



HYDRomorphone and Morphine are not the same drug!



HYDRomorphone and morphine are deemed **high risk/high alert medications**.

An **Independent Double Check (IDC)** must be done to avoid errors when administering all **high risk drugs**.

Please refer to Clinical Practice Standard [1-20-6-3-260](#).

HYDRomorphone and morphine *need to know*s:

*HYDRomorphone is 5 times more potent than morphine!
(e.g., 1 mg of HYDRomorphone PO is equivalent to 5 mg of morphine PO)*

When administered via the **subcutaneous route**, these drugs are **twice as strong!**

Therefore when converting between oral and subcutaneous routes **half the dose**.

(10 mg of oral morphine = 5 mg of subcutaneous morphine)

HYDRomorphone and morphine: The name game.

Both drugs are used in the management of moderate to severe pain.

HYDRomorphone and morphine come in different brand names and formulations.

HYDRomorphone = Dilaudid (Injectable), Journista (SR), HYDRomorph Contin (SR)

Morphine = Morphine Sulphate (Injectable), MS-IR, M.O.S. (Liquid/Tablet/SR),
M-Eslon (SR), Statex (Liquid/Tablet/Supp.), Doloral (Liquid), MS Contin (SR), Kadian (SR)
(SR=Slow Release CAP)

**As per NH, use the generic names (NOT THE BRAND NAME), of these drugs in your documentation.*

Common side effects:

Common: Nausea, Vomiting, Constipation, Sedation, Syncope, Xerostomia (Dry Mouth), Delirium, Restlessness, Urinary Retention.

Less Common: Respiratory Depression, Opioid-Induced Neurotoxicity, Myoclonus, Pruritis (itching).

3 'B's of opioid prescribing:

If your client is on an opioid:

*Do they have a **B**reakthrough?*

*Do they have something for **B**arfing?*

*Do they have something for their **B**owels?*

Opioid induced neurotoxicity:

What does it look like?

Opioid induced neurotoxicity is the result of a build up of toxic opioid metabolites in the blood stream. Client's who are elderly, dehydrated or with poor renal function are at higher risk.

Opioid induced neurotoxicity can present with many of the following symptoms: confusion/delirium, hallucinations, a heightened sensitivity to touch or pain (allodynia/hyperalgesia), twitching (myoclonus) and in severe cases can lead to a seizure.

If you suspect your client is neurotoxic CALL THEIR DOCTOR ASAP!

Reference: NH Hospice Palliative Care Program Symptom Guidelines, (2008)



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Reference: 10-513-6033 (06/16)