REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

ketorolac

Effective Date: May14-2014 **Revised Date:**	CLASSIFICATION **Anti-inflammatory, Analgesic**	OTHER NAMES **Toradol**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Bolus – May be administered by a nurse
IV Intermittent – May be administered by a nurse
IM Injection – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 30 mg/mL
NOTE: manufacturer's label reads "for IM use" but the product may be given IV

IV Bolus: May be given undiluted and administered over 1 to 3 minutes

Intermittent: Dilute in normal saline and administer over 15 to 30 minutes

IM: Undiluted and use DEEP intramuscular injection

DOSAGE:

IV bolus, IM: 1 mg/kg

IV intermittent: 0.5 mg/kg/dose every 6 hours x 48 hours

Renal impairment: decrease dose – CrCl 10 to 50 mL/minute/1.73 m^2 – 50%
CrCl less than 10 mL/minute/1.73 m^2 – 25 to 50%

Maximum single dose: 60 mg
Maximum daily dose: 120 mg

Maximum concentration : IV bolus/IM: 30 mg/mL

STABILITY/COMPATIBILITY:

Stability of final admixture: 24 hours at room temperature

Compatibility: Compatible with D5W, normal saline, dextrose-saline solutions, Lactated Ringer

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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

Adverse effects are mild, but increase in severity and frequency with use of high doses, therapy greater than 5 to 7 days, and in young children less than 1 year

- Hypersensitivity: anaphylactoid reactions; (rare) anaphylaxis including bronchospasm, laryngeal edema
- CNS: headache (17%), somnolence (3 to 14%), drowsiness (3 to 9%)
- GI: diarrhea (3 to 9%); less than 3% - constipation, flatulence, vomiting; less than 1% (IM) – melena, rectal bleeding, stomatitis, GI bleeding
- Hemat: increased bleeding time; bruising (rare even with IM); thrombocytopenia (rare)
- Renal: renal impairment with increased BUN and sCr (chronic use)

CAUTION

- renal impairment – dosage adjustment required
- hepatic impairment
- product contains alcohol; may interact with other medications such as metronidazole

CONTRAINDICATION

- pre-existing coagulopathy or thrombocytopenia – increased risk of bleeding
- hypersensitivity to ketorolac or other NSAID (i.e. ASA, ibuprofen)

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Due to risk of significant GI bleeding, ketorolac therapy should be limited to a total of 2 days
- May inhibit platelet aggregation and prolong bleeding time; effect on platelet function is transient and usually returns to normal within 24 to 48 hours after discontinuing therapy (may be longer in infants and toddlers)