Dosing Guidelines for Acetaminophen and Selected NSAIDs

Generic (Brand) Name(s)	Recommended Starting Oral Dose (mg)*	Dosing Schedule	Maximum Oral Dose (mg/day) Recommended**	Comments
acetaminophen (Tylenol, many others)	650	q4-6h	4000-6000	No platelet or GI toxicity.
aspirin (Bayer, many others)	650	q4-6h	4000-6000	May not be well tolerated.
choline magnesium trisalicylate (Trilisate)	500-1000	q12h	4000	No effect on platelet aggregation. Available as a liquid.
diclofenac [Cataflam (immediate-release) Voltaren Delayed Release, Voltaren-XR, (extended-release)]	25	q8h	150	
diflunisal (Dolobid)	500	q12h	1500	
ibuprofen (Motrin, Advil, many others)	400	q6h	3200	Available as a suspension.
ketoprofen (Orudis, Oruvail Extended-Release)	25	q6-8h	300	Available rectally and as a topical gel.
ketorolac (Toradol)	10	q6h	40	Use limited to 5 days.
nabumetone (Relafen)	1000	q24h	2000	Minimal effect on platelet aggregation.
naproxen (Naprosyn, Aleve)	250	q12h	1025-1375	
salsalate (Disalcid)	500-1000	q12h	4000	Minimal effect on bleeding time.

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* Should be reduced by one-half to two-thirds in the elderly, those on multiple drugs, or those with renal insufficiency.

**Data are lacking, but the dose listed is thought to be the maximum needed by most patients for analgesia and the dose beyond which side effects are more likely. Some patients require or tolerate less or more.

h = hour; q = every

For references, see: McCaffery M, Portenoy RK: Nonopioids: Acetaminophen and nonsteroidal antiinflammatory drugs. pp. 129-160. In: McCaffery M, Pasero C: **Pain: Clinical Manual,** St. Louis, 1999, Mosby, pp.139-140.

Indications for nonopioid analgesics:

1. **Mild pain.** Start with a nonopioid. Acetaminophen or a NSAID alone often provides adequate relief.
2. **Moderate to severe pain.** Pain of any severity may be at least partially relieved by a nonopioid, but a NSAID alone usually does not relieve severe pain.
3. **Pain that requires an opioid.** Consider adding a nonopioid for the opioid dose-sparing effect.

Gastroprotective therapies for prevention of ulcers in patients taking NSAIDs:

- Misoprostol (Cytotec).
- Famotidine (Pepsid) 40 mg bid.
- Combination of H2 blocker, e.g., ranitidine (Zantac), sucralfate (Carafate), and antacids.

Preventive strategies when bleeding is a concern:

- Use NSAIDs that have minimal or no effect on bleeding time, such as choline magnesium trisalicylate (Trilisate), salsalate (Disalcid), and nabumetone (Relafen).
- Use acetaminophen instead of a NSAID.
- To decrease bleeding associated with operative procedures, stop aspirin therapy one week before surgery, and stop most other NSAIDs 2 to 3 days before surgery.