STANDING ORDERS - MEDICATION

CLINICAL AREA: Maternity Unit – Hauora Tairawhiti

FOR THE ADMINISTRATION OF: Morphine Sulfate

FOR THE TREATMENT OF: Pain and/or sedation for labouring women

RATIONALE:
Morphine Sulfate may only be administered to women in labour in accordance with a prescription or a standing order.

STANDARD:
Approved Health Professionals will administer Morphine Sulfate as per the standing order instructions. Competency is as per number 6.

1. SCOPE:
   Women in labour at term.

2. INDICATION FOR DRUG ADMINISTRATION:
   In latent or established labour where some pain relief may be required or the woman is requiring some sedation, following discussion regarding the risks and benefits to her and her baby.

3. SPECIFIC CONTRAINDICATIONS / PRECAUTIONS:
   Opiate analgesics are unpredictable - they may prolong labour by temporarily reducing the strength, duration and frequency of uterine contractions, or conversely they may tend to shorten labour by increasing the rate of cervical dilatation.

   Prior to administration of morphine sulfate, the woman must have a full labour assessment including VE and normal CTG trace. CTG monitoring should continue until the peak effect of the morphine has passed.

   Observe respiration rates half hourly for 4hrs following administration following administration, and naloxone should be readily available in case of respiratory depression.

   Infants may need naloxone if morphine is administered within 2 hours of birth (refer to ‘respiratory depression of the neonate’ policy).

4. DOSE, ROUTE AND FREQUENCY:
   Intravenous Morphine Sulfate
   2.5mg to 5mg by slow IV push over 4-5 minutes – this may be titrated (according to the womans pain level). Titrate as follows:
   **Dilute 1 ampoule 10mg Morphine Sulfate with 9mls water for injection = 1mg/ml**
   Can be given hourly up to a maximum dose of 10mg within a 4 hour period.
It will take 3-7 minutes for IV Morphine to take effect, with a peak at 20 minutes.

**Intramuscular Morphine Sulfate**  
5mg to 10mg intramuscular (IM).

It will take 30-60 minutes for IM Morphine to have a peak effect.

Dose may be repeated once only after 4-6 hours. Any further doses must be prescribed by an obstetrician.

*The above are maximum doses that may be given under this standing order without consultation with an obstetrician.*

5. **DOCUMENTATION REQUIRED:**  
   HT prescription chart  
   To be co signed by an Obstetrician within 24 hours  
   Document medication administered in MCIS

6. **COMPETENCY:**  
   To be given by a registered Midwife or Obstetrician only. **IV administration should only be given by a midwife who has IV opiate certification.**

7. Any patient who has had morphine sulfate administered either IV or IM must not leave the unit undelivered unless this plan has been approved by the obstetrician.

8. **BREAST-FEEDING CONSIDERATIONS:**  
   Morphine is recommended as an analgesic in nursing women due to the limited amounts found in breast milk and poor oral bioavailability in nursing infants. Treatment of the mother with single doses of morphine is not expected to cause detrimental effects in nursing infants.

**REFERENCES**  


**Date:** 5th April 2018  
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