

DepoDur® Nursing Know-How

DepoDur: What It Is

- Epidural **morphine** for the treatment of postoperative pain following major surgery; administered prior to surgery, or after clamping of the umbilical cord during elective cesarean delivery
- Single lumbar injection requiring **no indwelling epidural catheter**
- Extended-release formulation providing up to **48 hours of pain relief**

Safety

- The majority of side effects are typical of other opioids

<i>The most common side effects (>10%)</i>	
Decreased oxygen saturation	Pruritus
Hypotension	Pyrexia
Urinary retention	Anemia
Vomiting	Headache
Constipation	Dizziness
Nausea	

- **The most serious side effect is respiratory depression.** The elderly, debilitated, and those with impaired respiratory function are at greatest risk
 - If respiratory depression occurs, refer to standing physician order sets
 - **Contact the anesthesia department, acute pain service, or other responsible party**
 - Overall incidence of respiratory depression was dose related—10 mg (0.7%), 15 mg (5%)¹

Drug-Drug Interactions

Using the following medications with DepoDur may cause or increase side effects:

- Other opioids or central nervous system depressants
- Monoamine oxidase inhibitors (MAOIs)
 - Patients taking MAOIs or those who have stopped MAOI treatment within 14 days should not receive DepoDur
- Neuromuscular blockers

Check the DepoDur standing physician order set before administering medications.

Identifying Patients

- A DepoDur wristband, bed/wall sign, and chart sticker can be used to identify patients and document when DepoDur was administered

Monitoring Patients

- Strictly follow monitoring schedule per standard protocol for 48 hours²

Vital signs	Oxygen saturation
Respiratory rate	Pain assessment
Sedation level	

- Document each patient assessment
- If surgery is cancelled after DepoDur administration, monitor patients vigilantly because of increased risk of respiratory depression
- Watch for opioid-related side effects (see Safety) and treat according to standing physician order sets

Please see important safety information on the reverse and full Prescribing Information within.

DEPODUR[®]
(morphine sulfate extended-release liposome injection) 

Managing Breakthrough Pain

- Onset of action of DepoDur is about 3 hours.^{1,3} Some patients may initially need short-acting analgesia for pain during the “analgesic gap”
- Refer to standing physician order sets for use of opioid and nonopioid medications

Communicating Effectively

Communicate or request the following information:

- Patients who have received DepoDur
- DepoDur dose and time administered
- Current monitoring schedule
- Current patient status: pulse oximetry, respiration rate and quality, sedation level, pain level
- Dose of other medications and time administered

For questions, concerns, or changes in patient status, contact the anesthesia department, acute pain service, or other responsible party.

References:

1. Data on file. EKR Therapeutics, Inc.
2. Keck S, Glennon C, Ginsberg B. DepoDur extended-release epidural morphine: reshaping postoperative care: what perioperative nurses need to know. *Orthop Nurs.* 2007;26(2):86-93.
3. Martin G, Hartmannsgruber M, Riley E, Manvelian G. Single-dose extended-release epidural morphine for pain after hip arthroplasty. *J Opioid Manag.* 2006;2(4):209-218.
4. American Society of Anesthesiologists Task Force on Neuraxial Opioids. Practice guidelines for the prevention, detection, and management of respiratory depression associated with neuraxial opioid administration. *Anesthesiology.* 2009;110(2):218-230.

Please see full Prescribing Information within.

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Important Safety Information

DepoDur is contraindicated in patients with known hypersensitivity to morphine or the product components and those patients with respiratory depression, acute or severe bronchial asthma, upper airway obstruction; those who have or are suspected of having paralytic ileus, head injury, or increased intracranial pressure; and those who are in circulatory shock. DepoDur is not intended for intrathecal, intravenous, or intramuscular administration. Administration of DepoDur into the thoracic epidural space or higher has not been evaluated and therefore is not recommended. Once DepoDur has been administered, no other medication should be administered into the epidural space for at least 48 hours after administration.

As with all opioids, the most serious side effect of morphine sulfate is respiratory depression, especially in elderly and debilitated patients and in those with compromised respiratory function. Current recommendations advocate that all patients receiving neuraxial opioids be monitored for adequacy of ventilation, oxygenation, and level of consciousness.⁴ Monitoring should continue for the duration of therapeutic effect. Patients taking DepoDur should be monitored for 48 hours.

The most common adverse events (>10%) are decreased oxygen saturation, hypotension, urinary retention, vomiting, constipation, nausea, pruritus, pyrexia, anemia, headache, and dizziness.

DepoDur is a Schedule II controlled substance and is subject to abuse and diversion.