

Morphine Continuous Infusion High Alert

	Dec/8/2011
Patient:	
□ Alert Record Reviewed □No Allergies Known	
□ Allergies-Adverse Reactions-Cautions:	
Age Patient's Weightkg	Date of Patient's Weight
DIAGNOSIS:	
	receded by a checkbox () are only actioned if checked ($$
For infants less than 6 months:	
Morphine infusion must be prescribed by qualified spectrum	ecialist as per institutional policy.
MEDICATIONS	
Discontinue all previous opioid medications	
Initial bolus dose:	
morphine (usual range 0.02 to 0.05 mg/kg/dose)	ma/ka/dose IV x 1 dose
	3 3
Continuous infusion:	ma/ka/baur IV/
•morphine (usual range 0.01 to 0.04 mg/kg/hour) If less than 6 months, usual range: 0.005 to 0.02 mg/k	
In less than 6 months, usual range. 0.005 to 0.02 mg/k	g/noui
Breakthrough doses:	
	urly dose)mg/kg/dose IV every 30 minutes PRN
If less than 6 months, usual range: 0.005 to 0.02 mg/kg	j/dose
MONITORING	
• Continuous pulse oximetry for first 24 hours. After first	
	is less than 94% and/or if oxygen requirements increase ale (while awake) Q1H for 24 hours after initiation or dose
increase then Q2H unless respiratory rate is below lim	
 Blood pressure and pain assessment Q4H 	
If patient has a sedation score of 3 or higher OR resp	iratory rate is less thanbreaths/minute (see reverse
for age-appropriate limits):	·
 Stimulate/rouse patient and encourage breathing STOP morphine infusion 	
 Apply oxygen at 6 to 10L by face mask, check pulse ox 	kimetrv
 Call most responsible prescriber and respiratory therap 	
If patient is unarousable AND/OR oxygen saturation i	s less than 90% with oxygen:
Call code blue	

- STOP morphine infusion
- Begin resuscitation and give naloxone

• Naloxone: _____mg (0.01 mg/kg/dose) IV (for patients less than 8 kg) every 2 to 3 minutes PRN

0.1mg IV (for patients 8 to 14.9 kg) every 2 to 3 minutes PRN

0.2 mg IV (for patients 15 to 24.9 kg) every 2 to 3 minutes PRN

0.3 mg IV (for patients 25 to 34.9 kg) every 2 to 3 minutes PRN

0.4 mg IV (for patients greater than or equal to 35 kg) every 2 to 3 minutes PRN

• Stat page most responsible prescriber

DATE (yyyy/MON/dd)	Time (24hour/hh:mm)	Verified By (Signature)	Printed Surname
DATE (yyyy/MON/dd)	Time (24hour/hh:mm)	Verified By (Signature)	Printed Surname

Note: Page 2 contains Clinician Information



Morphine Continuous Infusion High Alert K07002307 Jun/7/2002 M SCA,TEST Visit ER0000145/12 **HCN:** 22222222 Van den Hof, TEST / TEST, Maureen Dec/8/2012

Respiratory Rate Limits

Age	Respiratory Rate (breaths/minute)
Less than 6 months	30
6 to 12 months	20
1 to 2 years	16
2 to 10 years	10
11 years and older	8

Sedation Scale

1	None	Alert	
2	Mild	Occasionally drowsy, easy to arouse	
3	Moderate	Frequently drowsy, easy to arouse	
4	Severe	Somnolent, difficult to arouse	
5	Sleep	Normal sleep	