Subcutaneous Analgesia Protocol

**Morphine Dose**

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose Range(mgs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 - 29</td>
<td>7.5 - 12.5</td>
</tr>
<tr>
<td>30 - 39</td>
<td>7.5 - 12.5</td>
</tr>
<tr>
<td>40 - 49</td>
<td>5.0 - 10.0</td>
</tr>
<tr>
<td>50 - 59</td>
<td>5.0 - 10.0</td>
</tr>
<tr>
<td>60 - 69</td>
<td>2.5 - 7.5</td>
</tr>
<tr>
<td>70 - 79</td>
<td>2.5 - 3.0</td>
</tr>
<tr>
<td>80 - 85</td>
<td>2.5 - 3.0</td>
</tr>
<tr>
<td>&gt; 85</td>
<td>2.0 - 3.0</td>
</tr>
</tbody>
</table>

**Sedation Score**

- 0 None
- 1 Mild, drowsy, easy to rouse
- 2 Moderate, constantly drowsy, easy to rouse
- 3 Severe, somnolent, difficult to rouse
- 5 Normal sleep

** BEGIN **

Pain Score 3 or above and requesting analgesia

- **Yes**
  - Sedation Score less than 2 and resp. rate ≥ 10
    - **No**
    - Routine observations Review later
    - **Yes**
      - Check Oxygen Saturation. If O2 saturation below 90% - Given 0, 4 litres via face mask. Seek medical advice. Call pain Service.
      - **DO NOT** Administer any further analgesia
      - Consider Naloxone ** if required
  - More than 2 hours since last SC dose of analgesia
    - **Yes**
      - Offer full prescribed dose of SC analgesia
    - **No**
      - If ≥ one hour since last dose Give ½ of prescribed dose of SC analgesia.
      - If less than one hour since last dose contact Pain Service.
  - **No**
    - Consider decreasing size of any subsequent dose

** IV Access must be maintained at all times **

Prime Line with the prescribed dose of Morphine 10mgs/ml

** Do Not dilute the morphine **

** RESPIRATORY DEPRESSION **

Sedation score ≥ 2 & resp rate <10
Sedation score 3 regardless of resp rate

Draw up 0.4mgs(1ml) of Naloxone + 3mls N. Saline and give in 1ml increments IV until resp. rate ≥12 and sedation score less than 2.
Guidelines for insertion and care of indwelling Subcutaneous Catheter for the use of subcutaneous analgesia only

Indications for use:
- Post-operative pain relief
- Severe pain relief and unable to tolerate oral analgesia eg,
  - Nil orally for investigations
  - Unable to swallow
  - Troublesome nausea and vomiting

Application
Appropriately trained nursing staff are permitted to insert the subcutaneous catheter.

In post operative patients wherever possible the cannula should be inserted in theatre while the patient is asleep to prevent pain on initial injection. Please consider access and muscle bulk prior to insertion!

1. The lateral aspect of the thigh or sub clavicular region is the recommended sites of injection. To minimise the risk the catheter being dislodged, the sub clavicular region is preferred.
2. The area should be cleaned with an alcohol wipe and allowed to dry.
3. The line should be primed with the prescribed dose of morphine 10mgs/ml. Check prescription.
4. Pinch a fold of skin and insert cannula subcutaneously.
5. Withdraw the metal needle and secure plastic cannula to the skin with a clear dressing so that the site can be inspected. Attach Morphine sticker to dressing for identification.
6. Draw up the prescribed amount of morphine. **DO NOT DILUTE THE MORPHINE.**
7. Clean the injection port with an alcohol wipe. Allow to dry.
8. Inject prescribed morphine slowly over 1 minute to prevent discomfort at injection site.

**Ensure the bung is secure. Do not flush the cannula.**