



Safety Notice 007/18

Morphine sulfate 5 mg/1 mL and 10 mg/1 mL injection shortages

25 May 2018

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Director Regulation & Compliance Unit

Action required by:

- Chief Executives
- Directors of Clinical Governance

We recommend you also inform:

- Heads of Departments
- Directors of Medical Services
- Directors of Pharmacy
- Directors of Nursing and Midwifery
- Drug and Therapeutics Committee

Expert Reference Group

Content reviewed by:

- Office of the Chief Health Officer, MoH
- Chief Pharmacists Unit, MoH
- HealthShare NSW
- Medication Safety Expert Advisory Committee

Clinical Excellence Commission

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Internet Website:

<http://www.health.nsw.gov.au/sabs>

Intranet Website

<http://internal.health.nsw.gov.au/guality/sabs/>

Review date

July 2018

Background

Morphine 5 mg/1 mL

A disruption to the supply of DBL morphine sulfate injection 5 mg/1 mL ampoules has occurred. As communicated in Safety Notice 004/18, supply was anticipated to return to normal at the end of March 2018. The manufacturer has now advised that normal supply will resume at the end of June 2018.

Morphine 10 mg/1 mL

Morphine sulfate injection 10 mg/1 mL is available from wholesalers but supply is constrained to maintain equitable distribution. It is expected that stock of morphine sulfate 10 mg/1 mL will be depleted by the end of May 2018 with normal supply anticipated to resume at the end of June 2018. An alternative presentation, **morphine hydrochloride** 10 mg/1 mL injection (Morphine Juno) is available. Morphine Juno is free from preservatives and antioxidants and there is no difference in efficacy between this presentation and the sulfate product. However, there is less compatibility data and information regarding off-label use with Morphine Juno. Morphine sulfate injection 15 mg/1 mL is also available from wholesalers.

Morphine is an opioid analgesic used for moderate to severe pain unresponsive to non-opioids. Adverse effects include drowsiness and respiratory depression. Morphine is a high risk medicine; refer to the NSW [High-Risk Medicines Management Policy](#) (PD2015_029) for relevant Standards relating to its use.

Implications

To manage the disruption to supply of morphine 5 mg/1 mL, **morphine sulfate 10 mg/1 mL** or **morphine hydrochloride 10 mg/1 mL** should be used.

There is a risk of medication error due to the higher concentration of these products, particularly when used in clinical settings by staff who are accustomed to using the 5 mg/1 mL ampoule. Morphine sulfate injection 10 mg/1 mL and morphine hydrochloride 10 mg/1 mL are twice the concentration of morphine sulfate injection 5 mg/1 mL and if the same volume was administered inadvertently, a twofold dosage error would occur.

To reduce risk of error, **the dose of morphine should always be prescribed in mg, not mL.**

Suggested actions by Local Health Districts/Networks

1. Distribute this notice to relevant staff at each facility.
2. All facilities should:
 - a) Plan and implement strategies to manage the substitution at a local level by the Drug and Therapeutics/Medication Safety Committee.
 - b) Ensure a system is in place to document actions taken.
 - c) On return of stock of morphine sulfate 5 mg/mL injection, remove stock of morphine sulphate 10 mg/mL or morphine hydrochloride 10 mg/1 mL where it is not normally kept.
3. Report any incidents associated with use of morphine into the Incident Information Management System (IIMS).