etodolac (ee-toe-doe-lak)

**Indications**
- Antiinflammatory. Also has antirheumatic action.

**Classification**
- Therapeutic: antirheumatics, nonopioid analgesics
- Pharmacologic: pyranocarboxylic acid

**Pregnancy Category C**

**Indications**
- Osteoarthritis
- Rheumatoid arthritis
- Mild to moderate pain (not XL tablets)

**Action**
- Inhibits prostaglandin synthesis. Also has uricosuric action.

**Pharmacokinetics**
- **Absorption:** Well absorbed after oral administration.
- **Distribution:** Widely distributed.
- **Protein Binding:** 99%.
- **Metabolism and Excretion:** Mostly metabolized by the liver; 1% excreted unchanged in urine.
- **Half-life:** 6–7 hr (single dose); 7.3 hr (chronic dosing).

**TIME/ACTION PROFILE (analgesic effect)**
- **ROUTE**
  - **ONSET**
  - **PEAK**
  - **DURATION
- PO (analgesic) 0.5 hr 1–2 hr 4–12 hr
- PO (anti-inflammatory) days–wk unknown 6–12 hr†
- †Up to 24 hr as XL (extended-release) tablet

**Contraindications/Precautions**
- **Contraindicated in:** Hypersensitivity, Active GI bleeding or ulcer disease, Cross-sensitivity may exist with other NSAIDs, including aspirin. Dose should be reduced by half during second half of pregnancy to minimize premature closure of ductus arteriosis.

**Usage**
- **Cardinal drug name**
- **Genetic Implication:** CAPI TALS indicate life-threatening, underlines indicate most frequent, strikethrough indicates discontinued.

**Adverse Reactions/Side Effects**
- **CNS:** depression, dizziness, drowsiness, insomnia, nervousness, syncope, weakness.
- **EENT:** blurred vision, photophobia, tinnitus.
- **Resp:** asthma.
- **CV:** CHF, edema, hypertension, palpitations.
- **GI:** GI BLEEDING, dyspepsia, abdominal pain, constipation, diarrhea, drug-induced hepatitis, dry mouth, gastritis, nausea, vomiting, mucous membranes, oral lesions, laryngeal edema, angioedema, urticaria, urticarial rashes, flushing, hyperpigmentation, pruritis, rash, sweating, artificial swellings.
- **Derm:** exfoliative dermatitis, Stevens-Johnson syndrome, toxic epidermal necrolysis, ecchymoses, pruritus, rash, sweating.
- **Hemat:** anemia, hyperpigmentation, thrombocytopenia.
- **Misc:** allergic reactions including anaphylaxis, angioedema, chills, fever.

**Interactions**
- **Drug-Dye:** Concurrent use with aspirin may effect effectiveness. Avoid with antihypertensive, anticoagulant, or antiplatelet agents.
- **Drug-Natural Products:** Avoid with arnica, chamomile, clove, dong quai, feverfew, garlic, ginko, and Panax ginseng.

**Dosage**
- **PO (Adults):**
  - Analgesia—200–400 mg q 6–8 hr (not to exceed 1200 mg/day).
  - Osteoarthritis/rheumatoid arthritis—300 mg 2–3 times daily, 400 mg twice daily, or 500 mg three daily; may also be given as 400–1200 mg once daily as XL tablets.

**Nursing Implications**
- **Assessment:**
  - Patients who have asthma, aspirin-induced allergy, and nasal polyps are at increased risk for developing hypersensitivity reactions. Monitor for rhinitis, asthma, and urticaria.

**References**
- Limited information available; use other safer NSAID.
Assess for rash periodically during therapy. May cause Stevens-Johnson syndrome. Discontinue therapy if severe or if accompanied with fever, general malaise, fatigue, muscle or joint aches, blister, oral lesions, conjunctivitis, hepatitis and/or eosinophilia.

Osteoarthritis/Rheumatoid arthritis: Assess pain and range of movement before and 1–2 hr after administration.

Pain: Assess location, duration, intensity of the pain before and 60 min after administration.

Lab Test Considerations: May cause ↓ hemoglobin, hematocrit, leukocyte, and platelet counts.

Monitor liver function tests within 8 wk of initiating etodolac therapy and periodically during therapy. May cause ↓ serum alkaline phosphatase, LDH, AST, ALT, and ALT concentrations.

Monitor serum creatinine and electrolytes periodically during therapy. May cause ↓ serum creatinine and electrolyte concentrations and ↑ urine electrolyte concentrations.

Monitor BUN, serum creatinine, and electrolytes periodically during therapy. May cause ↓ serum creatinine and electrolyte concentrations and ↓ urine electrolyte concentrations.

Pain:

Assess location, duration, and intensity of the pain before and 60 min after administration.

Lab Test Considerations:

May cause ↓ hemoglobin, hematocrit, leukocyte, and platelet counts.

Monitor liver function tests within 8 wk of initiating etodolac therapy and periodically during therapy. May cause ↓ serum alkaline phosphatase, LDH, AST, ALT, and ALT concentrations.

Monitor serum creatinine and electrolytes periodically during therapy. May cause ↓ serum creatinine and electrolyte concentrations and ↑ urine electrolyte concentrations.

Potential Nursing Diagnoses

Impaired physical mobility (Indications)

Implementation

Do not confuse Lodine (etodolac) with codeine or iodine.

Administration in higher-than-recommended doses does not provide increased effectiveness but may cause increased side effects.

Do not administer extended-release tablets.

Patient/Family Teaching

Advise patients to take medication as directed. Take missed doses as soon as possible within 1–2 hr if taking twice/day, or within 4–6 hr if taking more than twice/day. Do not double doses.

Advise patients to take etodolac with a full glass of water and to remain in an upright position for 15–30 min after administration.

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, NSAIDs, or other OTC medications without consultation with health care professional.

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

Advise patient to consult health care professional if rash, itching, visual disturbances, tinnitus, weight gain, edema, black stools, persistent headaches, or influenza-like syndrome (chills, fever, muscle aches, pain) occurs.

Evaluation/Desired Outcomes

Decreased severity of pain.

Improved joint mobility. Patients who do not respond to one NSAID may respond to another. May require 2 wk or more for maximum anti-inflammatory effects.

Why was this drug prescribed for your patient?