

**Pediatrics · Educational evidence summary**

# Medication identity and pediatric formulation differences

This pediatric review addresses medication identity and pediatric formulation differences.

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## “The same medicine” can refer to different levels of detail

A family may know a medicine by the bottle label, a clinician may document the generic ingredient, and a source scale may use a historical product name. These descriptions can refer to the same treatment, but that relationship must be established rather than assumed. In pediatrics, the exact preparation can be essential to understanding what was administered.

This explainer focuses on identity and formulation. It does not provide dose conversions or advice about altering a preparation. The goal is to make the evidence match clear enough that the reader can see both what the source supports and what the current product information must supply.

## Start with the actual product

Record the active ingredient or ingredients, dosage form, route, concentration or strength, and instructions as documented on the current product and clinical record. A volume alone does not identify an amount of medicine without the concentration. A brand name alone may not establish the same formulation across settings or time.

When records disagree, retain the discrepancy until it is reconciled by the appropriate clinician or pharmacist. Choosing whichever description fits the source table can produce a confident match to the wrong product. The direction of the work should be from verified product identity to source evidence, not the reverse.

## Ingredient identity is useful but incomplete

The ingredient concept allows a search to find relevant evidence across different labels. It does not guarantee that every preparation has been studied or classified separately. A source may provide an ingredient-level observation while the clinical question concerns a specific route or formulation.

UnifiedACB’s public records preserve notes against inferring route or formulation details absent from the source label. [UnifiedACB public evidence dataset, v3.0 RC12 final](#) That is an intentional limit. The normalized name improves discoverability, while the literal source label protects the original scope of the observation.



## Formulation instructions do not come from the burden score

Whether a product can be divided, crushed, mixed, or administered through a particular route is a product-specific question. An anticholinergic category does not answer it. For example, the prescribing information for oxybutynin extended-release tablets specifies whole-tablet administration and pediatric limitations relevant to that preparation. [DailyMed: oxybutynin extended-release tablets](#)

The example is not a recommendation to use that product. It shows why an ingredient lookup cannot substitute for the current product label. The same principle applies when a source uses a formulation different from the one actually supplied.

## Combination products require explicit handling

A product containing more than one active ingredient should not be reduced to the familiar component without examining the source record. A score for one ingredient is not automatically a score for the combination, and a source entry for the combination is not automatically transferable to each component.

The medication history should retain all components and identify any duplicate ingredient exposure across products. The source evidence can then be reported at the level it actually supports. If the combination is not represented, say so rather than construct a new value from component categories.

## A changed preparation may leave the source category unchanged

The clinical preparation can change while an ingredient-level source observation stays the same. That is not necessarily an error. It means the source method does not encode the formulation change. The clinical record should capture the change separately so it is not lost from the exposure history.

Conversely, a new source version may change a displayed observation without any change in the child's product. Documentation should distinguish these events. Otherwise, a later reader may incorrectly attribute a different evidence summary to a different medication exposure.

## What to clarify when information is incomplete

Choose the question that resolves the actual ambiguity: the ingredient list, concentration, route, or release form. A long series of unrelated questions is less useful than one precise clarification. If the missing information cannot be obtained, label the match as limited rather than silently defaulting to an adult or commonly used preparation.

For families, photographs or labels can be useful in a clinical medication reconciliation, but the directory should not infer patient-specific dosing from incomplete text. The treating clinician or pharmacist remains the appropriate source for administration instructions and dose verification.



When a preparation changes, keep the old and new product descriptions with their dates instead of replacing the history with a single ingredient name. The source category may remain unchanged, while the administration question or relevant product information changes. This lets a clinician understand what the child was actually receiving when a concern arose and prevents a later reviewer from assuming that every entry in the history referred to the same preparation.

## Limits of source matching

An exact product match improves confidence that the relevant evidence has been found. It does not validate an adult scale in a child or establish the probability of an adverse effect. Those are separate questions requiring population- and outcome-specific evidence.

The useful conclusion is therefore precise: this source observation applies at this identity level, while these product details are known or remain unresolved. That clarity protects both the child's medication history and the integrity of the original evidence.

## References

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## Explore the evidence

[Ask UnifiedACB](#) about a medication or source, browse the [Medication Library](#), or read the [methodology](#).

## Disclosure

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*Educational evidence summary. This content does not provide patient-specific medical advice and does not replace clinical judgment, medication reconciliation, or prescribing guidance.*