

# ACTIVE LEARNING TEMPLATE: *Medication*

STUDENT NAME: Olivia Morales

MEDICATION: Ex: Morphine Sulfate \_\_\_\_\_ REVIEW MODULE CHAPTER \_\_\_\_\_

CATEGORY CLASS: Opioid analgesic.

## PURPOSE OF MEDICATION

### Expected Pharmacological Action

Binds to opiate receptors in the CNS. Alters the perception of and response to painful stimuli while producing generalized CNS depression.

### Therapeutic Use

Decrease in severity of pain.

### Complications

Hypotension, bradycardia, flushing, itching, sweating, blurred vision, diplopia, miosis, adrenal insufficiency, constipation, nausea, vomiting, urinary retentions, confusion, sedation, dizziness, dysphoria, euphoria, floating feeling, hallucinations, headache, unusual dreams, **respiratory depression**, physical dependence, psychological dependence, tolerance.

### Contraindications/Precautions

Alcohol, tartrazine, bisulfites, personal or family history of substance disorder, head trauma, severe renal impairment, severe hepatic impairment, adrenal insufficiency, seizure disorder, hypothyroidism, severe pulmonary disease, undiagnosed abdominal pain, prostatic hyperplasia.

### Interactions

-Extreme caution in patients receiving MAO inhibitors within 14 days prior.  
-Benzodiazepines, CNS depressants, other opioids, nonbenzodiazepine sedative/hypnotics, anxiolytics, general anesthetics, muscle relaxants, antipsychotics, alcohol may cause profound sedation. Tricyclic antidepressants, SSRIs, SNRIs, TCAs, tramadol, trazadone, mirtazapine, linezolid, methylene blue, and triptans may increase serotonin syndrome. May increase anti-coagulant effect of warfarin.

### Evaluation of Medication Effectiveness

-Patient pain rating has decreased without severe issues in LOC or respiratory status.

### Medication Administration

IV, Subcut (Adults): Continuous infusion: 0.8–10 mg/hr.  
-May be preceded by a bolus of 15 mg  
-Infusion rates vary greatly; up to 80 mg/hr have been used.

### Nursing Interventions

- Do a full pain assessment before administering.
- Assess levels of consciousness, BP, HR, and RR before and continuously after administering.
- Assess bowel function routinely.
- Assess for previous history or family history of substance abuse/disorder.
- Reassess pain one hour after administering.

### Client Education

- Explain risks of physical and psychological dependence.
- Educate that it may cause symptoms of sedation like drowsiness and dizziness.
- Educate to notify nurse if they are having difficulty breathing or can't breathe.
- Educate on possibility of constipation and that they can use laxatives if needed.