



# REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

**HYDROmorphone**  
(PCA)



<b>Effective Date:</b> Dec 2011  <b>Revised Date:</b> November 2023	CLASSIFICATION <b>Narcotic Analgesic</b>	OTHER NAMES <b>Dilaudid</b>	PAGE 1 of 1
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**ADMINISTRATION POLICY:**  
**PCA** – 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 premixed bags 50 mL, 100 mL  
 50 mg/mL – 1 mL or 50 mL vial (pharmacy only)  
 If premixed bags are not available and if pharmacy not able to prepare, utilize 10 mg/mL vial to compound bag as per below;

1. 100 mL 0.4 mg/mL bag: Remove 4 mL of NS from 100 mL minibag. Add 4 mL of 10 mg/mL (40 mg HYDROmorphone) to bag.
2. 50 mL 0.4 mg/mL bag: Remove 2 mL NS from 50 mL minibag. Add 2 mL of 10 mg/mL (20 mg HYDROmorphone) to bag.

**DOSAGE:**  
**NOTE:** 1 mg HYDROmorphone IV is approximately equal to 5 mg morphine IV  
**PCA pump:** Patient Bolus (PCA dose): 0.2 mg  
 Bolus Interval (Delay/Lock out period): 10 minutes  
 Number of bolus per hour: 6  
 One-hour Dose Limit of 1.2 mg/hour  
 Load Dose (Clinician/Nurse Bolus) is not recommended  
 A Basal/Continuous Infusion is not recommended use should be limited to carefully selected patients who are opioid tolerant.  
**Maximum daily dose:** Maximum doses should be titrated to pain relief/prevention as required in all patients.  
**Maximum rate:** Titrate by patient

**STABILITY/COMPATIBILITY:**  
**Stability of Final Admixture (PCA):** Bags prepared by pharmacy stable for 72 hours at room temperature  
 Bags prepared on the unit stable for 24 hours at room temperature  
**Compatibility:** Compatible with D5W, normal saline, combination dextrose/saline solution

**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.