



# REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

**ketorolac**

**Effective Date:** Dec 2012

**Revised Date:** Nov13-2013

**Reviewed Date:** Sept 9 2018

CLASSIFICATION  
**NSAID/Analgesic**

OTHER NAMES  
**Toradol**

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**ADMINISTRATION POLICY:**

- IV Bolus - May be administered by a nurse
- IV Infusion - May be administered by a nurse
- IM Injection - May be administered by a nurse

**RECONSTITUTION/DILUTION/ADMINISTRATION:**

**Available as:** 30 mg/mL – 1 mL vial.

**NOTE:** Manufacturer labeled for “IM only” but may also be given intravenously.

- IV Bolus:** Over a minimum of 1 minute
- IV Intermittent:** Dilute in 50 mL of normal saline and administer over 15 to 30 minutes.

- Maximum rate:**
  - IV Bolus:** over 1 minute
  - IV Intermittent:** over 15 minutes

**Maximum concentration:** 30 mg/mL

**DOSAGE:**

**Usual:** 10 to 30 mg every 4 to 6 hours as needed (10 to 15 mg for the elderly, patients less than 50 kg or with renal dysfunction)

- Maximum single dose:** 60 mg
- Maximum daily dose:** 120 mg (60 mg for the elderly)

**STABILITY/COMPATIBILITY:**

- Stability of Final Admixture:** 24 hours at room temperature
- Compatibility:** Compatible with D5W, normal saline, D5NS, and Lactated Ringer

**PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:**

- Parenteral administration greater than 3 days is not recommended as the incidence of side effects increases with the duration of treatment.
- CNS: headache, dizziness, drowsiness
- GI: nausea, dyspepsia, GI pain, diarrhea, GI bleeding/ulceration.
- HYPERSENSITIVITY REACTIONS: bronchospasm, hypotension, flushing, rash, fluid retention, edema, increases in serum creatinine.
- GU: Renal toxicity, especially in patients with impaired renal function, dehydration, heart failure, liver dysfunctions, and/or those taking ACE inhibitors and diuretics.

**ADDITIONAL NOTES AND NURSING CONSIDERATIONS:**

- Avoid in patients who are allergic to ASA.
- Use with caution in patients with bleeding disorders or those receiving other anticoagulant medication.
- Use with caution in patients with history of GI disorders, hepatic or renal disease, or those who are debilitated.
- Elderly patients: use with caution due to increased risk of peptic ulcers, CNS effects and renal toxicity with this drug.