

Drug Classes & Actions: NSAIDs Cheat Sheet by Roxanne (Reuben) via cheatography.com/69645/cs/17626/

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

COX-2 Selective		
Celecoxib	Celebrex	
Morniflumate		
Etoricoxib		
Nimesulide		
Parecoxcib		
Talniflumate		

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	



By Roxanne (Reuben) cheatography.com/reuben/

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Assessments		ADDITIONAL NOTES (cont)
Assessment	Following Administration	
Pain	Limitation of movement, type, location, intensity	
Fever	note associated signs (diaphoresis, tachycardia,	
	malaise, chills)	
Laboratory Te	est Considerations	
	Focus	
CBC		
GI Effects	Pain, Bleeding, Bruising, Dyspepsia	
Renal Functio		
Response	Pain, ROM, Grip Strength, Mobility, ADL Functions	
Liver Function		
Patient Educa	ation	
Take NSAIDs	with meals or a glass of milk.	
Remain uprigl	ht for 15-30 minutes after taking NSAIDs.	
Avoid use of a	alcohol to prevent GI ulceration & Bleeding	
Do not take in	combination with other NSAIDs, acetaminophen, and	
salicylates.		
_	or long periods of time, advise COX-2 inhibitor NSAID	
	ach protectant (Ex. Pantoporazole)	
Avoid taking b	pefore surgery	
ADDITIONAL	NOTES	
		·
		References
		https://www.healthlinkbc.ca/medications/tv8531
		https://en.wikipedia.org/wiki/Nonsteroidal_anti-inflammatory_drug
		https://www.myvmc.com/treatments/nsaids-non-steroidal-anti-infl-
		ammatory-drugs/
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		Drug Information Handbook with International Trade Names Index



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