

Medication: Morphine	PDN: 6957.06	Last Updated: June 27 2019	PMD: Andrew Travers*	PDC: Tanya Fraser*	Page 1 of 2
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MORPHINE

1.0 Classification

- Narcotic analgesic

2.0 Mechanism of Action

- Acts as an analgesic and sedative that also causes vasodilation which reduces venous return and myocardial oxygen demand

3.0 Indications

- Pain
- Severe ischemic chest pain that is not lessened by nitrates
- Procedural sedation/ analgesia (benzodiazepine in conjunction with a narcotic; with Clinical Support Paramedic consult) for hyperacute severe pain such as with cardioversion or manipulation of a fracture
- Dyspnea (in the palliative care setting only)

4.0 Contraindications

- Known hypersensitivity
- Systolic blood pressure less than 100 mmHg (relative contraindication in palliative population)
- Decreased level of consciousness (relative contraindication in palliative population)
- Heart rate less than 60 in the case of treating ischemic chest pain (relative contraindication in palliative population)

5.0 Precautions

- Always start with lower doses (especially when administered IV) and increase cautiously to avoid loss of airway reflex or hypotension

6.0 Route

- May be given IV/IO, IM, or SubCut

7.0 Dosage

Adult

- 2.5-5.0 mg IV q 10 minutes as needed; ICPs may exceed a maximum of 10 mg with Clinical Support Paramedic approval; ACPs/CCPs may exceed a maximum of 15 mg with Clinical Support Paramedic approval

Pediatric

- 0.1 mg/kg at 1mg/min (maximum of 5mg); no repeat

*Dosing in the palliative care setting will be determined in conjunction with the Online Medical Oversight Physician

8.0 Supplied

- 1 mL vial of 10 mg; to administer, dilute with 9 mL of normal saline to a concentration of 1 mg/mL; if unable to establish an IV, same dosages as above can be given IM or SubCut but do not dilute the morphine

9.0 May Be Given By

- ACP/CCP
- ICPs can administer morphine for MS or flank pain OR as per physician's order on interfacility transfers for any pain OR as per OLMOP orders in the palliative care setting
 - No need to contact Clinical Support Paramedic to exceed 10 mg for physician order during interfacility transfers

10.0 Adverse effects

- Decreased blood pressure
- Respiratory depression
- Nausea/vomiting

11.0 Special notes

- The effects of narcotics can be accentuated by CNS depressants such as benzodiazepines and alcohol
- Clinical Support Paramedic must be contacted prior to giving narcotics in conjunction with benzodiazepines to the same patient
- The Online Medical Oversight Physician must be contacted prior to administering narcotics in the palliative care setting, in order to develop the most appropriate care plan aligned with the patient's goals of care.
- In the palliative population the adverse effects and precautions are more acceptable due to the goals of treatment
- Morphine is a Schedule I federally controlled substance
- Pregnancy category C [if the patient will benefit from a Category C drug, it is generally used]

12.0 References

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

*Electronically Signed

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