Opioid analgesics

Opioid analgesics are now rarely used as premedicants; they are more likely to be administered at induction. Pre-operative use of opioid analgesics is generally limited to children who require control of existing pain. The main side-effects of opioid analgesics are respiratory depression, cardiovascular depression, nausea, and vomiting; see general notes on opioid analgesics and their use in postoperative pain.

See the management of opioid-induced respiratory depression in Pre-medication and peri-operative drugs p. 836.

Intra-operative analgesia

Opioid analgesics given in small doses before or with induction reduce the dose requirement of some drugs used during anaesthesia.

Alfentanil p. 845, fentanyl p. 286, and remifentanil p. 845 are particularly useful because they act within 1–2 minutes and have short durations of action. The initial doses of alfentanil or fentanyl are followed either by successive intravenous injections or by an intravenous infusion; prolonged infusions increase the duration of effect.

In contrast to other opioids which are metabolised in the liver, remifentanil undergoes rapid metabolism by nonspecific blood and tissue esterases; its short duration of action allows prolonged administration at high dosage, without accumulation, and with little risk of residual postoperative respiratory depression. Remifentanil should not be given by intravenous injection intraoperatively, but it is well suited to continuous infusion; a supplementary analgesic is given before stopping the infusion of remifentanil.

ANALGESICS › NON-STEROIDAL ANTI-INFLAMMATORY DRUGS

Ketorolac trometamol

13-Aug-2018

- **INDICATIONS AND DOSE**

Short-term management of moderate to severe acute postoperative pain only

- BY INTRAMUSCULAR INJECTION, OR BY INTRAVENOUS INJECTION
- Child 16–17 years (body-weight up to 50 kg): Initially 10 mg, then 10–30 mg every 4–6 hours as required for maximum duration of treatment 2 days, frequency may be increased to up to every 2 hours during initial postoperative period; maximum 60 mg per day
- Child 16–17 years (body-weight 50 kg and above): Initially 10 mg, then 10–30 mg every 4–6 hours as required for maximum duration of treatment 2 days, frequency may be increased to up to every 2 hours during initial postoperative period; maximum 90 mg per day
- BY INTRAVENOUS INJECTION
- Child 6 months–15 years: Initially 0.5–1 mg/kg (max. per dose 15 mg), then 500 micrograms/kg every 6 hours (max. per dose 15 mg) as required for maximum duration of treatment 2 days; maximum 60 mg per day

- **UNLICENSED USE** Not licensed for use in children under 16 years.
- **CONTRA-INDICATIONS** Active or history of gastro-intestinal bleeding · active or history of gastro-intestinal ulceration · coagulation disorders · complete or partial syndrome of nasal polyps · confirmed or suspected cerebrovascular bleeding · dehydration · following operations with high risk of haemorrhage or incomplete haemostasis · haemorrhagic diatheses · history of gastro-intestinal perforation · hypovolaemia · severe heart failure
- **CAUTIONS** Allergic disorders · cardiac impairment (NSAIDs may impair renal function) · cerebrovascular disease · coagulation defects · connective-tissue disorders · Crohn's disease (may be exacerbated) · heart failure · ischaemic heart disease · peripheral arterial disease · risk factors for cardiovascular events · ulcerative colitis (may be exacerbated) · uncontrolled hypertension
- **INTERACTIONS** → Appendix 1: NSAIDs
- **SIDE-EFFECTS** Agranulocytosis · angioedema · anxiety · aplastic anaemia · appetite decreased · asthenia · asthma · azotaemia · bradycardia · burping · chest pain · concentration impaired · confusion · constipation · Crohn's disease aggravated · depression · diarrhoea · dizziness · drowsiness · dry mouth · dyspnoea · electrolyte imbalance · embolism and thrombosis · euphoric mood · fever · flank pain · fluid retention · flushing · gastrointestinal discomfort · gastrointestinal disorders · haemolytic anaemia · haemorrhage · hallucination · headache · hearing loss · heart failure · hepatic disorders · hyperhidrosis · hyperkinesia · hypersensitivity · hypertension · hypotension · infertility female · malaise · meningitis aseptic (patients with connective-tissue disorders such as systemic lupus erythematosus may be especially susceptible) · musculoskeletal disorder · myalgia · myocardial infarction · nausea · nephritis tubulointerstitial · nephropathy · neutropenia · oedema · optic neuritis · oral disorders · pallor · palpitations · pancreatitis · paraesthesia · perforation · photosensitivity reaction · platelet aggregation inhibition · psychotic disorder · pulmonary oedema · renal impairment · respiratory disorders · seizure · severe cutaneous adverse reactions (SCARs) · skin reactions · sleep disorders · stroke · taste altered · thinking abnormal · thirst · thrombocytopenia · tinnitus · ulcer · urinary disorders · vertigo · visual impairment · vomiting · weight increased · wound haemorrhage

  SIDE-EFFECTS, FURTHER INFORMATION For information about cardiovascular and gastrointestinal side-effects, and a possible exacerbation of symptoms in asthma, see Non-steroidal anti-inflammatory drugs. p. 674
- **ALLERGY AND CROSS-SENSITIVITY** Contra-indicated in patients with a history of hypersensitivity to aspirin or any other NSAID—which includes those in whom attacks of asthma, angioedema, urticaria or rhinitis have been precipitated by aspirin or any other NSAID.
- **PREGNANCY** Avoid unless the potential benefit outweighs the risk. Avoid during the third trimester (risk of closure of fetal ductus arteriosus *in utero* and possibly persistent pulmonary hypertension of the newborn); onset of labour may be delayed and duration may be increased.
- **BREAST FEEDING** Amount too small to be harmful.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution—may increase risk of renal impairment; avoid in hepatic failure.
- **RENAL IMPAIRMENT** Avoid if possible or use with caution. Avoid if serum creatinine greater than 160 micromol/litre. **Dose adjustments** The lowest effective dose should be used for the shortest possible duration. Max. 60 mg daily by intramuscular injection or intravenous injection. **Monitoring** In renal impairment monitor renal function; sodium and water retention may occur and renal function may deteriorate, possibly leading to renal failure.
- **DIRECTIONS FOR ADMINISTRATION**
  - With intravenous use For *intravenous injection*, give over at least 15 seconds.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

- **Ketorolac trometamol (Non-proprietary)**

Ketorolac trometamol 30 mg per 1 ml Ketorolac 30mg/1ml solution for injection ampoules | 5 ampoule PoM £15.60–£20.00 DT = £5.36 (Hospital only)