



ADULT MEDICATION GUIDELINE

Hydromorphone

Scope (Staff): All WNHS Staff

Scope (Area): Obstetrics and Gynaecology

This document should be read in conjunction with the **Disclaimer**.

Quick Links

<u>Dose</u> <u>Administration</u> <u>Monitoring</u> <u>Pregnancy and</u> Breastfeeding

Restrictions

Formulary: Restricted

HIGH RISK Medication 1

Medication Class

Opioid Analgesic

Presentation

Injection (ampoule): 2 mg/mL, 10 mg/mL

Tablet (Immediate Release): 2 mg, 4 mg, 8 mg

Tablet (Modified Release): 4 mg, 8 mg, 16 mg, 32 mg, 64 mg

Oral Liquid: 1 mg/mL

Bag: 20 mg in Sodium Chloride 0.9% (100 mL)

Storage

Ampoule: Store at room temperature, below 25°C. Do not refrigerate. Protect from light.

Infusion Solution: Stable for 24 hours at 25°C. Protect from light.

Tablet, Oral Liquid: Store at room temperature, below 25°C. Protect from light.

Schedule 8 Medication

Dose

Refer to relevant KEMH Clinical Guidelines for appropriate dose regimes (links below)

Administration

Refer to the <u>Australian Injectable Drugs Handbook</u>

Intrathecal infusion: Seek specialist advice.

Oral: Do not cut, crush or chew slow release tablets.

Monitoring

Respiratory Depression: Monitor sedation score and respiratory rate.

Constipation: Always consider use with a laxative, especially if taking regularly.

Renal Impairment: Start with a lower dose, titrate carefully and monitor for adverse effects. Accumulation of 3-glucuronide metabolite also occurs in renal impairment and may cause psychotic symptoms.

Hepatic Impairment: Reduce dose in moderate impairment. Not recommended in severe impairment.

Pregnancy

1st Trimester: Considered safe to use.

2nd Trimester: Considered safe to use.

3rd Trimester: Considered safe to use.

Considered safe to use at the lowest effective dose for the shortest duration possible.

For more information, please contact KEMH Obstetric Medicines Information Service.

Breastfeeding

Considered safe to use at the lowest effective dose for the shortest duration possible.

Breastfed infant should be observed for adverse effects such as excessive drowsiness, poor feeding or sleeping pattern changes.

For more information, please contact KEMH Obstetric Medicines Information Service.

Related Policies, Procedures & Guidelines

HDWA Mandatory Policies:

WA Cancer and Palliative Care Network: Opioid Conversion Guide

WNHS Clinical Practice Guidelines:

Gynaecology Clinical Practice Guideline: Palliative Care

Perioperative Services: PACU Post-operative IV Analgesia Flowchart

Obstetrics and Gynaecology Clinical Practice Guideline: Niki t34 syringe pump-continuous subcutaneous infusion management.

Anaesthesia and Pain Medicine Clinical Practice Guideline: <u>Patient Controlled Intravenous Analgesia (PCIA): Postoperative</u>

WNHS Pharmaceutical and Medicines Management Guidelines:

Prescribing Procedure

Medication Administration

Schedule 4 Restricted (S4R) and Schedule 8 (S8) Medications

High Risk Medicines

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The Royal Women's Hospital. Hydromorphone. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2022 [cited 2023 May 23]. Available from: https://thewomenspbmg.org.au/

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	Std 3: Preventing and Controlling Healthcare Associated Infection			Std 7: Blood Management		
	Std 4: Medication Safety			Std 8: Recognising and Responding to Acute Deterioration		
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