

Ketorolac (Toradol)

<u>Adult Pain Management</u> Pediatric Pain Management <u>Fever</u>		
P	Adult	15 mg IV/IO/IM (Single dose)
	Pediatric >2 years	1 mg/kg IM max of 15 mg 0.5 mg/kg IV/IO max of 15 mg
<u>(AAS SpecialSkill)</u> Adult Pain Management Pediatric Pain Management <u>Fever</u>		
I	Adult	15 mg IV/IO/IM (Single dose)
	Pediatric >2 years	1 mg/kg IM max of 15 mg 0.5 mg/kg IV/IO max of 15 mg

KEY POINT

- NSAIDs should NOT be administered to any patient who is pregnant or has known renal impairment (dysfunction, inefficiency, disease)
- NSAIDs should not be administered to anyone >65 years of age

Class:

- Non-Steroidal Anti-Inflammatory Drug (NSAID)

Description of Use:

- Non-selective COX-1 and COX-2 inhibitor
- Non-steroidal anti-inflammatory drugs (NSAIDS) used to treat minor to moderate pain including sore throat, isolated muscular skeletal pain such as sprains and strains, kidney stones, biliary colic (gallbladder pain), dental pain, acute low back pain following lifting, twisting, gout, or fracture not likely to require surgery

Pharmacokinetics:

- Onset: 30 minutes with peak response 2-3 hours
- Duration: 4-6 hours
- Renal Excretion: 92%

Special Populations:

- Pregnancy Category: "D" **DO NOT ADMINISTER TO PREGNANT PATIENTS**
- Children: Do not give to patients < 2 years old
- Elderly: Age related renal impairment may require dosage adjustment

Contraindications:

- Aspirin or NSAIDS allergy, perioperative pain in the setting of coronary artery bypass graft (CABG), bleeding with active intracranial hemorrhage or GI bleed, thrombocytopenia, coagulation defects, renal impairment, concomitant ASA, NSAID or Lithium use, breast feeding

Adverse reactions:

- Nausea/epigastric discomfort, dyspepsia, hepatotoxicity, GI bleeding, renal failure (high, prolonged doses, leukopenia, neutropenia, hemolytic anemia (long term use), thrombocytopenia, jaundice, pancytopenia, CNS stimulant, delirium followed by vascular collapse, seizures, coma, death