**naproxen** (na-

<table>
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<th>Indications</th>
<th>Anti-Inflammatory/Analgesic/Antidysmenorrheal</th>
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<td>250–500 mg twice daily (up to 1.5 g/day). Delayed-release suppositories—375–500 mg twice daily (up to 1.5 g/day).</td>
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PO (Children <2 yr):
Analgesic: 5–7 mg/kg/dose q 8–12 hr.
Anti-inflammatory: 10–15 mg/kg/day divided q 12 hr, maximum: 1000 mg/day.

Antigout
PO (Adults):
Naproxen—750 mg naproxen initially, then 250 mg q 8–12 hr.
Naproxen sodium—500 mg initially, then 250 mg q 8–12 hr.

OTC Use (naproxen sodium)
PO (Adults):
200 mg q 6–8 hr or 400 mg followed by 200 mg q 12 hr (not to exceed 400 mg/24 hr).

PO (Geriatric Patients >65 yr):
Not to exceed 200 mg q 12 hr.

NURSING IMPLICATIONS

Assessment
● Patients who have asthma, aspirin-induced allergy, and nasal polyps are at increased risk for developing hypersensitivity reactions. Assess for rhinitis, asthma, and urticaria.

● Pain: Assess pain (type, location, and intensity) prior to and 1–2 hr following administration.

● Arthritis: Assess pain and range of motion prior to and 1–2 hr following administration.

● Fever: Monitor temperature, note signs associated with fever (diaphoresis, tachycardia, malaise).

● Lab Test Considerations: Evaluate BUN, serum creatinine, CBC, and liver function tests periodically in patients receiving prolonged therapy.

● May q serum potassium, BUN, serum creatinine, alkaline phosphatase, LDH, AST, and ALT levels. May p blood glucose, hemoglobin, and hematocrit concentrations, leukocyte and platelet counts, and CrCl.

● Bleeding time may be prolonged up to 4 days following discontinuation of therapy.

● May alter test results for urine 5-HIAA and urine steroid determinations.

Potential Nursing Diagnoses
Acute pain (Indications)
Chronic pain (Indications)
Impaired physical mobility (Indications)

Implementation
● Administration in higher than recommended doses does not provide increased effectiveness but may cause increased side effects. Use lowest effective dose for the shortest duration possible to minimize cardiac risks.

● Close monitoring with usual analgesics may have additive analgesic effects and may permit lower opioid doses.

● Analgesics are more effective if given before pain becomes severe.

● PO: For rapid initial effect, administer 10 min before or 2 hr after meals. May be administered with food, milk, or antacids to decrease GI irritation. Food slows but does not reduce the extent of absorption. Do not mix suspension with antacid or other liquid prior to administration. Slow release extended-release, delayed-release, and controlled extended-release tablets do not break, crush, or chew.

● Discontinuation: Administer as soon as possible after the onset of symptoms. Possible treatment has not been shown to be effective.

Patient/Family Teaching
● Advise patient to take this medication with a full glass of water and to remain in an upright position for 15–30 min after administration.

● Advise patient to take medication as directed. Take missed doses as soon as remembered but not if almost time for the next dose. Do not double doses.

● May cause drowsiness or dizziness. Advise patient to avoid driving or other activities requiring alertness until response to the medication is known.

● Caution patient to avoid the concurrent use of alcohol, aspirin, acetaminophen, or other OTC medications without consulting health care professional. Use of aspirin with 2 or more glasses of alcohol per day may increase risk of GI bleeding.

● Advise patient to inform health care professional of medication regimen prior to treatment or surgery.

● Caution patient to wear sunscreen and protective clothing to prevent photosensitivity reactions (especially in children with JRA).

● Institute patient not to take OTC naproxen preparations for more than 3 days for fever and to consult health care professional if symptoms persist or worsen.

● Advise patient to consult health care professional if rash, itching, visual disturbances, tinnitus, weight gain, edema, black stools, persistent headache, or phototoxicity occurs (worsening of skin condition).
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Evaluation/Desired Outcomes

- Relief of pain.
- Improved joint mobility. Partial joint relief is usually seen within 2 wk, but maximum effectiveness may require 2–4 wk of continuous therapy. Patients who do not respond to one NSAID may respond to another.
- Reduction of fever.

Why was this drug prescribed for your patient?