

Morphine Administration Protocol

revised October 2008



Preamble

Patients with ischemic heart disease, severe burns, and significant orthopedic injuries may benefit from carefully titrated intravenous morphine. Morphine decreases myocardial oxygen demand, provides analgesia and venodilation, and reduces anxiety.

Requirements

1. Fully licensed Technician-Paramedic.
2. Certification in morphine administration protocol by the Medical Director.
3. Certification in intravenous cannulation protocol by the Medical Director.
4. Advanced cardiac life support provider certification.
5. Certification in naloxone and antiemetic protocols by the Medical Director.
6. Immediate availability of naloxone.
7. Facility for locked storage of morphine consistent with controlled substance guidelines.

Indications

1. Chest pain due to acute coronary syndrome.
2. Significant pain.

Contraindications

1. Patient age less than 16 years.
2. Undiagnosed head injury.
3. Known hypersensitivity to morphine or other opiate analgesics.
4. Clinical evidence of shock or respiratory depression.

Caution must be exercised when using morphine in patients with a history of asthma or underlying respiratory disease.

Drug Dose and Frequency

morphine

IV: 2 mg slow IV push as an initial dose
repeat IV dose may be given q5mins prn
maximum total dose: 10 mg
additional doses may be given under the direction of physician on-line
medical control (if available)

morphine is administered as a 1 mg / ml solution only

- 1 ml of 10 mg / ml morphine (from vial) is diluted with 9 ml normal saline in a 10 ml syringe
- do not administer the undiluted morphine directly from the vial

Procedure

1. Perform patient assessment and record vital signs, level of consciousness, and oxygen saturation.
2. Assess that patient meets criteria for this protocol.
3. Ensure there are no contraindications to use of this protocol.
4. Administer oxygen as required.
5. Attach patient to cardiac monitor.
6. Provide care based on other protocols related to the patient's presenting complaint.
7. Start an intravenous line as per protocol.

8. Administer morphine intravenously.
9. Antiemetic administration (dimenhydrinate) is advised concurrently with the first dose of morphine.
10. Repeat assessment, including vital signs, level of consciousness, oxygen saturation, and effect of morphine after each dose.

Documentation Requirements

The following information must be documented on the patient care report form:

1. Patient's presenting signs and symptoms, including vital signs, level of consciousness and oxygen saturation.
2. Indications for protocol use.
3. Dose and time for each morphine dose used, and resulting clinical effects.
4. Repeat assessment and vital signs, as indicated.
5. Changes from baseline, if any, that occur during treatment or transport.
6. Amount of morphine discarded, if any.
7. Signature and license number of EMS personnel performing any transfer of function skills. A second signature is required from another crew member or health care staff, witnessing discarding of unused morphine (if applicable).

Certification Requirements

1. Attend in-depth classes and lectures on cardiovascular and respiratory pathophysiology and emergencies.
2. Demonstrate an understanding of the pharmacology and mechanism of action of morphine and naloxone.
3. Pass a written examination.
4. Certification is by the Medical Director.

Recertification Requirements

1. Review class and recertification is done every 12 months.
2. A record will be kept to document all cases where this protocol is used.

Decertification

1. Decertification is at the discretion of the Medical Director or the Provincial Medical Director, Emergency Medical Services, Manitoba Health & Healthy Living.

Quality Assurance Requirements

1. Appropriate quality assurance policies must be in place. The Medical Director or designate must review all instances where this protocol is used. As a minimum, the following must be assessed:
 - i) appropriateness of implementation
 - ii) adherence to protocol
 - iii) any deviation from the protocol
 - iv) corrective measures taken, if indicated
2. Yearly statistics for protocol use compiled and forwarded to Emergency Medical Services, Manitoba Health & Healthy Living.