## PHARMACOLOGY OF NON-OPIATE ANALGESICS

NON-OPIATES (Route)	ONSET (I.V)	ELIMINATION- HALF LIFE	DOSING	SIDE EFFECTS AND OTHER INFORMATION
KETAMINE (I.V)	30-40 sec	2-3 hr	Loading dose 0.1–0.5 mg/kg IV followed by 0.05–0.4 mg/kg/hr	Can cause acute tolerance to opioids. May cause hallucinations and psychological disturbances.
ACETAMINOPHEN (PO, PR)	30- 60 min variable	2-4 hr	325–1000 mg every 4–6 hr; max dose ≤ 4 g/day)	May be contraindicated with significant hepatic impairment
ACETAMINOPHEN (I.V)	5-10 mins	2 hr	650 mg IV every 4 hrs – 1000 mg IV every 6 hr; max dose ≤ 4 g/day	
KETOROLAC (IM, I.V)	10 mins	2.4 - 8.6 hr	30 mg IM/IV, then 15–30 mg IM/IV every 6 hr up to 5 days; max dose = 120 mg/day × 5 days	Should not be used in patients with renal dysfunction, G.I. bleeding, deranged clotting, concomitant angiotensin converting enzyme inhibitor therapy, congestive heart failure, cirrhosis, asthma and perioperative patients of cardiac bypass surgery.



## PHARMACOLOGY OF NON-OPIATE ANALGESICS cont.

NON-OPIATES (Route)	ONSET (I.V)	ELIMINATION- HALF LIFE	DOSING	SIDE EFFECTS AND OTHER INFORMATION
IBUPROFEN (I.V)	N/A	2.2 - 2.4 hr	400–800 mg IV every 6 hr infused over > 30 mins; max dose = 3.2 g/day	As Ketorolac
IBUPROFEN (PO)	25 mins	1.8 - 2.5 hr	400 mg PO every 4 hrs; max dose = 2.4 g/day	As Ketorolac
GABAPENTIN (PO)	N/A	5-7 hr	Starting dose = 100 mg PO three times daily; mainte- nance dose = 900–3600 mg/day in 3 divided doses	Side effects: sedation, dizziness, confusion ataxia. Dose should be adjusted in renal failure. Abrupt discontinuation can be associated with drug withdrawal syndrome, seizures.
CARBAMAZEPINE IMMEDIATE RELEASE (PO)	4- 5 hr	25- 65 hrs initially then 12- 17 hr	Starting dose = 50–100 mg PO bid; maintenance dose = 100–200 mg every 4–6 hr; max dose = 1200 mg/day	Side Effects: Side effects: (common) nystagmus, dizziness, diplopia, light- headedness, lethargy; (rare) aplastic anae- mia, and agran- ulocytosis; Stevens—John- son syndrome or toxic epider- mal necrolysis.

