Tuolumne County Emergency Medical Services Agency
EMS System Policies and Procedures

Policy: Administration of Ketorolac #552.91
Creation Date: 05-15-2019

Medical Director: ___________________________ Revision Date: ____________
Kimberly Freeman, M.D.

EMS Coordinator: ___________________________ Review Date: 05-2024
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I. AUTHORITY
Division 2.5, California Health and Safety Code, Section 1797.220, California Code of Regulations, Title 22, Division 9, Section 100144 and 100145

II. PURPOSE
To authorize EMT-Ps to administer ketorolac.

III. POLICY
This medication shall only be administered by paramedics with training in the uses, indications, contraindication, and dosage of ketorolac.

IV. PROCEDURE
A. Patient with the following may be considered for ketorolac administration:
   1. Ages 2 to 65
   2. Abdominal, back, or extremity pain

B. Contraindications for ketorolac:
   1. History of renal disease or kidney transplant
   2. Hypotension
   3. History of GI bleeding or ulcers
   4. Current anticoagulation therapy or active bleed
   5. Current steroid use
   6. Age < 2 years old or > 65 years old
   7. Known allergy or hypersensitivity to NSAIDS
   8. History of asthma
   9. Pregnant or high possibility of pregnancy
   10. Meets trauma triage criteria

C. The IV/IO dose for adult and pediatric patients is 0.5 mg/kg, up to 30 mg over 15 seconds. The IN dose for adult patients is 30 mg, the IN dose for pediatric patients is 0.5mg/kg up to 15mg.

V. TRAINING
A. Topics to be covered:
   1. Indications
   2. Contraindications
   3. Actions
   4. Side effects
B. Total time related to the above topics, including lecture, skills demonstration and practice, written and skills exams shall be no less than 1 hour.

C. Course objectives specific to additional scope items. At the end of the training, participants will be able to:
   1. Identify actions, indications, contraindications, adverse effects, administration guidelines, and precautions for ketorolac infusions.
   2. Demonstrate basic competency in mixing and administering ketorolac.
   3. Appropriately identify patients that meet ketorolac administration criteria.

VI. QUALITY ASSURANCE PROCEDURE
A. All ketorolac administrations will undergo review by provider agency, the ICEMSA QA/QI committee. Standard data elements shall be reported.

B. Specific review for use of ketorolac will include:
   1. Primary impression
   2. Patient age
   3. Time of injury
   4. Dose and time of ketorolac administration
   5. Pre and post ketorolac vital signs
   6. Narrative detail supporting ketorolac administration
   7. Patient disposition