dimethyl-2-((2-methylphenyl)phenylmethoxy)ethanamine citrate", "N, N-dimethyl-2-((2-methylphenyl)phenylmethoxy)ethanamine citrate", "o-methyldiphenhydramine citrate", "o-methyldiphenhydramine citrate", "o-monomethyldiphenhydramine citrate", "o-monomethyldiphenhydramine citrate", "o-monomethyldiphenhydramine citrate", "phenyl-o-tolylmethoxy)ethyl dimethylamine citrate", "phenyl-o-tolylmethyl dimethylaminoethyl ether citrate", "phenyl-o-tolylmethyl dimethylaminoethyl ether citrate", "beta-dimethylaminoethyl 2-methylbenzhydryl ether citrate", "Mephenamine Citrate", "Orphenadin Citrate", Banflex, Norflex, X-Otag, "anticholinergic/ skeletal muscle relaxant"

CANADIAN WHMIS SYMBOLS

EMERGENCY OVERVIEW

RISK

Harmful by inhalation, in contact with skin and if swallowed. Very toxic to aquatic organisms, may cause long- term adverse effects in the aquatic environment.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. Anticholinergics can cause loss of vision. Effects associated with their use include increased heart rate, decreased saliva production and other secretions and reduction in bowel movements. Adverse effects include dry mouth, difficulty swallowing and speaking, thirst, dilated pupils, loss of focus, sensitivity to light, skin flushing and dryness, a temporary slowing of heart rate followed by rapid heart rate with palpitations and irregularities in rhythm. There may be vomiting, pain in the chest and dizziness. Toxicity due to overdose may result in rapid breathing, high fever, restlessness, confusion, excitement, paranoia, psychosis, hallucinations, delirium, seizures and convulsions. A rash may occur on the face or upper trunk. Severe intoxication can depress

the central nervous system, causing inco-ordination, drowsiness, stupor, unconsciousness, coma, stoppage of circulation and breathing, and death.

EYE

There is some evidence to suggest that this material can causeeye irritation and damage in some persons. Anticholinergic eye drops can cause stinging, dryness, redness, itch, dilated pupils, and loss of focus with blurred vision. Pupil Reflexes may be lost or diminished for 3 days.

SKIN

Skin contact with the material may be harmful; systemic effects may resultfollowing absorption. Skin contact is not thought to produce harmful health effects (as classified using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting. Open cuts, abraded or irritated skin should not be exposed to this material. Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified using animal models). Nevertheless, adverse effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

CHRONIC HEALTH EFFECTS

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. There is some evidence that inhaling this product is more likely to cause a sensitization reaction in some persons compared to the general population. There is limited evidence that, skin contact with this product is more likely to cause a sensitization reaction in some persons compared to the general population. Prolonged exposure to anticholinergic agents may irritate the eyes, causing allergic lid reactions, conjunctivitis, swelling, excess blood flow to the eyes, and sensitivity to light. Increase in eye pressure may lead to closed angle glaucoma. There may be hypersensitivity shown by conjunctivitis, rash and eczema. Anticholinergics can also cause

chronic constipation with blockage of the intestine by feces. Long-term use of antihistamines can cause sugar in the urine, obstructive jaundice, skin discoloration associated with loss of platelets, early periods, loss of milk production, breast development in males and decreased sex drive. Disturbances in the blood include anemia, loss of white blood cells and platelets. Allergic reactions include fever, eczema, red wheal and blistering, a measles-like or scarlet-fever like rash, itching, sensitivity to light, swelling of the extremities, throat and other areas, asthma, lupus-like symptoms and anaphylactic shock. Prolonged use may cause difficulty in moving the muscles of the face. Withdrawing the drug generally improves these effects. Exposure to small quantities may induce hypersensitivity reactions characterized by acute bronchospasm, hives (urticaria), deep dermal wheals (angioneurotic edema), running nose (rhinitis) and blurred vision . Anaphylactic shock and skin rash (non-thrombocytopenic purpura) may occur. An individual may be predisposed to such anti-body mediated reaction if other chemical agents have caused prior sensitization (cross-sensitivity). Hypersensitivity may occurs as conjunctivitis or a skin rash.

