



General Order

Department of Fire & EMS

G.O. #4-1-2024

Subject: Ketorolac (Toradol)

Date: 04/01/2024

Authority: Assistant Chief, Eric Zaney

Effective today, Ketorolac (Toradol) will no longer be required to be kept in the controlled substance Knox Vaults. This medication will be moved to the ALS red bags within the medication modules.

There is no need to continue logging Ketorolac (Toradol) as a controlled medication within Carroll County Department of Fire & EMS narcotic logs.

In addition, as with any medication – backorders are common. Ketorolac (Toradol) can be found in both 15 mg/ml or 30 mg/ml vials carried within Carroll County Ambulances, please ensure you are completing medications checks and verifying usage with another provider.

Ketorolac 11.22 attached for your review.

TRADE NAMES: TORADOL®

Optional Supplemental Protocol

1. Pharmacology

- a) Inhibits synthesis of prostaglandin, which, in turn, reduces pain and inflammation
- b) Antipyretic agent
- c) Does not affect CNS, peripheral acting analgesic, therefore, it does not possess the same sedative properties as a narcotic

2. Pharmacokinetics

- a) Onset: Approximately 30 minutes
- b) Peak effects: 1-2 hours
- c) Half-life: 4-6 hours

3. Indications

- a) Management of moderate to severe acute pain
- b) Consider as a first line medication for renal stones/colic
- c) Burns - mild to moderate
- d) Non-traumatic neuromuscular pain

4. Contraindications

- a) Hypersensitivity to ketorolac, *aspirin*, and other NSAIDs
- b) Current usage of *aspirin* or NSAIDs within 6 hours
- c) Use of oral anticoagulants (blood thinners)
- d) Severe headache or head injury
- e) Bleeding or clotting disorder
- f) Chronic renal insufficiency or transplant
- g) Active or history of peptic ulcer disease (PUD), active or recent history of GI bleed, and active or history of GI perforation
- h) Pregnancy or breast feeding
- i) Suspected ACS
- j) Trauma with suspected bleeding
- k) Patients who have not yet reached their 2nd birthday

5. Adverse Effects

- a) Burning or pain at the injection site
- b) Rash / itching
- c) GI distress
- d) Nausea / vomiting

6. Dosage

- a) Adult: Administer single dose of 15 mg IV only. No repeat doses.
If IV is unavailable: Administer single dose of 30 mg IM. No repeat doses.
- b) Pediatric:
 - (1) Newly born to 2 years of age: Contraindicated
 - (2) Age 2 to patients who have not reached their 18th birthday: Administer 0.5 mg/kg IV only to a maximum total dose of 15 mg. No repeat doses.
If IV is unavailable: Administer 1 mg/kg IM to a maximum total dose of 30 mg. No repeat doses.