

CL FORMULARY PAIN MEDS	OK for kids?	Breast Feeding OK?	Pregnancy OK?	Maximum Dosing	Renal Considerations	Hepatic Considerations	Cardiac Considerations	Drug Interactions	Contra-indications	Adverse Effects	Misc.	
ALL NSAIDs												
ALL NSAIDs					<p>Avoid if: Creatinine Clearance [CrCl] <30 mL/min.</p>	<p>Dosing adjustments: None for mild-moderate disease</p>	<p>Contraindicated: -CHF -Cardiac Edema -Recent Acute MI -Unstable Angina -Perioperative period of Bypass Surgery</p>	<p>Avoid Concomitant Use: <u>Increases toxicity due to potential renal dysfunction:</u> -Lithium -Digoxin -Methotrexate (<i>high-dose</i>)</p> <p><u>Medications causing Myelosuppression or Thrombocytopenia:</u> -Omacetaxine -Synribo</p>	<p>Allergy: -History of Aspirin Triad Rxns -NSAID Allergy -NSAID induced Asthma</p>	<p>Bleeding: Prolonged bleeding (<i>less than Aspirin</i>)</p>	<p>Synergistic if combined w/ Acetaminophen</p>	
					<p>Avoid if: Estimated Glomerular Filtration Rate [eGFR] <30 mL/min.</p>	<p>Severe Hepatic Impairment: -Avoid in severe impairment <u>or</u> active hepatic disease</p>	<p>Aspirin: Take NSAID 8 hrs. prior to Aspirin <u>and</u> take Aspirin 2 hrs. prior to NSAID --> NSAIDs lower effectiveness of Aspirin in prevention of stroke / MI because they have to bind to same receptors and can prevent the irreversible binding of Aspirin to these receptors.</p>	<p>Moderate: -Aspirin <i>-anticoagulants</i> <i>-antiplatelets</i> --> avoid if possible or Rx PPI w/ NSAIDs to minimize GI bleeds</p>	<p>GI [avoid]: -GI ulcer/bleeding -Irritable Bowel Syndrome / Disease</p>	<p>Cardiac: -Increased risk of MI / Stroke (<i>due to increased risk of blood clots</i>)</p>	<p>Low risk of constipation and no centrally mediated vomiting / nausea, or respiratory suppression (<i>like seen in opioids</i>)</p>	
			<p>Y/N use only in 1st & 2nd trimester</p>		<p>Avoid if: Estimated Glomerular Filtration Rate [eGFR] 30 - 60 mL/min. <u>and</u> concurrent disease (<i>like diabetes</i>)</p>	<p>-Avoid in patients with Cirrhosis (<i>due to increased risk of esophageal hemorrhages</i>)</p>	<p>Alcoholism: consider Rx Proton Pump Inhibitor (PPI)</p>	<p>Mild: -Corticosteroids -Alcohol -Tobacco <i>-SSRIs</i> <i>-SNRIs</i> <i>-tricyclic antidepressants</i> (<i>due to increased risk of bleeding</i>)</p>	<p>GI [caution]: - Gastric Bypass -Gastritis - Hiatal Hernia - Peptic Ulcer Disease --> consider Rx PPI</p>	<p>- Increased Blood Pressure & Edema (<i>due to Sodium Retention</i>)</p>	<p>--> no demonstrated long-term CV risks with short duration of use</p>	<p>Must Rx PPI if prescribing NSAID to Gastric Bypass patient. Rx. M&M candy-sized pills or liquid.</p>
									<p>Bleeding Disorders: -Intracranial Hemorrhage -Thrombocytopenia -Agranulocytosis -Aplastic Anemia -Coagulation Defects -C-V Bleeding -Hemorrhagic Diathesis -Incomplete Hemostasis</p>	<p>--> Lowering dosages of Ibuprofen and Naproxen lower risk of death for cardiac patients</p>	<p>Recommend taking with food to minimize GI adverse effects</p>	

CL FORMULARY PAIN MEDS	OK for kids?	Breast Feeding OK?	Pregnancy OK?	Maximum Dosing	Renal Considerations	Hepatic Considerations	Cardiac Considerations	Drug Interactions	Contra-indications	Adverse Effects	Misc.
PROPIONIC ACID NSAIDs											
Ibuprofen 200mg 400mg 800mg tabs <i>(Advil, Motrin)</i>	Y	Y	Y/N use only in 1st & 2nd trimester	<u>PATIENTS (45+ lbs.)</u> - 200 mg (45 lbs.) - 400 mg (88 lbs.) -600 mg (120 lbs.) -800 mg (175 lbs.) q6h Max daily dose (175+ lbs.) = 8 tabs (400 mg tab) <i>Consult a pediatric dosing chart for kids < 88 lbs.</i> Onset = 0.5 hr. Peak = 1-2 hrs. Duration = 4-6 hrs. t-1/2 = 1.8-2 hrs.	Dosing Adjustments: No dosing adjustments for mild - moderate renal disease		Higher risk of blood clots than other NSAIDs --> caution in pts. w/ peripheral artery disease / atherosclerosis Cardiovascular Risk: Moderate - High		GI Risk: Low	CNS: Dizziness (3-9%) GI Disturbances: (<10%)	Some Ibuprofen formulations may contain phenylalanine (<i>CL formulation does not</i>)
Naproxen [Base] 500mg tabs <i>(Naprosyn)</i>	Y	N	Y/N use only in 1st & 2nd trimester	<u>PATIENTS (12-64 yrs. & 110+ lbs.)</u> 500 mg q12h Max daily dose = 2 tabs (500 mg tab) Onset = 1 hr. Peak = 2-4 hrs. Duration = 4-7 hrs. t-1/2 = 12-17 hrs.	Dosing Adjustments: No dosing adjustments for mild - moderate renal disease		Less risk of blood clots than Ibuprofen --> safer in pts. w/ peripheral artery disease / atherosclerosis Less likely to interfere with antiplatelet activity of Aspirin than Ibuprofen Cardiovascular Risk: Low Cardiac Adverse Effects: Edema (3-9%)		Elders > 65 yrs. Due to long half-life GI Risk: Moderate - High	CNS: Dizziness (9%) Drowsiness (3-9%) Headache (9-15%) Dermatologic: Pruritus (3-9%) Rash/Ecchymoses (3-9%) Endocrine: Fluid retention (3-9%) GI Disturbances: (<14%) Hematologic: Hemolysis (3-9%) Oral: Stomatitis Respiratory: Dyspnea (3-9%)	Similar adverse effects to Ibuprofen, but more of them and more significant effects Pediatric doses not available at CL pharmacy Naproxen Na has faster onset but is not on formulary Max daily dose of Naproxen Sodium = 2 tabs (550 mg tab)

CL FORMULARY PAIN MEDS	OK for kids?	Breast Feeding OK?	Pregnancy OK?	Maximum Dosing	Renal Considerations	Hepatic Considerations	Cardiac Considerations	Drug Interactions	Contra-indications	Adverse Effects	Misc.
ACETIC ACID NSAIDS											
Diclofenac Na [extended release] 50mg tabs <i>(Voltaren)</i>	N	N	Y/N use only in 1st & 2nd trimester	<u>ADULTS (17+ yrs.)</u> 50 mg q8h Max daily dose = 3 tabs (50 mg tab)	Dosing Adjustments: No dosing adjustments for mild - moderate renal disease	Contraindicated if liver disease present	Less likely to interfere with antiplatelet function of Aspirin than Ibuprofen or Naproxen		GI Risk: Moderate	CNS: Headache (8%)	
				Onset = 1 hr. Peak = 2.25 hrs. Duration = 4-6 hrs. t-1/2 = 2.25 hrs.			Cardiovascular Risk: High			Dermatologic: Pruritis (7%)	
							Cardiac AE's: Edema (33%)			GI Disturbances: (<10%)	

CL FORMULARY PAIN MEDS	OK for kids?	Breast Feeding OK?	Pregnancy OK?	Maximum Dosing	Renal Considerations	Hepatic Considerations	Cardiac Considerations	Drug Interactions	Contra-indications	Adverse Effects	Misc.
MISC. ANALGESICS											
Acetaminophen 325mg tabs <i>(Tylenol, Tempra, Panadol)</i>	Y	Y	Y	<p>PATIENTS (48+ lbs.)</p> <p>-325 mg (48 lbs.) -650 mg (95 lbs.) -975 mg (143+ lbs.) q6h</p> <p><i>(can dose 650mg q 4 hrs. if necessary for pts. weighing 143+ lbs.)</i></p> <p>Max daily dose for Adults (143+ lbs.) = 12 tabs (325 mg tab)</p> <p>Max daily dose for Elders (>65 yrs.) = 8 tabs (325 mg tab)</p> <p><i>Consult a pediatric dosing chart for kids < 48 lbs.</i></p> <p>Onset = 0.5 hrs. Peak = 0.5-1 hr. Duration = 4-6 hrs. t-1/2 = 2-3 hrs. <i>(longer in kids)</i></p>	<p>Dosing Adjustments: If GFR 10-50 mL/min/1.73m², limit to q6h</p> <p>Dosing Adjustments: If GFR < 10 mL/min/1.73m², limit to q8h</p> <p>Dosing Adjustments (KIDS): If intermittent dialysis, limit to q 8 hrs.</p>	<p>Dosing Adjustments: -Mild-mod. impairment -Active liver disease * 325 - 500 mg q6h</p> <p>Dosing Adjustments: -Cirrhosis * 325 mg q8h</p>		<p>Avoid Concomitant Use: -Imatinib -Isoniazid</p> <p>Other Drug Interactions: Warfarin (Coumadin) + Acetaminophen may cause increased bleeding risk if taken > 1 week</p> <p><i>--> less bleeding risk than NSAIDs</i></p>	<p>Alcoholism</p>	<p>Bleeding: Can increase INR if combined w/ Warfarin when taken > 7 days</p> <p>Hepatic: Acute liver failure increases with high doses, especially when recommended daily dose is exceeded</p>	<p>Very dangerous to exceed maximum doses. If combining w/ other products containing Acetaminophen, do not exceed combined max daily dose of:</p> <p>-4 g for monitored, healthy adults</p> <p>-3 g for unmonitored, healthy adults</p> <p>-2.6 g for elders</p> <p>Alcohol and fasting increase toxicity risk.</p>

CL FORMULARY PAIN MEDS	OK for kids?	Breast Feeding OK?	Pregnancy OK?	Maximum Dosing	Renal Considerations	Hepatic Considerations	Cardiac Considerations	Drug Interactions	Contra-indications	Adverse Effects	Misc.
OPIOIDS											
ALL OPIOIDS	N	N	Consult PCP / OBGYN					Avoid Concomitant Use: <i>-mixed agonist / antagonist opioids</i> <i>-opioid antagonists</i> <i>-CNS depressants</i> -Metoclopramide (Reglan, Metozolv)	Addiction: Opioid dependence	CNS: CNS Depression Respiratory Depression Sedation Dizziness	Not a good anti-inflammatory
								Significantly Increased Sedation: -Cyclobenzaprine (Amrix, Fexmid, Flexeril, Tabradol)	Intoxication w/: -alcohol -centrally-acting analgesics <i>-hypnotics</i> <i>-opioids</i> <i>-psychotropics</i>		
								Black Box Warning: <i>benzodiazepines</i> + opioids = increased sedation, respiratory suppression, & death	Respiratory: Caution w/ impaired ventilation <u>Including:</u> -Asthma -COPD -Emphysema -Bronchitis -Sleep Apnea	GI: Constipation Nausea Vomiting	Do not significantly affect bleeding or platelet aggregation <i>(but may interact w/ Warfarin)</i>
								FDA Warning: Can interact w/ <i>antidepressants</i> & <i>migraine meds</i> to cause Serotonin Syndrome (Serotonin build up causing toxicity)	CNS: ↑ intracranial pressure / head injury		Nausea is centrally mediated and taking w/ food will not decrease nausea.
									Adrenal Impairment: Can cause reduced Cortisol production if significant adrenal impairment present		Use caution in Sleep Apnea patients.

CL FORMULARY	OK for kids?	Breast Feeding OK?	Pregnancy OK?	Maximum Dosing	Renal Considerations	Hepatic Considerations	Cardiac Considerations	Drug Interactions	Contra-indications	Adverse Effects	Misc.	
OPIOIDS, cont.												
Codeine + Acetaminophen 30/300mg tabs <i>(Tylenol #3)</i>	N	N	Consult PCP / OBGYN	<u>PATIENTS (12+ yrs.)</u> -30/300 mg (48-110 lbs.) -60/600 mg (110+ lbs.) q6h <i>(can dose q 4 hrs. if necessary)</i>	Dosing Adjustments: If GFR 10-50 mL/min/1.73m2, limit to q6h	Dosing Adjustments: -Mild - mod. impairment -Active liver disease -Alcoholism * 30/300mg q6h	Caution: CV disease <i>Including :</i> -Acute MI -Post-MI -Unstable Angina	Avoid Concomitant Use: -Azelastine -Eluxadoline -Orphenadrine -Paraldehyde -Thalidomide CYP2D6 inhibitors --> - Amiodarone -Cimetidine -Desipramine -Duloxetine (Cymbalta) -Fluoxetine (Prozac) -Paroxetine (Paxil) -Propafenone -Quinidine -Ritonavir	CYP2D6 "Ultrarapid Metabolizers" Allergy: Metabisulfite Alcoholism CNS depression Caution with: -Morbid obesity -Hypovolemia -Adrenal Insufficiency -Impaired Biliary Tract -Thyroid Disorder -Prostatic Hyperplasia -Seizure Disorder	GI: 10% -Abdominal pain -Constipation --> More emotogenic than other opioids	No studies showing that Tylenol #3 interacts w/ Warfarin, but studies do show Acetaminophen can if taken > 1 week 2017 FDA Contraindication: should not be used to treat pain in kids <12 years 2017 FDA Warning: recommend against use in kids ages 12-18 who are obese or have breathing conditions (e.g. sleep apnea, severe lung disease)	
				Max daily dose (48-110 lbs.) = 6 tabs (30/300 mg tab)	Dosing Adjustments: If GFR < 10 mL/min/1.73m2, limit to q8h	Dosing Adjustments: - Cirrhosis * 30/300mg q8h	Caution: Severe renal impairment					Avoid if: Severe hepatic impairment / disease
				Max daily dose (110+ lbs.) = 12 tabs (30/300 mg tab)	<i>Dosing adjustments based on Acetaminophen</i>							Onset = 0.5-1 hrs. Peak = 1.5-2 hrs. Duration = 4-6 hrs. t-1/2 = 2-3 hrs.
Hydrocodone + Acetaminophen 5/325mg tabs <i>(Lortab, Norco, Zydane, **Vicodin)</i>	Y	N	Consult PCP / OBGYN	<u>PATIENTS (110+ lbs.)</u> 10/650 mg q6h <i>(can dose q 4 hrs. if necessary)</i>	Dosing Adjustments: If GFR 10-50 mL/min/1.73m2, limit to q6h	Dosing Adjustments: -Mild - mod. impairment -Active liver disease -Alcoholism *5/325mg q6h	Caution: CV disease <i>Including :</i> -Acute MI -Post-MI -Unstable Angina	Avoid Concomitant Use: -Alcohol -Conivaptan -Eluxadoline -Fusidic Acid -Idelalisib -Orphenadrine -Thalidomide Moderate: -Cimetidine -Ritonavir	Alcoholism CNS depression GI: Caution w/ acute abdominal conditions	GI: <i>Most Common</i> --> Constipation <i>Less Common</i> --> Dyspepsia Peptic Ulcer	No studies showing that Vicodin interacts w/ Warfarin, but studies do show Acetaminophen can if taken > 1 week **Vicodin is technically 5/300 mg and may not be automatically substituted with 5/325 mg generic	
				Max daily dose = 12 tabs (5/325 mg tab)	Dosing Adjustments: If GFR < 10 mL/min/1.73m2, limit to q8h	Caution: hepatic impairment	Cardiac AE's: <i>Frequency Unknown</i> --> -Bradycardia -Cardiac Arrest -Hypotension					
				Max daily dose = 6 tabs (5/325 mg tab)	Dosing adjustments based on Acetaminophen							Onset = 0.25-0.5 hr. Peak = 0.5-2 hrs. Duration = 4-8 hrs. t-1/2 = 3-4.5 hrs.

CL FORMULARY PAIN MEDS	OK for kids?	Breast Feeding OK?	Pregnancy OK?	Maximum Dosing	Renal Considerations	Hepatic Considerations	Cardiac Considerations	Drug Interactions	Contra-indications	Adverse Effects	Misc.
OPIOIDS, cont.											
Tramadol [Immediate Release] 50mg tabs <i>(Ultram)</i>	N	N	N	ADULTS (18-64 yrs.) 100 mg q6h Max daily dose = 8 tabs (50 mg tab)	Dosing Adjustments: If Creatinine Clearance [CrCl] <30 mL/min., limit to 100 mg q12h	Dosing Adjustments: -Cirrhosis * 50mg q12h	Ideal Opioid for Pts. Taking Anticoagulants or Antiplatelets: -Warfarin (Coumadin, Jantoven) -Apixaban (Eliquis)	Avoid Concomitant Use: <i>-MAOIs</i> -Carbamazepine -Orphenadrine -Thalidomide	Allergy: Codeine or opioid allergy	CNS: Headache (18-32%) Dizziness (26%) Sedation (16%) Stimulation (14%) Insomnia (11%)	Recommend combining w/ Acetaminophen for moderate - severe pain. Tramadol pain relief equivalent to Codeine w/o APAP
				ELDERS (>65 yrs.) 100 mg q8h Max daily dose = 6 tabs (50 mg tab)						GI: Constipation (24%) Nausea (24%) Dyspepsia (13%) Diarrhea (10%)	
				Onset = 1 hr. Peak = 2-4 hrs. Duration = 3-6 hrs. t-1/2 = 6-8 hr. (7-9 hrs. for active metabolite)	Ideal opioid for patients on hemodialysis	Moderate: <i>-SSRIs</i> -Clarithromycin -Fluconazole	Oral: Xerostomia (13%)				Seizures: Increased risk of seizure (regardless of seizure history) if combined w/: <i>-SSRIs</i> <i>-neuroleptics / antipsychotics</i> <i>-tricyclic antidepressants</i> -CYP2D6 & 3A4 inhibitors - Bupropion -Clarithromycin -Cyclobenzaprine -Donepezil -Promethazine ☐

Note: Whenever possible, reduce the maximum dosages of opioids listed above by combining them with Acetaminophen and/or NSAID.

Note: Maximum dosages of pain meds listed are the maximum doses that can be administered to a patient without systemic disease and must be adjusted for safety in patients with systemic disease.

Note: Drug classes shown in *red italics* are listed in the second tab below (Interaction Meds).

*Referenced from Dental Management of the Medically Compromised Patient (2013), Lexicomp Drug Information Handbook for Dentistry (2016 & 2017), Micromedex Online Database (2018),

UpToDate Online Database (2018), & Pharmacist's Letter / Prescriber's Letter PL Detail-Document #271106 (2011)

Last Revised: 07/2018

Common Medications that Interact with Common Dental Pain Medications

ADDICTION MEDS.	ANTI-CLOTTING	ANTIDEPRESSANTS, MOOD STABILIZERS, & SEROTONIN AFFECTING MEDS				ANTIPSYCHOTICS & PSYCHOTROPICS		SEDATIVES, HYPNOTICS, & ANXIOLYTICS	
Mixed Agonist / Antagonist Opioids	Anticoagulants	Tricyclic Antidepressants (TCAs)	Monoamine Oxidase Inhibitors (MAOIs)	Selective Serotonin Reuptake Inhibitors (SSRIs)	Other 'Serotonin Syndrome' Causing Meds (when mixed w/ opioids)	Antipsychotics	Psychotropics	Benzodiazepines	Sedatives, Hypnotics, & Anxiolytics
Bunavail	Apixaban	Amitriptyline	Eldepryl	Brintellix	Amerge	Abilify	Anafranil	Alprazolam	Ambien
Buprenex	Coumadin	Amoxapine	Emsam	Celexa	Axert	Adasuve	Atenolol	Ativan	Atarax
Buprenorphine	Dabigatran	Anafranil	Isocarboxazid	Citalopram	Bupropion	Aripiprazole	Atomoxetine	Chlordiazepoxide	Belsomra
Depade	Edoxaban	Asendin	Linezolid	Escitalopram	Carbamazepine	Aristada	Catapres	Clonazepam	Benadryl
Dolophine	Eliquis	Aventyl Hydrochloride	Marplan	Fluoxetine	Depakene	Asenapine	Clomipramine	Clorazepate	Busodium
Methadone	Jantoven	Clomipramine	Nardil	Fluvoxamine	Imitrex	Brexpiprazole	Clonidine	Dalmane	Buspar
Methadose	Pradaxa	Desipramine	Parnate	Lexapro	Lithium	Cariprazine	Corgard	Diazepam	Buspirone
Probuphine	Rivaroxaban	Doxepin	Phenelzine	<i>Olanzapine</i>	Lithobid	Chlorpromazine	Fluvoxamine	Doral	Butabarbital
Suboxone	Savaysa	Elavil	Selegiline	<i>/ Fluoxetine</i>	Maxalt	Clozapine	Gabapentin	Estazolam	Butalbital
Zubsolv	Warfarin	Imipramine	Tranlycypromine	Paroxetine	Rizatriptan	Clozaril	Guanfacine	Flurazepam	Butisol Sodium
	Xarelto	Norpramin	Zelapar	Paxil	Sumatriptan	Decanoate	Inderal	Halcion	Carisoprodol
		Nortriptyline		Prozac	Tegretol	Discmelt	Intuniv	Klonopin	Chloral Hydrate
Opioid Antagonists		Pamelor		Sarafem	Valproic Acid	Droperidol	Kapvay	Libritabs	Diphenhydramine
	Antiplatelets	Protriptyline	Mood Stabilizers	Sertraline	Wellbutrin	Fanapt	Lopressor	Librium	Edluar
Naloxone		Silenor	Carbatrol	Vortioxetine	Zyban	Fazaclor	Luvox	Lorazepam	Equanil
Naltrexone	Aspirin	Sinequan	Depakote	Zoloft		Fluphenazine	Metoprolol	Midazolam	Eszopiclone
Narcan	Brilinta	Surmontil	Divalproex Sodium		<i>OTC meds w/ Dextromethorphan</i>	Geodon	Minipress	Mitran	Fiorinal
Contrave	Clopidogrel	Tofranil	Equetro	Serotonin & Norepinephrine Reuptake Inhibitors (SNRIs)		Haldol	Nadolol	Niravam	Hydroxyzine
Vivitrol	Effient	Trimipramine	Eskalith		Droperidol	Haloperidol	Naltrexone	Oxazepam	Intermezzo
	Plavix	Vanatrip	Lamictal		Granisetron	Iloperidone	Neurontin	Poxi	Luminal
	Prasugrel	Vivactil	Lamotrigine		Inapsine	Inapsine	Pindolol	Prosom	Lunesta
	Ticagrelor		Oxcarbazepine		Inapsine	Invega	Prazosin	Quazepam	Mebaral
		Misc. Antidepressants			Linezolid	Latuda	Propranolol	Restoril	Mephobarbital
					Metoclopramide	Lauroxil	Reserpine	Serax	Meprobamate
					Effexor	Norvir	Revia	Temazepam	Miltown
					Fetzima	Ondansetron	Serpasil	Tranxene	Nembutal
					Khedezla	Reglan	Strattera	Triazolam	Pentobarbital
					Levomilnacipran	Ritonavir	Symbyax	Valium	Ramelteon
					Milnacipran	Zofran	Tenex	Versed	Rozerem
					Pristiq	Zyvox	Molindone	Xanax	Secobarbital
					Trazodone		Navane		Seconal Sodium
					Venlafaxine		Olanzapine		Solfoton
							Orap		Soma
							Paliperidone		Somnote
							Perphenazine		Sonata
							Pimozide		Suvorexant
							Prolixin		Vanadom
							Quetiapine		Vistaril
							Relprevv		Zaleplon
							Rexulti		Zolpidem
							Risperdal		Zolpimist
							Risperidone		
							Saphris		
							Seroquel		
							Stelazine		

Common Medications that Interact with Common Dental Pain Medications

ADDICTION MEDS.	ANTI-CLOTTING	ANTIDEPRESSANTS, MOOD STABILIZERS, & SEROTONIN AFFECTING MEDS				ANTIPSYCHOTICS & PSYCHOTROPICS		SEDATIVES, HYPNOTICS, & ANXIOLYTICS	
						Antipsychotics			
						Sustenna			
						Thiothixene			
						Thorazine			
						Trifluoperazine			
						Trilafon			
						Trinza			
						Versacloz			
						Vraylar			
						Ziprasidone			
						Zydis			
						Zyprexa			

Last Revised: 07/2018

Pediatric Pain Medication Dosing

Acetaminophen

Dosing = 10 – 15 mg/kg/dose every 4 – 6 hours (Max 5 doses in 24 hours)

	Children's Acetaminophen Suspension	Children's Chewable Acetaminophen Tablets	Acetaminophen Tablets (Adult)
Concentration	160 mg/5 ml	80 mg	325 mg
Weight lbs.			
6 – 11 lbs.	1.3 mL	½ tablet	
12 – 17 lbs.	2.5 mL	1 tablet	
18 – 23 lbs.	3.8 mL	1 ½ tablet	
24 – 35 lbs.	5 mL	2 tablets	
36 – 47 lbs.	7.5 mL	3 tablets	
48 – 59 lbs.	10 mL	4 tablets	
60 – 71 lbs.	12.5 mL	5 tablets	
72 – 95 lbs.	15 mL	6 tablets	
48 - 95 lbs.			1 tablet
96+ lbs.	20 mL	8 tablets	2 tablets

Ibuprofen

Dosing = 5 – 10 mg/kg/dose every 6 to 8 hours (Max of 4 doses in 24 hours)

	Children's Ibuprofen Suspension	Ibuprofen Tablet	Ibuprofen Tablet
Concentration	100 mg/5 ml	400 mg	800 mg
Weight lbs.			
12 – 17 lbs.	2.5 mL		
18 – 23 lbs.	3.8 mL		
24 – 35 lbs.	5 mL		
36 – 47 lbs.	7.5 mL		
48 – 59 lbs.	10 mL		
60 – 71 lbs.	12.5 mL		
72 – 95 lbs.	15 mL		
88 – 175 lbs.	20 mL	1 tablet	
176+ lbs.	40 mL	2 tablets	1 tablet