

Toradol / Ketorolac Safe Administration

Toradol should be considered as the primary component of any multi-modal analgesic approach at case-end, BUT with these exceptions (mainly because it is non-selectivity for COX-2):

- ENT
- Neuro and spine (unless requested by surgeon)
- Plastics
- Neck surgery
- Carotid endarterectomy
- Breast surgery
- History of CKD, recent AKI, or Cr > 1.1 (females) > 1.2 (males)
- Low renal blood flow: e.g., hypovolemia, uncompensated HF*
- History of PUD or GI bleeding
- Surgeon preference (e.g., ACL)
- Intolerance to other NSAIDs

Length of therapy – 4 days maximum

Standard dose – 30 mg; 15 mg if \geq 80 years old

Multiple doses of Toradol may increase the risk of postop MI in patients with coronary stents on aspirin-therapy due to its inhibition of aspirin's effect

*NSAIDs inhibit prostaglandin synthesis. PGs mediate afferent renal arteriole vasodilation, which is important in maintaining renal blood flow especially in the face of low cardiac-output states