

21. KETOROLAC (TORADOL®) (NEW '20) Optional Supplemental Protocol

1. PHARMACOLOGY

- a) Inhibits synthesis of prostaglandin, which, in turn, reduces pain and inflammation
- b) Antipyretic agent
- c) Does not affect CNS, peripheral acting analgesic, therefore, it does not possess the same sedative properties as a narcotic

2. PHARMACOKINETICS

a) Onset: Approximately 30 minutes

b) Peak effects: 1-2 hours

c) Half-life: 4-6 hours

3. INDICATIONS

- a) Management of moderate to severe acute pain
- b) Consider as a first line medication for renal stones/colic
- c) Burns mild to moderate
- d) Non-traumatic neuromuscular pain

4. CONTRAINDICATIONS

- a) Hypersensitivity to ketorolac, aspirin, and other NSAIDs
- b) Current usage of aspirin or NSAIDs within 6 hours
- c) Severe headache or head injury
- d) Bleeding or clotting disorder
- e) Renal disease or transplant
- f) Active or history of peptic ulcer disease (PUD), active or recent history of GI bleed, and active or history of GI perforation
- g) Pregnancy or breast feeding
- h) Suspected ACS
- i) Trauma with suspected bleeding
- j) Patients who have not yet reached their second birthday

5. ADVERSE EFFECTS

- a) Burning or pain at the injection site
- b) Rash / itching
- c) GI distress
- d) Nausea / vomiting

6. DOSAGE



a) Adult: Administer single dose of 15 mg IV only. No repeat doses.
 If IV is unavailable: Administer single dose of 30 mg IM. No repeat doses.

b) Pediatric:

- (1) Newly born to 2 years of age: Contraindicated
- (2) Age 2 to patients who have not reached their 18th birthday: Administer 0.5 mg/kg IV only to a maximum total dose of 15 mg. No repeat doses. If IV is unavailable: Administer 1 mg/kg IM to a maximum total dose of 30 mg. No repeat doses.
