

**Classification**

Opiate Analgesic

**Prehospital Indications**

Multiple provider impressions: pain management

**Other Common Indications**

None

**Adult Dose**

**4mg (1mL) slow IV/IO push or IM**, repeat every 5 min prn, maximum total dose prior to Base contact 12mg

Contact Base for additional pain management after maximum dose administered: may repeat dose for a maximum total dose of 20mg

**Pediatric Dose**

**0.1mg/kg (4mg/mL) slow IV/IO push or IM**, dose per [MCG 1309](#), repeat in 5 min x1, maximum 2 total doses prior to Base contact

Contact Base for additional pain management after maximum dose administered: may repeat dose for a maximum 4 total doses

**Mechanism of Action**

Narcotic agonist- analgesic of opiate receptors; inhibits ascending pain pathways, thus altering response to pain.

**Pharmacokinetics**

Onset is immediate IV, 15-30 min IM; duration is 2-7 hr

**Contraindications**

Hypotension or evidence of poor perfusion  
History of allergy to morphine or other narcotic medications  
Pregnant patients in labor

**Interactions**

Central nervous system depressants, sedatives, barbiturates, alcohol, benzodiazepines and tricyclic depressants may potentiate the central nervous system and respiratory depressant effects.

**Adverse Effects**

Decrease cough reflex  
Disorientation  
Hypotension  
Nausea and vomiting  
Respiratory depression

**Prehospital Considerations**

- Monitor vital signs at regular intervals
- Consider monitoring with EtCO<sub>2</sub> if available
- Use extreme caution in patient at risk for respiratory depression or ALOC
- Naloxone may be used for reversal of respiratory depression if needed