Government of Western Australia
North Metropolitan Health Service
Women and Newborn Health Service

ADULT MEDICATION GUIDELINE	
MORPHINE	
Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology
This document should be read in conjunction with the Disclaimer.	

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding

Restrictions

Formulary: Restricted

Formulary: Unrestricted

HIGH RISK Medication ⚠

Medication Class

Opioid Analgesic

Presentation

Oral Mixture: 1mg/mL

Tablet (Immediate Release): 10mg

Tablet (Modified Release): 5mg, 10mg, 15mg, 30mg, 60mg, 100mg

Ampoule: 5mg/mL, 10mg/mL

Vial (For Intrathecal Use): 500microg/mL

Storage

Ampoule: Store at room temperature, below 25°C. Protect from light.

Infusion solution: use within 24 hours.

Schedule 8 Medication

Dose

Doses will vary widely depending on the indication and previous analgesic requirements.

In acute pain and palliative care, there is no maximum dose; only adverse effects limit the morphine dose.

Refer to **Anaesthetics** and relevant **KEMH Clinical Guidelines** for appropriate dose regimes (links below).

Administration

Oral:

Modified release tablets: Swallow whole, do not crush or chew

IV Injection:

Dilution: Dilute dose in 4 to 5 mL of water for injections or 0.9% sodium chloride

Administration: Inject SLOWLY over 4 to 5 minutes for rapid onset of action

IV Infusion:

Dilution: Dilute dose to required volume with a compatible fluid

Administration: Infuse using controlled rate infusion pump

***Compatible fluids*:** Sodium Chloride 0.9%, Glucose 5%.

IM injection:

Inject into a large muscle. Subcutaneous injection is preferred

SUBCUT injection:

Suitable for intermittent or continuous subcutaneous infusion

Intrathecal: *For Anaesthetics use ONLY*

Use only preservative free solutions

Monitoring

Drowsiness, nausea, vomiting, respiratory rate, pruritus, urinary retention, constipation.

Monitor cardiorespiratory status closely particularly with continuous infusion or repeated parenteral doses in opioid-naïve individuals.

Pregnancy

1st Trimester: Considered safe to use

2nd Trimester: Considered safe to use

3rd Trimester: Monitoring required

Breastfeeding

Considered safe to use.

Use at the lowest effective dose for the shortest duration possible. Observe the breastfed infant for adverse effects such as excessive drowsiness, poor feeding or sleeping pattern changes

Related Policies, Procedures & Guidelines

HDWA Policies:

Guideline on oral liquid Schedule 4 Restricted and Schedule 8 Medicines

WNHS Policies:

WNHS Policy: High Risk Medicines

KEMH Clinical Guidelines:

Post Anaesthetic Care Unit (PACU)

Emergency Centre

Postnatal Care

Palliative Care

Neuraxial analgesia:

- Epidural Analgesia in Labour
- Administration of Epidural Therapy

- Management of Common Problems Associated with Epidurals
- Accidental Dural Puncture (ADP)

KEMH Pharmaceutical & Medicines Management Guidelines:

Medication Administration

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

Prescribing Procedure

References

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The Royal Women's Hospital. Morphine. In: Pregnancy and Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2018 [cited 2020 May 19]. Available from: https://thewomenspbmg.org.au/

Society of Hospital Pharmacists of Australia. Morphine. In: Australian Injectable Drugs Handbook [Internet]. [St Leonards, New South Wales]: Health Communication Network; 2019 [cited 2020 May 19]. Available from: http://aidh.hcn.com.au

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NSQHS Standards Applicable:	☒ Std 1: Clinical Governance ☐ Std 2: Partnering with Consumers ☐ Std 3: Preventing and Controlling Healthcare Associated Infection ☒ Std 4: Medication Safety			☐ Std 5: Comprehensive Care ☐ Std 6: Communicating for Safety ☐ Std 7: Blood Management ☒ Std 8: Recognising and Responding to Acute Deterioration	
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