

MORPHINE SULFATE

ACTION: Analgesic

- Centrally acting opiate analgesic effective for acute pain.
- For cardiac patients: morphine reduces the pain of ischemia and reduces anxiety, reducing oxygen demands on the heart, improving ischemia.

INDICATIONS:

- Chest pain of suspected ischemic origin.
- Management of acute pain according to ALS Treatment Protocols.

CONTRAINDICATIONS:

- Hypersensitivity
- Respiratory Insufficiency
- Asthma or exacerbated COPD
- Head injury
- Hypotension
- Decreased LOC

POTENTIAL SIDE EFFECTS:

- Respiratory depression
- Hypotension
- Decreased LOC
- Nausea and vomiting
- Decreased heart rate

ADULT DOSE/ROUTE:

⇒ 2 - 4 mg slow IVP/IO or 5mg IM. May repeat in 10min for continued pain if SBP > 90 mmHg to total dose of 20 mg.

PEDIATRIC DOSE/ROUTE:

⇒ **Less than 6 months:** 0.05mg/kg slow IVP/IM/IO. May repeat in 10min at half the initial dose. Max dose 4mg without Base Contact.

⇒ **Greater than 6 months:** 0.1 mg/kg slow IVP/IM/IO. May repeat in 10min at half the initial dose x1. Max dose 4mg without Base Contact.

NOTES:

- Closely monitor respiratory status and systolic blood pressure. Be prepared to assist ventilations of any patient who is administered Morphine.
- Morphine effects may be potentiated if administered with midazolam. Contact Base Hospital Physician if considering administering both medications.
- Contact Base Hospital Physician if higher doses of Morphine are required.

*Effective: 11/01/17
Supersedes: 03/01/15*