

MORPHINE SULFATE

(To be used ONLY under order of the LEMSA medical director if fentanyl unavailable)

Classification: Narcotic analgesic

Actions:

1. Acts directly on the CNS at the opiate receptor sites to relieve pain
2. Decreases myocardial oxygen demand
3. Causes venous pooling due to peripheral vasodilation
4. Reduces preload and afterload by decreasing venous return and systemic vascular resistance
5. Helps alleviate anxiety

Indications:

1. Pain associated with marine animal stings or spider/insect bites.
2. Situations in which pain control is a significant factor in transport of patient, such as a large area burn or an isolated fracture or dislocation.

Contraindications:

1. **Altered LOC**
2. **Head injury and multisystem trauma**
3. **Pain of unknown etiology**
4. **Abdominal pain**
5. **A base physician order must be obtained if the BP is less than 100 systolic.**

Adverse Effects:

Cardiovascular

Tachycardia
Bradycardia
Cardiac arrest
Hypotension

Neurological

Headache
Hallucinations
Dizziness
Tremors/seizures
Altered LOC/agitation

Gastrointestinal

Nausea/vomiting

Respiratory

Depression/arrest

Administration:

ADULT DOSE

1. **Cardiac chest pain:** 2-10 mg slow IVP titrated to pain improvement
2. **Pain management:** 5 mg slow IVP/IM, may repeat once, not to exceed 10 mg.

PEDIATRIC DOSE

1. **Pain management:** 0.1 mg/kg slow IVP/IM, may repeat once, not to exceed 5 mg.
Notify base physician of Morphine administration

MORPHINE SULFATE - continued

Onset: Immediate

Duration: 3-5 hours

Notes:

- Have Naloxone ready in the event of opiate-induced respiratory depression or arrest.
- Place patient on Oxygen and ECG prior to administration of Morphine Sulfate.
- Hypotension caused by Morphine Sulfate can be treated by shock position and/or fluid challenge.
- Morphine should not be given for the purpose of pain control in patients with significant abdomen, chest, or head trauma, or a patient in shock, unless ordered by the base physician.
- IV is preferred route