

# OrthoSouth

## ANTI-INFLAMMATORY TITRATON SCHEDULE (in milligrams/mg)

- A. SCHEDULE A: CELECOXIB (absence of known renal disease, history of coronary artery disease, congestive heart failure, gastric-bypass)

WEEK	AM	MID-DAY	PM
1	100		
2	200		
3	100		100

- B. SCHEDULE B: MELOXICAM (absence of known renal disease, history of gastro-intestinal bleeding, gastric-bypass)

WEEK	AM	MID-DAY	PM
1	7.5		
2	15		
3	7.5		7.5

- C. SCHEDULE C: NAPROSYN/NAPROXEN (absence of known renal disease, history of gastro-intestinal bleeding, gastric-bypass)

WEEK	AM	MID-DAY	PM
1	250		250
2	500		250
3	500		500

- D. SCHEDULE D: DICLOFENAC (absence of known renal disease, history of gastro-intestinal bleeding, gastric-bypass)

WEEK	AM	MID-DAY	PM
1	50		50
2	75		75
3	50	50	50

- E. SCHEDULE E: MEDRO-DOSE PACK (absence of known renal disease, history of gastro-intestinal bleeding, gastric-bypass)

- Take as directed over 5 days for acute radiculitis/disc herniation while undergoing conservative therapy.
- DO NOT use anti-inflammatories (NSAIDs) at the same time.

F. SIDE EFFECT MONITORING

- Monitor for GI distress, bleeding, renal, new onset chest pain, blood pressure changes, or flank pain.
- If you develop unpleasant side effects lasting more than 3 days, return to the previous dose regimen where you DID NOT have side effects. Stay at this dose until your follow up.
- Continue the titration schedule no higher than the maximum listed dose.
- You may stop titration early at the dose where you no longer have bothersome pain or at a pain level more acceptable for you. Not all patients will require the full schedule for pain relief.
- Take no more than 14 consecutive days without taking a 3 day 'medication holiday' to reassess pain.