



NEONATAL MEDICATION GUIDELINE					
Morphine Sulphate					
Scope (Staff):	Nursing, Medical and Pharmacy Staff				
Scope (Area):	KEMH NICU, PCH NICU, NETS WA				
This document should be read in conjunction with the <u>Disclaimer</u> .					

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DosePreparation & AdministrationSide Effects & InteractionsMonitoring

Restrictions

Formulary: Restricted



1mg = 1000micrograms

Description

Opioid Analgesic

Presentation

Syringe: 1000microgram/mL

Oral Solution: 1000microgram/mL

Storage

Store at room temperature, below 25°C

Schedule 8 Medication

Dose

Analgesia/sedation

Oral/IV:

Intermittent dose:

100 – 200 microgram/kg/dose every 4 to 6 hourly

Oral doses recommended to be rounded to the nearest 50micrograms

IV Infusion

10 – 40 microgram/kg/hour

See preparation section for dose calculation and rate

Neonatal Abstinence Syndrome (NAS)

Refer to Neonatal Abstinence Syndrome (NAS) Clinical Guideline

Preparation

IV infusion:

See *Appendix 1* for an example on how to prescribe morphine on the Variable Infusion Chart Use IV Infusion Prepared by CIVAS Pharmacy where available

Infusion Calculation:

Measure 500microgram (0.5mL) per kilogram of baby's weight and make to a final volume of 50mL with a compatible fluid

Concentration = 10 microgram/kg/hour = 1mL/hour

Example: To prepare an infusion for a 780g infant

Weight = 0.78kg

Dose in Infusion = $500 \text{ microgram } \times 0.78 = 390 \text{ microgram}$

Dilute 390 microgram to 50mL with compatible fluid.

IV Injection:

For bolus doses less than 100 micrograms the following dilution should be used:

Dilute 1mL (1000micrograms) of morphine to 10mL with sodium chloride 0.9%

Concentration = 1000micrograms/10mL = 100microgram/mL

Oral:

For intermittent doses less than 100 micrograms the following dilution should be used:

Take 1mL (1000micrograms) of oral morphine mixture and dilute to 10mL with water of irrigation

Concentration = 1000micrograms/10mL = 100microgram/mL

Administration

IV Injection:

Give slowly over 3 to 5 minutes

IV Infusion:

Infuse at the prescribed rate using a controlled infusion pump

Oral:

May be given at any time with regards to feeds

Compatible Fluids

Glucose 5%, Glucose 10%, Sodium Chloride 0.45%, Sodium Chloride 0.9%

Compatibility with Heparin

	Sodium Chloride 0.9%	Glucose 5%	Glucose 10%	Sodium Chloride 0.45%
With Heparin	Stable for 24 hours at room temperature	No information	No information	No information
Without Heparin	Stable for 48 hours at room temperature	Stable for 48 hours at room temperature	Stable for 24 hours at room temperature	Stable for 24 hours at room temperature

Y-Site Compatibility

Refer to KEMH Neonatal Medication Guideline: Y-Site IV Compatibility in Neonates

Side Effects

Common: hypotension, bradycardia, delayed gastric emptying, urinary retention

Interactions

Combination use with other CNS depressants can increase the opioid effect – increasing risk of respiratory depression and sedation

Monitoring

Respiratory and cardiac status, urine output

Comments

Naloxone is used as the reversal agent for morphine

Related Policies, Procedures & Guidelines

WNHS Clinical Practice Guidelines:

Y-Site IV Compatibility in Neonates

WNHS Pharmaceutical and Medicines Management Guidelines:

Medication Administration

CAHS Clinical Guidelines:

Medication Administration: Intramuscular, Subcutaneous, Intravascular

Neonatal Abstinence Syndrome (NAS) Clinical Guideline

Pain Assessment and Management

References

Takemoto CK, Hodding JH, Kraus DM. Pediatric & neonatal dosage handbook with international trade names index: a universal resource for clinicians treating pediatric and neonatal patients. 24th ed. Hudson (Ohio): Lexicomp; 2018.

Truven Health Analytics. Morphine. In: NeoFax [Internet]. Greenwood Village (CO): Truven Health Analytics; 2019 [cited 2019 June 14]. Available from: https://neofax.micromedexsolutions.com/

Society of Hospital Pharmacists of Australia. Morphine. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2019 [cited 2019 June 14]. Available from: http://aidh.hcn.com.au

Appendix 1: Morphine Infusion Example

NEONATAL VARIABLE RATE			ALLERGIES & ADVERSE DRUG REACTIONS NII Known Unknown Yes - refer to NIMC (Tick appropriate box) Patient Name: Baby A Date: 21/05/2019				Med Rec. No:			
			Gest Age 27+1		Date: 21/05/2019 CGA 27+6		Forename:			
Year: 20	FUSION CHART	BW 1220g			Working Wt 1220g		Gender: D.O.B.			
MEDICATION ORDER			RATE CHANGE							
Date: 21/05/2019	Medication:	Date:	21/05/19							
Route: IV	Morphine	Time:	0915							
Dose in Infusion:	Dose/kg/time (at 1mL/hr):	Rate (mL/hr):	0.5mL/hr							
610 microg	10 microg/kg/hour	Doctor:	A.Dr							
Diluent: Glucose 10%	Dose Calculation: 500 microg x 1.22kg	Nurse:	AN BN							
Final Volume: 50mL	Doctor name: A.DR Signature:	Volume Discarded:								
Date: 21/05/2019	Medication:	Date:	21/05/19							
Route: IV	Morphine with 25 units Heparin	Time:	1050	Ch	eck Compat	ibiltiy wit	h			
Dose in Infusion:	Dose/kg/time (at 1mL/hr):	Rate (mL/hr):	1mL/hr	He	parin and f	luids				
610 microg	10 microg/kg/hour	Doctor:	A.Dr							
Diluent: Glucose 5%	Dose Calculation: 500 microgram x 1.22kg	Nurse:	AN BN							
Final Volume: 50mL	Doctor name: A. DR Signature:	Volume Discarded:								
Date:21/05/2019	Medication: QUADRUPLE STRENGTH	Date:	21/05/19							
Route: IV	Morphine	Time:	1425		Dose/kg/ti	ime will o	hange if th	e		
Dose in Infusion: 2440 microg		Rate (mL/hr):	0.5mL/hr		concentra	tion is ad	justed. Indi	cate		
		Doctor:	A.DR				alculate th	e dose		
Diluent: Glucose 10%	Dose Calculation: 500micrig x1.22kg x 4	Nurse:	AN BN		in the infu	sion				
Final Volume:	Doctor name: A. DR	Volume Discarded:								
50mL	Signature:									

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NSQHS Standards Applicable:	Std 1: Clinical Governance			Std 5: Comprehensive Care			
	Std 2: Pa	artnering with Cons	Std 6: Communicating for Safety				
	Std 3: Pr	reventing and Contr ciated Infection	Std 7: Blood Management				
	Std 4: Medication Safety			Std 8: Recognising and Responding to Acute Deterioration			
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The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this document (insert ISD Number). (Please refer to the Aboriginal Health Impact Statement and Declaration for Department of Health and Health Service Provider Guidelines – please delete once you have completed this).

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