NON-OPIOIDS (Route)	TIME TO ONSET	ELIMINATION HALF-LIFE	SIDE EFFECTS & OTHER RELEVANT INFORMATION
Ketamine (IV)	20-30 seconds	2-3 hours	NMDA receptor antagonist. Has sedative, amnesic and analgesic properties. Suppresses the respiratory drive less than most anaesthetic agents. Supported as a dissociative sedative in emergency medicine for severe injuries with risk of hypotension. However, the prevalence of hallucinations and psychological disturbance mean it is not typically used as a primary anaesthetic. Can cause acute tolerance to opioids. Metabolised in the liver and excreted predominantly in urine. Acts as a cardiovascular stimulant. Contraindicated in hypertension, head trauma, raised ICP, stroke & severe cardiac disease.
Paracetamol (PO/PR)	30-60 minutes variable	2-4 hours	May be contraindicated with significant hepatic impairment
Paracetamol (IV)	5-10 minutes	2 hours	May be contraindicated with significant hepatic impairment
Ibuprofen (PO/PR)	25-30 minutes	1.3-3 hours	NSAID used for treating pain, pyrexia & inflammation. Should not be used in patients with renal dysfunction, G.I. bleeding, deranged clotting, concomitant ACE inhibitor therapy, congestive heart failure, cirrhosis, asthma, duct dependant cardiac lesions and perioperative patients of cardiac bypass surgery.
Gabapentin (PO)	30-90 minutes	5-7 hours	Recommended for neuropathic pain. Side effects: sedation, dizziness, confusion ataxia. Careful use in patients with renal impairment due to possible accumulation and toxicity. Abrupt discontinuation can be associated with drug withdrawal syndrome, seizures.
Carbamazepine (PO)	4-5 hours	25-65 hours initially then 12-17 hours	Recommended for neuropathic pain. Side Effects: Side effects: (common) nystagmus, dizziness, diplopia, light-headedness, lethargy; (rare) aplastic anaemia, and agranulocytosis; Stevens–Johnson syndrome or toxic epidermal necrolysis