Morphine is a potent narcotic analgesic. It also causes vasodilatation, which can decrease myocardial oxygen consumption, left ventricular end-diastolic pressure, cardiac work, and the work of breathing.

Indications and Administration

1. Severe pain of a non-orthopedic or spine nature:
   a. **Adult -** 1-5 mg IV slow push. May also be given IO or IM. Repeat as directed by medical control.
   b. **Pediatric -** 0.1 - 0.2 mg/kg IV, IO, IM. Repeat as directed by base.
2. Pain from an isolated orthopedic or spine injury:
   a. **Adult -** 2-10 mg IV slow push. May also be given IM or IO Repeat as directed by medical control.
   b. **Pediatric -** 0.1 - 0.2 mg/kg IV, IO, IM. May repeat as directed by base physician.
3. Chest pain not relieved by 3 doses of nitro.
   a. 1-5 mg IV slow push. May also be given IO or IM. Repeat as directed by medical control.

Notes

1. Hypotension is a contraindication to use. The body's compensatory mechanisms will be suppressed by the use of morphine. In hypovolemia, give fluids with morphine.
2. Undifferentiated abdominal pain, pelvic pain, back pain and headache need to be discussed with medical control before narcotic analgesia can be given.
3. Can cause decreased respiratory rate and tidal volume up to and including respiratory arrest.
4. May induce vomiting; administer slowly or give an antiemetic prior to morphine. This is especially a good idea if the patient is immobilized or airway protection from vomiting would be difficult.
5. Sedative and analgesic effects immediately reversed by Narcan.