



Medication: Hydromorphone	PDN:	Last Updated:	PMD:	PDC:	Page 1 of 2
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# HYDROMORPHONE For palliative care use only

## 1.0 Classification

Narcotic Analgesic

#### 2.0 Mechanism of Action

- Precise mechanism of action unknown.
- Multiple actions but works primarily on the CNS and organs containing smooth muscle.

## 3.0 Indications

- In the palliative care population for:
  - Moderate to severe pain as either a first line drug or when switching medications due to opioid neurotoxicity

## 4.0 Contraindications

- Known hypersensitivity
- Status asthma
- Severe CNS depression (relative contraindication in palliative population)
- Severe respiratory depression (relative contraindication in palliative e population)

# 5.0 Precautions

- At high doses, as given for malignant cancer pain control, it can be associated with seizures
- Withdrawal symptoms can occur if discontinued abruptly

# 6.0 Route

May be given Subcut

# 7.0 Dosage

#### Adult

1-2 mg Subcut

#### **Pediatric**

0.01-0.02 mg/kg Subcut

# 8.0 Supplied

• 2 mg in 1 ml vial

# 9.0 May Be Given By

• CCP/ACP/ICP (after consultation with OLMC)

#### 10.0 Adverse effects

· Opioid neurotoxicity

- Constipation or diarrhea
- Nausea/vomiting
- Drowsiness

# 11.0 Special notes

- In the palliative population the adverse effects and precautions are more acceptable due to the goals of treatment
- The effects of narcotics can be accentuated by CNS depressants such as benzodiazepines
- Hydromorphone is a Schedule 1 federally controlled substance
- Pregnancy category C (if patient will benefit from a Category C drug, it is generally used)

# 12.0 References

- Palliative Care Clinical Practice Guideline
- Pain Management Clinical Practice Guideline
- Compendium of Pharmaceuticals and Specialties (CPS)

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