

MORPHINE SULFATE

Additional Names: MS Contin

Classification: Opioid Analgesic

Indications: Chest pain unrelieved by Nitroglycerin
Traumatic Injury
Burn

Contraindications: Known Hypersensitivity to Morphine or other opioid agonists
Paralytic ileus
Head injury

Dosages:

Adult:
Chest Pain
2-4mg IV/IO/IM, q2min prn, max 10mg

Traumatic Pain Management
2-4mg IV/IO/IM, q2min prn, max 10mg
If additional analgesia is needed for persistently severe pain (8-10) believed to be due to a surgical pathology contact Med Control

Pediatric:
Traumatic Pain Management
< 1yo: 0.05mg/kg IV/IO
≥ 1yo: 0.1mg/kg IV/IO max 4mg
May repeat x1 with Medical Control orders

Side Effects: Decreased blood pressure, nausea/vomiting, altered level of consciousness, respiratory depression

Physiological Effects: Narcotic agonist-analgesic that inhibits ascending pain pathways, thus altering response to pain. Acute administration causes vasodilation and decreased sympathetic tone, resulting in bradycardia and decreased blood pressure. The Increases venous capacitance, decreases venous return, and produces mild peripheral vasodilation. Morphine also decreases myocardial oxygen demand.

Additional Info: The effects of morphine are potentiated by alcohol, antihistamines, barbiturates, sedatives, and beta blockers.

The decreased myocardial oxygen demand of morphine can be nullified if respiratory depression decreases oxygen supply.

The use of morphine in NSTEMI is controversial, as it may inhibit the absorption and efficacy of antiplatelet agents. Use judiciously.