

MORPHINE SULFATE (GENERIC)

ACTION: Narcotic analgesic; increases venous capacity and decreases systemic vascular resistance

INDICATIONS:

1. Chest pain of suspected cardiac origin
2. Musculoskeletal pain
3. Kidney stones
4. Pulmonary edema
5. Burns

CONTRAINDICATIONS:

1. Allergy or known hypersensitivity to morphine sulfate
2. Hypotension (systolic BP < 90 systolic in adults)

PRECAUTIONS:

1. Use with caution in asthma and COPD.
2. Be prepared to assist ventilations and to administer the narcotic antagonist Naloxone (Narcan).

ADVERSE REACTIONS/SIDE EFFECTS:

1. Respiratory depression, hypotension, sedation, and confusion
2. Bradycardia, dry eyes, blurred vision, and vomiting

ADMINISTRATION:

1. Administer 2 mg of morphine slowly. A total of 8 mg (titrated to patient response) may be given over several minutes. Vital signs must be checked after each 2 mg dose.
2. If respiratory depression or hypotension occurs after using, ventilate the patient and administer 2 mg of Narcan IV/IO push. This can be done prior to medical control contact. If no improvement after one minute, contact physician and obtain order to administer a second dose of Narcan 2 mg. This dose may be repeated every 2 - 3 minutes until a total of 10 mg of Narcan is administered. On long transports, repeat doses may be required periodically if respiratory depression occurs.
3. Monitoring physician must be notified when morphine is given, and physician name must be documented on run form. Further orders must come from monitoring physician.
4. Morphine is a controlled substance and its use must be documented according to the "Controlled Substance" policy.

PEDIATRIC CONSIDERATIONS:

1. Patients < 12 years may be given an initial dose of 0.1 mg/kg IV/IM on standing order. Contact Medical Control Physician for medication order of a secondary dose if patient pain is not managed.