

# RAAC: Morphine Oral Liquid Tolerance Test for Rapid Outpatient KADIAN Titration

## Site Applicability

Rapid Access Addiction Clinic (RAAC)

## Practice Level

**Basic:** RN, RPN, LPN

## Need to Know

- The purpose of rapid titration of morphine sulphate sustained release capsules, hereinafter referred to as KADIAN, for [opioid agonist treatment \(OAT\)](#) is to mitigate the ongoing risk of opioid overdose associated with ongoing non-prescribed opioid use during slower standard titrations of KADIAN.
- In some cases, clients report difficulty titrating to a therapeutic dose of KADIAN, which requires frequent reassessments in clinic to assess tolerance, and incremental dose increases, which are generally separated by 48 hours.
- Titration of KADIAN, using only KADIAN itself, is a slow process due to its long time to peak effect (6 to 10 hours), which requires observation of the client for at least 10 hours before the provider can confirm that the client has tolerated the current dose.
- Short-acting morphine can be titrated more rapidly because its time to peak effect is only 45 to 60 minutes. Because of this difference in time to peak effect, short-acting morphine can be used to test morphine tolerance. If the client demonstrates tolerance to doses of short-acting morphine, the provider is able to use this information to determine what dose of KADIAN to prescribe.
- Accelerated short-acting morphine titrations may be attempted in specialized care settings with capacity to provide enhanced pre- and post-dose assessment and monitoring.

## Procedure

### Provider Orders

- Ensure client consent form reviewed with client by provider and signed (see [Appendix A](#)).
- Verify provider orders (see [Appendix B](#) for blank pre-printed order [PPO] form).

## Initial Assessment

- If applicable, call client's community pharmacy to confirm date and time of last dose of KADIAN or M-ESLON and document in EMR encounter assessment note.
- Obtain baseline vital signs, including respiratory rate and oxygen saturation, and assess withdrawal symptoms (using Clinical Opiate Withdrawal Scale [COWS]; see [Appendix C](#)), and sedation level (using the Pasero Opioid-induced Sedation Scale [POSS]; see [Appendix D](#)).
- Review the titration process with the client so that they know what to expect and how long they will need to stay in the clinic.

## Administration

- Administer doses of morphine oral liquid as prescribed and document on the paper Medication Administration Record (see [Appendix E](#)).
- Do not administer morphine oral liquid after 15:00, or one hour before anticipated clinic closure (exception: the CNL/CN, physician, and nurse have agreed to an alternate plan to continue to monitor the patient after the clinic has closed).

## Post-Administration

### Monitoring:

- Monitor patient every 30 minutes for one hour after each dose for: respiratory rate and oxygen saturation, and assess withdrawal symptoms (using COWS), and sedation level (using POSS)
- If POSS is 3 or more contact RAAC physician to assess client and discontinue morphine administration.

NOTE: Respiratory rate is the best indicator of respiratory status; do not be reassured by a normal oxygen saturation. Sedation always precedes respiratory depression in opioid toxicity.

### Interventions:

- In the case of suspected opioid overdose, naloxone can be administered IV/IM/subcutaneous according to the PRN orders on the [PPO](#). Notify prescriber if naloxone given.
- Offer nicotine replacement therapy (NRT) as ordered/PRN. NRT can be ordered by RNs and RPNs as a [Nurse Independent Activity \(NIA\) with orders that will last for 24 hours](#).
- Discuss contingency plan(s) with physician and client for those individuals who do not adhere to the post-dose monitoring agreement. It can be helpful to offer short-acting NRT before each dose of short-acting morphine and ask client if they will be able to remain in the clinic for 1 hour of post-dose monitoring without having to leave to smoke.
- Offer a [take home naloxone kit](#) and harm reduction education PRN.

## Documentation

- Use the Morphine Tolerance Test Assessment Record to document POSS, and presence of signs or symptoms of withdrawal or toxicity (see [Appendix F](#)). Ensure a patient label is affixed to the flowsheet.
- Use the Medication Administration Record (MAR) to document dose(s) of morphine administered (see [Appendix E](#)). Ensure a patient label is affixed to the MAR.
- All clinicians who sign the MAR also need to record their signature and initials on the Interdisciplinary Signature Record (PHC-NF-024/Form Fast ID 3523) (see [Appendix G](#)).
- Document in an encounter note using the RAKT\ EMR template that will auto-populate with *"Rapid Kadian Titration performed in clinic. See Clinical assessment flowsheet, MAR, and PPO in Documents under "RAAC Rapid Kadian Titration."* Chart any exceptions (e.g., 2<sup>nd</sup> dose held as POSS 3) or incidents (e.g., client left clinic for a smoke and didn't return).
- Once titration complete, provide MAR and Flowsheet to Clerk to scan into EMR. Clerk to scan and file all documents as "RAAC Rapid KADIAN Titration" and save to "Documents > Clinical records" in the client's file.
- Clerk to fax client's prescription with cover letter outlining Morphine Tolerance Test process and providing context for prescription.

## Patient and Family Education

- Review expectation that client will remain in the clinic for post-dose monitoring for one hour after each short-acting morphine dose and the risk of iatrogenic opioid overdose if they leave the clinic during the monitoring period after receiving a dose of morphine, and that they may not be able to continue with the titration when they return.
- Inform client of Nicotine Replacement Therapy (NRT) options and how often they can have them.
- If client declines NRT, or think that despite the NRT they are likely to need to go outside to smoke at any time, advise them that it is better to go for a smoke before receiving a dose of short-acting morphine rather than during the 1-hour post-dose monitoring period.

## Related Documents

1. BCCNM Practice Standards for Medication: [Registered Nurses](#) and [Registered Psychiatric Nurses](#):
2. [B-00-07-10060](#) - Cardiac Arrest (Code Blue): Initiating and Responding
3. [B-00-13-10175](#) - Dispensing Take Home Naloxone Kits to Clients at Risk of Opioid Overdose (Adults & Youth)
4. [BD-00-13-40094](#) - Opioid Overdose (Suspected): Management, Including Naloxone Administration without a Provider Order
5. [B-00-13-10019](#) - Oxygen Therapy, Acute Care
6. [BD-00-07-40064](#) - Tobacco Dependence Management Guideline

## References

- BGP Pharma ULC. (2018, March). Product Monograph <sup>N</sup>KADIAN®. Retrieved from <https://www.mylan.ca/-/media/mylanca/documents/english/product-pdf/kadian-pm.pdf?la=en-ca>
- British Columbia Centre on Substance Use & B.C. Ministry of Health. (2017). *A guideline for the clinical management of opioid use disorder*. Retrieved from <http://www.bccsu.ca/care-guidance-publications/>
- Ethypharm Inc. (2018, February). <sup>N</sup>M-ESLON® (morphine sulfate) Product Monograph, Retrieved from [https://pdf.hres.ca/dpd\\_pm/00044100.PDF](https://pdf.hres.ca/dpd_pm/00044100.PDF)
- McLean, M. (2021). Morphine oral liquid - tolerance assessment for rapid outpatient KADIAN titration, St. Paul's Hospital Rapid Access Addiction Clinic. *Internal physician protocol*.

## Appendices:

- [Appendix A](#): Consent to Morphine Tolerance Test for Outpatient Rapid Kadian Titration
- [Appendix B](#): PH-861 Morphine Tolerance Test Orders
- [Appendix C](#): Clinical Opiate Withdrawal Scale (COWS)
- [Appendix D](#): Pasero Opioid-Induced Sedation Scale
- [Appendix E](#): PH-861MA Morphine Tolerance Test Medication Administration Record
- [Appendix F](#): NF533 Morphine Tolerance Test Assessment Record (Flowsheet)
- [Appendix G](#): Interdisciplinary Signature Record



## Appendix A: Patient Consent Form for Morphine Tolerance Test for Outpatient Rapid KADIAN Titration



Place Patient Form Label Here

### CONSENT TO MORPHINE TOLERANCE TEST FOR OUTPATIENT RAPID KADIAN TITRATION (SPH RAPID ACCESS ADDICTION CLINIC)



\* 9 5 1 8 \*

Patient/Client Agreement

I hereby authorize \_\_\_\_\_ M.D./\_\_\_\_\_ and such physicians and hospital staff whose assistance is required, to perform the morphine Tolerance Test for outpatient rapid KADIAN titration on me.

The nature and possible effects, including the significant risks and alternatives to this test, have been explained to me and I understand the explanations and the alternatives.

**Prior to undergoing this test, I acknowledge and agree to the following:**

- I have an opioid use disorder.
- I am on a dose of morphine (KADIAN) long acting that is not relieving my symptoms of withdrawal and cravings. There is concern that I may use non-prescribed opioids to relieve my symptoms.
- I will follow the Rights and Responsibilities of the Rapid Access Addiction Clinic (RAAC) which are posted on the wall in the clinic.
- I authorize RAAC staff to provide emergency medical services if necessary.
- I am aware that taking doses of morphine can cause overdose, and that **I am required to remain in the RAAC for one hour of monitoring after each morphine dose** so that staff can provide treatment for an overdose if necessary. If I do not remain in the clinic for one hour after each morphine dose, I may not receive any additional morphine doses.
- I will allow RAAC staff to monitor me after each morphine dose, which can include checking my breathing rate, pulse, blood pressure, how awake I am and the size of my pupils.
- I am aware that if I have taken morphine (KADIAN or M-ESLON) long acting before the morphine Tolerance Test I must remain in the clinic for a longer period of time for monitoring. Before the test is started, I will be advised by staff how long I must remain in the clinic.
- I have not driven to the clinic and will not drive or operate heavy machinery until I am on a stable KADIAN dose.
- I understand the risks of leaving the RAAC against medical advice, and I release all staff from responsibility if I choose to leave against medical advice or if I leave prior to the end of the one-hour monitoring period after each morphine dose.

**I was given the opportunity to ask questions and I understand the information above and am able to give consent for this test.**

**X**

Signature of patient

Date &amp; time of signature

Signature of M.D./\_\_\_\_\_ obtaining consent

Printed name

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## Appendix B: Morphine Tolerance Test Pre-Printed Orders

**Prescriber's Orders**

NO DRUG WILL BE DISPENSED OR ADMINISTERED  
WITHOUT A COMPLETED  
**CAUTION SHEET**  
ALLERGY/INTOLERANCE STATUS FORM (PHC-PH047)

**MORPHINE TOLERANCE TEST ORDERS**  
**Rapid Access Addiction Clinic (RAAC)**  
(Items with check boxes must be selected to be ordered)

Page 1 of 2

\*\*\*This form should only be completed by prescribers with an expertise in Addiction Medicine such as the Addiction Medicine Consult Team (AMCT) OR RAAC Physician\*\*\*

**INDICATION:** Opioid use disorder

**CLINIC LOCATION:** Move patient into the Treatment Induction Zone (TIZ) or other visible clinic location to ensure frequent monitoring

**MEDICATIONS:** If you are ordering dose(s) greater than the protocol discuss with another addiction medicine physician in clinic or contact RAAC Medical Lead to determine next steps and document rationale.

For each morphine oral liquid dose, complete the following assessment:

POSS: Before each morphine dose and every 30 minutes after each morphine dose X 1 hour  
If POSS is 3 or more contact RAAC physician to assess client. Discontinue morphine administration

Select one:

Physician to assess patient prior to each dose administered  
 Nurse to administer doses per protocol without physician re-assessment

**Option 1: Start/Restart**

First dose:  
morphine oral liquid 100 mg (one hundred milligrams) PO once

One hour after first dose:  
morphine oral liquid 200 mg (two hundred milligrams) PO Q1H PRN if POSS 2 or less (maximum 2 doses)

Maximum total daily dose of morphine oral liquid = 500 mg (five hundred milligrams)

**Option 2: Re-titration after missed doses**

morphine oral liquid 200 mg (two hundred milligrams) PO Q1H PRN if POSS 2 or less (maximum 4 doses)

Maximum total daily dose of morphine oral liquid = 800 mg (eight hundred milligrams)

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ College ID \_\_\_\_\_ Contact Number \_\_\_\_\_



**Providence  
HEALTH CARE**

**PREScriber's ORDERS**

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WITHOUT A COMPLETED  
**CAUTION SHEET**  
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**MORPHINE TOLERANCE TEST ORDERS**  
**Rapid Access Addiction Clinic (RAAC)**  
(Items with check boxes must be selected to be ordered)

Page 2 of 2

**NALOXONE ORDERS:**  
naloxone 0.1 to 0.4 mg IV/I/M/subcutaneous every 2 minutes PRN for suspected opioid overdose  
Notify prescriber/AMCT if naloxone given

**NICOTINE REPLACEMENT THERAPY:**  
Refer to completed NICOTINE REPLACEMENT THERAPY (NRT) ORDERS (Regional) (PHC-PH242)

**NON-OPIOID ADJUNCTS TO MANAGE OPIOID WITHDRAWAL:**

dimenhydrinate 50 mg PO Q4H PRN for nausea/vomiting

ibuprofen 400 mg PO Q6H PRN for myalgias

clonidine 0.1 mg PO Q4H PRN for restlessness, diaphoresis, subjective fevers/chills

**ADDITIONAL ORDERS:**

To revise medication orders a new PPO must be completed. Existing PPOs cannot be amended or edited once signed.

*Accelerated 24-hour morphine (KADIAN) long acting titrations exceeding community guidelines may be conducted in specialized care settings with the capacity to provide enhanced clinical pre/post-dose assessment and monitoring. People without an established history of opioid tolerance, older adults, and those with severe renal, liver and respiratory disease may be at increased risk for adverse outcomes.*

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ College ID \_\_\_\_\_ Contact Number \_\_\_\_\_

**Appendix C: Clinical Opiate Withdrawal Scale (Form)****CLINICAL OPIATE WITHDRAWAL SCALE (COWS)**

Flowsheet for measuring withdrawal symptoms during buprenorphine/naloxone induction.

For each item, write in the number that best describes the patient's signs or symptom. **Complete both pages.**

Score on the apparent relationship to opiate withdrawal.

Date:	SCORE									
Time:										
<b>Resting Pulse Rate:</b> (record beats per minute) <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81 to 100 2 pulse rate 101 to 120 4 pulse rate greater than 120										
<b>Sweating:</b> over past $\frac{1}{2}$ hour not accounted for by room temperature or patient activity. 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face										
<b>Restlessness Observation during assessment</b> 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds										
<b>Pupil size</b> 0 pupils pin point or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible										
<b>Bone or Joint aches</b> If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/ muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort										
<b>Subtotal Score</b>										
<b>Nurse initials</b>										

- Flowsheet continues on page 2 -

If you initial this form, you must complete the Interdisciplinary Signature Sheet at the front of the patient chart.

**Appendix D: Pasero Opioid-induced Sedation Scale (POSS) [Modified to include appropriate actions]**

Level of Sedation	Appropriate Action
S = Sleep, easy to arouse	Acceptable; no action necessary; may continue with opioid dose
1 = Awake and alert	Acceptable; no action necessary; may continue with opioid dose
2 = Slightly drowsy, easily aroused	Acceptable; no action necessary; may continue with opioid dose
3 = Frequently drowsy, arousable, drifts off to sleep during conversation	Unacceptable; hold opioid until improved; monitor respiratory status and sedation closely until sedation level is stable at less than 3 and respiratory status is satisfactory
4 = Somnolent, minimal or no response to verbal or physical stimulation	Unacceptable; hold opioid and notify prescriber; consider administering naloxone; monitor respiratory status and sedation closely until sedation level is stable at less than 3 and respiratory status is satisfactory

Modified from: Pasero, C., & McCaffery, M. (2002). Monitoring sedation: It's the key to preventing opioid-induced respiratory depression. *American Journal of Nursing*, 102(2), 67-69.

**Appendix E: Morphine Tolerance Test Medication Administration Record**

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**MEDICATION ADMINISTRATION RECORD**  
[for PH861 MORPHINE TOLERANCE TEST ORDERS (R. Jan 16-23)]**Scheduled Medications**  
(place before computer-generated MARs)**Allergies/Contraindications:**

Refer to completed Caution Sheet (PHC-PH047)

For the 24 hour period from 08:00 \_\_\_\_\_ to 07:59 on \_\_\_\_\_ Page: 1 of 3

(Date) \_\_\_\_\_ (Date) \_\_\_\_\_

08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 01 02 03 04 05 06 07

**Drug:**

- new order      Start/Restart: First Dose  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_ morphine oral liquid  
 order verified by (initials) \_\_\_\_\_ 100 mg (one hundred milligrams) PO once

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**Drug:**

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

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**Drug:**

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

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**Drug:**

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

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**Drug:**

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

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**Drug:**

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

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08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 01 02 03 04 05 06 07



Form No. PH861-MA Rev. (16 Jan 23)

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**MEDICATION ADMINISTRATION RECORD**  
 [for PH861 MORPHINE TOLERANCE TEST ORDERS (R. Oct 6-22)]

**PRN Medications**

(place after computer-generated MARs)

**Allergies/Contraindications:**

Refer to completed Caution Sheet (PHC-PH047)

For the 24 hour period from 08:00 \_\_\_\_\_ to 07:59 on \_\_\_\_\_ Page: 2 of 3  
 (Date) (Date)

08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06	07
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**Drug:**

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

Start/Restart: Starting 1 hour after first dose

morphine oral liquid

**200 mg (two hundred milligrams) PO Q1H PRN  
 if POSS Score 2 or lower and no signs of opioid toxicity**

**Hold if POSS 3 or more and notify prescriber immediately**

Maximum 2 doses

Maximum total daily dose of morphine oral liquid = 500 mg (five hundred milligrams)

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**Drug:**

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

Re-Titration after missed doses

morphine oral liquid

**200 mg (two hundred milligrams) PO Q1H PRN  
 if POSS Score 2 or lower and no signs of opioid toxicity**

**Hold if POSS 3 or more and notify prescriber immediately**

Maximum 4 doses

Maximum total daily dose of morphine oral liquid = 800 mg (eight hundred milligrams)

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**Drug:**

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

naloxone

**0.1 to 0.4 mg IV/ IM/ subcutaneous every 2 minutes PRN for  
 suspected opioid overdose**

Notify prescriber if naloxone given

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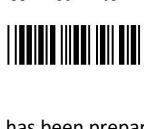
**Drug:**

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

dimenhydrinate

**50 mg PO Q4H PRN for nausea/vomiting**

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Form No. PH861-MA Rev. (16 Jan 23)

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**MEDICATION ADMINISTRATION RECORD**  
[for PH861 MORPHINE TOLERANCE TEST ORDERS (R. Oct 6-22)]

**PRN Medications**

(place after computer-generated MARs)

**Allergies/Contraindications:**

Refer to completed Caution Sheet (PHC-PH047)

For the 24 hour period from 08:00    (Date) to 07:59 on    (Date) Page: 3 of 3

08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 01 02 03 04 05 06 07

Drug:

- new order      ibuprofen  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

Drug:

- new order      cloNIDine  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

Drug:

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

Drug:

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

Drug:

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

Drug:

- new order  
 replaces order # \_\_\_\_\_  
 order transcribed by (initials) \_\_\_\_\_  
 order verified by (initials) \_\_\_\_\_

08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 01 02 03 04 05 06 07



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PROCEDURE

DOCUMENT # B-00-12-10182

## Appendix F: Morphine Tolerance Test Assessment Record



### RAPID ACCESS ADDICTION CLINIC (RAAC) MORPHINE TOLERANCE TEST ASSESSMENT RECORD

Record Pasero Opioid-Sedation Scale (POSS) score, respiratory rate and SpO<sub>2</sub> before, and Q30MIN and PRN for one hour after each morphine dose.  
Hold morphine if client has a POSS score of 3 or greater and contact Most Responsible Physician (MRP) to assess client.

DATE: \_\_\_\_\_

TIME	POSS Score	Respiratory Rate (bpm)	SpO <sub>2</sub> (%)	Signs and symptoms of opioid withdrawal (specify)	Signs and symptoms of opioid toxicity (specify)	morphine oral solution dose given (Y/N)	Nurse initials

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Effective date: 09/MAR/2023

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**Persons/Groups Consulted:**

Clinical Nurse Leader, RAAC  
Patient Care Manager, Urban Health Program  
Former Medical Lead, RAAC  
Physician, RAAC  
Medical Lead Physician, RAAC  
RAAC Nurses

**Developed By:**

Nurse Educator, Substance Use  
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Outpatient Urban Health Nurse Educator, PHC

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