

Continuous Morphine Infusion - Summary Clinical Guideline

Reference No: CG-PM/2011/006

These guidelines will be implemented in areas for adults where **intensive monitoring** can be provided by appropriate levels of trained health care professionals eg **SDU/ICU/HDU/Recovery areas for Adults Only**

THIS IS NOT SUITABLE FOR PATIENTS WITH END STAGE RENAL FAILURE OR REDUCED RENAL FUNCTION (i.e. eGFR<60)

Elderly patients tend to have a lower morphine requirement after major surgery and appropriate doses should be prescribed accordingly.

ENSURE NALOXONE IS EASILY AVAILABLE

Implementation

- Pre – prepared syringes of morphine sulphate 50mg/50ml NaCl 0.9% are available from pharmacy.
- Ensure that **Morphine 1mg in 1ml PCA** is prescribed on lorenzo with “frequency” set as CONTINUOUS and “route” set as INTRAVENOUS
- Ensure a suitable dose range in **mg/hr** has been prescribed in the “ADDITIONAL INFORMATION” box ensuring the minimum and maximum rates have been set by the prescriber
- A PCA paper chart should be completed using the “Other Prescription/Alteration” section to prescribe the continuous infusion limits.
- **No opiates by any other route to be administered whilst the morphine infusion is in progress.** (If the patient is on transdermal opioids e.g. fentanyl or buprenorphine contact the Acute Pain Team for advice)
- a pump bolus may be necessary before commencing the infusion.
- Respiratory rate, sedation score, oxygen saturation, heart rate, pain score, nausea and vomiting score should all be recorded every **15 minutes for the first hour** then **HOURLY** whilst the morphine infusion is in progress.
- ensure the respiratory rate is counted visually every hour and is greater than 8 breaths per minute. If less than 8, wake the patient. If sedation score 2 - refer to Treatment of Complications in the Full Guideline.

Pain Assessment

The **0 - 10** pain assessment score should be used

For Further Information on:

- Suggested Starting Regimes
- Management of Breakthrough Pain
- Management of Complications

- Decreasing and Discontinuation of the Infusion

Refer to:

CONTINUOUS MORPHINE INFUSION – FULL CLINICAL GUIDELINE

For advice or help with problems contact a member of the Acute Pain Team during office hours or on call anaesthetist out of hours.