Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

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

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding

Formulary: Unrestricted (tablet and oral suspension)

Formulary: Restricted (injection)

Medication Class

Nonselective Nonsteroidal Anti-inflammatory Drug (NSAID)

Presentation

Tablet: 200mg, 400mg

Suspension: 100mg/5mL

Vial: 800mg/8mL

Storage

Store at room temperature, below 25°C

Dose

Analgesia

Oral: 200–400 mg 3 or 4 times a day. Up to 2400 mg daily may be used short term

Administration

Oral:

Take oral doses with a glass of water. It may be taken without food but if stomach discomfort occurs, take with food.

IV Infusion:

Step 1 Dilution*:*

Dilute to a final concentration of 4 mg/mL or less

For an 800 mg dose:
Dilute 8 mL in at least 200 mL of glucose 5%, sodium chloride 0.9%, or Hartmann's

For a 400 mg dose:
Dilute 4 mL in at least 100 mL of glucose 5%, sodium chloride 0.9%, or Hartmann's

Step 2 Administration:

Infuse over 30 minutes

Monitoring

Renal: Avoid use if CrCl <25 mL/minute

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

Safe to use

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

Comments

Regular oral NSAIDs may be commenced 12 hours after IV parecoxib or rectal diclofenac.

Dehydration - NSAIDs may reduce renal function and cause acute renal failure (prostaglandins are important in maintaining renal blood flow when circulating blood volume is decreased).

Asthma (especially with rhinitis or nasal polyps)—NSAIDs may increase risk of bronchospasm.

Coagulation disorders—nonselective NSAIDs may increase risk of bleeding (antiplatelet effect).

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines:

Perineal care and repair: Protection, assessment and management

Menstrual bleeding: Heavy

Pain: Acute on chronic pelvic pain management

Palliative care (adults)

Breast inflammation and infection: Mastitis and breast abscess

Pharmacist Initiated Medications (PIMs) and Pharmacist Partnered Medication Charting (PPMC)

Prescribing Procedure

WNHS Pharmaceutical and Medicines Management Guidelines:

Return & Disposal of medications

References

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NSQHS Standards Applicable:	☒ Std 1: Clinical Governance ☐ Std 2: Partnering with Consumers ☐ Std 3: Preventing and Controlling Healthcare Associated Infection ☒ Std 4: Medication Safety			☐ Std 5: Comprehensive Care ☐ Std 6: Communicating for Safety ☐ Std 7: Blood Management ☐ Std 8: Recognising and Responding to Acute Deterioration	
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