



ADULT MEDICATION GUIDELINE

Indometacin (Indomethacin)

Scope (Staff): All WNHS Staff

Scope (Area): Obstetrics and Gynaecology

This document should be read in conjunction with the [Disclaimer](#).

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Restrictions

[Formulary: Unrestricted](#)

Medication Class

Nonselective Nonsteroidal Anti-inflammatory Drug (NSAID)

Presentation

Capsule: 25mg

Suppository: 100mg

Storage

Store at room temperature, below 25°C

Dose

Acute Pain:

Oral:

25 to 50mg, 2 to 4 times daily as needed.

Rectal:

100mg once or twice daily as needed.

Tocolysis post cervical cerclage**Oral:**

25-50mg initially, followed by 25mg every 6 hours for a total of 48 hours.

Equivalent rectal dose:

100mg initially, followed by 100mg every 12 hours for a total of 48 hours.

Preterm labour

May be considered when other tocolytics have failed or contraindicated. For more information, refer to KEMH Clinical Practice Guideline: [Preterm Labour](#)

100mg rectally followed by a 25mg oral dose every 4 hours for 48 hours.

If regular uterine contractions persist 1-2 hours after the initial 100mg suppository, an additional 100mg suppository is administered before beginning oral therapy.

Administration**Oral**

Take capsules with or shortly after food.

Rectal

Best used after emptying bowels. Try not to open bowels for at least half an hour after using the suppository.

Monitoring

Renal: avoid use if CrCl <25mL/minute

Hepatic: contraindicated in severe hepatic impairment.

NSAIDs may cause closure of the fetal ductus arteriosus, fetal renal impairment, decrease in volume of amniotic fluid, and inhibition of platelet aggression when given during the latter part of pregnancy. Careful monitoring of the amniotic fluid index by ultrasound and the patent ductus arteriosus by fetal echocardiography is recommended.

Theoretical risks of fetal pulmonary hypertension and reduced renal function are debatable in short-term use but clear in the event of extended use.

Pregnancy

1st Trimester: Consider alternative

2nd Trimester: Consider alternative

3rd Trimester: Consider alternative

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

Breastfeeding

Consider alternative.

For more information, please contact [KEMH Obstetric Medicines Information Service](#).

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines:

[Perioperative Preparation and Management](#)

[Preterm Labour](#)

WNHS Pharmaceutical and Medicines Management Guidelines:

[Medication Administration](#)

References

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