

Title	IMDG Code 2016 / SUPPLEMENT / MFAG / Table 13
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Note	Incorporating Amendment 35-10

TABLE 13

PAIN RELIEF

The use of analgesics (pain-killing drugs) is a very important step in the treatment of poisoning associated with severe tissue damage. Pain relief calms the casualty and stabilizes his condition. Paracetamol is a mild analgesic and morphine is used to treat severe pains. As morphine often causes vomiting it should be combined with an anti-emetic such as metoclopramide.

Mild to moderate pain

- Give two tablets of paracetamol every six hours until the pain is relieved.

Severe pain

Casualty is breathing normally:

• RADIO FOR MEDICAL ADVICE

- If advice is not available:

1 give morphine sulphate 10 mg and metoclopramide 10 mg intramuscularly.

2 If breakthrough pain persists after 15 minutes or more give a second injection of 10 mg of morphine sulphate intramuscularly.

3 After four hours, if pain persists or recurs, give 10 to 20 mg morphine sulphate with a further dose of 10 mg metoclopramide intramuscularly.

4 Where pain persists the third and subsequent doses of 10 to 20 mg morphine sulphate must not be given more frequently than every four hours with metoclopramide 10 mg but the total dose of metoclopramide must not exceed 30 mg each 24 hours.

- Follow medical advice if available.

Casualty is breathing poorly:

- Administer oxygen at a flow rate of 6-8 litres per minute.

- **RADIO FOR MEDICAL ADVICE.** Evacuation to shore hospital is likely to be needed.

- If medical advice is not available and the pain is excruciating, give morphine sulphate 10 mg and metoclopramide 10 mg intramuscularly.

- If breakthrough pain persists after 15 minutes or more, give a second injection of 10 mg of morphine sulphate intramuscularly. **OBSERVE CAREFULLY FOR FURTHER DETERIORATION.**

- **RADIO FOR MEDICAL ADVICE** if not received previously.

Slow irregular breathing after morphine

- The following signs may indicate overtreatment with morphine:

- Irregular breathing pattern;
- Shallow and slow breathing;
- Development of unconsciousness if the casualty was conscious at first;
- Small pin-point pupils.

- If breathing is inadequate give ventilation support and administer oxygen: **See Table 3**

• RADIO FOR MEDICAL ADVICE

- If medical advice is not available, give 0.4 mg Naloxone intramuscularly. Naloxone counteracts the side effects of morphine.

- Repeat the dose within 15 minutes if the casualty's condition does not improve and medical advice is not available.

- If there is no improvement after these two injections (total dose of 0.8 mg) of naloxone it is very unlikely the deterioration is due to an overdose of morphine.

- If there is a response, and then further deterioration occurs give a further dose of 0.4 mg Naloxone.

Morphine is a controlled substance as it is an addiction-producing drug.

- Obtain RADIO MEDICAL ADVICE if at all possible prior to the use of morphine. Keep an exact record of morphine use.

- Keep stock locked away.

- Discontinue as soon as the pain can be relieved by paracetamol.

- If, under certain radio conditions, radio medical advice is not feasible, it is up to the Master's discretion to ensure that adequate morphine is administered when pain is excruciating.