

Subject: Scope of Practice/Procedure - ALS
Morphine Sulfate

Associated Policies: 5402, 5311, 5438, 6555

- I. Class
 - A. Opiate (narcotic). Natural opium alkaloid.
- II. Indications
 - A. Moderate to severe pain from traumatic or medical causes.
- III. Therapeutic Effects
 - A. Promotes analgesia, decreases pain perception and anxiety.
 - B. Increase venous capacitance and reduces systemic vascular resistance.
 - C. Decreases myocardial oxygen demand.
- IV. Contraindications
 - A. Absolute:
 - 1. Hypersensitivity.
 - 2. Hypotension by evidence of systolic blood pressure of less than 90.
Stabilize blood pressure prior to administration.
 - B. Relative:
 - 1. Compromised respirations.
 - 2. Women in labor
 - 3. Use caution in the presence of Acute Pulmonary Edema from all causes.
- V. Adverse Effects
 - A. Respiratory depression.
 - B. Decreased level of consciousness.
 - C. Transient hypotension.
 - D. Bradycardia or tachycardia.
 - E. Nausea and vomiting.
- VI. Administration and Dosage
 - A. Adult:
 - 2 to 5 mg (max single dose should not exceed 0.1mg/kg) slow IV/IO repeat every 3 to 5 minutes. Additional dosing should be considered based on vital signs and pain levels. Monitor respiratory effort and blood pressure closely.
 - Intramuscular (IM) 5 to 10 mg single dose, if IV access is not available or delayed. MAY NOT BE REPEATED.
 - Suspected Acute MI/Acute Cardiac Syndrome not improving with NTG therapy: 1mg IV or IO every 3 minutes.

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- B. Pediatric:
0.05 to 0.1 mg/kg slow IV (Maximum 2 mg single dose) over 3 to 5 minutes. May repeat every 5-10 minutes at 1/2 dose until desired effect is achieved.
IM - 0.1 mg/kg single dose. MAY NOT BE REPEATED.
- C. Infant – Less than 6 months (est. 8 kg):
0.05 mg/kg slow IV over 3 to 5 minutes.
May repeat every 5 to 10 minutes at 1/2 dose once prior to base contact.
Contact base hospital for IM dosing of Infants less than 6 months of age.

VII. Special Information

- A. Place all patients receiving Morphine on cardiac monitor and pulse oximetry.
- B. Patients receiving Morphine may require supplemental oxygen.
- C. Administer Oxygen per Oxygen Administration Policy #6030.
- D. Excessive narcosis can be reversed with naloxone.
- E. Use caution and consider smaller increments of dosing in the Acute Inferior MI patient. Monitor closely for hypotension and be prepared for fluid resuscitation.
- F. Consider co-administration of Zofran to prevent nausea or vomiting, if no contraindications exist.