

Drug Information Table

Opioid agonists – morphine

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| THERAPEUTIC USE | <ul style="list-style-type: none"> • Analgesia for moderate to severe pain • Preoperative sedation and anxiety reduction • NOTE: For detailed information about fentanyl (Sublimaze), see the Neurological System 1 module. |
| ADVERSE DRUG REACTIONS | <ul style="list-style-type: none"> • Respiratory depression • Sedation, dizziness, lightheadedness, drowsiness • Constipation • Nausea, vomiting • Orthostatic hypotension • Urinary retention • Cough suppression • Potential for abuse along with tolerance and cross-tolerance with other opioids (larger doses required for usual effect) |
| INTERVENTIONS | <ul style="list-style-type: none"> • Monitor vital signs, pulse oximetry, lung sounds. • For respiratory rates below 12/min, withhold the drug and stimulate breathing. • Administer an opioid antagonist such as naloxone to restore respiratory rate. • Monitor clients when ambulating. • Monitor bowel function. • Administer fiber supplement and/or stool softeners. • Administer an antiemetic. • For vomiting, ensure adequate hydration. • Monitor blood pressure. • Monitor intake and output, watching for signs of urinary retention, such as bladder distention. • Encourage clients to urinate every 4 hr. • Prepare to insert a urinary catheter to drain the bladder. • Auscultate lung sounds regularly. • Encourage clients (especially postoperatively) to cough frequently to prevent a buildup of respiratory secretions. • Have suction equipment available. • Recommend the lowest possible effective dose and short-term only. • Advise clients with physical dependence not to discontinue opioids abruptly; taper the dose over 3 days. |
| ADMINISTRATION | <ul style="list-style-type: none"> • Measure baseline vital signs before administration and monitor throughout therapy. • Administer orally, IM, IV, SC, rectally, or epidurally. • Make sure clients swallow sustained-release forms whole and do not crush or chew them. • Administer IV opioids slowly and with recommended dilution over 4 to 5 min; have naloxone and resuscitation equipment available. • Monitor PCA use and pump settings carefully. • Administer to clients with cancer on a fixed, around-the-clock dosing schedule, not PRN. |

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| CLIENT INSTRUCTIONS | <ul style="list-style-type: none"> • Take the drug only when needed and short-term. • Do not take prior to driving or activities requiring mental alertness. • Sit or lie down if feeling lightheaded. • Change positions gradually. • Increase fluid and fiber intake. • Increase activity/exercise. • Take the drug with food or milk (oral forms). • Sit or lie down if feeling lightheaded. • Rise slowly from a reclining or sitting position. • Report any inability to urinate or difficulty urinating. • Cough regularly to clear secretions from the throat and chest. |
| CONTRAINDICATIONS | <ul style="list-style-type: none"> • Pregnancy risk (long-term use, high doses, near term) • Kidney failure • Increased intracranial pressure • Biliary colic • Preterm labor |
| PRECAUTIONS | <ul style="list-style-type: none"> • Schedule II controlled substance • Older adults, infants • Reduced respiratory reserve • Head injury • Inflammatory bowel disease • Prostatic enlargement • Hypotension • Hepatic or kidney disease |
| INTERACTIONS | <ul style="list-style-type: none"> • CNS depressants (barbiturates, phenobarbital, benzodiazepines, and alcohol) increase CNS depression. • Anticholinergic agents, such as antihistamines, and tricyclic antidepressants increase anticholinergic effects (constipation, urinary retention). • MAOIs can cause hyperpyrexia coma (excitation, seizures, respiratory depression) with meperidine (Demerol). • Antihypertensives increase hypotensive effects. • St. John's wort can increase sedation |