

MORPHINE SULFATE
FOR USE ONLY WHEN FENTANYL ON SHORTAGE
EMSAC JULY 2025

ACTION: Analgesic

- Centrally acting opiate analgesic effective for acute pain.
- For cardiac patients: morphine reduces the pain of ischemia and reduces anxiety, reducing oxygen demands on the heart, improving ischemia.

INDICATIONS:

- Chest pain of suspected ischemic origin.
- Management of acute pain according to ALS Treatment Protocols.

CONTRAINDICATIONS:

- | | |
|------------------------------|-----------------|
| • Hypersensitivity | • Head injury |
| • Respiratory Insufficiency | • Hypotension |
| • Asthma or exacerbated COPD | • Decreased LOC |

POTENTIAL SIDE EFFECTS:

- | | |
|--------------------------|------------------------|
| • Respiratory depression | • Nausea and vomiting |
| • Hypotension | • Decreased heart rate |
| • Decreased LOC | |

ADULT DOSE/ROUTE:

- ⇒ 2 - 4 mg slow IVP/IO or 5mg IM. May repeat in 10min for continued pain if SBP > 90 mmHg to total dose of 20 mg.

PEDIATRIC DOSE/ROUTE:

- ⇒ **Less than 6 months:** 0.05mg/kg slow IVP/IM/IO. May repeat in 10min at half the initial dose. Max dose 4mg without Base Contact.
- ⇒ **Greater than 6 months:** 0.1 mg/kg slow IVP/IM/IO. May repeat in 10min at half the initial dose x1. Max dose 4mg without Base Contact.

NOTES:

- When used in conjunction with non-narcotic pain medications, such as Ibuprofen and Ketorolac, Morphine may be used in doses smaller than those listed above for adults/pediatrics and repeated to reach desired effect (not to exceed max dose).
- Closely monitor respiratory status and systolic blood pressure. Be prepared to assist ventilations of any patient who is administered Morphine.
- Morphine effects may be potentiated if administered with midazolam. Contact Base Hospital Physician if considering administering both medications.
- Contact Base Hospital Physician if higher doses of Morphine are required.

Effective: xx/xx/xx
Supersedes: 10/01/21

DRAFT