HELPING YOU REMEMBER

HOME RUN

HYDROmorphone

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TOUCHDOWN

Morphine

Risk Control Strategies for Reducing Patient Harm with HYDROmorphone

- **Differentiate HYDROmorphone from morphine where both products are available**[1-3]
  - Use tall man lettering on labels, order sets, order entry screens, medication administration records, etc
- **Include the brand name Dilaudid** on order sets, order entry screens, medication administration records, etc, to help differentiate HYDROmorphone from morphine[1-3]
- **Limit the number of strengths available**[1]
- **Avoid stocking HYDROmorphone in prefilled syringes in the same strength as morphine prefilled syringes**[4]
- **Post equianalgesic dosing charts** in patient care areas, in computerized prescriber order entry systems and pharmacy information systems, and on medication administration records[1]
- **Limit the starting dose of HYDROmorphone to 0.5 mg**[3,4]
  - Particularly for opioid-naïve patients and those with other risk factors such as obesity, asthma, or obstructive sleep apnea or those receiving other medications that can potentiate the effects of HYDROmorphone
  - The initial dose should be reduced in the elderly or debilitated and may be lowered to 0.2 mg[5]
- **Perform independent double checks** when HYDROmorphone is removed from stock, particularly if a pharmacist has not reviewed the order prior to drug administration[1]
- **Strongly consider employing capnography** to monitor patients on patient-controlled analgesia[6]
- **Employ technology to alert practitioners** such as barcode medication verification and hard stops in smart infusion pump libraries for catastrophic doses[4,6]

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