

ACTIVE LEARNING TEMPLATE: *Medication*

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MEDICATION Morphine Sulfate (MS-Contin) IVPB

REVIEW MODULE CHAPTER _____

CATEGORY CLASS Opioid Agonist (Schedule II)/ Opioid Analgesic

PURPOSE OF MEDICATION

Expected Pharmacological Action

Binds with opioid receptors in the CNS, inhibiting ascending pain pathways.

Therapeutic Use

Alters pain perception and emotional response to pain.

Complications

N/V, sedation, decreased BP, allergic reaction (rash, pruritis), dyspnea, confusions, palpitations, tremors, urinary retention, abdominal cramps, vision changes, dry mouth, HA, decreased appetite, pain/burning at injection site. Rarely paralytic ileus. Overdose may result in respiratory depression, skeletal muscle flaccidity, cold/clammy/cyanotic skin, extreme drowsiness progressing to seizures, stupor, coma. Tolerance to analgesic effect. (antidote: Naloxone).

Medication Administration

IV: 0.1-0.2 mg/kg q4h
PRN or 2-10mg. (MAX DOSE: Do not exceed 10 mg/dose.

Contraindications/Precautions

Contraindications: Hypersensitivity to morphine. Acute or severe asthma, GI obstruction, paralytic ileus, concurrent or recent use of MAOIs (<14 days). Severe respiratory depression. COPD, cor pulmonale, hypoxia, hypercapnia, preexisting respiratory depression. head injury, increased ICP, severe hypotension. Precautions: biliary tract disease, pancreatitis, Addison's disease, cardiovascular disease, morbid obesity, adrenal insufficiency, elderly, hypothyroidism, urethral stricture, prostatic hyperplasia, debilitated or CNS depression, toxic psychosis, seizure disorders, Hx of drug abuse.

Nursing Interventions

Monitor VS 5-10 after IV administration. Be alert for decreased respirations/BP. Check for adequate voiding. Monitor daily pattern for bowel activity/stool consistency. Initiate coughing/deep breathing exercises (esp. in pts with pulmonary impairment). Assess for relief of pain, Screen for Hx of drug abuse. Assess IV sight for signs of infiltration, phlebitis.

Interactions

Drug: Alcohol/ other CNS depressants may increase CNS effects/respiratory depression/hypotension. MAOIs may produce serotonin syndrome. Herbals: herbals with sedative properties may increase CNS depression. Lab Values: 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/ other CNS depressants. Report ineffective pain control, constipation, or urinary retention.

Evaluation of Medication Effectiveness

Pt states pain score decreased on a numeric or faces scale.

Compatibility

Cordarone, Bumex, Marcaine, Precedex, Cardizam, Benadryl, Dobutrex, Intropin, Robinul, Vistaril, lidocaine, Ativan, Versed, Primacor, Diprivan.

Amount

2 mg/mL, 4 mg/mL, 5 mg/mL, 10 mg/mL.

Rate of Administration

Always administer very slowly. Rapid IV increases risk of severe adverse reactions (apnea, chest wall rigidity, peripheral circulatory collapse, cardiac arrest, anaphylactoid effects).

Diluent

May give undiluted. For IV injection, may dilute in sterile water for injection or NS to final concentration of 1-2 mg/mL. For continuous IV infusion, dilute to concentration of 0.1-1 mg/mL in D5W and give through controlled infusion device.

Site, supplies, storage, stability

Store at room temperature.