

AUTHORIZED BY: CPC Quality of Care Committee  
ISSUE DATE: February 2020  
CATEGORY: ACP Medications  
TITLE: **HYDROMORPHONE**

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- Other Names:**
- Dilaudid ;APO-HYDROmorphon; Hydromorph Conti; Journista;
  - PMS-HYDROmorphone; TEVA-HYDROmorphone
- Classifications:**
- Analgesic, Opioid
- Pharmacodynamics:**
- Binds to opioid receptors in the CNS, causing inhibition of ascending pain pathways, altering the perception of and response to pain; causes cough suppression by direct central action in the medulla; produces generalized CNS depression
- Onset:**
- SC : ~15 minutes
  - IV : 5 minutes
  - CVAD: 5 minutes
- Peak:**
- SC : ~30-60 minutes
  - IV : 10 to 20 minutes
  - CVAD : 10 to 20 minutes
- Duration:**
- Approximately 3-4 hours
- Indications:**
- Patient aged  $\geq 18$  registered in palliative care program  
**And**  
Uncontrolled pain or dyspnea  
**Or**  
Uncontrolled dyspnea with suspected bronchoconstriction
- Contraindications:**
- Allergy or Hypersensitivity to hydromorphone
- Precautions:**
- CNS depression
  - Respiratory depression
  - Constipation
  - Hypotension
  - Opiate Toxicity
- Adverse Reactions:**
- Anticholinergic: Dry mouth, palpitation, tachycardia, urinary retention
  - Cardiovascular: Angina pectoris, bradycardia, cardiac arrest, circulatory depression, myocardial infarction, QT-interval prolongation, severe cardiac arrhythmias, shock, ST-segment elevation, syncope, ventricular tachycardia
  - Central nervous system (CNS): Agitation, coma, dizziness, dysphoria, mental clouding or depression, euphoria, faintness, nervousness, restlessness, sedation, seizures, visual disturbances, weakness
  - Gastrointestinal (GI): Constipation, nausea, vomiting, anorexia, abdominal distention, biliary tract spasm, decreased appetite, decreased intestinal motility, gastroesophageal reflux disease, paralytic ileus,
  - Respiratory: Respiratory depression, respiratory arrest, hypoxia, bronchospasm, dyspnea, rhinorrhea, flu-like symptoms (Exalgo)
  - Other: Flushing, pruritus, sweating, urticaria, skin rash, hyperhidrosis, warmth of face/neck/upper thorax

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- Drug Interaction:**
- May enhance the CNS depressant effect of CNS Depressants
- Special Considerations:**
- If orders are available for the patient, either morphine or hydromorphone may be administered within the range specified above per the emergency orders. Any doses outside the range specified must be confirmed with by a Base Hospital Physician prior to administration.
  - If there are no orders available or patients are opioid naïve the lower range of doses should be used.
  - If the patient is already on a regular opiate, the same opiate should be used. If the patient is on a regular opiate regimen that does not include either morphine or hydromorphone and does not have emergency orders available, paramedics should confirm with a Base Hospital Physician prior to administering morphine or hydromorphone.
- Image & Preparations:** 2 mg/ml, 1 ml vial
- References:**
- Lexicomp 2020 <http://online.lexi.com>
  - Compendium of Pharmaceuticals and Specialties 2020(CPS)
  - <https://www.e-therapeutics.ca/search>
  - <https://reference.medscape.com/drug/dilaudid-hydromorphone-343313#10>

***NOTE: The information contained herein does not supersede or negate the MoHLTC Provincial Advanced Life Support Patient Care Standards and should only serve as general information about the medication itself. For medication dosages, please refer to the current version of the Ontario Provincial ALS Patient Care Standards.***