Morphine 5mg/mL (Parenteral)
Newborn use only

Alert
S8 - High risk medication - may cause significant patient harm when used in error.

Indication
Analgesia / sedation:
1. Pre-medication prior to intubation or other procedure
2. During assisted ventilation
3. Procedures and post-surgery
4. Neonatal abstinence syndrome secondary to opioid withdrawal

Action
mμ-opioid analgesic – stimulates brain opioid receptors.

Drug Type
mμ-opioid analgesic.

Trade Name
DBL Morphine Sulfate (also contains sodium chloride and hydrochloric acid).

Presentation
5 mg/mL (5,000 microgram/mL) ampoule

Dosage/Interval

<table>
<thead>
<tr>
<th>Indication</th>
<th>CONTINUOUS IV INFUSION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Range: 5–40 microgram/kg/hour:</td>
</tr>
<tr>
<td></td>
<td>Ventilated infants or after surgery*[1,2,3]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postnatal age</th>
<th>Starting dose</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-7 days</td>
<td>10 microgram/kg/hour</td>
<td>5-40 microgram/kg/hour</td>
</tr>
<tr>
<td>8-30 days</td>
<td>15 microgram/kg/hour</td>
<td>5-40 microgram/kg/hour</td>
</tr>
<tr>
<td>31-90 days</td>
<td>20 microgram/kg/hour</td>
<td>5-40 microgram/kg/hour</td>
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</tbody>
</table>

*Infants after cardiovascular surgery may need lower starting dose and titrated to clinical response.[2]

IV BOLUS FOR ANALGESIA
50 microgram/kg (maximum recommended 100 microgram/kg) every 4 hours.[4]

PRE-MEDICATION FOR INTUBATION
100 microgram/kg/dose (up to 200 microgram/kg) [5]

NEONATAL ABSTINENCE SYNDROME –INITIAL TREATMENT
10 microgram/kg/hour titrated to Neonatal Abstinence Syndrome scores.

Maximum Daily Dose
Doses up to 100 microgram/kg/hour have been used in newborns; however this was associated with an increase in the duration of mechanical ventilation.

Route
IV

Preparation/Dilution
2-STEP DILUTION (consider for weight <2 kg)

IV Infusion: SINGLE STRENGTH

<table>
<thead>
<tr>
<th>Prescribed amount</th>
<th>Infusion rate</th>
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<tr>
<td>1 mg/kg morphine and make up to 50 mL</td>
<td>1 mL/hour = 20 microgram/kg/hour</td>
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Step 1: Draw up 1 mL (5mg morphine in 1mL) and add 4 mL sodium chloride 0.9% to make a volume of 5 mL with a concentration of 1000 microgram/mL.

Step 2: From the above solution, draw up 1 mL/kg (1000 microgram/kg) and further dilute with glucose 5% or glucose 10% or sodium chloride 0.9% to make a final volume of 50 mL with a concentration of 1 mL/hour = 20 microgram/kg/hour.

IV bolus dose from single strength solution: 2.5 mL = 50 microgram/kg.

IV Infusion: DOUBLE STRENGTH

<table>
<thead>
<tr>
<th>Prescribed amount</th>
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<tr>
<td>2 mg/kg morphine and make up to 50 mL</td>
<td>1 mL/hour = 40 microgram/kg/hour</td>
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Step 1: Draw up 1 mL (5mg morphine in 1mL) and add 4 mL sodium chloride 0.9% to make a volume of 5 mL with a concentration of 1000 microgram/mL.
Step 2: From the above solution, draw up 2 mL/kg (2000 microgram/kg) and further dilute with glucose 5% or glucose 10% or sodium chloride 0.9% to make a final volume of 50 mL with a concentration of 1 mL/hour = 40 microgram/kg/hour.

IV bolus dose from double strength solution: 1.25 mL = 50 microgram/kg.

IV BOLUS and PRE-MEDICATION FOR INTUBATION
Draw up 1 mL (5mg morphine in 1mL) and add 4 mL sodium chloride 0.9% to make a final volume of 5 mL with a concentration of 1000 microgram/mL.

1-STEP DILUTION (consider for weight 2 kg and over)

### IV Infusion: SINGLE STRENGTH

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Draw up 0.2 mL/kg (5mg morphine in 1mL) and add glucose 5% or glucose 10% or sodium chloride 0.9% to make a final volume of 50 mL with a concentration of 1 mL/hour = 20 microgram/kg/hour.

For IV bolus dose from single strength solution: 2.5 mL = 50 microgram/kg.

### IV Infusion: DOUBLE STRENGTH

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Draw up 0.4 mL/kg (5 mg morphine in 1 mL) and add glucose 5% or glucose 10% or sodium chloride 0.9% to make a final volume of 50 mL with a concentration of 1 mL/hour = 40 microgram/kg/hour.

For IV bolus dose from double strength solution: 1.25 mL = 50 microgram/kg.

### IV BOLUS and PRE-MEDICATION FOR INTUBATION
Draw up 1 mL (5 mg morphine in 1 mL) and add 4 mL sodium chloride 0.9% to make a final volume of 5 mL with a concentration of 1000 microgram/mL.

Administration
CONTINUOUS IV INFUSION: Via syringe driver.

IV BOLUS: Administer over 5 minutes. Flush with 1 mL sodium chloride 0.9% before and after injection. Rapid IV administration may increase adverse effects.

PRE-MEDICATION FOR INTUBATION: As above for IV bolus. Wait a minimum of 5 minutes for onset of action; however for maximum effect wait 15 minutes after giving the dose.

Monitoring
All patients should have cardiorespiratory monitoring and be carefully observed, particularly if they are breathing spontaneously. Respiratory depression/apnoea can be reversed with naloxone.
Naloxone is contraindicated in opioid dependent infants.
Observe for urinary retention, abdominal distension or delay in passage of stool.
Withdraw slowly following prolonged use.

Contraindications
Hypersensitivity to morphine or any excipients.

Precautions
Potentially toxic serum concentrations of morphine may occur in infants with hypoxic ischaemic encephalopathy with moderate hypothermia and infusion rates >10 microgram/kg per hour. [3] Use with caution in patients with hypersensitivity reactions to other opioids. Hypotension and bradycardia. Respiratory depression.
### Drug Interactions
Concomitant use with other CNS depressants potentiates effects of opioids, increasing risk of respiratory depression, profound sedation or coma.

### Adverse Reactions
Morphine has been associated with respiratory depression (levels above 20 ng/mL); decreased gastrointestinal motility, hypotension at higher doses, and urinary retention [4].

### Compatibility
**Fluids:** glucose 2.5%, 5% and 10%, glucose in sodium chloride solutions, Hartmann’s, sodium chloride 0.45% and 0.9%

**Y-site:** adrenaline hydrochloride, amifostine, amikacin, amiodarone, ampicillin, anidulafungin, atracurium, atropine, aztreonam, bivalirudin, caspofungin, cefazolin, cefotaxime, cefoxitin, ceftazidime, ceftriaxone, cisatracurium, clindamycin, dexamethasone, digoxin, dopamine, eptifibatide, erythromycin, esmolol, filgrastim, fluconazole, foscarnet, gentamicin, granisetron, haloperidol lactate (in glucose), heparin sodium, hyoscine hydrobromide, insulin (short-acting), ketorolac, labetalol, lignocaine, linezolid, magnesium sulfate, methylprednisolone sodium succinate, metoclopramide, metoprolol, metronidazole, midazolam, milrinone, noradrenaline, palonosetron, paracetamol, piperacillin-tazobactam (EDTA-free), posaconazole, potassium chloride, remifentanil, sodium nitroprusside, tacrolimus, tigecycline, tirofiban, tobramycin, trimethoprim-sulfamethoxazole, vancomycin, vecuronium, zidovudine.

### Incompatibility
**Fluids:** Morphine may precipitate out of solution when the final pH is greater than 6.4.

**Drugs:** Aminophylline, azathioprine, azithromycin, flucloxacillin, folic acid, ganciclovir, indometacin, pentamidine, pethidine, promethazine, sodium nitrite, thiopental sodium.

### Stability
Diluted solution for continuous IV infusion is stable for 48 hours.

### Storage

### Evidence Comments
Prolonged use (>5–7 days) may be associated with dependence.

### References
Refer to full version.

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**Original version Date:** 8/08/2015  
**Author:** Neonatal Medicines Formulary Consensus Group

**Current Version number:** 2.1  
**Current Version Date:** 18/09/2018

**Risk Rating:** Medium  
**Due for Review:** 18/09/2021

**Approval by:** JHCH CQPCC  
**Approval Date:** 26/03/2019

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