# Infumorph (morphine sulfate) - Drug Summary

Baxter Healthcare Corporation





Related Drug Information ▼

Infumorph
(morphine sulfate)

## BOXED WARNING

Not recommended for single-dose IV, IM or SQ administration. Risk of severe adverse effects; observe patients in a fully equipped and staffed environment for at least 24 hrs after the initial (single) test dose, and as appropriate, for the 1st several days after catheter implantation. Improper or erroneous substitution of Infumorph 200 or 500 (10 or 25mg/mL, respectively) for regular Duramorph (0.5 or 1mg/mL) is likely to result in serious overdosage, leading to seizures, respiratory depression, and possibly, fatal outcome. Naloxone inj and resuscitative equipment should be immediately available for use in case of life-threatening or intolerable side effects and whenever therapy is initiated or manipulation/refilling of the reservoir system takes place. Remove any contaminated clothing and rinse affected area with water if accidental dermal exposure occurs. Associated with risk of overdosage, diversion and abuse; special measures must be taken to control this product within the hospital/clinic. Do not use if the sol in the unopened ampul contains a precipitate that does not disappear upon shaking. After removal, do not use unless the sol is colorless or pale yellow.

## THERAPEUTIC CLASS

Opioid analgesic

## DEA CLASS

CII

## ADULT DOSAGE & INDICATIONS

### Chronic Intractable Pain

Individualize dose based on in-hospital evaluation of the response to a serial single-dose intrathecal or epidural bolus inj of regular Duramorph 0.5mg/mL or 1mg/mL, w/ close observation of the analgesic efficacy and adverse effects prior to surgery involving the continuous microinfusion device

**Intrathecal:**
**Opioid Intolerant:**
**Initial:** 0.2-1mg/day in the lumbar region

**Opioid Tolerant:**
**Usual Range:** 1-10mg/day
Individualize upper daily dose limit for each patient

Doses >20mg/day associated w/ higher risk of serious side effects; use w/ caution

**Epidural:**
**Opioid Intolerant:**
**Initial:** 3.5-7.5mg/day

**Continuous Epidural Infusion:**
**Opioid Tolerant:**
**Initial:** 4.5-10mg/day

Dose requirements may increase to 20-30mg/day; individualize upper daily limit for each patient

## ADMINISTRATION

Epidural/Intrathecal route

Withdraw desired amount of morphine from the ampul through a microfilter

Filter through a microfilter ≤5mcg before injecting into the microinfusion device
If dilution is required, 0.9%NaCl is recommended

## HOW SUPPLIED

Inj: 10mg/mL, 25mg/mL [20mL]

## CONTRAINDICATIONS

(For neuraxial analgesia use) Infection at inj microinfusion site, concomitant anticoagulant therapy, uncontrolled bleeding diathesis, any other concomitant therapy or medical condition that would render epidural or intrathecal administration of medication especially hazardous.

## WARNINGS/PRECAUTIONS

May be habit-forming. Developed for use in continuous microinfusion devices; not for single-dose neuraxial inj. Chronic neuraxial opioid analgesia is appropriate only when less invasive means of controlling pain failed and should only be undertaken by those experienced in applying this treatment in a setting where its complications can be managed adequately. Inflammatory masses (eg, granulomas) reported; monitor for new neurologic signs/symptoms in patients receiving continuous infusion via indwelling intrathecal catheter and further assessment or intervention should be based on the clinical condition of the patient. Unusual acceleration of neuraxial morphine requirement may occur, causing concern regarding systemic absorption and the hazards of large doses; may benefit from hospitalization/detoxification. Myoclonic-like spasm of the lower extremities reported with intrathecal doses of >20mg/day; may need detoxification. May resume treatment at lower doses after detoxification. High neuraxial doses may produce myoclonic events. Limit intrathecal route to lumbar area. Caution with head injury or increased intracranial pressure; pupillary changes (miosis) may obscure the existence, extent, and course of intracranial pathology. Caution with decreased respiratory reserve (eg, emphysema, severe obesity, kyphoscoliosis, paralysis of the phrenic nerve), hepatic/renal dysfunction, and in elderly. Avoid with chronic asthma, upper airway obstruction, or any other chronic pulmonary disorder. Smooth muscle hypertonicity may result in biliary colic. Initiation of neuraxial opiate analgesia is associated with micturition disturbances, especially in males with prostatic enlargement. Orthostatic hypotension may occur with reduced circulating blood volume and myocardial dysfunction. Avoid abrupt withdrawal.

## ADVERSE REACTIONS

Respiratory depression, myoclonus, inflammatory mass formation, dysphoric reactions, pruritus, urinary retention, constipation, lumbar puncture-type headache, peripheral edema.

## DRUG INTERACTIONS

See Contraindications. CNS depressants (eg, alcohol, sedatives, antihistamines, psychotropics) may potentiate depressant effects. Neuroleptics may increase risk of respiratory depression. Withdrawal symptoms may occur upon administration of a narcotic antagonist. Monitor for orthostatic hypotension in patients on sympatholytic drugs.

## PREGNANCY AND LACTATION

Category C, safety not known in nursing.

## MECHANISM OF ACTION

Opioid analgesic; analgesia involves at least 3 anatomical areas of the CNS: the periaqueductal-periventricular gray matter, the ventromedial medulla, and the spinal cord. Interacts predominantly with μ-receptors distributed in the brain, spinal cord, and in the trigeminal nerve.

## PHARMACOKINETICS

**Absorption:** (Epidural) Rapid absorption, $C_{max}$=33-40ng/mL. (Intrathecal) $C_{max}$=<1-7.8ng/mL. (Epidural/Intrathecal) $T_{max}$=5-10 min. **Distribution:** Plasma protein binding (36%); found in breast milk. (IV) $V_d$=1.0-4.7L/kg. **Metabolism:** Liver; glucuronidation to morphine-3-glucuronide. **Elimination:** Urine (2-12% unchanged), feces (10% conjugate); $T_{1/2}$=1.5-4.5 hrs (IM/IV), 39-249 min (epidural).

## ASSESSMENT

Assess for patient's general condition and medical status, any other conditions where treatment is contraindicated or cautioned, renal/hepatic impairment, pregnancy/nursing status, and possible drug interactions.

## MONITORING

Monitor for signs/symptoms of respiratory depression, myoclonic events, biliary colic, urinary retention, orthostatic hypotension, drug abuse/dependence, and other adverse reactions.

## PATIENT COUNSELING

Inform about risks and benefits of therapy. Inform of adverse reactions that may occur. Instruct to inform physician of other medications taken.

## STORAGE

20-25°C (68-77°F); excursions permitted to 15-30°C (59-86°F). Protect from light. Do not freeze. Discard any unused portion. Do not heat-sterilize.

Back to top