

Non-Narcotic Pain Relief 8/22

Non-Narcotic	Generic / Brand Name	Route	Most common side effects	Nursing Considerations / Vital assessments
First Generation	Aspirin	PO Enteric-coated/ timed-release	Contraindicated= peptic ulcer/bleeding disorder Renal Impairment	Reduces pain / fever / anti-inflammatory Give with food/water to decrease GI issues Low doses= protect against MI /ischemic strokes *** Heart Heathy ***
	Acetaminophen Intravenous- Ofirmev Nov 2010	Therapeutic dose = 4000mg/day Ofirmev – Non-wt based dosing 1000mg/100ml Infusion 15 minutes No Mixing with other meds	Adv reactions rare when <u>taken at therapeutic doses.</u> <u>Severe Liver failure toxicity w OD or high doses.</u> Good thing: No GI issues No Renal Issues	Reduces pain / fever <u>Overdose – severe liver injury</u> High risk pt. = drink more than 3 alcoholic drinks daily / pt taking warfarin Severe hepatic impairment / severe active liver disease Ofirmev – onset action 15 minutes Peak analgesic effect 1 hour Duration 4 -6 hours
NSAIDS (Nonsteroidal anti-inflammatory drug)	Ibuprofen (Advil, Motrin, Aleve) Naproxen Approved in 1974 Over the counter in 1984	IV / PO	Headache, constipation, N&V, GI BLEEDING, INFLATION of LIVER	Give med with food Assess for GI bleed, Elderly higher risk of GI bleeds, Monitor liver lab Reduces pain / fever / anti-inflammatory Increases bleeding times – DC before surgery 24 hours from last does No Protection to MI / ischemic strokes
Nonopioid Centrally Acting Analgesics	Tramadol		Serous AE are rare Little to no respiratory depression or physical dependence	Should not be given to pt with seizure history Should not be given to pt with suicidal ideation / addiction prone/ excessive alcohol use Med-Oral – begins working 1 hr/ max 2 hrs / duration 6 hrs