



Patient Group Direction PGD223
FOR THE ADMINISTRATION OR SUPPLY OF MORPHINE ORAL SOLUTION

Staff Grade:	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (Urgent and Primary Care)
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Document Author(s) / Owner	
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Division / Organisation Wide	Advanced Practice (Urgent & Primary Care) only

Health Care Professionals must be HCPC or NMC registered and authorised by name under this PGD before attempting to treat any patient according to it and have signed the relevant declaration.

Before using this PGD, healthcare professionals must ensure they are working within their scope of practice and be competent in the treatment of patients identified as suitable for inclusion under this PGD.

“Your scope of practice is the limit of your knowledge, skills and experience and is made up of the activities you carry out within your professional role. As a health and care professional, you must keep within your scope of practice at all times to ensure you are practising safely, lawfully and effectively. This is likely to change over time as your knowledge, skills and experience develop.” (HCPC 2024)

Staff should not deviate from their training, guidelines and scope of practice without taking professional clinical advice. All staff are expected to maintain their fitness to practice and undertake appropriate professional development to allow them to be fit for the role in which they are practising.

1. Document Control Sheet

1.1 Key Information

Title:	Patient Group Direction PGD223
	Morphine Oral Solution
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1.2 Revision History

Version	Date	Summary of Changes	Name	Changes Marked
0.1	07/11/2024	Initial draft		N/A
1.0	26/03/2025	Updated to approved version no., guidance comments removed		Yes
1.0	01/05/2025	First issue – supersedes entry in PGD003		Yes

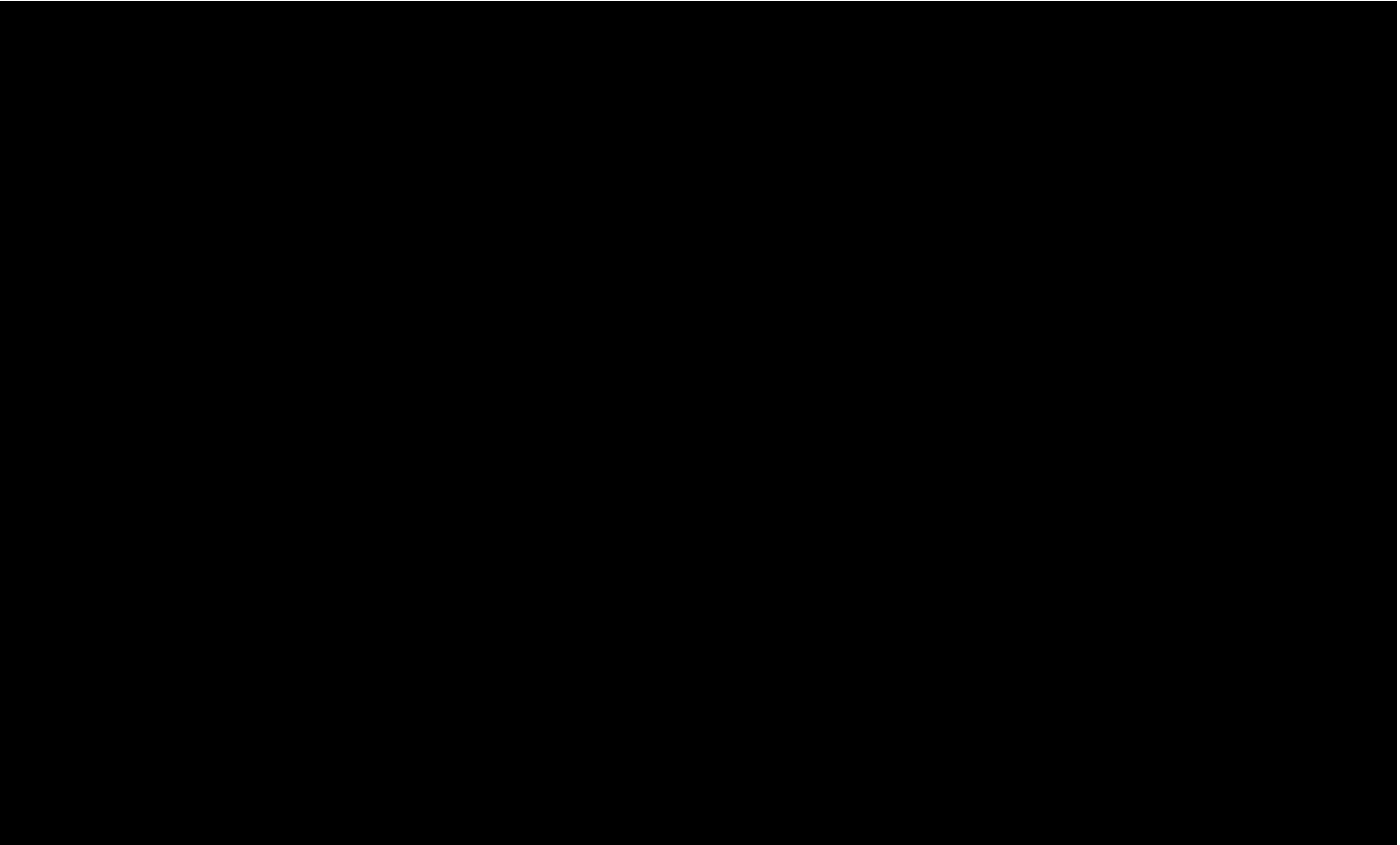
1.3 Approvals: This document requires the following approvals:

Name	Date	Version
National Advanced Practice Clinical Lead	30/01/2025	1.0
Medicines Management Group	30/01/2025	1.0
Pharmaceutical Advisor	03/03/2025	1.0
Medical Director	27/02/2025	1.0

1.4 Distribution: This document has been distributed to:

Name	Date	Version
Medicines Management Group	28/03/2025	1.0
Advanced Practice Leadership Team	28/03/2025	1.0
All Advanced Practitioners (UPC) & trainees	28/03/2025	1.0

1.5 Names and signatures of professionals drawing up the protocol



1.6 Professional / Advisory groups which have approved the protocol

Scottish Ambulance Service Medicines Management Group	Date	30/01/2025
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2. Using this PGD for Administration and/or Supply of Medicines

3. Characteristics of Staff

Qualifications required	Qualified and Year Two Trainee: Advanced Paramedic Practitioners Advanced Nurse Practitioners (in Urgent and Primary Care)
Specific or additional experience / training required	<p>Undertaken an SCQF Level 11 module in Advanced Clinical Assessment (or equivalent) which included a period of supervised practice and signed off as competent. Passed all relevant written and practical assessments and ratified by a university exam board.</p> <p>Familiarisation with the signs and symptoms of conditions listed in “Criteria for Inclusion” in this PGD and possible differential diagnoses.</p> <p>Familiarisation with the use of Morphine Oral Solution, its indications, contra-indications and other details.</p>
Continuing training requirements	<p>The clinician should be aware of any changes to the evidence base for treatment conditions listed in “Criteria for Inclusion” in this PGD.</p> <p>The individual clinician is responsible for their own CPD and for keeping up to date with the use of medicine(s) in this PGD.</p>
Other	You must be authorised by name under the current version of this PGD before you attempt to work to it

4. Clinical Situations / Conditions to Which the Patient Group Direction Applies

Definition of condition / situation to be treated	Moderate to severe pain despite treatment with non-prescription medicines or weak opioids
Criteria for inclusion	<p>Adults 16 years and over with the above condition / symptoms.</p> <p>Appropriate safety-netting can be made.</p> <p>Can be used in combination with other suitable analgesics as part of a balanced analgesic regimen.</p>
Criteria for exclusion	<ul style="list-style-type: none"> • Children under 16 years of age • Informed non-consent • Known allergy to Morphine or any excipients or ingredients in the preparation, or to any other opioid medicine • Pregnancy and/or breastfeeding • Known severe renal (eGFR <30 / CKD 4 or 5) or severe or acute hepatic impairment • Respiratory depression or impairment from any cause including acute asthma attack or COPD • Head injury or known / suspected raised intra-cranial pressure • Heart failure secondary to lung disease • Gastroparesis, Paralytic ileus or conditions which inhibit peristalsis (e.g. Crohn's disease, Acute colitis) • Convulsive disorder • Pheochromocytoma • Known alcohol dependency or current intoxication • History of opioid dependency or misuse • Use of any opioid-containing products (including topical or transdermal) within the last four hours, or the cumulative daily maximum dose of 120mg oral Morphine, or 60mg IV, IM or SC Morphine (30mg any route in frail elderly) already taken – note that the exclusion is administration to the patient, they may be supplied with Morphine Oral Solution for later use • Patients currently taking: <ul style="list-style-type: none"> ○ Any MAOI (or use within past 14 days) ○ Medicines containing Morphine or any other strong opioid – note that patients who are normally prescribed a strong opioid other than Morphine should not be supplied with Morphine even if their normal opioid has run out or is felt to be ineffective. Senior clinical guidance should be sought in such circumstances. See dose information for patients prescribed another oral opioid ○ CNS depressing medicines including antidepressants, sedatives, benzodiazepines, sedating antihistamines and antiemetics

	<ul style="list-style-type: none"> Significantly unwell or injured patients requiring further assessment (blood tests, x-ray, etc.) or admission, although a stat dose may be given prior to hospital referral if appropriate
Action if patient is excluded or declines treatment	Document in ePR / patient record. Discuss alternatives with patient / carer as appropriate and advise on risks of declining treatment. Consider referral to primary care or a community pharmacy. If necessary, consider referral or transfer to a suitable receiving unit.

5. Description of Treatment (including dosage and administration)

Name, form(s) and strength(s) of medicine	Morphine sulphate 10mg in 5ml oral solution
Legal status	CD-5
Is the use outwith the SmPC?	No
Storage requirements	Room temperature
Route(s) / method(s) of administration	By oral administration only
Dose and frequency of administration	<p>10-20mg (5-10ml) every 4 hours as required up to a maximum of 120mg (60ml) in 24 hours.</p> <p>Use half doses in frail elderly or patients with renal or hepatic impairment, adrenal insufficiency, hypothyroidism or prostatic hypertrophy.</p>
Maximum dose and number of treatments	<p>If the patient has taken oral opioid(s) between 4 and 24 hours previous this must be considered when calculating the cumulative dose:</p> <ul style="list-style-type: none"> • 30mg of Codeine, Dihydrocodeine or Tramadol is equivalent to 3mg Morphine • 200mg Meptazinol is equivalent to 5mg Morphine • Patients who are prescribed or have recently used oral Oxycodone should not be given oral Morphine without seeking senior clinical advice <p>Maximum supply is a single bottle (normally 100ml).</p>

6. Cautions and Identification & Management of Adverse Reactions

Cautions	<p>Should be used with caution in patients with:</p> <ul style="list-style-type: none">• Acute abdominal conditions• Adrenocortical insufficiency• Biliary tract disorders• Cardiac arrhythmias• Convulsive disorders• Dehydration and malnutrition• Elderly patients (consider half dose and also Senna)• Hypotension• Hypothyroidism (consider half dose)• Mental health disorders• Mild renal or hepatic impairment (consider half dose)• Myasthenia gravis• Pancreatitis• Prostatic hypertrophy (consider half dose)• Severe Cor pulmonale• Sleep apnoea• Urethral stenosis
Drug interactions	No significant interactions for short courses covered by this PGD
Identification and management of adverse reactions	<p>Anaphylactic reactions to Morphine are very rare and should be managed as per standard protocol / JRCALC guidance.</p> <p>Common or very common side-effects include: Arrhythmias, Asthenia, Confusion, Constipation, Decreased appetite, Dizziness, Drowsiness, Dry mouth, Euphoric mood, Flushing, GI discomfort, Hallucinations, Hyperhidrosis, Hypotension (in high doses), Insomnia, Malaise, Miosis, Nausea, Neuromuscular dysfunction, Skin reactions, Urinary retention, Vertigo, Visual impairment, Vomiting, Withdrawal effects (with long-term use)</p> <p>Uncommon: Abnormal sensations, Agitation, Altered mood, Altered taste, Bronchospasm, Dependence, Dysphoria, Ileus, Myoclonus, Peripheral oedema, Pulmonary oedema, Syncope</p> <p>A detailed list of adverse reactions can be found in the product's SmPC and PIL, see references below.</p> <p>Any adverse reactions, and action taken, are recorded in the patient's notes and other appropriate documentation e.g.: clinical incident form, Yellow Card scheme, etc.</p>

7. Patient Advice and Documentation

<p>Patient advice (verbal and written)</p>	<ul style="list-style-type: none"> • Explain treatment plan and gain consent • Clinician should inform the patient / carer of the realistic timeframe for improvement of symptoms being treated • Must see medical practitioner if symptoms worsen or do not resolve within the expected timeframe • Advise that Morphine may cause drowsiness and impair a patient's ability to drive or perform fine motor tasks. Driving, in particular, should be avoided at the start of treatment with any opioid or when a dose is increased • Advise that any sedative effects of other medicines may be significantly increased when taken along with Morphine, in particular drugs for depression or other mental health issues, benzodiazepines, anti-emetics and antihistamines • Advise that the patient <u>must not</u> use / take any other opioid-containing medicines or products, that patients may not be aware of what medicines are or contain opioids. These include: <ul style="list-style-type: none"> ○ combination medicines such as Co-codamol and Co-dydramol ○ branded medicines such as Codipar, Migraleve, Night Nurse, Nurofen, Panadol, Solpadol, Solpadeine, Syndol, Tylex, Ultramol, Zapain, MST, MXL, Sevredol, Longtec and Shortec, Ixylgone, Myloxifin, Onexila, Oxeltra, Sofonac, Targinact, Brimisol, Tilodol, Zydol, Temgesic, Butrans, Palexia, Tadomon (refer them to the specific ingredients) • Advise to be especially cautious regarding any medicines purchased overseas which may include opioids • Advise to avoid alcohol while taking Morphine • Advise that Morphine may cause constipation (see section below) • Patients using an oral contraceptive should be informed that while Morphine does not affect it directly, if they have the side effect of vomiting or diarrhoea this may reduce their protection from pregnancy • Advise to contact GP / nurse / pharmacist / out-of-hours service if side effects occur • Advise to call 999 if any life-threatening side-effects occur • Patients should be given a copy of the manufacturer's Patient Information Leaflet where available or signposted to an electronic copy if not • Patients should be advised to maintain adequate hydration
<p>Arrangements for referral to medical advice</p>	<p>Local arrangements apply</p>

<p>Additional facilities / supplies required</p>	<p>Patient may be supplied with a dispensing spoon or cup (where available) or syringe(s) (5ml recommended) to measure dose and administer medicine, if given syringe(s) they must be reminded that Morphine Oral Solution <u>must not</u> be injected.</p> <p>Consider the requirement to also supply Senna if the patient has a known history of opioid-related constipation. Refer to PGD235 for suitability.</p> <p>Morphine Oral Solution 100ml bottles only will normally be carried by SAS APs. It is also available in 250ml, 300ml and 500ml bottles. If any of these are required refer to the patient's GP or a SAS prescriber.</p> <p>Morphine is also available in multiple other forms, strengths, and administration routes not covered by this PGD, if any are required refer to the patient's GP or a SAS prescriber.</p> <p>Note that this PGD only covers the use of Morphine Oral Solution and not Morphine sulphate generally or any use of SAS stocks of Morphine sulphate ampoules for injection. For their use please refer to the relevant section(s) of the JRCALC app.</p>
<p>Monitoring</p>	<p>No specific monitoring required</p>
<p>Follow up</p>	<p>Patients should self-refer to their GP if they require analgesia of this strength beyond this treatment regimen. A 100ml bottle contains 200mg Morphine sulphate which is less than 2 days' supply at the maximum dose</p>
<p>Details of treatment records required</p>	<p>The ePR, or other patient record, must contain the following:</p> <ul style="list-style-type: none"> • Name of the HCP using this PGD • Patient's name, address and date of birth. CHI number is also preferred • Name of medication and expiry date • Date and time of administration / supply • Dose (and volume if liquid preparation), form and route (and site if parenteral) of administration • If supplying medicine: <ul style="list-style-type: none"> ○ Dose and frequency to take ○ Number of items supplied • That it is administered and/or supplied under this PGD and not prescribed or via an exemption <p>The ePR, or other patient record, must also contain:</p> <ul style="list-style-type: none"> • The patient's medical and medication history • Medication and safety-netting / worsening advice given to the patient / carer <p>All records must be clear, legible and contemporaneous.</p>

8. References and Further Reading

NICE Medicines Practice Guideline MPG2: Patient group directions

[Overview](#) | [Patient group directions](#) | [Guidance](#) | [NICE](#)

Morphine in BNF

[Morphine](#) | [Drugs](#) | [BNF](#) | [NICE](#)

Morphine Oral Solution on EMC

[Morphine 10mg/5ml Oral Solution SmPC \(medicines.org.uk\)](#)

[Morphine 10mg/5ml Oral Solution Patient Information Leaflet \(medicines.org.uk\)](#)

BNF Treatment Summaries

[Analgesics](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Analgesics](#) | [Nurse Prescribers' Formulary](#) | [BNF](#) | [NICE](#)

[Neuropathic pain](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

[Pain, chronic](#) | [Treatment summaries](#) | [BNF](#) | [NICE](#)

NICE Clinical Knowledge Summary/Summaries (CKS)

[Analgesia - mild-to-moderate pain](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

[Strong opioids](#) | [Prescribing information](#) | [Palliative cancer care - pain](#) | [CKS](#) | [NICE](#)

NICE Clinical Guidelines

[CG173 Neuropathic pain in adults: Pharmacological management in non-specialist settings](#) | [Guidance](#) | [NICE](#)

[CSG4 Improving supportive and palliative care for adults with cancer](#) | [Guidance](#) | [NICE](#)

[NG59 Low back pain and sciatica in over 16s: Assessment and management](#) | [Guidance](#) | [NICE](#)

[NG193 Chronic pain \(primary and secondary\) in over 16s: Assessment of all chronic pain and management of chronic primary pain](#) | [Guidance](#) | [NICE](#)

Other Useful Links

[Anticipatory prescribing](#) | [Right Decisions](#)

[Driving when taking strong painkillers](#) | [NHS inform](#)

['Just in case' medicines in palliative care](#) | [NHS inform](#)

[Pain in palliative care](#) | [NHS inform](#)

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