

Morphine IV Shortage (Updated 10/28/2025)

☐ Situation

- Supply of IV Morphine 2 mg and 4 mg vials is now on shortage
- Utilization of IV formulation exceeds supply

☐ Background/Assessment

- Manufacture has reported release date of late November ~ early December
- Procurement of essential excipients unavailable in the manufacturing process

☐ Recommendation

- **Consider aggressive IV to PO transition in all patients receiving IV morphine in eligible patients**
- **Utilize alternative PO pain medications options for any patient able to tolerate oral route**
- IV hydromorphone 0.5 mg and 1 mg syringes supply are not on radar to likely meet shortage
- **Pharmacy will increase our order of oral opiate options, along with IV fentanyl vials**
- Consider consulting Pharmacy for recommendations or assisting in opioid conversions.
- Nursing staff to administer oral opiates if patient is able to tolerate oral administration

Nursing's Huddle Card – IV Pain Medication Shortage

Switching From IV to Oral Medication: The Nurse's Role

PROBLEM: We are currently experiencing a **CRITICAL SHORTAGE** of intravenous medications (including, but not limited to, **IV hydromorphone and IV morphine**).

- This is a national issue that is not expected to resolve anytime in the near future.

ACTION: Nurses should monitor patient's ability to tolerate oral medications and actively communicate changes in patient status with providers and other members of the multidisciplinary care team.

When is my patient ready to be switched to oral medications?

Your patient must meet one of these goals to be eligible:

- Tolerating oral/tube medications
- Tolerating clear liquids or advanced diet for at least 2 consecutive meals
- Tolerating 24 hours of enteral feedings

When should my patient NOT be switched to oral medications?

If ANY of the following are present:

- Vomiting or nausea present
- Patient received more than two anti-emetics in the past 24 hours
- Patient has a malabsorption condition
- Active GI bleed present
- Continuous NG suction or has NG output > 150 mL for two or more times in 24 hours

Bedside nurses play a vital role in helping conserve IV pain medications.

Nursing is asked to fully assess patient and administer oral pain medications if the patient is able to tolerate in an effort to save IV pain medications for those patients who are unable to swallow.

IV Morphine and IV Dilaudid are on shortage with no specific date of release.

Pharmacist Recommendations – Available for Pharmacist Consult to assist in conversion

Agent	Recommended Dose Equivalents	
	Fentanyl IV	100 mcg
	Morphine IV	10 mg
	Morphine PO	30 mg
	Hydromorphone IV	1.5 mg
	Hydromorphone PO	7.5 mg
	Oxycodone PO	20 mg
	Hydrocodone PO	30 mg

IV to PO Hydromorphone Conversion

Parenteral Hydromorphone Dose (IV/IM)	Oral Opioid Dose
0.25 mg any frequency	Oxycodone 5 mg same frequency (unless shorter than Q4H, then use Q4H)
0.5 mg any frequency	2 mg Hydromorphone same frequency (unless shorter than Q4H, then use Q4H)
1 mg any frequency	4 mg Hydromorphone same frequency (unless shorter than Q4H, then use Q4H)
2 mg any frequency	8 mg Hydromorphone same frequency (unless shorter than Q4H, then use Q4H)

IV to PO Morphine Conversion

Parenteral Morphine Dose (IV/IM)	Oral Opioid Dose
1 mg any frequency	Oxycodone 5 mg same frequency (unless shorter than Q4H, then use Q4H)
2 mg any frequency	7.5 mg Morphine IR same frequency (unless shorter than Q4H, then use Q4H)
4 mg any frequency	15 mg Morphine IR same frequency (unless shorter than Q4H, then use Q4H)
8 mg any frequency	30 mg Morphine IR same frequency (unless shorter than Q4H, then use Q4H)

IV to PO Fentanyl Conversion

Parenteral Fentanyl Dose (IV/IM)	Oral Opioid Dose*
25 mcg any frequency	7.5 mg Morphine IR same frequency (unless shorter than Q4H, then use Q4H)
50 mcg any frequency	15 mg Morphine IR same frequency (unless shorter than Q4H, then use Q4H)
75 mcg any frequency	22.5 mg Morphine IR same frequency (unless shorter than Q4H, then use Q4H)
100 mcg any frequency	30 mg Morphine IR same frequency (unless shorter than Q4H, then use Q4H)

*If morphine allergy listed or contraindication pharmacy will contact MD with suggested oral pain medications.