

This document is for **reference only**. Please refer to SWO's for specific indications, dosages, and applications



DRUG NAME: Hydromorphone
TRADE NAME: Dilaudid
REVISED: November 1, 2017

NOTE: Due to the shortage of Fentanyl Citrate in the EMS System of Ada County, the Medical Directorate has decided to utilize the trade name "Dilaudid" as an alternate narcotic pain medication; until "Fentanyl Citrate" becomes readily available.

Class:

- Narcotic Analgesic
- Opiate
- Schedule II Controlled Substance

Mechanism of Action: Mu Opioid Receptors

Interacts with opiate receptors decreasing pain impulse transmission at the spinal cord level and higher in the CNS. Dilaudid is a potent μ - opiate receptor agonist. Also causes peripheral vasodilation increasing venous capacitance and decreases venous return (chemical phlebotomy) by depressing the responsiveness of alpha-adrenergic receptors.

Indications

- Moderate to severe pain in place of Fentanyl Citrate
- When morphine is contraindicated

Contraindications:

- Hypovolemia
- Hypotension
- Hypersensitivity
- Head injury with altered mental status
- Patients with status asthmaticus

Precautions:

USE EXTREME CAUTION IF THE PATIENT HAS TAKEN ANY BENZODIAZEPINES DUE TO RISK OF OVERSEDATION. THEREFORE ADMINISTRATION OF ADDITIONAL BENZODIAZEPINES SHOULD BE AVOIDED.

- Approximately 7 times more potent than morphine sulfate and half-life of 4-6 hours
- Not to be used in pediatrics
- Care must be taken to monitor for respiratory depression
- Use extreme care in geriatrics, pregnancy, hepatic or renal failure situations, patient with unstable or ongoing cardiac associated chest pain.
- Use cautiously in patients with renal impairment
- Continuous pulse oximetry is necessary with administration

Dosage:

Adult: IV/IM: 0.5 mg, slow IV push over 2-3 minutes, Q 10 minutes PRN for pain to a maximum of 2 mg (*Limit dosage to 2 mg in severe pain*)

Dilaudid is prepared as a concentrated solution and needs to be diluted in 9 ml of normal saline to ensure accurate dosing

Pediatric: Not Indicated

Onset: Approximately 10 to 15 minutes with peak effect in 30 minutes to 1 hour.

Hydromorphone (Dilaudid)

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Duration:

- Half-life is 2.3 hours in a typical patient
- Half-life may be up to 4-6 hours and 40 hours in patients with renal impairment

Side Effects:

- Dizziness
- Drowsiness
- Altered LOC
- Hallucinations
- Euphoria
- Mental Impairment
- Lightheadedness
- Bradycardia
- Tachycardia
- Hypotension
- N/V
- CNS Depression
- Respiratory Depression
- Transient Hyperglycemia

Interactions:

CNS depressants may enhance effects of antihistamines, antiemetics, sedatives, hypnotics, barbiturates, and alcohol.

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