



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
morphine
(PCA)



Effective Date: Dec 2011	CLASSIFICATION Opioid analgesic	OTHER NAMES	PAGE 1 of 1
Revised Date: August 10 2023			

ADMINISTRATION POLICY:
PCA – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:
Available as: 10mg/mL – 1 mL ampoule; 50mg/mL – 5 mL, 10 mL ampoule (pharmacy only), 1 mg/mL 100 mL premixed bag

- Mini-bag 50 mL:**
- Withdraw 5 mL of normal saline from a 50 mL normal saline minibag
 - Draw up 50 mg morphine (five 1 mL ampoules of 10 mg/mL morphine) into a 10 mL syringe
 - Add 50 mg (5 mL of 10 mg/mL morphine) to minibag
 - Final volume: 50 mL
 - Final Concentration: 1 mg/mL

DOSAGE:
PCA pump: Patient Bolus (PCA Dose): 2 mg
Bolus Interval (Delay/Lock out period): 10 minutes
Number of bolus per hour: 6
One-hour Dose Limit: 12 mg/hour
Load Dose (Clinician/Nurse Bolus) is not recommended
Basal Rate/Continuous Infusion is not recommended

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, dextrose/saline solutions

- 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

- ADDITIONAL NOTES AND NURSING CONSIDERATIONS:**
- Monitor pain relief, respiratory, blood pressure and mental status
 - Suspect opioid toxicity if there is decreased level of consciousness, progressive slowing of respiratory rate and respiratory rate drops to less than 10 breaths per minute
 - **ANTIDOTE:** naloxone