

~~MORPHINE SHEET~~

Name Adam Straus Ward

Hosp No _____ Operation _____

DOB _____ Weight _____ kg Date _____

—Mg Morphine added to 500mls No 18 solution

 Mg Morphine bolus

Morphine infusion started at _____ hrs at _____ mls/hr

N.B THIS IS NOT A PRESCRIPTION CHART

[illegible]

Pain score:-

DE NO Pain

1 = Mild Pain

2= Moderate Pain

3= Severe Pain

Sedation Score: -

0 = crying/upset

0 = crying / upset
1 = awake / settled

1 = awake/awaken
2 = drowsy/rouseable

3 = Unrousable

ADAM STRAIN

04/08/94

sion

Date 24.8.94

Hosp No _____ DOB _____

Wt 17kg

Operation insertion CAID
Catheter

8 Mg Morphine added to 500 mls of No18 Solution

2 Mg Morphine bolus. Pump number 3

Morphine Infusion started at 12⁰⁰ hrs at 10 mls/hr

N.B THIS IS NOT A PRESCRIPTION CHART

Time	Hourly Volume	Total Infused	Temp	Pulse	Resp	BP	Pain Score	Sedation Score	Nausea score	SaO2
12.30	10	5		103	24	85/33	1	0	0	100%
1.30	10		36.7	120	26	85/33	1	1	0	
2.30			36.7	76		67/28	1			
3.30				78		74/29	1	2	0	
4.30	10	10		72	24	74/30	1	2	0	
5.30				76		80/32	1	2	0	
6.30	10	10		76		80/28	1	2	0	
7.30	10	20								
8.30		30		94	24	96/50	1	2	0	
9.30	8	38								
10.30										
11.30	8	50		83	24	95/46	1	1	0	
12.30		71	37.3	71	25	101/44				
1.30	10	86								
2.30	10	96					1	2	0	
3.30	10	106	36.5	112	27	109/63	1	1	0	
4.30	10	116								
5.30	10	126								
6.30	10	136			37					
7.30	1			125	32	99/60	1	1	0	
8.30		166 mls								

Pain Score;

- 0= NO Pain
- 1= Mild Pain
- 2= Moderate Pain
- 3= Severe Pain

Sedation Score;

- 0= crying/upset
- 1= awake/settled
- 2= drowsy/rousable
- 3= Unrousable

Nausea/Vomiting Score

- 0= no nausea/vomiting
- 1= nausea
- 2= one vomit
- 3 more than one vomit

PROTOCOL FOR MORPHINE INFUSIONS.

Morphine infusion is an established method of analgesia for infants older than six months. The advantage of continuous infusions is that more constant analgesia is achieved than with intermittent bolus injections. All children who may require narcotic infusions should be identified by the medical and nursing staff responsible for their care. Members of the Pain Service (i.e Pain Control Nurse or anaesthetists) will be available for help and advice.

THE STANDARD MORPHINE INFUSION IS -

- 1) Morphine Bolus (100mcg/kg) given in theatre.
- 2) 0.5mg/kg morphine in 500mls of 0.18 % Sodium Chloride /4 % Glucose.
- 3) Start infusion at 10mls/hr (10mls/hr = 10mcg/kg/hr)

GENERAL INSTRUCTIONS

- 1) All drugs, doses and routes **must** be written on the medicine kardex.
- 2) Morphine Infusion line must always be used with an anti-reflux (one-way) valve, or a separate line must be erected.
- 3) Do not give LM Pethidine or morphine
- 4) If pain scores are 2 or more increase infusion as required by 5mls/hr, up to a maximum of 40mls/hour. If patient is still sore or unsettled contact a member of the pain team.
- 5) Disposal of morphine must be checked and recorded in the medicine kardex by 2 nurses.
- 6) If nausea and vomiting occurs give Ondansetron 0.1mg/kg I.V up to a maximum of 4mgs 8hrly.

OBSERVATIONS

- 1) T.P.R and B/P -initially every 15minutes then hourly.
 - 2) Pain, sedation and nausea scores and volume infused **MUST** be checked and recorded hourly
 - 3) Changes of the infusion bag will be the responsibility of the pain control nurse or the prescribing anaesthetist.
- Infusions must always be clearly labelled.

PROBLEMS

If respiratory rate < 15/minute or Systolic B/P < 70mmg/hg-
STOP INFUSION and
call anaesthetist

Give oxygen and manage airway/breathing etc (i.e resuscitate)

Give Naloxone 0.01mg/kg I.V

Prepare to give H.P.P.F 10mls/kg.