

CLASS: A

PROTOCOL(S) USED IN: Abd Pain, Chest pain, Pain Management, Respiratory Distress

PHARMACOLOGY AND ACTIONS:

- A. Analgesic
- B. Peripheral vasodilator
- C. Pupil constriction
- D. Respiratory depressant
- E. Cardiac effect of vasodilation: decreases myocardial oxygen consumption, decreases left ventricular end-diastolic pressure, decreases cardiac workload, may decrease incidence of dysrhythmias.

INDICATIONS:

- A. Chest pain not relieved by NTG
- B. Pulmonary edema
- C. Extremity fractures in absence of any head, chest, or abdominal injuries.
- D. Back and neck injuries when sedation/pain relief are necessary to prevent a patient from moving around and potentially injuring themselves.

CONTRAINDICATIONS:

- A. **Known allergy to morphine or sulfates (Sulfa drugs are not sulfates)**
- B. **Hypotension**
- C. **Head injuries**
- D. **Patients with respiratory difficulties except for pulmonary edema**
- E. **Major blood loss**
- F. **Decreased level of consciousness**

SIDE EFFECTS AND NOTES:

- A. In STEMI patients, avoid **MS** because of the problems with absorption of antiplatelet agents.
- B. Respiratory depression
- C. Decreased BP
- D. Decreased level of consciousness
- E. Decreased heart rate
- F. N/V
- G. Have naloxone available to reverse over administration
- H. Allergic reactions
- I. May follow administration with Zofran for nausea

ADULT DOSING:

Pain - Musculoskeletal injuries, burns, chest pain -
2-5 mg IV/IO/IM/IN. Repeat every 3-5 minutes to max of 20 mg.

PEDIATRIC DOSING (< 20kg):

Pain - Musculoskeletal injuries, burns, chest pain -
0.1-0.2 mg/kg IV/IO/IM/IN. Repeat every 3-5 minutes. Do not exceed adult dosing.

