

ACTIVE LEARNING TEMPLATE: *Medication*

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MEDICATION Morphine Sulfate REVIEW MODULE CHAPTER _____

CATEGORY CLASS Opioid analgesic

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

Frequent: sedation, dec BP, diaphoresis, facial flushing, constipation, dizziness, drowsiness, N/V
Occasional: allergic reaction, dyspnea, confusion, palpitations, tremors, urinary retention, abdominal cramps, vision changes, dry mouth, HA, dec appetite, pain/burning at inj site
Rare: paralytic ileus

Medication Administration

IV: 0.1-0.2mg/kg q4h PRN or 2-10mg
IV continuous: 0.8-10mg/hr
Range: 20-50mg/hr

Contraindications/Precautions

Contraindications: acute or severe asthma, GI obstruction, known or suspected paralytic ileus, concurrent use of MAOIs within 14 days, severe resp depression
Extreme caution: COPD, cor pulmonale, hypoxia, hypercapnia, resp depression, head injury, increased ICP, severe hypotension
Cautions: biliary tract disease, pancreatitis, Addison's disease, cardio disease, morbid obesity, adrenal insufficiency, elderly, hypothyroidism, CNS depression

Nursing Interventions

Monitor vital signs 5-10 min after IV admin, 30 min after SQ, IM
Monitor for decreased respirations, BP
Monitor voiding habits, bowel activity, stool consistency
deep breathing, coughing exercises

Interactions

Drug: Alcohol, CNS depressants (lorazepam, gabapentin), resp depression, hypotension, MAOIs may produce serotonin syndrome
Herbal: herbs with sedative properties (chamomile)
Lab: may increase serum amylase, lipase

Client Education

Change positions slowly, avoid tasks that require alertness, avoid alcohol, other CNS depressants
teach about dependency with prolonged use
report ineffective pain control, constipation, urinary retention

Evaluation of Medication Effectiveness

Monitor pain relief

Compatibility

Incompatibilities: Amphotericin B complex, cefepime, Doxorubicin (Doxil), Phenytoin (Dilantin)

Amount

IV: 0.1-0.2mg/kg q4h PRN or 2-10mg
IV continuous: 0.8-10mg/hr Range: 20-50mg/hr

Rate of Administration

Always administer very slowly. Rapid IV increases risk of severe adverse reactions

Diluent

May give undiluted
For IV inj, may dilute in Sterile water for inj 0.9% NaCl to final concentration of 1-2mg/mL
For continuous infusions, dilute to 0.1-1mg/mL in D5W and give through controlled infusion device

Site, supplies, storage, stability

Store at room temperature