G-Morphine Oral Solution

(Morphine Sulphate BP)

Presentation: Each 5 ml contains Morphine Sulphate BP 10 mg.

Indication: G-Morphine Oral Solution is indicated for the relief of moderate to severe pain. Postoperative painful condition; pain in labour, myocardial infarction, acute pulmonary oedema, and other acute pain of visceral origin resistant to non-narcotic analgesics; chronic pain in terminal illness.

Dosage and Administration: In chronic pain, by mouth 5 to 30 mg regularly every four hours; dose may be increased according to need or as prescribed by the physician. Oral dose should be approximately double corresponding intramuscular dose. For control of pain in terminal illness, it is recommended that the appropriate dose of G-Morphine oral solution be given on a regularly scheduled basis every four hour at the minimum dose to achieve acceptable analgesia. If converting a patient from another narcotic to morphine sulphate on the basis standard equivalence tables, a 1 to 3 ratio of parental to oral morphine equivalence is suggested. This ratio is conservative and may underestimate the amount of morphine required. If this is the case, the dose of G-Morphine oral solution should be gradually increased to achieve acceptable analgesia and tolerable side effects.

Contraindications: G-Morphine Oral Solution is contraindicated in patients with known hypersensitivity to the drug, in patients with respiratory depression in the absence of resuscitative equipment, and in patients with acute or severe bronchial asthma. G-Morphine Oral Solution is contraindicated in any patient who has or it's suspected of having a paralytic ileus.

Side effects: Drug dependence and addiction; nausea, vomiting, severe constipation, respiratory depression, drowsiness, difficulty in micturition, ureteric and biliary spasm, sweating dry mouth, facial flushing, vertigo, bradycardia, palpitation, postural hypotension, hypothermia, hallucination, mode change, miosis, articaria, pruritus etc.

Treatment of Adverse Effects: In acute poising by morphine taking by mouth, the stomach should be emptied by aspiration and lavage. A laxative may be given to aid peristalsis. Intensive supportive therapy may be required to correct respiratory failure and shock. In addition, the specific antagonist naloxone hydrochloride is used to counteract very rapidly the general respiratory depression and coma produced by excessive doses of opioid analgesics.

Overdose: Acute overdose with morphine sulphate is manifested by respiratory depression (a decrease in respiratory rate and/or tidal volume, Cheyne-Stokes respiration, cyanosis), extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, constricted pupils, and, in some cases, pulmonary edema, bradycardia, hypotension, cardiac arrest and death. Morphine sulphate may cause miosis, even in total darkness. Pinpoint pupils are a sign of opioid overdose but are not pathognomonic (e.g.pontine lesions of hemorrhagic or ischemic origin may produce similar findings). Marked mydriasis rather than miosis may be seen with hypoxia in overdose situations.

Use in Pregnancy & Lactation: Like other opioid analgesics morphine depresses neonatal respiration in 3rd trimester. It also causes gastric stasis & risk of inhalation pneumonia in mother during labour. Morphine in therapeutic doses unlikely affect infant. It causes withdrawal symptoms infants of dependent mothers. Brest feeding is not best method of treating dependence in offspring and should be stopped.

Pediatric Use: G-Morphine Oral Solution has not been evaluated systematically in children.

Precautions: Hypotension, Hypothyroidism, asthma and decreased respiratory reserve, prostatic hypertrophy; pregnancy and breast-feeding; hepatic and renal impairment; elderly; epilepsy.

Drug Interaction: CNS depressants: Increased risk of respiratory depression, hypotension, profound sedation, or coma. Use with caution in reduced dosages. Muscle relaxants: Enhance the neuromuscular blocking action of skeletal muscle relaxants and produce an increased degree of respiratory depression. Mixed agonist/antagonist opioid analgesics (i.e. pentazocine, nalbuphine, and butorphanol): May reduce the analgesic effect and/or may precipitate withdrawal symptoms. Cimetidine: Precipitates apnea, confusion and muscle twitching. Monoamine oxidase inhibitors (MAOIs): Potentiate the action of morphine sulphate. Morphine sulphate should not be used in.

Warnings: 1. Impaired Respiration: Respiratory depression in the chief hazard of all morphine preparation. Respiration depression occurs most frequently in the elderly and debilitated patients, as well as in those suffering from conditions accompanied by hypoxia or hypercapnia decrease when even moderate therapeutic dose may dangerously decrease pulmonary ventilation. G-Morphine Oral Solution should be used with extreme caution in patients with chronic obstructive pulmonary diseases. 2. Head injury and increased intracranial pressure, the respiratory depressant effects of Morphine with Carbondioxide retention and secondary elevation of cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesion or pre-existing increase in intracranial patients. 3. Hypotensive Effects: G-Morphine Oral Solution like all opioid analgesics may cause severe hypotension in an individual whose ability to maintain by a depleted blood volume. It may produce orthostatic hypotension in ambulatory patients. 4. Drug Dependence: G-Morphine Oral Solution can produce drug dependence and has a potential for being abused. Tolerance as well as psychological and physical dependence may develop upon repeated administration.

Storage: 20-25°C (68-77° F). Protect from moisture.

Package quantities: 100 ml Amber glass bottle.

দেশের স্বাস্থ্যের জন্যে

CERTIFIED ISO 9001:2015 COMPANY

Manufactured by :

GONOSHASTHAYA PHARMACEUTICALS LTD.

Mirzanagar via Savar Cantt., Savar, Dhaka-1344, Bangladesh