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Medical Program Director

February 6, 2018

MEMORANDUM

TO: **All EMS Agencies and Hospitals**
FROM: **Dr. Clark M. Waffle, M.D., M.P.D.** 
RE: **Morphine and Fentanyl Shortage**

Currently, most agencies have morphine or fentanyl available to them. Their supply, however, varies agency to agency, as there is a national shortage of morphine and fentanyl. Should an agency's ability to obtain morphine and fentanyl be delayed, they are authorized to temporarily stock and use hydromorphone (Dilaudid) until morphine or fentanyl is available. The dose of hydromorphone is much less than that of morphine and fentanyl so safety must be observed, perhaps using a 'check-back' system during its administration. Prior to utilizing any hydromorphone by an agency a training program must occur for all personnel using this medication. The approved hydromorphone (Dilaudid) protocol medication sheet is accompanying this memo and should be placed with the protocol book in agency vehicles and near Base Station radios/phones.

If there are any questions regarding this policy, please contact me at your earliest convenience.

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CMW/njp

N:\EMS\MPD\2018\Memos\0206 to all EMS agencies & hospitals re substitute pain med-Dilaudid.doc



HYDROMORPHONE (DILAUDID)

AUTHORIZED TEMPORARILY WHEN THERE IS NO ACCESS TO BOTH MORPHINE AND FENTANYL

CLASSIFICATIONS

1. Opioid analgesic.

ACTIONS

1. Blocks pain receptors in the brain to establish disconnect of pain sensation.

ONSET OF ACTIONS

1. 3 - 5 minutes.

DURATION OF ACTIONS

1. 2 - 4 hours.

INDICATIONS

1. Moderate to severe pain.

CONTRAINDICATIONS

1. Known hypersensitivity.
2. Respiratory depression.
3. Patient in labor.

USE WITH CAUTION

1. Elderly patients generally require a lower dose.
2. Opiate naive patients should receive a lower dose.
3. Significantly smaller dosing is required for hydromorphone than for morphine.

DOSAGES AND ADMINISTRATION

1. Adult: 0.01 mg/kg every 5-10 minutes titrating to effect, to a maximum dose of 2 mg, IM or slow IV/IO push. Elderly and opiate naive patients require 0.005 mg/kg dose, to a maximum of 1 mg.
2. **Pediatric: 0.01 mg/kg IM or IV/IO slowly over 3 minutes, not to exceed 0.5 mg maximum dose.**

ADVERSE REACTIONS

1. Respiratory depression.
2. Hypotension.
3. Orthostasis.

REFERENCE IN PROTOCOL

1. Pain Management.