

# Morphine

## 10mg/mL injection, 1mg/mL oral solution

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**Note:**

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

**This is a High Risk Medication** 

An overdose can be rapidly fatal.

### Dose and Indications

1mg = 1000micrograms

### Analgesia and Sedation

#### **Intravenous, Intramuscular & Subcutaneous Bolus**

0.05mg to 0.2mg/kg/dose. Repeat every four hours if necessary.

#### **Intravenous Infusion**

10 to 20micrograms/kg/hour

Commence at the lowest infusion rate and titrate to effect; higher doses may be required with specialist consultation.

A loading dose of 100micrograms/kg (0.1mg/kg) may be given prior to commencement of infusion.

After prolonged use, titrate dose to discontinue.

#### **Oral**

0.1mg to 0.2mg/kg/dose. Repeat every four hours if necessary.



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## Neonatal Abstinence Syndrome

### Oral

This guideline MUST be used in conjunction with the [South Australian Perinatal Practice Guidelines – Infants of drug dependent women](#)

Morphine treatment usually commenced if the Finnegan score is  $\geq 8$  for three assessments or  $\geq 12$  for one assessment.

Please note that all doses for the entire period of withdrawal management are calculated on the basis of birth weight and not current weight.

NAS Score	Dose (Calculate to the closest 0.05mg/dose)	Frequency
$\geq 8$ for three assessments or $\geq 12$ for one assessment	0.125mg/kg/ dose	every 6 hours
$\geq 8$ for three assessments or $\geq 12$ for one assessment, despite morphine 0.125mg/kg/dose	0.175mg/kg/dose	
$\geq 8$ for three assessments or $\geq 12$ for one assessment, despite morphine 0.175mg/kg/dose	0.225mg/kg/dose	

Where control is difficult, give the total daily dose in 6 divided doses (every 4 hours).

Inpatient morphine treatment for >14days requires government approval. Consult pharmacist or [download form](#) from DASSA.

## Preparation and Administration

### Oral

The oral solution contains 1mg/mL morphine.

Dose	0.1mg	0.25mg	0.5mg	0.75mg	1mg
Volume	0.1mL	0.25mL	0.5mL	0.75mL	1mL

### Intravenous Bolus

Dilute 1mL of the 10mg/mL morphine solution with 9mL of compatible fluid (to a total volume of 10mL). The resulting solution contains 1mg/mL morphine.

Dose	50micrograms (0.05mg)	100micrograms (0.1mg)	200micrograms (0.2mg)	300micrograms (0.3mg)	400micrograms (0.4mg)
Volume	0.05mL	0.1mL	0.2mL	0.3mL	0.4mL

Shake well to ensure thorough mixing.

It may be administered undiluted or diluted to a suitable volume with compatible fluid for ease of administration.

Administered as a push over at least 5 minutes. Discard remaining solution.



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### Intravenous Infusion

Select the strength required based on the weight of the infant in the context of any fluid restrictions. Morphine Concentration Selection Tables can be found on the following pages of this guideline to assist prescribers to gauge which strength is best for the patient.

There are **TWO STEPS** to this process.

**STEP ONE:** Dilute 1mL (10mg/mL) of morphine injection with 9mL of 0.9% sodium chloride (to a total of 10mL). This makes a 1mg/mL solution

**STEP TWO:** Dilute the appropriate volume of the 1mg/mL morphine solution using compatible fluid; and administer by continuous infusion. Diluted preparation is stable for 24 hours at room temperature.

The three standard strengths used are:

- > Morphine 40microgram/mL
- > Morphine 80microgram/mL
- > Morphine 160micrograms/mL

Dilute before use and administer by 24 hour infusion.

### Formulae

**To calculate infusion rate (mL/hr):**

$$\text{Rate (mL/hr)} = \frac{\text{dose (micrograms/kg/hour)} \times \text{weight(kg)}}{\text{Strength (microgram/mL)}}$$

**To calculate the dose (micrograms/kg/hour):**

$$\text{Dose (micrograms/kg/hour)} = \frac{\text{Rate (mL/hr)} \times \text{Strength (microgram/mL)}}{\text{Weight (kg)}}$$



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## Morphine Concentration Selection Table for **25mL** syringes

### Double Dilution for Morphine 40micrograms/mL

**STEP ONE:** Dilute 1mL (10mg/mL) of morphine injection with 9mL of 0.9% sodium chloride (to a total of 10mL). This makes a 1mg/mL solution.

**STEP TWO:** Add 1mL Morphine (1mg/mL) to 24mL of compatible fluid (to a total of 25mL). This makes a 40microgram/mL (0.04mg/mL) solution.

Rate (mL/hr)	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1	Rate (mL/hr)
Weight (kg)	Approximate micrograms/kg/hour									Weight (kg)
1	8	12	16	20	24	28	32	36	40	1
2	4	6	8	10	12	14	16	18	20	2
3	3	4	5	7	8	9	11	12	13	3
4	2	3	4	5	6	7	8	9	10	4

Discard remaining solution

### Double Dilution for Morphine 80micrograms/mL

**STEP ONE:** Dilute 1mL (10mg/mL) of morphine injection with 9mL of 0.9% sodium chloride (to a total of 10mL). This makes a 1mg/mL solution.

**STEP TWO:** Add 2mL morphine (1mg/mL) to 23mL of compatible fluid (total of 25mL). This makes an 80microgram/mL (0.08mg/mL) solution.

Rate (mL/hr)	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1	Rate (mL/hr)
Weight (kg)	Approximate micrograms/kg/hour									Weight (kg)
1	16	24	32	40						1
2	8	12	16	20	24	28	32	36	40	2
3	5	8	11	13	16	19	21	24	27	3
4	4	6	8	10	12	14	16	18	20	4
5	3	5	6	8	10	11	13	14	16	5

Discard remaining solution

### Double Dilution for Morphine 160micrograms/mL

**STEP ONE:** Dilute 1mL (10mg/mL) of morphine injection with 9mL of 0.9% sodium chloride (to a total of 10mL). This makes a 1mg/mL solution.

**STEP TWO:** Add 4mL morphine (1mg/mL) to 21mL of compatible fluid (total of 25mL). This makes a 160microgram/mL (0.16mg/mL) solution.

Rate (mL/hr)	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1	Rate (mL/hr)
Weight (kg)	Approximate micrograms/kg/hour									Weight (kg)
1	32									1
2	16	24	32	40						2
3	11	16	21	27	32	37				3
4	8	12	16	20	24	28	32	36	40	4
5	6	10	13	16	19	22	26	29	32	5

Discard remaining solution



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## Morphine Concentration Selection Table for **50mL** syringes

### Double Dilution for Morphine 40micrograms/mL

**STEP ONE:** Dilute 1mL (10mg/mL) of morphine injection with 9mL of 0.9% sodium chloride (to a total of 10mL). This makes a 1mg/mL solution.

**STEP TWO:** Add 2mL Morphine (1mg/mL) to 48mL of compatible fluid (to a total of 50mL). This makes a 40microgram/mL (0.04mg/mL) solution.

Rate (mL/hr)	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1	Rate (mL/hr)
Weight (kg)	Approximate micrograms/kg/hour									Weight (kg)
1	8	12	16	20	24	28	32	36	40	1
2	4	6	8	10	12	14	16	18	20	2
3	3	4	5	7	8	9	11	12	13	3
4	2	3	4	5	6	7	8	9	10	4

Discard remaining solution

### Double Dilution for Morphine 80micrograms/mL

**STEP ONE:** Dilute 1mL (10mg/mL) of morphine injection with 9mL of 0.9% sodium chloride (to a total of 10mL). This makes a 1mg/mL solution.

**STEP TWO:** Add 4mL morphine (1mg/mL) to 46mL of compatible fluid (total of 50mL). This makes an 80microgram/mL (0.08mg/mL) solution.

Rate (mL/hr)	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1	Rate (mL/hr)
Weight (kg)	Approximate micrograms/kg/hour									Weight (kg)
1	16	24	32	40						1
2	8	12	16	20	24	28	32	36	40	2
3	5	8	11	13	16	19	21	24	27	3
4	4	6	8	10	12	14	16	18	20	4
5	3	5	6	8	10	11	13	14	16	5

Discard remaining solution

### Double Dilution for Morphine 160micrograms/mL

**STEP ONE:** Dilute 1mL (10mg/mL) of morphine injection with 9mL of 0.9% sodium chloride (to a total of 10mL). This makes a 1mg/mL solution.

**STEP TWO:** Add 8mL morphine (1mg/mL) to 42mL of compatible fluid (total of 50mL). This makes a 160microgram/mL (0.16mg/mL) solution.

Rate (mL/hr)	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1	Rate (mL/hr)
Weight (kg)	Approximate micrograms/kg/hour									Weight (kg)
1	32									1
2	16	24	32	40						2
3	11	16	21	27	32	37				3
4	8	12	16	20	24	28	32	36	40	4
5	6	10	13	16	19	22	26	29	32	5

Discard remaining solution



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## Compatible Fluids

Glucose 5%, glucose 10%, sodium chloride 0.9%

## Adverse Effects

### Common

Vomiting (initial dose/s), drowsiness, miosis, constipation, urinary retention

### Infrequent

Urticaria, hypothermia, bradycardia or tachycardia, increased intracranial pressure, ureteric or biliary spasm, rigidity, flushing

### Rare

Respiratory depression (dose related), Syndrome of inappropriate anti-diuretic hormone secretion (SIADH), tremor, muscle twitching and seizures

## Monitoring

- > If on morphine infusion, cardio-respiratory monitoring is mandatory
- > Close observation of the neonate for at least 30 minutes is required to assess for respiratory depression
- > Observe for abdominal distention and loss of bowel sounds
- > Sedation is best monitored by using a sedation score
- > Urinary retention.

## Practice Points

- > Naloxone should be available where morphine is administered
- > Consider the place of paracetamol as an adjunct when using morphine as an analgesic
- > Continuous morphine infusions should only be administered to ventilated patients
- > Therapeutic doses can cause respiratory depression, bradycardia, hypotension and urinary retention. Respiratory Depression is a severe adverse effect of morphine and is best judged by degree of sedation, as respiratory rate is a late and unreliable indicator. When occurring as an acute overdose use naloxone as the antidote
- > Chronic dependent use and Neonatal Narcotic Abstinence Syndrome should not be treated with Naloxone due to potential for withdrawal.
- > Contraindicated in patients with a hypersensitivity to opiates as well as shock, hypotension, increased intracranial pressure and convulsions.
- > Use cautiously in patients with irregular breathing patterns, in patients with cardiac arrhythmias, in patients with hepatic or renal impairment and in patients with urinary retention.



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## Document Ownership & History

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