

# Morphine Sulfate

**Special note: Special care with calculating doses and administration volumes in neonates - frequently involved in medication error, fatal errors have occurred.**

**CONSIDER DISCUSSION WITH CONSULTANT IN PAEDIATRIC PALLIATIVE MEDICINE FOR PALLIATIVE INDICATIONS OR AT END OF LIFE**

**FORM Oral solution 100micrograms/mL**

**INDICATION**

1. Neonatal Abstinence Syndrome (NAS)
2. Acute Pain
3. Pain in palliative care
4. Dyspnoea in palliative care

**DOSE RANGE Neonatal Abstinence Syndrome (NAS)**

AGE	DOSE	FREQUENCY	ROUTE
0 – 6 months	Initial dose: 60 micrograms/kg/dose	Every 4 hours	Oral
	If necessary may be increased by increments of 10micrograms/kg/dose to a maximum dose of 80micrograms/kg/dose	Every 4 hours	Oral

**Morphine sulphate withdrawal** - Morphine sulphate doses should be reduced by decrements of 10micrograms/kg/dose, ideally on a daily basis.

**DOSE RANGE – Acute pain**

AGE	DOSE	FREQUENCY	ROUTE
0 – 6 months	Initial dose 40 micrograms/kg/dose	Up to every 6 hours	Oral

**DOSE RANGE – Pain in Palliative care**

AGE	DOSE	FREQUENCY	ROUTE
Neonate	Initial dose 25-50 micrograms/kg/dose	Up to every 6-8 hours  Adjust to response  (refer to Further Information, point 3 and 4)	Oral/ Enteral
1 – 6 months	Initial dose 50-100 micrograms/kg/dose	Up to every 4 hours  Adjust to response  (refer to Further Information, point 3 and 4)	Oral/ Enteral

**DOSE RANGE – Dyspnoea in palliative care**

AGE	DOSE	FREQUENCY	ROUTE
0 – 6 months	Initial dose 30-50% of palliative pain dose	As for pain in palliative care	Oral/ Enteral

# West of Scotland ORAL/ OTHER ROUTE Drug Monographs

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## Suggested conversion from continuous IV infusion to oral

**10micrograms/kg/hour IV is equivalent to 80micrograms/kg/dose oral every 4 hours**

## Stop IV infusion after SECOND oral dose

### CAUTIONS, CONTRA-INDICATIONS AND SIDE EFFECTS

- See Summary of Product Characteristics and most recent edition of BNF for Children (links below)

### FURTHER INFORMATION

1. Neonates and infants under 1 year show an increased susceptibility to respiratory depression.
2. All non-ventilated babies should be assessed regularly for pain, sedation and respiration.
3. Dose titration in palliative care:
  - a. if more than 2 PRN doses given in 24 hours, regular dosing may be required for adequate pain control, seek advice from paediatric supportive and palliative care team (PSPCT)
  - b. If regular dosing is prescribed, also prescribe 1/6<sup>th</sup> to 1/10<sup>th</sup> of the 24 hour dose as required for breakthrough pain 1-4 hourly (consider discussion with PSPCT if more than 2 PRN doses are given in 24 hours as pain may not be controlled)
  - c. Consider discussion with consultant in paediatric palliative medicine for dose titration
4. Consider discussion with consultant in paediatric palliative medicine for pain and dyspnoea at end-of-life as more frequent or regular dosing may be required

### STORAGE

Morphine sulphate oral solution should be stored as per local protocol.

### LICENSED STATUS

Unlicensed medicine

### LINKS

[BNF for Children](#) / [Electronic Medicines Compendium](#) / [The Association of Paediatric Palliative Medicine Master Formulary, 5th edition, 2020](#)

### APPLICABLE POLICIES

[West of Scotland Neonatal Guidelines](#):

Consult local policy if applicable

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Dose may vary depending on indication, age, renal function, hepatic function, and concomitant medications. This monograph should be used in conjunction with the package insert, BNF for Children, and Summary of Product Characteristics. For further advice contact your clinical pharmacist or pharmacy department.

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