

	<b>M03.1 - MORPHINE</b>	
	MEDICATION STANDING ORDER	<b>HIGH-ALERT MEDICATION <sup>1</sup></b>
Version date: 2023-12-13		Effective date: 2024-02-13 (0700)

INDICATIONS
<ul style="list-style-type: none"> <li>Moderate to severe pain from an acute illness, injury, or an exacerbation of a chronic condition that is significant enough to require analgesic to facilitate safe and comfortable patient transport</li> </ul>

CONTRAINDICATIONS
<ul style="list-style-type: none"> <li>True allergy to morphine</li> <li>Decreased level of consciousness or known / suspected significant head injury</li> <li>Significant drug or alcohol intoxication</li> <li>Hypoventilation or respiratory failure</li> <li>Uncorrected / uncorrectable hypotension or hypo-perfusion</li> </ul>

ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
<b>INTRAMUSCULAR (ICP &amp; ABOVE)</b>	10 years & older - 0.1 mg/kg (max = 10 mg/dose)	30 minutes (max = 20 mg/hr)
	12 months up to 10 years - 0.1 mg/kg (max = 5 mg/dose)	30 minutes (max = 10 mg/hr)
<b>INTRAVENOUS / INTRAOSSEOUS (ICP &amp; ABOVE)</b>	10 years & older - 0.1 mg/kg (max = 10 mg/dose)	15 minutes (max = 20 mg/hr)
	12 months up to 10 years - 0.1 mg/kg (max = 5 mg/dose)	15 minutes (max = 10 mg/hr)

NOTES
-------

- |  |
|--|
| <ol style="list-style-type: none"> <li>1. ERS HIGH-ALERT MEDICATION: Refer to Shared Health Provincial Clinical Standard - Safety Controls for High-Alert Medications (refer to A03 - HIGH ALERT MEDICATIONS).</li> <li>2. Administer IV / IO by slow push over 60 second.</li> <li>3. Morphine may have pronounced depressive effects on the respiratory drive of opioid-naïve patients. Consider smaller doses and slower administration.<br/><br/>It may have more pronounced effects on the central nervous, respiratory and cardiovascular systems in the elderly, especially if frail or compromised. Consider smaller doses and slower administration in patients greater than 75 years of age.</li> <li>4. Patients who are compensating for hemodynamic compromise may develop hypotension after morphine administration. If hypotension develops, give IV fluid by rapid bolus and reassess before repeating opioid administration.</li> </ol> |
|--|

APPROVED BY
-------------

	
Medical Director - Provincial EMS/PT	Associate Medical Director - Provincial EMS/PT

VERSION CHANGES (refer to X08 for change tracking)
--

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Addition of Shared Health Provincial Clinical Standard for high-alert medications</li> </ul> |
|---|