

Ibuprofen (Advil, Motrin)

<u>Adult Pain Management</u> <u>Pediatric Pain Management</u> <u>Fever</u>		
B	Adult	400-600 mg PO
	Pediatric >6 mts old (Liquid)	10mg/kg PO (pill or liquid)

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
- If the provider is administering pill form of IBP to pediatrics:
 - Make sure the patient is able to swallow a pill
 - It is also difficult to get exact dosing for IBP pill form. The nearest dose per whole pill is acceptable. Use provider judgement
 - Do not cut pills in half
 - If the pediatric is not willing or able to take IBP pill form, consider an alternative NSAID, i.e. Tylenol, or liquid IBP if available
- If the provider is administering **liquid** form of IBP to pediatrics:
 - The bottle's instructions are an acceptable dose measuring tool
 - Liquid IBP should only be given to patients >6 months old

Class:

- Non-Steroidal Anti-Inflammatory Drug (NSAID)

Description of Use:

- Non-Steroidal Anti-Inflammatory Drug (NSAID) is used to treat minor to moderate pain including sore throat, isolated muscular skeletal pain (sprains, strains, kidney stones, biliary colic [gallbladder pain], dental pain, acute low back pain following lifting twisting or exercising) gout, and a fracture not requiring surgery

Pharmacokinetics: (Route: PO)

- Absorption: 1-2 hours
- Half-life: 1.8-2.44 hours
- Renal Excretion 45%-75% as metabolites

Special Populations:

- Pregnancy Category: B
- Elderly: Age related renal impairment may require dosage adjustment

Contraindications:

- Aspirin or NSAID allergy, preoperative pain in the setting of coronary artery bypass graft (CABG), bleeding with active intracranial hemorrhage or GI bleed, thromboxypenia, coagulation defects, renal impairment

Adverse reactions:

- 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 and death

Treatment of Overdose:

- Supportive care, activated charcoal, benzodiazepines for seizures. No antidote