**Flurbiprofen (flure-bye-proe-fen)**

**Classification**
- Antirheumatics, nonsteroidal anti-inflammatory agents

**Pregnancy Category:** C

**Indications**
- PO: Inflammatory disorders including: Rheumatoid arthritis, Osteoarthritis.
- Unlabeled Use: Dysmenorrhea.

**Action**
- Inhibits prostaglandin synthesis, resulting in reduced inflammation and pain when administered orally.

**Therapeutic Effects:**
- PO: Suppression of pain and inflammation.

**Pharmacokinetics**
- Absorption: Well absorbed after oral administration.
- Distribution: Unknown.
- Protein Binding: 99%.
- Metabolism and Excretion: Mostlly metabolized by the liver (primarily by CYP2C9). Patients who are poor CYP2C9 metabolizers may have reduced metabolism of flurbiprofen which may lead to toxicity. 20–25% excreted unchanged by the kidneys.
- Half-life: 3–6 hr.

**TIME/ACTION PROFILE**

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**Contraindications/Precautions**
- Hypersensitivity, Cross-sensitivity may exist with other NSAIDs, including aspirin, Active GI bleeding or ulcer disease, Perioperative pain from coronary artery bypass graft (CABG) surgery.
- Patients who have asthma, aspirin-induced allergy, and nasal polyps are at increased risk for developing hypersensitivity reactions.

**Adverse Reactions/Efficacy**
- CNS: Dizziness, drowsiness, headache, nervousness.
- CV: Changes in BP, congestive heart failure, edema, palpitations.
- GI: GI bleeding, abdominal pain, heartburn, nausea, blurred vision, constipation, diarrhea, drug-induced hepatitis, stomatitis.
- GU: Incontinence.
- Derm: Exfoliative dermatitis, Stevens-Johnson syndrome, toxic epidermal necrolysis, pruritus, rash, Steven-Johnson syndrome, toxic epidermal necrolysis, rashes.
- Hemat: Blood dyscrasias, prolonged bleeding time.
- MS: Myalgia.
- Misc: Allergic reactions including anaphylaxis, chills, fever.

**Drug-Drug Interactions**
- Concurrent use with aspirin may effect effectiveness. May increase risk of adverse GI effects with aspirin, other NSAIDs, potassium supplements, corticosteroids, or alcohol.
- Chronic use with acetaminophen may risk of adverse renal reactions.
- May increase risk of effectiveness of diuretics or antihypertensives.
- May increase risk of toxicity from lithium or oral hypoglycemic agents.
- May increase risk of toxicity from anticoagulants, corticosteroids, antineoplastics, or radiation therapy.
- May increase risk of nephrotoxicity with cyclosporine.
- Probenecid may increase risk of toxicity from lithium or oral hypoglycemic agents.
- May increase risk of adverse hematologic reactions with antineoplastics or radiation therapy.

**Route/Dosage**
- PO (Adults): Anti-inflammatory—200–300 mg daily in 2–4 divided doses (not to exceed 300 mg/day or 100 mg/dose). Dysmenorrhea—50 mg q 4–6 hr as needed (unlabeled).

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

**Overdosage**
- Severe renal, or hepatic disease; Diabetes mellitus; Geri: Risk of GI bleeding.
- GI: Should only be used if potential benefits outweigh risks to fetus; OB, Pedi: Safety not established.

**Canadian drug name.**
- CAPI TALS: **CA** if life-threatening, underlines indicate most frequent. Strikethrough indicates discontinued.
Assess pain and range of movement before and periodically during therapy.

**Lab Test Considerations:**
- May cause prolonged bleeding time; effects may persist for 1–2 days.
- May cause decreased hematocrit, leukocyte, and platelet counts.
- Monitor liver function tests periodically during therapy. May cause decreased alkaline phosphatase, AST, ALT, and INR concentrations.
- Monitor HBA1C, serum creatinine, and electrolyte concentrations and urine electrolyte concentrations.

**Potential Nursing Diagnoses**

- Acute 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 shortest period of time.
- PO: For rapid initial effect, administer 30 min before or 2 hr after meals. Administer after meals or with food or an antacid containing aluminum or magnesium to minimize gastric irritation.

**Patient/Family Teaching**
- Advise patient to take flurbiprofen with a full glass of water and to remain in an upright position for 15–30 min after administration.
- Instruct patient to take medication as prescribed. 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 medication is known.
- Caution patient to avoid the concurrent use of alcohol, aspirin, other NSAIDs, acetaminophen, or other OTC or herbal products without consulting 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 headache, or influenza-like syndrome (chills, fever, muscle aches, pain) occurs.

**Evaluation/Desired Outcomes**
- Decreased pain
- Improved joint mobility. Patients who do not respond to one NSAID may respond to another.

**Why was this drug prescribed for your patient?**

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