



ADULT MEDICATION GUIDELINE					
Celecoxib					
Scope (Staff):	All WNHS Staff				
Scope (Area):	Obstetrics and Gynaecology				
This document should be read in conjunction with the <u>Disclaimer</u> .					

Quick Links

<u>Dose</u> <u>Administration</u> <u>Monitoring</u> <u>Pregnancy and</u> <u>Breastfeeding</u>

Restrictions

Formulary: Unrestricted

Medication Class

Non-steroidal anti-inflammatory (NSAID)

Presentation

Form: Capsule: 100mg

Storage

Store at room temperature, below 25°C

Dose

Pain (postoperative, musculoskeletal or soft tissue), Period pain

Oral: 200mg once or twice daily if needed. Maximum 5 days treatment.

Ankylosing spondylitis, osteoarthritis, rheumatoid arthritis

Oral: 100mg twice daily, may increase to 200mg twice daily (short term)

Risk of cardiovascular adverse events is dose related; do not use >200mg daily long term

Monitoring

Renal: Contraindicated in CrCl <30 mL/min **Hepatic:** Contraindicated in severe impairment

Pregnancy

1st Trimester: Consider alternative
2nd Trimester: Consider alternative
3rd Trimester: Consider alternative

For more information, please contact **KEMH Obstetric Medicines Information Service**.

Breastfeeding

Considered safe to use

Comments

Regular oral NSAIDs may be commenced as soon as 1 hour after IV parecoxib or 2 hours after rectal diclofenac.

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines:

<u>Perineal care and repair: Protection, Assessment, and Management (includes episiotomy, infiltration, suturing, third/fourth degree tears)</u>

Labour and Post-operative Analgesia

Breastfeeding Challenges: Mastitis and Breast Abscess Management

Palliative Care

Pre-operative Medication Management

WNHS Pharmaceutical and Medicines Management Guidelines:

WNHS Medication Management Guideline "Return and Disposal of Medications"

References

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	Std 2: Pa	artnering with Cons	Std 6: Communicating for Safety					
		reventing and Contr ciated Infection	Std 7: Blood Management					
	Std 4: Medication Safety			Std 8: Recognising and Responding to Acute Deterioration				
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