

## ADULT Medication Monograph

## MORPHINE

This document should be read in conjunction with this **DISCLAIMER** 

Formulary: Restricted

Formulary: Unrestricted

A HIGH RISK Medication

Class	Opioid analgesic			
Presentation	Oral Mixture: 1mg/mL Tablet (Immediate Belease): 10mg			
	Tablet (Immediate Release): 10mg           Tablet (Modified Release): 5mg, 10mg, 15mg, 30mg, 60mg, 100mg			
	Ampoule: 5mg/mL, 10mg/mL			
	Vial (For Intrathecal use): 500microg/mL			
	Bag: 100mg in Sodium Chloride 0.85% (100mL)			
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 <b>Anaesthetics</b> and relevant <b>KEMH Clinical Guidelines</b> for appropriate dose regimes (links below)			
Administration	<u>Oral:</u>			
	Modified release tablets: Swallow whole, do not crush or chew			
	IV injection:			
	<i>Dilution:</i> Dilute dose in 4 to 5mL of water for injections or 0.9% sodium chloride			
	<i>Administration:</i> Inject SLOWLY over 4 to 5 minutes for rapid onset of action			

	<ul> <li><u>IV Infusion:</u></li> <li><i>Dilution:</i> Dilute dose to required volume with a compatible fluid.</li> <li><i>Administration:</i> Infuse using controlled rate infusion pump</li> <li><i>Compatible fluids</i>: Sodium Chloride 0.9%, Glucose 5%.</li> </ul>			
	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			
Pregnancy	1 <sup>st</sup> Trimester: Considered safe to use			
	2 <sup>nd</sup> Trimester: Considered safe to use			
	3 <sup>rd</sup> Trimester: Monitoring required			
Breastfeeding	Considered safe to use			
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.			
Clinical Guidelines and Policies	HDWA Policies: <u>Management of Schedule 8 and Restricted Schedule 4 Oral Liquid</u> <u>Medicines</u>			
	WNHS Policies: WNHS Policy: High Risk Medicines			
	KEMH Clinical Guidelines:			
	Postoperative management: Anaesthetics			
	Emergency Centre			
	Post- Operative IV Analgesia Flowchart			
	Postnatal Care			
	Palliative Care			
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	Labour and Post-operative Analgesia:				
	Epidural Analgesia in Labour				
	<u>Administration of Epidural Therapy</u>				
	Management of Common Problems Associated with Epidurals				
	<u>Accidental Dural Puncture (ADP)</u>				
	KEMH Pharmaceutical & Medicines Management Guidelines:				
	Medication Administration				
	Restricted Schedule 4 (S4R) and Schedule 8 (S8) Medications				
	Endorsed Midwives Prescribing				
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	Breastfeeding Medicines Guide [Internet]. Parkville (Victoria): The Royal Women's Hospital; 2018 [cited 2020 May 19]. Available from: https://thewomenspbmg.org.au/				
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	Therapeutic Guidelines. Acute pain: perioperative. In: eTG complete [Internet]. West Melbourne (Victoria): Therapeutic Guidelines; 2018 [cited 2020 May 20]. Available from: https://tgldcdp.tg.org.au				

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