

Morphine

Indication(s): Pain Management Protocol

Contraindications: Known hypersensitivity to morphine, severe respiratory distress, severe hypotension, head injuries and decreased LOC.

Precautions: Use with caution in pregnancy, elderly patients, those with lung disease or breathing difficulties and in patients that are intoxicated. Patients should not drive, use machinery, or do anything that needs mental alertness until they know how the medication will affect them.

Drug Interactions: Avoiding use of alcohol or other CNS depressants (e.g. Alcohol) during therapy– Cumulative depressant effect (Avoid Combo). Theoretic increased risk for serotonin syndrome when used with other serotonergic drugs (e.g. SSRIs, SNRIs) (Monitor). Possibility of increased risk of respiratory depression if used with muscle relaxants (e.g. cyclobenzaprine) (Monitor).

Adverse Effects: ($\geq 1\%$) Sedation ($\sim 43\%$); hypotension; dizziness ($\sim 30\%$); nausea and vomiting ($\sim 16-30\%$); dry mouth ($\sim 20\%$); headache ($\sim 16\%$); euphoria/confusion ($\sim 10\%$); Pruritus ($\sim 4\%$). ($< 1\%$) Insomnia; hypertension, amnesia, tremor, tinnitus, abnormal thinking. Dose Dependant – Hypotension, QTc prolongation and respiratory depression).

Pharmacology: Morphine is an opioid analgesic an agonist effect at opioid receptors in the CNS and other tissues.

Dosage and Administration:

Severe Pain in Children: Morphine 0.1mg/kg IV over 1min to a max 2.5 mg **or** Morphine 0.1 – 0.2mg IM.

Severe Pain in Adults (Permissive Environment): Morphine 2.5mg IV/IO q5min PRN until comfortable or Resp Rate < 10 bpm **or** Morphine 10mg IM q 30min PRN until comfortable or Resp Rate < 10 bpm.