

化 学 品 安 全 技 术 说 明 书

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**MSDS标题**

KETOROLAC MSDS报告

**产品标题**

(+/-)-5-甲苯酰基-2,3-二氢-1H-吡咯并吡咯烷-1-甲酸

**CAS号**

74103-06-3

**化学品及企业标识**

**PRODUCT NAME**

KETOROLAC

**NFPA**

Flammability	1
Toxicity	3
Body Contact	2
Reactivity	1
Chronic	3

SCALE: Min/Nil=0 Low=1 Moderate=2 High=3 Extreme=4

**PRODUCT USE**

Analgesic for the short term management of acute, moderate to severe pain, following surgical procedures. A non- narcotic belonging to the non- steroidal anti- inflammatory class of drugs. Inhibits the synthesis of prostaglandins and is considered to be a peripherally acting analgesic. Given by mouth or intravenous injection.

## SYNONYMS

C15-H13-N-O3, C15-H13-N-O3, "1H-pyrrolizine-1-carboxylic acid, 2, 3-dihydro-5-benzoyl-, (+/-)-, ", "1H-pyrrolizine-1-carboxylic acid, 2, 3-dihydro-5-benzoyl-, (+/-)-, ", "(+/-)-2-benzoyl-1-azabicyclo[3.3.0]octa-2, 4-diene-6-carboxylic acid", "(+/-)-2-benzoyl-1-azabicyclo[3.3.0]octa-2, 4-diene-6-carboxylic acid", "(+/-)-5-benzoyl-2, 3-dihydro-1H-pyrrolizine-1-carboxylic acid", "(+/-)-5-benzoyl-2, 3-dihydro-1H-pyrrolizine-1-carboxylic acid", "(+/-)-2, 3-dihydro-5-benzoyl-1H-pyrrolizine-1-carboxylic acid", "(+/-)-2, 3-dihydro-5-benzoyl-1H-pyrrolizine-1-carboxylic acid", "analgesic/ anti-inflammatory NSAID"

## CANADIAN WHMIS SYMBOLS

## EMERGENCY OVERVIEW

### RISK

Toxic if swallowed.

## POTENTIAL HEALTH EFFECTS

### ACUTE HEALTH EFFECTS

#### SWALLOWED

Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.

#### EYE

Although the material is not thought to be an irritant, direct contact with the eye may produce transient discomfort characterized by tearing or conjunctival redness (as with windburn).

#### SKIN

The material is not thought to produce adverse health effects or skin irritation following contact (as classified using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting. Open cuts, abraded or irritated skin should not be exposed to this material. Toxic effects may result from skin absorption.

#### INHALED

The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that

suitable control measures be used in an occupational setting. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

## **CHRONIC HEALTH EFFECTS**

Principal routes of exposure are by accidental skin and eye contact and inhalation of generated dusts. Prolonged use of non-steroidal analgesics damages the lining of the gastrointestinal tract, causing ulcers and bleeding. There may be diarrhea or constipation, perforations causing serious infection, and blood in the vomit or stools. Kidney damage can result in blood or pus in the urine, changes in urine chemistry, change in the frequency of urination, insufficiency of kidney function, destruction of the kidney lining and kidney inflammation. Occasionally, the liver may be affected, causing inflammation (hepatitis) and jaundice. There may be changes in blood cell distribution, and disturbance in platelet function. Sensitivity to light may occur. Anaphylactic-like syndrome is characterized by rash with redness, spots and blisters, itching, and fainting. The eyes, ears and urinary tract can all be affected. Asthma and anemia may be exacerbated. These drugs can cause circulatory defects in the fetus and newborn. Once the kidney has been damaged, there is an increased likelihood that cancers could develop there. Chronic ingestion of excessive amounts of non-narcotic analgesics can lead to nephropathy (kidney damage) in humans. A substantial number of health deficits are associated with this condition. They include reduced GFR (glomerular filtration rate), salt wastage, hyperkalemia, metabolic acidosis, and a vasopressin-resistant concentration defect. More severe forms of analgesic nephropathy may lead to papillary necrosis with sloughing of the papilla. Although renal function may return to normal after discontinuation of treatment or abuse, complete anuria (absence of urine formation) may result following continued abuse. Most patients who develop analgesic nephropathy consume analgesics for up to 3 years, consuming between 2 and 5 mg daily.