

Guidelines for the administration of intravenous morphine bolus to adult patients in recovery areas only.

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Details of changes made to the policy since the previous version must be clearly identified here or if significant changes are made these should be attached as a separate Appendix. If the document is a complete re-write then this must also be documented here.

KEY WORDS

List of words, phrases that may be used by staff searching for the Policy in PAGL

FOOTER

The Policy 'footer' must contain details of Policy Title and approval date, etc as per example in this template

1 INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for the administration of intravenous morphine bolus's to adult patients. This method of pain management is intended for treatment of patients with acute severe pain in PACU and theatre recovery areas only, using the IV morphine bolus algorithm.
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2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

Who does this policy apply to?

- 2.1 This policy applies to all registered practitioners working within PACU and theatre recovery areas within UHL.
- 2.2 All staff administering morphine using this policy should be IV competent (this includes an LCAT assessment which is recorded on HELM)..
- 2.3 This policy relates to adult patients only.
- 2.4 Exclusions include
- Patients with a known allergy to morphine.
 - When one to one nursing care and monitoring cannot be provided.

3 DEFINITIONS AND ABBREVIATIONS

None

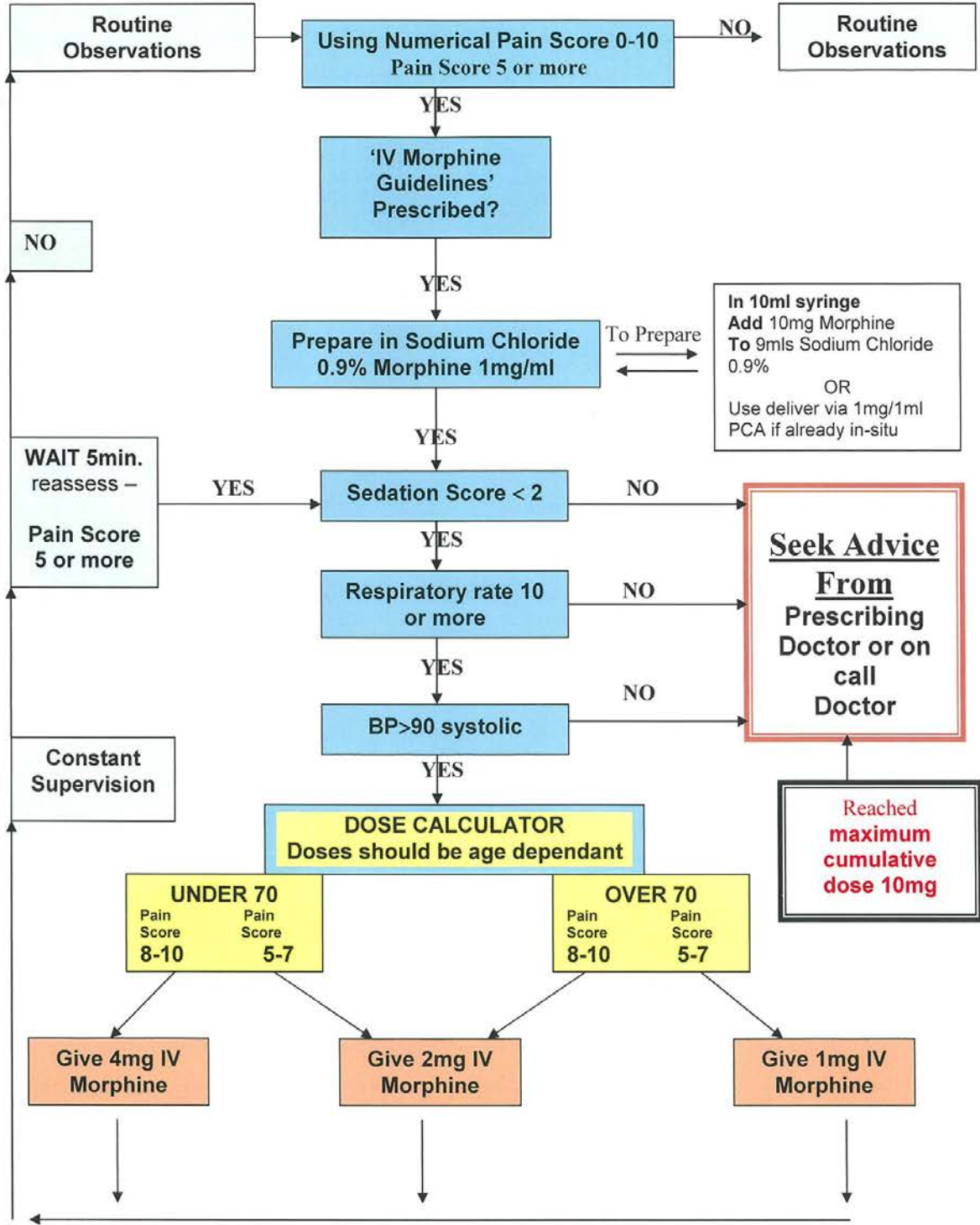
4 ROLES – WHO DOES WHAT

4.1 Responsibilities within the Organisation

- Inpatient Pain Team to ensure adherence to policy through audit of practice.
- Nurse in charge of clinical area to ensure the patients in their care receive IV morphine in accordance with this policy.
- Qualified Nurse or Operating Department Practitioner to attend training as stated and adhere to policy.
- Board Director Lead with ultimate responsibility Andrew Furlong

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

INTRAVENOUS MORPHINE BOLUS – Guidelines for use in adult patients
THIS GUIDELINE MUST ONLY BE USED IN A ONE TO ONE NURSING SITUATION.



THESE GUIDELINES MUST ONLY BE USED IN A ONE TO ONE NURSING SITUATION.

The nurse must stay with the patient throughout the administration period and then dispose of any unused morphine according to controlled drugs legislation.

PAIN SCORE: 0 = No pain at rest and on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest and moderate pain on movement
3 = Continuous pain at rest and severe pain on movement

SEDATION SCORE: 0 = None (patient alert)
1 = Mild (awake but drowsy)
2 = Moderate (asleep but rousable)
3 = Severe (unrousable)
S = Normal Sleep

EMESIS SCORE (Indicating nausea & vomiting): 0 = No nausea or vomiting
1 = Nausea
2 = Nausea/vomit
3 = Nausea and frequent vomiting

GUIDELINES

1. Follow the flow chart: Intravenous Morphine Bolus – Guidelines for use in adult patients
2. To ensure adequate central absorption flush each bolus with 5mls sodium chloride 0.9%.
3. The patient's observations should be repeated at five-minute intervals. If the patient meets the criteria further boluses of morphine may be administered following the protocol, to an advised maximum of 10mg, unless advised otherwise by the anaesthetist.
4. The 'IV Morphine Bolus' guideline should be discontinued when:-
 - a) Pain score is 1 or less
 - b) The patient becomes symptomatic
 - ❖ Respiratory rate <8
 - ❖ Sedation score of 2 or 3
 - ❖ Systolic BP of 90 or less
 - ❖ Persistent nausea and vomiting (despite anti-emetics)
 - c) The department becomes too busy to provide constant supervision of the patient.

TREATMENT OF COMPLICATIONS

If the respiratory rate falls below 8 or the sedation score is 3, IV **NALOXONE** may be required. The patient should be assessed by a doctor to exclude other causes of respiratory depression. When Naloxone is required it should be given, as prescribed, in increments of 200 micrograms, by suitably trained staff or the anaesthetist.

6 EDUCATION AND TRAINING REQUIREMENTS

All practitioners to undertake an IV drug assessment and this should be recorded on HELM.

7 PROCESS FOR MONITORING COMPLIANCE

- 7.1 Full compliance with the policy is necessary to maintain standards.
- 7.2 Quarterly audit of practice will take place by the pain link nurse for the clinical area and feed back to the lead pain nurse.
- 7.3 The monitoring table specifies what actions should be taken for the purpose of the audit and sets out responsibilities of those involved.
- 7.4 Advice on the most effective methodology, both in terms of measuring the success of the document and using the minimum resources in doing so, can be sought from the Clinical Audit Team.

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

THESE GUIDELINES ARE INTENDED FOR USE WITH MORPHINE BOLUS ONLY

References

- British Medical Association (2020) **British National Formulary 79**
- Dougherty L & Mallett J (2000) (eds) **Manual of Clinical Nursing Procedures. The Royal Marsden Hospital — 5th Edition** Blackwell Science – London
- Hunter D (1993) **Acute Pain** in Carroll D & Bowsher D (1993) (eds) **Pain – Management & Care** Butterworth Heinemann – Oxford
- McCaffery M & Beebe A (1994) **Pain – Clinical Manual for Nursing Practice.** Mosby – London
- NMC (2015) **The Code of Professional Practice.** HMSO
- O’Conner M, Chadwick S, Black C et al (1992) Solving problems with Patient Controlled Analgesia **British Medical Journal** Vol 304 Pg 1113
- Park G & Fulton B (1992) **The Management of Acute Pain.** University Press – Oxford
- Royal College of Surgeons & Anaesthetists (1990) **Joint Working Party Report Pain After Surgery** - London
- Royal Marsden (2008) **Royal Marsden Hospitals Manual of Clinical Nursing Procedures** 7th edition
- University Hospitals of Leicester (2019) **The Blood Transfusion Policy** B16/2003
- University Hospitals of Leicester (2019) **Policy and Procedures for the Use of Controlled Drugs on Wards, Departments and Theatres** B16/2009
- University Hospitals of Leicester (2020) **Cleaning and decontamination for infection prevention UHL policy** B5/2006

Guidelines for the administration of intravenous morphine bolus to adult patients in recovery areas only.

University Hospitals of Leicester (2017) **IV (Intravenous Therapy) UHL Policy*** (*excluding cytotoxic, epidural, PN and radiopharmaceuticals B25/2010
University Hospitals of Leicester (2020) **Vascular Access in Adults and children Policy and Procedure** (B13/2020)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

This policy will be available to view on insite and also on the Pain management insite page.

This policy will be reviewed in 2024 by the lead nurse for the acute pain team.

The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

APPENDIX 1

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor/check/observe/asses/inspect Authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report ? How often is the need to share the report?	How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.
Dosage of morphine as per guideline	Lead nurse	eMeds	Ongoing	Report to matron if non compliance
Adherence to policy	Acute Pain Team/lead nurse of PACU/ Theatre recovery	eMeds/ Observation of Practice	Ongoing	Report to matron if non compliance

