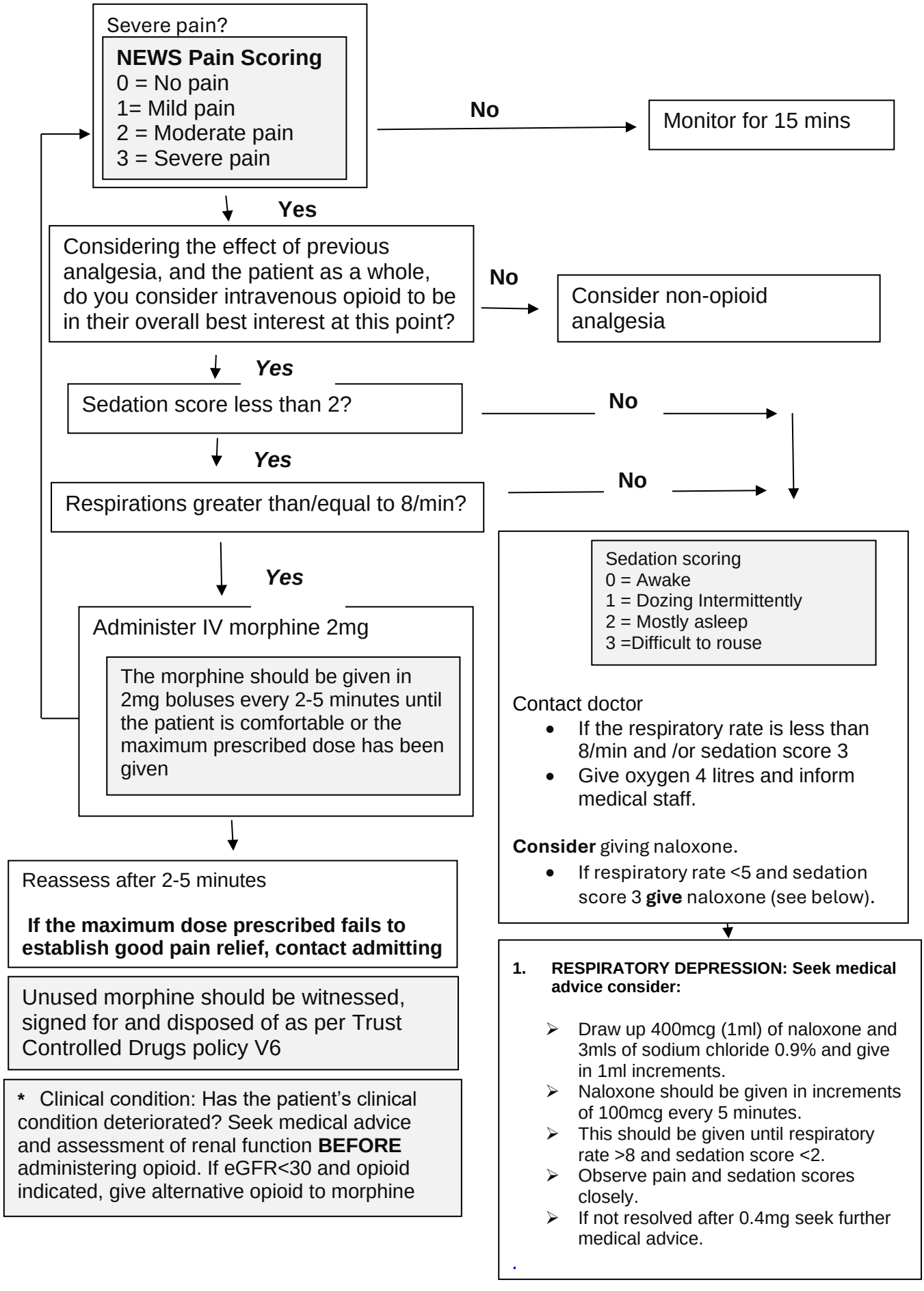
Royal Cornwall Hospitals
NHS Trust

Intravenous Morphine Administration in Clinical Areas for Adults
Clinical Guideline

V7.0

March 2025

Administration of Intravenous Morphine



Summary

1. Aim/Purpose of this Guideline

1.1. To provide guidance for the appropriate and safe administration of Intravenous (IV) morphine in clinical areas.

1.1. This version supersedes any previous versions of this document.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. IV Morphine should be used for the initial control of acute severe pain only. Please refer to Opioids for Acute Pain Management Policy **as appropriate. It is not recommended that IV Morphine is used for acute exacerbations of chronic pain, Refer to the Opioids for chronic pain - Opioid Management Plan Bundle for further guidance.**

Clinical condition: Has the patient's clinical condition deteriorated? Seek medical advice and assessment of renal function BEFORE administering opioid. If eGFR<30 and opioid indicated, give alternative opioid to morphine

2.1.1. Ensure intravenous morphine has been prescribed with an end date, also ensure Naloxone is available

2.2. 10mg of morphine should be made up to 10mls, with 0.9% sodium chloride using an aseptic non-touch technique. Label the syringe with contents immediately

2.3. After this, follow the steps below to titrate intravenous analgesia

2.3.1. The morphine should be given in 2mg boluses every 2-5 minutes until the patient is comfortable or the maximum prescribed dose has been given. If the maximum dose prescribed fails to establish good pain relief, contact admitting team.

2.4. Whilst injecting observe the surrounding area for extravasation or local sensitivity reactions. Mild reactions can occur after administration of IV morphine. Significant redness or swelling should be reviewed by a doctor.

2.5. Monitor the patient's conscious level, blood pressure, pulse, respiratory rate and oxygen saturation every 5 minutes **AND** for 15 minutes after the last dose of morphine has been injected.

2.6. For safety, it is recommended that patients do not leave the ward for 1-hour after receiving IV Morphine.

2.7. Unused morphine should be disposed of as per RCHT Controlled Drug Policy and witnessed by two registered health care professionals.

NB. Patient with cancer may already be on large doses of opioids. Please treat acute pain as per IV morphine summary and contact Palliative Care, Oncology or Pain Team for advice if the treatment above is ineffective or complex analgesia requirements.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Adherence to guideline for IV morphine administration in clinical areas.
Lead	Dr Keith Mitchell, In-patient Pain Lead
Tool	Prescribing report of patients with 'high opioid requirements' regularly reviewed by In-patient Pain Lead. DATIX reports will be investigated. Four yearly audit.
Frequency	Audit to be reported to the In-patient Pain Lead, Pain Team Governance Lead/ Anesthetic Governance Lead
Reporting arrangements	Audit to be reported to the In-patient Pain Lead, Pain Team Governance Lead/ Anesthetic Governance Lead
Acting on recommendations and Lead(s)	Inpatient Pain Team
Change in practice and lessons to be shared	Required changes will be identified and actioned within 1-month. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Intravenous Morphine Administration in Clinical Areas for Adults Clinical Guideline V7.0
This document replaces (exact title of previous version):	Intravenous Morphine Administration in Clinical Areas for Adults Clinical Guideline V6.0
Date Issued/Approved:	January 2025
Date Valid From:	March 2025
Date Valid To:	March 2028
Directorate/Department responsible (author/owner):	Anaesthetics, Critical Care and Theatres (ACCT), Pain Services. Sarah Brack, Pain Specialist Nurse.
Contact details:	Tel: Ext 2095 Pain Clinic Email: rcht.painspecialistnurses@nhs.net Bleep: 3233 Acute inpatient pain team (Mon – Fri 8-6)
Brief summary of contents:	Guidelines for nursing staff administering Intravenous Morphine in Clinical Areas.
Suggested Keywords:	Morphine, IV Morphine, Intravenous Morphine.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Pain Services, RCHT. Anaesthetic Governance, RCHT.
Manager confirming approval processes:	Mr Doug Riley, ACCT General Manager
Name of Governance Lead confirming consultation and ratification:	Dr Alex Doyle, Pain Services Governance Lead
Links to key external standards:	Faculty of Pain Medicine (2021) Core Standards for Pain Management Services in the UK: 2nd edition. FPM-Core-Standards-Dec-2021-July-update.pdf Opioid Aware website; Royal College of Anaesthetists.

Information Category	Detailed Information
	https://fpm.ac.uk/opioids-aware-clinical-use-opioids/opioids-and-acute-pain-management
Related Documents:	RCHT Clinical Guideline for Opioids for Acute Pain Management. Opioids for Acute Pain Management Policy Opioid for Acute Pian Management Bundle Policy – Opioid Management Plan Bundle. Opioid Management Plan Bundle Administration of Hourly Opioids Clinical Guidelines. Administration of Hourly Opioids Clinical Guideline RCHT Controlled Drug Policy. Controlled Drug Policy
Training Need Identified?	Yes - Registered Nurse competent in administering intravenous medication.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Pain

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
14 December 2018	V5.0	Review of Policy, changed onto new trust template. Addition of new core standards and amendments to divisional leads. 2. Addition of supportive reference policies. 2.3 Removal of recommended 5-minute interval between administration of Morphine bolus.	Sarah Medlicott, Pain Specialist Nurse
13 December 2021	V6.0	Standard review of policy Changed onto new Trust template. Re-instatement of 2-5 minute interval between morphine boluses. Expansion of summary diagram to reflect policy changes including addition of sedation, pain scoring and controlled drug destruction.	Emma Harrison, Pain Specialist Nurse

Date	Version Number	Summary of Changes	Changes Made by
		Reference to up-to date link to RCOA pain core standards added to replace previous 2015 standards. Addition of links to Opioid RCHT Clinical Guideline for Opioids for Acute Pain Management and RCHT Controlled Drug policy. Update of monitoring information. Update of governance information to reflect current leads.	
31 December 2024	V7.0	Standard review of policy Changed onto new Trust template. Updated flow chart Added to section 2: Clinical condition: Has the patient's clinical condition deteriorated? Seek medical advice and assessment of renal function BEFORE administering opioid. If eGFR<30 and opioid indicated, give alternative opioid to morphine. Updated contact details. Addition of links to Administration of Hourly Opioids Clinical Guidelines.	Sarah Brack, Pain Specialist Nurse

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Intravenous Morphine Administration in Clinical Areas for Adults Clinical Guideline V7.0
Directorate and service area:	Anaesthetics (ACCT)/Pain
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sarah Brack – Pain Specialist Nurse
Contact details:	01872 252162 Sarah.brack@nhs.net

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Nursing and medical staff
2. Policy Objectives	To maintain safe standards of care for the delivery of IV morphine as pain management/control in adult patients.
3. Policy Intended Outcomes	Provides guidance to staff regarding the administration of IV morphine to ensure patients are cared for safely and effectively. Side effects and complications are identified promptly and dealt with safely. Any requirement for training is identified.
4. How will you measure each outcome?	Regular audit. Monitoring of Datix reports. Reports from electronic prescribing regarding patients who require high or ongoing doses of IV morphine.

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Patients, medical, nursing and allied health care professionals.
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/groups:** Inpatient pain team and departmental governance lead.
6c. What was the outcome of the consultation?	Routine review of policy, re-formatting to current Trust template
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Sarah Brack – Pain Specialist Nurse

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis