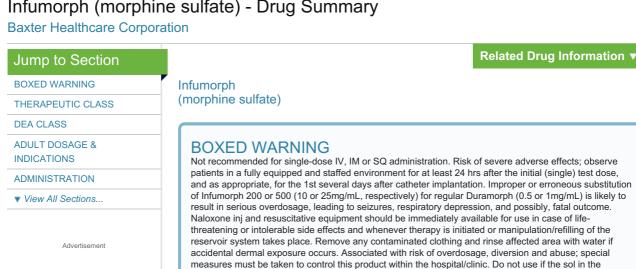


# Infumorph (morphine sulfate) - Drug Summary



### THERAPEUTIC CLASS

Opioid analgesic

### **DEA CLASS**

### **ADULT DOSAGE & INDICATIONS**

unless the sol is colorless or pale yellow.

### 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

unopened ampul contains a precipitate that does not disappear upon shaking. After removal, do not use

### 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  $\mu$ -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.

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