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tolmetin (tole-met-in)

Classification
Therapeutic: antirheumatics, nonsteroidal anti-inflammatory agents

Pregnancy Category UK

Indications
Management of inflammatory disorders including: Rheumatoid arthritis, Juvenile rheumatoid arthritis, Osteoarthritis.

Action
Inhibits prostaglandin synthesis.

Therapeutic Effects: Suppression of pain and inflammation.

Pharmacokinetics
Absorption: Well absorbed from the GI tract following oral administration.
Distribution: Unknown.
Protein Binding: 99%.
Metabolism and Excretion: Mostly metabolized by the liver; 20% excreted unchanged by the kidneys.
Half-life: 1 hr.

TIME/ACTION PROFILE (anti-inflammatory effects)

ROUTE ONSET PEAK DURATION
PO within 7 days 1–2 wk unknown

Contraindications/Precautions
Contraindicated in: 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.

Use Cautiously in: Cardiovascular disease or risk factors for cardiovascular disease (may q risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, especially with prolonged use); History of ulcer disease; Severe hepatic or renal impairment (dose p recommended); Geri: q risk of GI bleeding; OB, Lactation: Safety not established; avoid use during 2nd and 3rd trimesters.

Adverse Reactions/Side Effects
CNS: dizziness, headache, drowsiness, mental depression, sleep disturbances.
CV: edema, hypertension.
GI: GI bleeding, diarrhea, dyspepsia, nausea, vomiting, constipation, dyspepsia, flatulence.
GU: renal failure.
Derm: exfoliative dermatitis, Stevens-Johnson syndrome, toxic epidermal necrolysis, rash.
Hemat: prolonged bleeding time, M: muscle weakness.
Misc: allergic reactions including anaphylaxis.

Interactions
Drug-Drug: ↑ risk of bleeding with warfarin, heparin, cefoperazone, cefotaxime, sulindac, indomethacin, loratadine, or aspirin, cimetidine, and other NSAIDs. May ↑ response to antihypertensives or diuretics. May ↑ levels and q risk of toxicity from lithium. May ↑ risk of hematologic toxicity from antimetabolites or radiation therapy. ↑ risk of adverse renal effects with gold compounds, cyclosporine, or chronic use of amiodarone. May ↑ risk of hyperkalemia from oral hypoglycemic agents.
Drug-Natural Products: q anticoagulant effect and bleeding risk with arnica, chamomile, clove, dong quai, feverfew, garlic, ginger, ginkgo, Panax ginseng, and others.

Route/Dosage

PO (Adults): 400 mg 3 times daily initially, followed by maintenance dose of 600–1800 mg/day in 3–4 divided doses (not to exceed 2000 mg/day).
PO (Children ≥2 yr): 20 mg/kg/day in 3–4 divided doses initially, followed by maintenance dose of 15–30 mg/kg/day in 3–4 divided doses.

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.
● Assess patient for skin rash frequently during therapy. Discontinue tolmetin at first sign of rash; may be life-threatening. Stevens-Johnson syndrome or toxic epidermal necrolysis may develop. Treat symptomatically; may recur once treatment is stopped.
● Assess pain and range of motion prior to and weekly during therapy.

Potential Nursing Diagnoses
● Pain (related to therapy)
Lab Test Considerations: Evaluate BUN, serum creatinine, CBC, and liver function periodically in patients receiving prolonged therapy.

Serum potassium, BUN, AST, and ALT may show an increase.

Hemoglobin and hematocrit may be decreased. Bleeding time may be prolonged for up to 2 days after discontinuation.

May cause false-positive results for urinary protein.

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: May be administered with food, milk, or antacids to decrease GI irritation.

Tablets may be crushed and capsules opened and mixed with fluids or food.

Patient/Family Teaching

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

Instruct patient to take medications 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 medication is known.

Caution patient to avoid the concurrent use of alcohol, aspirin, NSAIDs, acetaminophen, or other OTC or herbal products without consulting health care professional.

Advise patient to use sunscreen and protective clothing to prevent photosensitivity reactions.

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

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

Evaluation/Desired Outcomes

Decrease in pain.

Improved joint mobility. Partial arthritis relief is usually seen within 7 days, but maximum effectiveness may require 1–2 wk of continuous therapy. Patients who do not respond to one NSAID may respond to another.

Why was this drug prescribed for your patient?