

ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME RDH

MEDICATION Morphine

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Opioid Agonist (Schedule II)

PURPOSE OF MEDICATION

Expected Pharmacological Action

Binds with opioid receptors within CNS, inhibiting ascending pain pathways.

Therapeutic Use

Alters pain perception, emotional response to pain.

Complications

Side Effects: Sedation, decreased BP, diaphoresis, facial flushing, constipation, dizziness, drowsiness, nausea, vomiting, allergic reaction, dyspnea, confusion, palpitations, tremors, and urinary retention; ambulatory patients with less severe pain may experience greater nausea and vomiting than others.

Adverse Effects: Overdose results in respiratory depression, skeletal muscle flaccidity, cold/clammy skin cyanosis, extreme drowsiness progressing to seizures, stupor, and coma. Repeated use can lead to higher tolerance and dependence. Prolonged duration can lead to hepatic/renal impairment.

Antidote: Naloxone

Medication Administration

PO: (Immediate Release):
10-30 mg q4h as needed

IV: 2.5-5 mg q3-4h as needed;
can be given more frequently if needed

IV Continuous Infusion: 0.8-10 mg/hour; Range: 20-50 mg/hr

Contraindications/Precautions

Contraindications: Hypersensitivity to morphine. Acute or severe asthma, GI obstruction, known or suspected paralytic ileus, concurrent use of MAOIs or use of MAOIs within 14 days, severe respiratory depression.

Precautions: Extreme caution for pts with COPD, cor pulmonale, hypoxia, hypercapnia, preexisting respiratory depression, head injury, increased ICP, and severe hypotension. Caution for pts with biliary tract disease, pancreatitis, Addison's disease, cardiovascular disease, morbid obesity, adrenal insufficiency, elderly, hypothyroidism, pts with CNS depression, pts with a history of drug abuse and dependence.

Nursing Interventions

Baseline assessment, initial monitoring of VS (if respirations are 12/min or less, withhold the medication), assess for signs of abuse, monitor VS 5-10 min after IV administration, 15-30 min after SQ, IM. Assess for decreased BP and respirations, adequate voiding, bowel activity and appearance, and onset of pain relief. Initiate deep breathing and coughing exercises, especially in pts with pulmonary impairment.

Interactions

Drug: Alcohol and other CNS depressants may increase CNS effects, respiratory depression, and hypotension. MAOIs may produce serotonin syndrome.

Herbal: Herbals with sedative properties.

Lab: May increase serum amylase and lipase.

Client Education

Change positions slowly to avoid orthostatic hypotension; avoid tasks that require alertness, motor skills until response to drug is established; avoid alcohol, CNS depressants; tolerance, dependence may occur with prolonged use of high doses; report ineffective pain control, constipation, and urinary retention.

Evaluation of Medication Effectiveness

Assess for clinical improvement and record onset of pain relief.