

Analgesic	Aspirin Acetylsalicylic acid NSAID	Toradol Ketalorec NSAID	Nubain Nalbuphine HCl	Morphine Morphine sulfate Controlled substance, schedule II	Fentanyl Fentanyl Citrate, Sublimaze, Actiq (buccal/transmucosal), Duragesic transdermal patches Controlled Substance, Schedule II
Type of Drug	<ul style="list-style-type: none"> - Non-opioid analgesic - Non-steroidal anti-inflammatory (NSAID) - Antipyretic - Antiplatelet 	<ul style="list-style-type: none"> - Non-opioid analgesic - Non-steroidal anti-inflammatory (NSAID) - Antipyretic 	Synthetic opioid agonist + antagonist	Opioid analgesic	Very potent opioid analgesic
Mechanism Action	<ul style="list-style-type: none"> - Blocks pain impulses in CNS - Reduces inflammation - Inhibits platelet aggregation 	<ul style="list-style-type: none"> - Analgesic - Anti-inflammatory - Antipyretic 	<ul style="list-style-type: none"> - Depresses pain impulse transmission at the spinal cord level by interacting with opioid receptors. - it has antagonistic effects similar to those of Narcan 	Depresses pain impulses transmission at the spinal level by interacting with opioid receptors.	Depresses pain impulse transmission at the spinal cord level by interacting with opioid receptors 🔊 80 times stronger than Morphine!!!!
Onset/Duration	5-30 minutes	Nearly immediate / 6 – 8 hours	2-3 minutes / 3-6 hours	Immediate / 2-7 hours	IV – onset is less than 2 minutes, half-life is 60 minutes IM – onset is 7 – 9 minutes, half-life is 2 hours
Indications	<ul style="list-style-type: none"> - Acute chest pain of suspected cardiac origin - Mild to moderate pain or fever - TIA/Ischemic stroke 	Mild to moderate pain	Moderate to severe pain	<ul style="list-style-type: none"> - Severe pain - Cardiac pain refractory to NTG - Burns - Acute pulmonary edema 	<ul style="list-style-type: none"> - Severe pain - Cardiac chest pain - Musculoskeletal pain - Burns - Used for breakthrough pain in patients with chronic pain (cancer)
Contraindications	<ul style="list-style-type: none"> - Confirmed allergy - Hx of bleeding disorders - Active GI bleed - Suspected aortic dissection - Children or adolescents with viral infections (Reye's syndrome) 	<ul style="list-style-type: none"> - Allergy to NSAID - Asthma - Severe renal disease - Severe hepatic disease - Peptic ulcer disease 	Head injury	<ul style="list-style-type: none"> - hypotension - Volume depletion - Bronchial asthma - Increased intracranial pressure - Abdominal pain associated to trauma 	Hypersensitivity to the drug
Precautions	None in prehospital setting	<ul style="list-style-type: none"> - Bleeding disorders - GI disorders - Cardiac disorders - Hypersensitivity to other NSAIDs - Elderly 	<ul style="list-style-type: none"> - Small doses can cause significant respiratory depression - Reduce dosage in older patients because the effects are less predictable 	May cause respiratory depression, and N & V if NOT administered slowly	<ul style="list-style-type: none"> - rapid admin may cause chest wall rigidity leading to respiratory depression or apnea, seen as early as the first 5 – 15 minutes after admin. - geriatrics - alcoholism - head trauma - chronically ill - liver disease - COPD - diabetes - severe pulmonary disease
Route/Dosage	MI / ANGINA: PO 81 – 625 mg/day	IM 30 – 60 mg (single dose) IV / IO 15 – 30 mg (single dose) IV / IO 15mg q 6 hours, max dose 60 mg	IV / IO / SQ / IM 5 - 20 mg q 3 - 6 hours, max dose 160 mg/day	IV / IO / SQ / IM 2-10 mg, titrated to relief	IV / IO / IM 50 -100 mcg, titrated to relief. Admin the drug SLOWLY , over 1 – 2 mins . Repeat doses at 25 – 50 mcg. Pediatric dosing: 1 mcg/kg over 30–60 sec. Repeat doses at 0.5 - 1 mcg/kg.
Adverse Reactions and Side effects	<ul style="list-style-type: none"> - GI bleeding - Seizures - Coma- - Hepatitis - Thrombocytopenia - Agranulocytosis - Reye's syndrome (children) - Anaphylaxis - Laryngeal edema 	<ul style="list-style-type: none"> - GI bleeding - Dysuria - Hematuria - Prolonged bleeding - Drowsiness 	<ul style="list-style-type: none"> - Respiratory depression - hypotension - Dizziness - Confusion - Headache - Sedation - Euphoria - Nausea/Vomiting - Constipation - Cramps 	<ul style="list-style-type: none"> - Respiratory depression - hypotension - Decreased mental status 	<ul style="list-style-type: none"> - Chest wall rigidity - Respiratory depression - Hypotension - Decreased mental status - Bronchospasm
How supplied	Chewable tabs 81mg	Inj 15, 30 mg/mL prefill	10 – 20 mg/mL in 1, 2 ml tubex, preload, vial	2mg/mL in 5 ml (=>10 mg) tubex, vial	Vials :0.05 mg/mL (50 mcg/mL) in 2 or 5 mL Ampules: 50 mcg/mL in 5 mL