



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

HYDR**O**morphone



(IV Infusion, IV Bolus, IM Injection, Subcutaneous)

Effective Date: Dec 2011	CLASSIFICATION Narcotic Analgesic	OTHER NAMES Dilaudid	PAGE 1 of 3
Revised Date: Dec 2022			

ADMINISTRATION POLICY: *Note: Refer to PCA Monograph for Palliative Care*

- IV Infusion – May be administered by a nurse
- IV Bolus – May be administered by a nurse
- IM Injection – May be administered by a nurse
- Subcutaneous – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 2 mg/mL 1 mL vial; 10 mg/mL 1 mL or 5 mL vial;
0.4 mg/mL 50 mL & 100 mL premixed bag
50 mg/mL – 1 mL or 50 mL vial (pharmacy only)

IM/Subcutaneous: Administer undiluted

IV Intermittent: Dilute in 50 to 100 mL D5W, normal saline or combination dextrose/saline solutions; administer over 15 to 30 minutes

IV Bolus: Undiluted or diluted with 5 mL sterile water or normal saline and administer over 2 to 5 minutes

IV Infusion: Pump Library *Premixed solution preferred when available*

HYDR**O**morph HI *(with premixed bag)*

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mg/h	HM40	General & Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
40 mg premixed bag	100 mL premixed bag	100 mL	0.4 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.25 mg/h		Soft High Dose Limit: 4 mg/h	

HYDR**O**morph HI *(when using vial)*

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mg/h	HM40	General & Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
40 mg (4 mL of 10 mg/mL)	100 mL NS (remove 4 mL)	100 mL	0.4 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.25 mg/h		Soft High Dose Limit: 4 mg/h	



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HYDRomorph LO (with premixed bag)

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mg/h	HM20	General & Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
20 mg premixed bag	50 mL premixed bag	50 mL	0.4 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.25 mg/h		Soft High Dose Limit: 4 mg/h	

HYDRomorph LO (when using vials)

Drug Library	Dose Rate	Short Name	Care Unit
Yes	mg/h	HM20	General & Critical Care
Drug	Diluent	Final Volume (VTBI)	Final Concentration
20 mg (2 mL of 10 mg/mL)	50 mL NS (remove 2 mL)	50 mL	0.4 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 0.25 mg/h		Soft High Dose Limit: 4 mg/h	

DOSAGE:

NOTE: 1 mg HYDRomorphone IV is approximately equal to 5 mg morphine IV

IV/IM/Subcutaneous Bolus/Intermittent: Acute pain: 0.2 to 2 mg/dose every 4 to 6 hours as needed
Opiate-naïve patients consider lower end of dosing range
 Chronic Pain: 0.2 to 4 mg/dose every 4 to 6 hours as needed

IV/Subcutaneous Infusions: 0.25 to 4 mg/hour

Maximum daily dose: Maximum doses should be titrated to pain relief/prevention as required in all patients

Maximum rate: IV bolus over 2 minutes

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with D5W, normal saline, combination dextrose/saline solutions



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HYDR**O**morphine



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Effective Date: Dec 2011	CLASSIFICATION	OTHER NAMES	PAGE
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PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Respiratory depression, shortness of breath
- Palpitations, hypotension, bradycardia
- Dizziness, confusion
- Nausea, vomiting, constipation, paralytic ileus
- Histamine release resulting in hypotension and pruritus
- Contraindicated in obstetrical analgesia

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Monitor pain relief, respiratory and mental status and blood pressure
- Assess bowel function. A stool softener may be indicated.
- Only preservative free solutions can be used for epidural/intrathecal administration
- Suspect opioid toxicity if there is decreased level of consciousness, progressive slowing of respiratory rate and respiratory rate drops to less than 10
- Elderly patients: May be particularly susceptible to the CNS depressant and constipating effects of narcotics.
- **ANTIDOTE:** To treat overdose maintain airway patency and provide respiratory support. Administer naloxone and administer IV fluids and vasopressors to maintain blood pressure.