MORPHINE HYDROCHLORIDE

Indication	• Management of neonatal abstinence syndrome (NAS)[1] secondary to: o Maternal opioid dependency o Infant opioid dependency • Management of symptoms at end of life (e.g. pain, dyspnoea)

ORAL

Presentation	• Oral solution 1 mg in 1 mL | 2 mg in 1 mL | 5 mg in 1 mL | 10 mg in 1 mL
Dosage	• NAS secondary to maternal opioid dependency o Commence at 0.125 mg/kg (125 microgram/kg) every 6 hours[2] o Titrate to NAS score as per Queensland Clinical Guideline: *Perinatal substance use: neonatal*[2]
	• NAS secondary to infant opioid dependency o Commence oral daily dose at twice the IV daily dose (ratio of 2:1)
	• Palliative care o Starting dose 0.05 mg/kg (50 microgram/kg) every 3–6 hours[3] o Titrate to response
Preparation	• Nil required • May dilute with water for injection to obtain required volume
Administration	• Draw up prescribed dose into enteral/oral syringe • Oral/OGT/NGT

Special considerations	• S8 high risk medication. Errors may result in significant harm • If NAS secondary to maternal opioid dependency, refer to Queensland Clinical Guideline: *Perinatal substance use: neonatal*[2] • Oral to IV ratio is 2:1 (based on approximate oral morphine bioavailability of 48.5% in neonates)[4] • Wean slowly following prolonged (5–7 days) use[1] If prescribed for palliative care, consult with Paediatric Palliative Care Team (1800 249 648)
Monitoring	• Level of sedation • Respiratory and cardiovascular status[1] • Abdominal distention and loss of bowel sounds[1] • If NAS, Finnegan score[1] and as per to Queensland Clinical Guideline: *Perinatal substance use: neonatal*[2] • If decreased urinary output, consider retention[1]
Compatibility	• Nil
Incompatibility	• Nil
Interactions	• Concomitant use with other CNS depressants potentiates effects of opioids[5] • May alter metabolism of zidovudine[5] • Propranolol increases acute CNS toxicity of morphine[5]
Stability	• Store below 30°C. Do not refrigerate. Protect from light[5] • Expiry date on packaging. Discard 6 months after opening[5]
Side effects	• Circulatory: hypotension[1], bradycardia[1] • Digestive: decreased gut motility[1] • Integumentary: rash • Urinary: urinary retention[1] • Nervous: restlessness[6], opioid dependence[5], sedation[5], convulsions[5] • Respiratory: respiratory depression with larger doses[6]
Actions	• Opioid analgesic that stimulates brain opioid receptors[1] • Naloxone is an opioid antagonist for reversal of overdose in the non-opioid dependent newborn. o Naloxone not for use in neonatal abstinence syndrome (NAS) o Avoid naloxone use in palliative care

Abbreviations	CNS: central nervous system, NAS: neonatal abstinence syndrome
Keywords	morphine, opioid, palliative care, NAS, neonatal abstinence syndrome, Finnegan Score, narcotic

The Queensland Clinical Guideline *Neonatal Medicines* is integral to and should be read in conjunction with this monograph. Refer to the disclaimer. Destroy all printed copies of this monograph after use.

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Document history

ID number	Effective	Review	Summary of updates
NMedQ20.037-V1-R25	01/03/2020	01/03/2025	Endorsed by Queensland Neonatal Services Advisory Group (QNSAG)