

Effective Date: Dec 2011

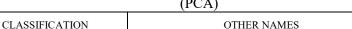
REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

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GENERIC NAME

HYDROmorphone

(PCA)



Dilaudid **Narcotic Analgesic** 1 of 1 **Revised Date:** November 2023

ADMINISTRATION POLICY:

– 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

Patient Bolus (PCA dose): 0.2 mg PCA pump:

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

Compatible with D5W, normal saline, combination dextrose/saline solution **Compatibility:**

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.