

Morphine

McHenry Western Lake County
EMS



Objectives

- During this session we will discuss:
- Class
- Actions
- Indications
- Contraindications
- Dosing/Routes
- How supplied
- Precautions
- Side effects



Class:

- Narcotic analgesic



Actions:

- Narcotic analgesic decreases pain and apprehension
- Mild venous and arterial dilator
- Decreased preload and LV afterload
- Causes a histamine release
- CNS depressant



Indications:

- B/P >90
- Severe pain when fentanyl is indicated.
- Moderate to severe pain unless contraindicated



Dosing/Routes:

- Adults: 0.1 mg/kg (2 mg max increments) every 2-3 min up to 10 mg slow IVP/IO.
- If no IV/IO: 10 mg IM.
- Reverse with Narcan



How supplied:

- 10 mg in 1ml



Contraindications:

- Decreased B/P, volume depletion, shock.
- Use with caution in patients who may be preload dependant (RV Infarct)
- Head injury
- Hypoventilated/resp.depression (EtC02 >45)
- Known allergy to Narcotics
- Patient on depressant drugs (MOI in last 14 days)



Precautions:

- Use with caution in COPD
- Could be contraindicated in patients with abdominal pain due to peritonitis.



Side effects/adverse reactions:

- CNS: Sedation, H/A
- CV: ↓ SVR, ↓ B/P, ↓ P
- Resp: Depression
- Eyes: Dry eyes, blurred vision
- GI: N/V
- Skin: Rashes, itching



Interactions

- Depressive effects enhanced if used with other sedatives, hypnotics, antihistamines, antiemetics, barbituates, ETOH.



Case Study

- You have been called by a male in his 50's with substernal chest pains. You have treated him with the ACS meds and you now want to give him Morphine for pain. What would be the appropriate dose for him?



Answer

- 2 mg increments up to 10 mg slow IVP.



Question?

- What is one of the concerns after giving a patient Morphine.



Answer

- Respiratory Depression post Morphine administration.

