fenoprofen (fen-oh-proe-fen)

Nonsteroidal anti-inflammatory agent

**Classification**

Therapeutic: nonsteroidal anti-inflammatory agents
Pharmacologic: propionic acid derivatives

**Pregnancy Category** C (first and second trimester), D (third trimester)

**Indications**


**Action**

Inhibits prostaglandin synthesis.

**Therapeutic Effects:**

Suppression of pain and inflammation.

**Pharmacokinetics**

Absorption: Well absorbed from the GI tract.
Distribution: Enters breast milk in low concentrations.

**Metabolism and Excretion:**

Mostly metabolized by the liver. 2–5% excreted unchanged by the kidneys.

**Half-life:**

3 hr.

**TIME/ACTION PROFILE**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO (analgesic activity)</td>
<td>15–30 min</td>
<td>1–2 hr</td>
<td>4–6 hr</td>
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<tr>
<td>PO (anti-inflammatory activity)</td>
<td>several days</td>
<td>2–3 wk</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**

- Hypersensitivity to fenoprofen, aspirin, or other NSAIDs. Activity l ife-threatening, underline most frequent. Strikethrough Discontinued.
- Active GI bleeding or ulcer disease.
- Severe renal dysfunction.
- Perioperative pain in setting of coronary artery bypass surgery.
- Cardiovascular, renal, or hepatic disease.
- History of ulcer disease.
- OB: Not recommended for use during third trimester.
- Geri: q risk of adverse events. Limited data: Safety not established.
- Lactation: Safety not established.
- Pedi: Safety not established.

**Adverse Reactions/Side Effects**

**CNS:** confusion, dizziness, drowsiness, headache. 
**CV:** edema, palpitations.
**GI:** GI bleeding, hepatitis, dyspepsia, abdominal pain, constipation, diarrhea, discomfort, nausea, vomiting. 
**GU:** cystitis, dysuria, hematuria, renal failure.
**Derma:** pruritus, rash, sweating.
**Hemat:** prolonged bleeding time.
**Neuro:** tremor. 
**Misc:** allergic reactions including anaphylaxis.

**Interactions**

**Drug-Drug:**
- Concurrent use with aspirin or antacids may affect effectiveness. Additive adverse GI effects with aspirin, other NSAIDs, potassium supplements, corticosteroids, or alcohol. May reduce effectiveness of diuretics or antihypertensives. May ↑ serum lithium levels and ↑ the risk of toxicity. ↑ the risk of toxicity from methotrexate. ↑ risk of bleeding with heparin, thrombolytic agents, antiplatelet agents, or warfarin. ↑ risk of adverse hematologic reactions with antineoplastics or radiation therapy. Phenobarbital may ↓ metabolism and ↓ effectiveness of fenoprofen. May ↑ the risk of nephrotoxicity with cyclosporine.
- Phenobarbital may ↓ metabolism and p effectiveness of fenoprofen. May ↑ the risk of toxicity from methotrexate. ↓ the risk of bleeding with cefotetan, heparin, thrombolytic agents, antiplatelet agents, or warfarin. ↓ the risk of adverse hematologic reactions with antineoplastics or radiation therapy. Phenobarbital may ↓ metabolism and ↓ effectiveness of fenoprofen.

**Drug-Natural Products:**
- ↑ bleeding risk with anise, arnica, chamomile, cloves, feverfew, garlic, ginger, ginkgo, Panax ginseng, and others.

**Route/Dosage**

**Rheumatoid Arthritis/Osteoarthritis**

**PO (Adults):** 400–600 mg 3–4 times daily (not to exceed 3.2 g/day).

**Mild-to-Moderate Pain**

**PO (Adults):** 200 mg q 4–6 hr.

**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.
- Arthritis: assess pain and range of motion before and 1–2 hr after administration.
- Pain: assess pain (type, location, and intensity) before and 1–2 hr after administration.

**Interventions**

- Monitor for GI bleeding.

**Patient/Family Teaching**

- Instruct patient to take medication as directed. Do not exceed recommended dosage.
- Advise patient to notify health care professional if signs of hypersensitivity reaction occur.
- Caution patient to avoid concurrent use with aspirin or antacids.
- Instruct patient to notify health care professional if pregnancy is planned or suspected, or if breast feeding.

**Pharmacologic Class**

Nonsteroidal anti-inflammatory agents
Lab Test Considerations:
- May cause prolonged bleeding time.
- May cause decreased hemoglobin, hematocrit, leukocyte, and platelet counts.
- Monitor bone marrow function periodically during long-term therapy. May cause decreased alkaline phosphatase, LDH, AST, and ALT concentrations.
- Monitor BUN, serum creatinine, and electrolytes periodically during therapy. May cause increased BUN and serum creatinine.

Potential Nursing Diagnoses
Acute pain (Indications)
- Impaired physical mobility (Indications)
- Deficient knowledge, related to medication regimen (Patient/Family Teaching)

Implementation
- Administration in higher than recommended doses does not provide increased effectiveness but may cause increased side effects.
- Coadministration with opioid analgesics may have additive analgesic effects and may permit lower opioid doses.
- PO: For rapid initial effect, administer 30 min before or 2 hr after meals. Administer after meals or with food to minimize gastric irritation.

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.
- Administer medication as directed. Take missed doses as soon as remembered, but not if almost time for 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 concurrent use of alcohol, aspirin, acetaminophen, other NSAIDs, or other OTC or herbal products without consulting health care provider.
- Advise patient to notify 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 headache, or influenza-like syndrome (chills, fever, muscle aches, pain) occurs.