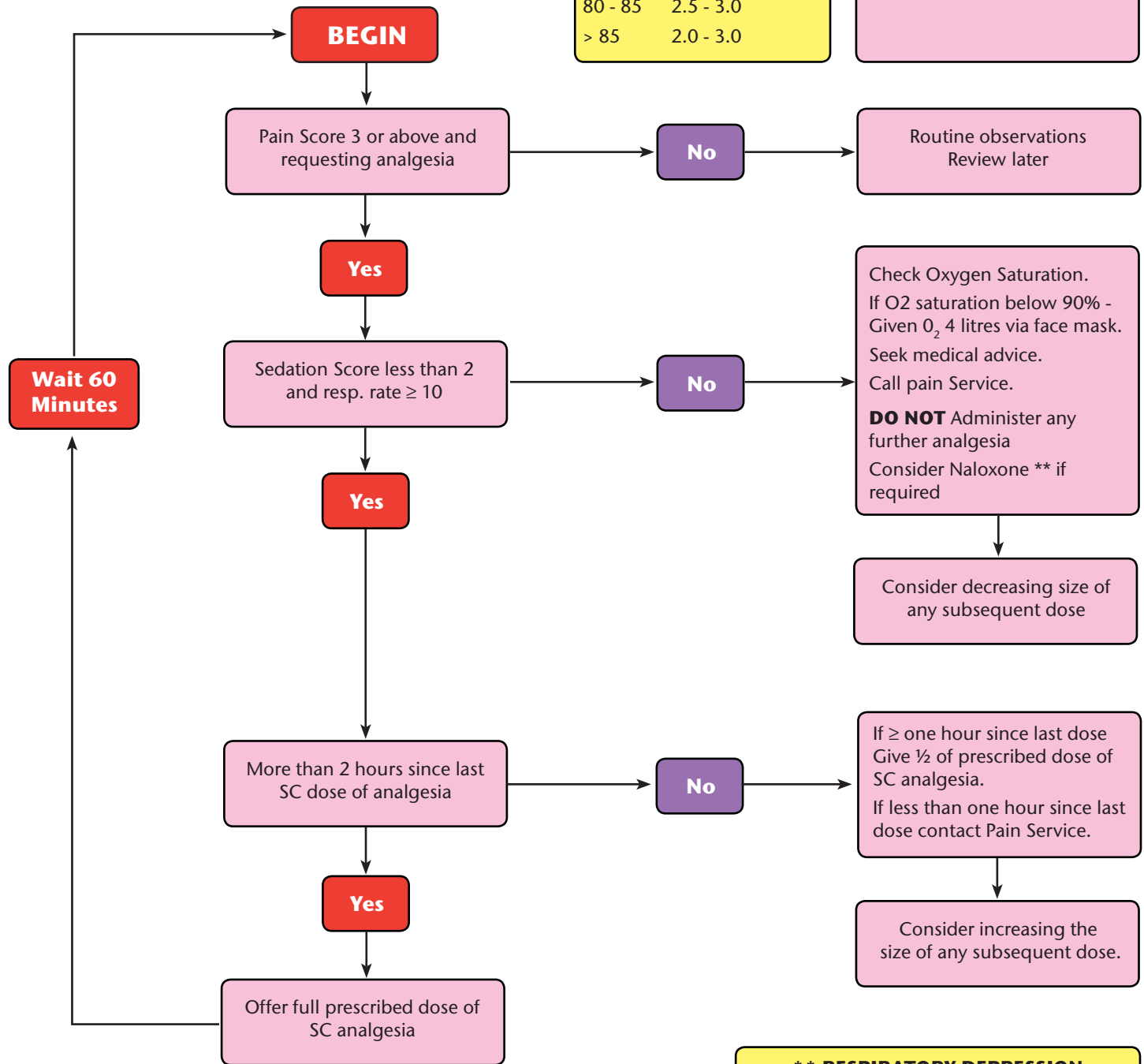


Subcutaneous Morphine Analgesia Protocol

Morphine Dose	
Age	Dose Range(mgs)
20 - 29	7.5 - 12.5
30 - 39	7.5 - 12.5
40 - 49	5.0 - 10.0
50 - 59	5.0 - 10.0
60 - 69	2.5 - 7.5
70 - 79	2.5 - 3.0
80 - 85	2.5 - 3.0
> 85	2.0 - 3.0

Sedation Score	
0	None
1	Mild, drowsy, easy to rouse
2	Moderate, constantly drowsy, easy to rouse
3	Severe, somnolent, difficult to rouse
S	Normal sleep



IV Access must be maintained at all times
Prime Line with the prescribed dose of Morphine 10mgs/ml
Do Not dilute the morphine

**** RESPIRATORY DEPRESSION**
Sedation score ≥ 2 & resp rate <10
Sedation score 3 regardless of resp. rate
Draw up 0.4mgs(1ml) of Naloxone + 3mls N. Saline and give in 1ml increments IV until resp. rate ≥12 and sedation score less than 2.

Approved by Dr Storch/S Anderson/L Steele : Review date May 2027

Guidelines for insertion and care of indwelling subcutaneous catheter for use with subcutaneous morphine protocol only

Indications for use

Post-operative pain relief – especially as rescue in case of severe Post op Nausea & Vomiting (PONV) interfering with post operative oral opioids in Enhanced Recovery after Surgery (ERAS)

Severe pain and unable to tolerate oral analgesia e.g.

- ◆ Nil orally for investigations
- ◆ Unable to swallow
- ◆ Troublesome nausea and vomiting

Insertion

Trained nursing staff can insert in the ward. Ideally, inserting the cannula in theatre while patient is asleep would mean the route is immediately available for post operative usage on the ward.

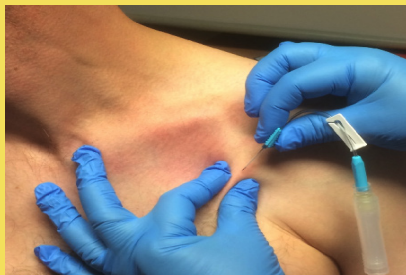
1. The lateral aspect of the thigh or sub clavicular region are the recommended sites of injection. To minimise the risk of the catheter being dislodged, the sub clavicular region is preferred.

2. The area should be cleaned with an alcohol wipe and allowed to dry.

3. Use only 22G (blue) BD Saf-T-Intima cannula.



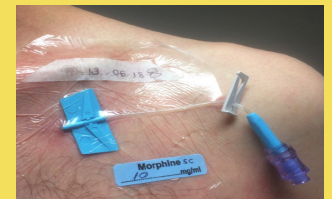
4. Pinch a fold of skin and insert cannula subcutaneously



5. Grasp white end and withdraw the safety needle.



6. Replace bung on cannula with blue Swan Lock bung and secure cannula to the skin with a clear dressing so that the site can be inspected. Attach Morphine sticker to dressing for identification.



7. The line requires to be primed, before first use only, with 0.25ml of neat 10mg/ml (2.5mg) morphine after insertion to ensure the correct dose for patient corresponds with age as per protocol. This priming dose requires to be prescribed as a STAT on HEPMA drug Morphine 10mg in 1ml subcut. Then prescribe the protocol on HEPMA in Protocol search WG PAIN at bottom select the age adjusted either/or subcutaneous morphine protocol.

8. Draw up the prescribed amount(s) of morphine. DO NOT DILUTE THE MORPHINE. As the priming dose only flushes the cannula of air the prescribed dose as protocol can be administered simultaneously, if required, there does not need to be any delay.

9. Clean the Swan Lock injection port with an alcohol wipe for 15 seconds (“scrub the hub”) and allow to air dry for 30 seconds.

10. Inject prescribed morphine slowly over 1 minute to minimise any discomfort at injection site. Do not flush the cannula.