



Intermittent IV morphine bolus administration attachment

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE

Weight: _____ kg

Guidelines Circle the box required for this patient

<p>Child under 12 months Add 0.2 mg /kg of morphine made up to 10 mL with normal saline 0.9%</p> <p>Recommended bolus size is 1 mL IV from the syringe</p> <p>1 mL = 0.02 mg /kg (20 microgram / kg)</p>	<p>Child over 12 months, and under 50kg Add 0.2 mg/kg of morphine made up to 10mL with normal saline 0.9%</p> <p>Recommended bolus size is 2 mL IV from the syringe.</p> <p>2 mL = 0.04 mg / kg (40 microgram /kg)</p>	<p>Child weighs over 50kg Add 10 mg of morphine made up to 10 mL with normal saline 0.9%</p> <p>Recommended bolus size is 2 mL IV from the syringe</p> <p>2 mL = 2 mg</p>
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Medical instructions

- Add _____ **mg of morphine** and dilute to a total volume of **10 mL** with normal saline 0.9% in a syringe
- Bolus size is _____ **mL**. Administer intravenously from the syringe according to the numbered administration steps overleaf.
- Specify single or multiple use:
 - Single use**
 - OR
 - Multiple use**
for example, in the setting of painful procedures at intervals, such as dressing changes when there is no background or continuous pain present, i.e. there is no need for PCA or opioid infusion

Opioid toxicity • STOP opioid administration • CALL **MET 777** if required

Dilute NALOXONE 0.4 mg to 20 mL with normal saline 0.9% (this dilution = 20 microgram per mL)

For excess sedation:
(difficult to rouse, respiratory depression, sedation score ≥ 3)
Administer **NALOXONE 2 microgram / kg IV**, repeat each **1–2 minutes** PRN (*max. 5 doses*)
Administer _____ **microgram** = _____ **mL** IV

For resuscitation:
(minimal respirations or cardiorespiratory arrest, sedation score 4)
Administer **NALOXONE 10 microgram / kg IV**, repeat each **1–2 minutes** PRN (*max. 5 doses*)
Administer _____ **microgram** = _____ **mL** IV

Date					
Time					
Initials					

Date					
Time					
Initials					

Prescriber's signature _____ **Print name** _____ **Date** _____

Pharmacy initials	
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See overleaf for record of bolus doses given

For more details please read the 'Intermittent morphine bolus administration guidelines' in the Children's Pain Management Service guidelines on The Royal Children's Hospital intranet.

This attachment is a legal prescription



Intermittent IV morphine bolus administration attachment

This order is not valid unless securely attached to designated area on MR52

Administration steps

1 Check patient before administering IV morphine bolus:

- Moderate or severe pain or anticipated pain
- Sedation level: awake or easily roused to voice
- Respiratory rate: >20/min if under 12 months
>15/min if under 50 kg
>12/min if over 50 kg

Do NOT administer bolus if patient does not meet all these criteria

2 Administer bolus as prescribed

3 Wait 5 minutes

4 Is the pain resolved? Is the child comfortable?

Yes → No further boluses

No → Go back to step 1 and repeat cycle

Single use Maximum 5 boluses – the order is valid for 24 hours after first bolus given

Date:	Time given:	Initials	Initials
Bolus 1 <input type="checkbox"/>			
Bolus 2 <input type="checkbox"/>			
Bolus 3 <input type="checkbox"/>			
Bolus 4 <input type="checkbox"/>			
Bolus 5 <input type="checkbox"/>			
Total dose given:	mL		
Amount discarded:			

If pain is unresolved after 5 boluses, consider urgent referral to the Children’s Pain Management Service page 5773 (24 hours).

Multiple use The order is valid for 6 days after first bolus given

Date:	Time given:	Initials	Initials
Bolus 1 <input type="checkbox"/>			
Bolus 2 <input type="checkbox"/>			
Bolus 3 <input type="checkbox"/>			
Bolus 4 <input type="checkbox"/>			
Bolus 5 <input type="checkbox"/>			
Total dose given:	mL		
Amount discarded:			

Date:	Time given:	Initials	Initials
Bolus 1 <input type="checkbox"/>			
Bolus 2 <input type="checkbox"/>			
Bolus 3 <input type="checkbox"/>			
Bolus 4 <input type="checkbox"/>			
Bolus 5 <input type="checkbox"/>			
Total dose given:	mL		
Amount discarded:			

Date:	Time given:	Initials	Initials
Bolus 1 <input type="checkbox"/>			
Bolus 2 <input type="checkbox"/>			
Bolus 3 <input type="checkbox"/>			
Bolus 4 <input type="checkbox"/>			
Bolus 5 <input type="checkbox"/>			
Total dose given:	mL		
Amount discarded:			

Date:	Time given:	Initials	Initials
Bolus 1 <input type="checkbox"/>			
Bolus 2 <input type="checkbox"/>			
Bolus 3 <input type="checkbox"/>			
Bolus 4 <input type="checkbox"/>			
Bolus 5 <input type="checkbox"/>			
Total dose given:	mL		
Amount discarded:			

Date:	Time given:	Initials	Initials
Bolus 1 <input type="checkbox"/>			
Bolus 2 <input type="checkbox"/>			
Bolus 3 <input type="checkbox"/>			
Bolus 4 <input type="checkbox"/>			
Bolus 5 <input type="checkbox"/>			
Total dose given:	mL		
Amount discarded:			

Date:	Time given:	Initials	Initials
Bolus 1 <input type="checkbox"/>			
Bolus 2 <input type="checkbox"/>			
Bolus 3 <input type="checkbox"/>			
Bolus 4 <input type="checkbox"/>			
Bolus 5 <input type="checkbox"/>			
Total dose given:	mL		
Amount discarded:			

If the order is inadequate for pain management, consider referral to the Children’s Pain Management Service page 5773 (24 hours).



Intermittent IV morphine bolus administration attachment

This order is not valid unless securely attached to designated area on MRC2