

Opioid Bolus - Intravenous - Paediatric Summary Clinical Guideline

Reference no.: PA MO 02/ Oct 16/v003

- To allow medical staff, Dolphin Unit nursing staff and the Lead Pain Specialist Nurse to administer intravenous morphine to alleviate severe pain in children and young people in clinical settings.
- Suitable for medical/post-operative/emergency patients with severe pain or children attending the Children's Emergency Department with traumatic injuries.
- Suitable for patients in whom the oral route is contra-indicated or likely to be ineffective (due to reduced bioavailability)
- Consider setting up a Patient Controlled Analgesia System (PCAS) in patients whose severe pain is predicted to be of longer duration or who may require more than 2 bolus doses of IV morphine
- Patients receiving an IV morphine bolus require constant supervision for 30 minutes following administration. Medical staff administering IV morphine must be available to review the patient immediately if required
- If multiple doses of IV morphine are required and PCAS is inappropriate due to the age and cognitive ability of the child, a continuous IV morphine infusion should be considered.
- A separate IV morphine infusion guideline is in existence (Ref PA MO 01) patients are nursed on Dolphin Ward because of the increased frequency and intensity of observations necessary.
- Naloxone must be prescribed on EPMA prior to commencing administration of IV Morphine
- Follow the flow chart – Intravenous Opioid Bolus for Children
- Administer Morphine bolus over 3-5 minutes and with care. Ensure cannula is patent.
- Flush each bolus with 2.5 ml's sodium chloride 0.9% to ensure no residual morphine remains in the cannula
- Observations: Respiratory rate, oxygen saturation, pulse rate, sedation score. Pain scores should be re-assessed at 10 minutes: if the pain score remains 3 and the observations are satisfactory a second bolus of morphine can be given. Observations must then be continued for a further 30 minutes.
- Side Effects: Respiratory depression, over sedation and possible airway obstruction - prompt treatment with airway management, oxygen and Naloxone will be required.

IV Morphine Bolus for Children *Weighing over 50 kg*

IV Morphine Bolus for Children *Weighing less than 50kg*

