16FF – MORPHINE SULFATE

PARAMEDIC

Class: Narcotic analgesic

Actions/Pharmacodynamics: Stimulates central nervous system opiate receptors, producing systemic analgesia. Modest vasodilation effects increase peripheral venous capacitance, and reduce venous return, myocardial workload, and myocardial oxygen demand.

Indications:
Snakebites (8E)
Abdominal Pain/Nausea/Vomiting/Diarrhea (9A)
Pain Management (Acute Onset &Chronic Type) (9D)
Eye Injury (10B)
Dental Injury/Pain (10C)
Chest/Abdomen/Pelvis Injury (10D)
Extremity/Amputation Injury (10G)
Compartment Syndrome (10J)
Crush Injury Syndrome (10K)
Burns (10L)
Lightning/Electrical Injury (11C)
Pelvic Pain (13E)
For all listed situations, indication is acute pain control in alert, hemodynamically stable patient.

Contraindications:
Hypotension
Respiratory Depression
Minor Degrees of Pain
Pain Assessed as Factitious

Side Effects: Hypotension, respiratory depression, euphoria, dizziness. Nausea and/or vomiting are rarely seen if administration is slow IVP. Rapid IVP will lead to an accompanying histamine release, producing the nausea and/or vomiting often erroneously attributed to morphine itself.

Pharmacokinetics: Onset of action within 3-5 minutes after IV administration. Duration of effect can reach 4 hours depending upon end-organ function.

PROTOCOL 16FF: Morphine Sulfate, cont.

Dosage:

Snakebites – Adult (8E)
Abdominal Pain/Nausea/Vomiting/Diarrhea – Adult (9A)
Pain Management (Acute Onset &Chronic Type) – Adult (9D)
Eye Injury – Adult (10B)
Dental Injury/Pain – Adult (10C)
Chest/Abdomen/Pelvis Injury – Adult (10D)
Extremity/Amputation Injury – Adult (10G)
Compartment Syndrome – Adult (10J)
Crush Injury Syndrome – Adult (10K)
Burns – Adult (10L)
Lightning/Electrical Injury – Adult (11C)
Pelvic Pain – Adult (13E)
For all listed situations, indication is acute pain control in alert, hemodynamically stable patient.
2 – 4 mg slow IVP
May repeat every 5 minutes to a maximum cumulative dose of 10 mg

Snakebites – Pediatric (8E)
Abdominal Pain/Nausea/Vomiting/Diarrhea – Pediatric (9A)
Pain Management (Acute Onset &Chronic Type) – Pediatric (9D)
Eye Injury – Pediatric (10B)
Dental Injury/Pain – Pediatric (10C)
Chest/Abdomen/Pelvis Injury – Pediatric (10D)
Extremity/Amputation Injury – Pediatric (10G)
Compartment Syndrome – Pediatric (10J)
Crush Injury Syndrome – Pediatric (10K)
Burns – Pediatric (10L)
Lightning/Electrical Injury – Pediatric (11C)
Pelvic Pain – Pediatric (13E)
For all listed situations, indication is acute pain control in alert, hemodynamically stable patient
****OLMC Order Only** – Typical dose is 0.1 mg/kg up to 2 mg per dose.

How Supplied:

2 mg/1 mL pre-filled syringe
4 mg/1 mL vial, ampule, or pre-filled syringe
8 mg/1 mL pre-filled syringe
10 mg/1 mL vial
10 mg/10 mL vial
(Always check concentration and dose per container at time of patient medication administration)