CLASS: A

PROTOCOL(S) USED IN: Abd Pain, Chest pain, Pain Management, Respiratory Distress

PHARMACOLOGY AND ACTIONS:
A. Analgesic
B. Peripheral vasodilator
C. Pupil constriction
D. Respiratory depressant
E. Cardiac effect of vasodilation: decreases myocardial oxygen consumption, decreases left ventricular end-diastolic pressure, decreases cardiac workload, may decrease incidence of dysrhythmias.

INDICATIONS:
A. Chest pain not relieved by NTG
B. Pulmonary edema
C. Extremity fractures in absence of any head, chest, or abdominal injuries.
D. Back and neck injuries when sedation/pain relief are necessary to prevent a patient from moving around and potentially injuring themselves.

CONTRAINDICATIONS:
A. Known allergy to morphine or sulfates (Sulfa drugs are not sulfates)
B. Hypotension
C. Head injuries
D. Patients with respiratory difficulties except for pulmonary edema
E. Major blood loss
F. Decreased level of consciousness

SIDE EFFECTS AND NOTES:
A. In STEMI patients, avoid MS because of the problems with absorption of antiplatelet agents.
B. Respiratory depression
C. Decreased BP
D. Decreased level of consciousness
E. Decreased heart rate
F. N/V
G. Have naloxone available to reverse over administration
H. Allergic reactions
I. May follow administration with Zofran for nausea

ADULT DOSING:
Pain - Musculoskeletal injuries, burns, chest pain -
2-5 mg IV/IO/IM/IN. Repeat every 3-5 minutes to max of 20 mg.

PEDIATRIC DOSING (< 20kg):
Pain - Musculoskeletal injuries, burns, chest pain -
0.1-0.2 mg/kg IV/IO/IM/IN. Repeat every 3-5 minutes. Do not exceed adult dosing.