

Commonly Prescribed For...

Arthritis	Post-Operative Pain
Acute Gout	Inflammatory Pain r/t Tissue Injury
Dysmenorrhoea	Fever
Headache & Migraine	Lower Back Pain
Renal Colic	Macular Edema

Indications

Antipyretic	Fever Reduction
Analgesic	Pain Relief
Antithrombotic	Reduces Blood Clotting
Anti-Inflammatory	Reduces Inflammation

Mechanism Of Action - Enzyme Inhibitor

Inhibits Cyclooxygenase (COX): COX-1 and COX-2 helps in the production of prostaglandins, which are responsible for aiding the inflammatory response by acting as a vasodilator and inhibiting the aggregation of blood platelets.

Antipyretic Properties: Can be used to treat fever. Works on the hypothalamus by inhibiting prostaglandin E2 (PGE2) via COX, which raises the thermal set point.

COX-1 acts on the mucosa lining of the stomach to keep it from being eroded away by stomach acid.

COX-2 does not act on the lining of the stomach, so certain NSAIDs which work on COX-2 but not COX-1 are preferable to keep the function of the stomach intact and protected.

Generic & Trade Names

Generic	Trade	Route
Diclofenac	Voltaren	Oral,
Ibuprofen	Advil, Motrin	Oral, Parenteral
Naproxen	Aleve	Oral

COX-2 Selective

Celecoxib	Celebrex
Morniflumate	
Etoricoxib	
Nimesulide	
Parecoxib	
Talnidflumate	

Name Endings

-Coxib	COX-2 inhibitor
-Profen	Anti-inflammatory/Analgesic
-Fenac	Anti-inflammatory Agent

Precautions

Not Recommended For...

Pregnancy
Cardiovascular Disease
Renal Disease
GI Bleeds (history of & currently)
Uncontrolled Hypertension

Interactions

Interactions	Increases	Decreases
Aspirin	GI Side Effects	Effectiveness of NSAID
Diuretics		Effects of Diurectic
Antihypertensive		Effects of Antihypertensives

Side Effects

Gastrointestinal Ulcers & Bleeds	Dry Eyes
Myocardial Infarction	Dizziness
Nephropathy	Diarrhea
Raised Liver Enzymes	Nausea
Hypertension	Dyspepsia
Salt & Fluid Retention	Bronchospasms

Pharmacodynamics/Kinetics

	Oral	Serum
Onset	30-60 Minutes	.
Peak	2-4 Hours	2-2.5 Hours
Duration	6-8 Hours	.
Absorption	Rapid	Readily

Nursing Diagnoses

Nursing Diagnoses

Acute Pain	Indications
Risk for imbalanced body temperature	Indications
Deficient knowledge r/t 1. disease process or/and 2. medication regimen	Indicates Teaching

Assessments

Assessment Following Administration

Pain	Limitation of movement, type, location, intensity
Fever	note associated signs (diaphoresis, tachycardia, malaise, chills)

Laboratory Test Considerations

What Focus

CBC	
GI Effects	Pain, Bleeding, Bruising, Dyspepsia
Renal Function	Urine Output, Serum BUN, Creatinine
Response	Pain, ROM, Grip Strength, Mobility, ADL Functions
Liver Functions	

Patient Education

- Take NSAIDs with meals or a glass of milk.
- Remain upright for 15-30 minutes after taking NSAIDs.
- Avoid use of alcohol to prevent GI ulceration & Bleeding
- Do not take in combination with other NSAIDs, acetaminophen, and salicylates.
- Avoid taking for long periods of time, advise COX-2 inhibitor NSAID use and stomach protectant (Ex. Pantoprazole)
- Avoid taking before surgery

ADDITIONAL NOTES

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