

Morphine Sulfate

Acute Coronary Syndrome (ACS) Thermal Burns Pain Management Hydrofluoric Acid Exposure/Burns Abdominal Trauma		
I	Adult	(16 y/o or >) 2-20 mg IV/IO/IM 2-5 mg increments q 5 minutes to max
	Pediatric	(15 y/o or <) 0.1 - 0.2 mg/kg IV/IO/IM q 5minutes to maximum of 0.2 mg/kg Weight Based Pediatric Dosing Chart Link

Analgesia or Sedation for Transcutaneous Pacing Pediatric Cardiac - Symptomatic Bradycardia		
P	Adult	(16 y/o or >) 2-20 mg IV/IO/IM 2-5 mg increments q 5 minutes to max
	Pediatric	(15 y/o or <) 0.1-0.2 mg/kg IV/IO/IM q 5minutes to maximum of 0.2 mg/kg Weight Based Pediatric Dosing Chart Link

KEY POINT

- EMT-Intermediates may administer Morphine under the supervision and approval of the EMT Paramedic
- Refer to the [Pain Management guideline](#) for specific parameters for giving this medication

Class:

- Narcotic agonist, Opiate analgesic

Description of Use:

- Binds with opioid receptors within the CNS to alter pain perception and the emotional response to pain **Pharmacokinetics:**

(Route: IV)

- Onset: Rapid
- Half-life: 2-4 hrs

Special Populations:

- Pregnancy Class: C (D if used for prolonged periods or at high dosages at term)
- Children: Paradoxical excitement may occur. Those younger than 2 years are more susceptible to respiratory depressant effects
- Elderly: Paradoxical excitement may occur. Age-related renal impairment may increase the risk of urinary retention

Contraindications:

- Acute or severe asthma, GI obstruction, paralytic ileus, severe hepatic/renal impairment, severe respiratory depression
- Extreme cautions: COPD, cor pulmonale, hypoxia, hypercapnia, preexisting respiratory depression, head injury, ICP, severe hypotension
- Cautions: biliary tract disease, pancreatitis, Addison's disease, hypothyroidism, urethral stricture, prostatic hyperplasia, toxic psychosis, seizure disorders, and alcoholism.

Adverse reactions:

- Overdose results in respiratory depression, hypotension, skeletal muscle flaccidity, cold/clammy skin, cyanosis, extreme drowsiness progressing to seizures, and coma.
- Tolerance to analgesic effect or physical dependence may occur with repeated use.
- Prolonged duration of action and cumulative effect may occur in those with hepatic/renal impairment.
- Antidote: [Naloxone](#)