

DRUG:	MORPHINE SULPHATE
PRESENTATION:	Syringe: 1mg/mL (1,000 microgram/mL) Mixture: 1mg/mL (as hydrochloride)
ACTION & INDICATION:	Opioid analgesic Sedative to assist ventilation Management of opioid dependent infants with Neonatal Abstinence Syndrome
DOSE:	DOSE MUST BE ORDERED <u>IN MICROGRAMS</u> Intermittent dose: 100-200 microgram/kg/dose 4-6 hourly Infusion dose: 10-40 microgram/kg/hour Neonatal Abstinence Syndrome: See NCCU guidelines at the back of this manual.
PREPARATION:	Use solution prepared in Pharmacy if available. Syringe contains 1000microgram in 1mL = 100 microgram in 0.1mL Infusion dilution : Dilute 500microgram (0.5mL) per kilogram of baby's weight to 50mL with appropriate infusion fluid Infuse at 1mL/hour = 10 microgram/kg/hour <i>Example: To prepare an infusion solution for a 780g baby Take 500 microgram (0.5mL) x 0.78 = 390microgram (0.39mL) and dilute to 50mL with appropriate infusion solution Infuse at 1mL/hour = 10 microgram/kg/hour</i> Compatible with glucose, Sodium chloride 0.9%, glucose/saline solutions. Dilution for intermittent doses only if required for infants < 1kg: Dilute1000 microgram to 10mL = 100 microgram in 1mL
ADMINISTRATION:	Intramuscular: As per NCCU policy. Use undiluted. Intravenous injection: over 3-5 minutes, or Intravenous infusion Oral
ADVERSE EFFECTS:	Hypotension CNS depression, respiratory depression. Monitor respiratory and cardiovascular status
COMMENTS:	Antidote: Naloxone (see monograph) If baby is has been on a morphine infusion for a least one week, wean morphine dose slowly
REFERENCES:	Gomella: Neonatology 5 th Ed Neofax 2008
DATE:	January 2012