

WESTERN MARYLAND HEALTH SYSTEM
Medication Administration Record

SINGLE SHOT SUBARACHNOID MORPHINE (DURAMORPH®)

Date: _____

Medication Order	Sched Times	0701-1500	1501-2300	2301-0700
This patient received subarachnoid Morphine (Duramorph®) at _____ hours.				
If patient's respiratory rate 9-10/minute and patient is easily aroused, give 0.2mg Naloxone (Narcan®) Intravenous and notify anesthesia department.				
If patient's respiratory rate is ≤ 8/minute and/or patient is difficult to arouse, give 0.4mg Naloxone (Narcan®) Intravenous and notify Anesthesia Department.				
FOR ITCHING: Diphenhydramine (Benadryl®) 25mg Intravenous every 4 hours as needed.				
If itching persists after 2 doses of Diphenhydramine (Benadryl®), give Nalbuphine (Nubain®) 2.5mg subcutaneous every 6 hours as needed.				
If itching continues after 2 doses of Nalbuphine (Nubain®), give Naloxone (Narcan®) 0.08mg (1mL) Intravenous, (dilute 0.4mg Naloxone (Narcan®) with 4mL 0.9% Sodium Chloride in 5mL syringe). May repeat once in 5 minutes.				
FOR NAUSEA: Ondansetron (Zofran®) 4mg Intravenous slowly, if no response, may repeat once in 30 minutes.				
If nausea persists after 2 doses of Ondansetron (Zofran®), give Metoclopramide (Reglan®) 10mg Intravenous slowly over 2 minutes, if no response, may repeat once in 3 hours.				
If nausea continues after 2 doses of Metoclopramide (Reglan®), give Prochlorperazine (Compazine®) 5mg Intravenous every 4 hours as needed.				
Keep ampule of Naloxone (Narcan®) 0.4mg/mL and 3mL syringe with needle at the patient's bedside.				
No other parenteral narcotics or sedatives x 12 hours, unless cleared by anesthesiologist.				

SIGNATURE	INIT.	SIGNATURE	INIT.

