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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