

MORPHine

Classification

 **HIGH ALERT MEDICATION**

CONTROLLED AND TARGETED SUBSTANCE

Opioid analgesic

Indications

■ ACP: Symptom relief in palliative or end-of-life patients with pain or shortness of breath

Contraindications

- Known hypersensitivity to mORPHine or other opioid analgesics
- Use with caution in patients with asthma, bronchospasm, or chronic obstructive pulmonary disease

Adult dosages

■ ACP: All indications

- Requires specific training and license endorsement. Consult with palliative care team or CliniCall before selecting a dosing strategy.
- 0.1 mg/kg SC or
- 2.5-5 mg SC
- May repeat every 10-30 minutes as required based on blood pressure (>100 mmHg) or as per CliniCall/palliative care team plan

Pediatric Considerations And Dosing

Not authorized

Mechanism Of Action

Acts on opioid receptors (primarily mu receptors) in the central nervous system to produce analgesia, euphoria, and sedation. Interaction with receptors in the spinal cord depresses pain transmission. Produces venodilation, reducing cardiac preload.

Pharmacokinetics

Intravenous:

- Onset: rapid
- Peak: 20 minutes
- Half-life: 2-3 hours
- Duration: 4-5 hours

Adverse Effects

- Lightheadedness, dizziness, sedation, agitation
- Respiratory depression and apnea

- Profound hypotension
- Nausea and vomiting

