

MORPHINE SHEET

Name Adam Strain Ward _____

Hosp No _____ Operation _____

DOB _____ Weight kg Date _____

_____ Mg Morphine added to 50mls No 18 solution

_____ Mg Morphine bolus

Morphine infusion started at _____ hrs at _____ mls/hr
Pump number _____

N.B THIS IS NOT A PRESCRIPTION CHART

Time	Hourly Volume	Total Infused	Temp	Pulse	Resp	BP	Pain Score	Sedation Score	SaO ₂
11Am	10mls	7mls	36.8	80	36	96/36	2	1	
		Vci cleaned PLUS							
12mid	10mls	11mls	37	112	36	92/47	2	1	
1pm	10mls	PLUS 8mls	36	76	32	83/37	1	Asleep	
3pm	10mls	23mls	36.9	74		85/35	1	Asleep	
4pm	10mls	34mls	36.8	119		100/40	2	Crying	
5pm	20mls	49mls	37	126	28	94/41	2	1	
6pm	12mls	65mls	36.3	109	26	95/49	1	1	
7pm	12mls	77mls	36.9	105	28	102/39	1	0	
8pm	20mls	98	37	106		108/32	0	1	
9pm	15	113	36.5	74		103/38	0	1 Asleep	
10pm	8mls	118					0	1 asleep	
11pm	15mls	127	36.6	108	32	106/60	0	crying pain	
12mid	15	141							
1Am	15	157	36.5	109	28	93/41	2	Sleeping	
2Am	10	172	36.5	96	24	93/49		Sleeping	
3Am	10	180	36.5	88	24			Sleeping	
4am	10	190						"	
5am	10	200	36.4	86	24			sleeping	
6am	10	209	36.7	90	24	103/60			
7am	10	220							
8am	10	231							
10Am	5mls	243					1	awake	

11 am Pain scores - 1
 0 = NO Pain
 1 = Mild Pain
 2 = Moderate Pain
 3 = Severe Pain

248 mls Sedation Score: -
 0 = crying/upset
 1 = awake/settled
 2 = drowsy/rousable
 3 = Unrousable