



**Western Cape
Government**

Department of Health
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CIRCULAR H104/2024

**TO: THE CHIEF OF OPERATIONS
CHIEF DIRECTORS / DIRECTORS / DISTRICT MANAGERS
HEADS: HOSPITALS, COMMUNITY HEALTH CENTRES, CLINICS
EXECUTIVE DIRECTOR HEALTH: CITY OF CAPE TOWN**

**N.B. FOR CIRCULATION TO ALL MEDICAL, PARAMEDICAL, PHARMACEUTICAL AND
NURSING STAFF**

NOTICE: RISK OF HARM WITH MORPHINE IF USED FOR PULMONARY OEDEMA

Healthcare professionals are referred to the attached notice, Reference: 2024/07/05/EDP/02: Notice: Risk of harm with morphine if used for pulmonary oedema, from the National Department of Health, dated 10 JULY 2024.

Following the 2020-24 review of the Adult Hospital Chapter 20: Emergencies and Injuries, the National Essential Medicines List Committee (NEMLC) has recommended the removal of morphine from the Essential Medicines List (EML) for the management of patients with acute pulmonary oedema, due to evidence of an increased risk of mortality, when used for this indication.

In view of the routine use of morphine in patients with acute pulmonary oedema, it is advised that this information is distributed and communicated accordingly to ensure that the recommended change in practice is implemented. Kindly share with all healthcare professionals and relevant stakeholders.

Your co-operation is appreciated.

MS K LOWENHERZ

DIRECTOR: MEDICINE MANAGEMENT, LABORATORY AND BLOOD SERVICES SUPPORT

DATE: 19/08/24



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



Reference: 2024/07/05/EDP/02

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NOTICE: RISK OF HARM WITH MORPHINE IF USED FOR PULMONARY OEDEMA

Following the 2020-24 review of the Adult Hospital Chapter 20: Emergencies and Injuries, the National Essential Medicines List Committee (NEMLC) has recommended the removal of morphine from the Essential Medicines List (EML) for the management of patients with acute pulmonary oedema, due to evidence of an increased risk of mortality, when used for this indication.

More specifically, a rapid review¹ of the clinical evidence on whether intravenous/intra-osseous morphine should be used in the treatment of acute pulmonary oedema was conducted. Four systematic reviews of observational studies were identified, with two of the most relevant, up-to-date, and highest quality reviews being used to inform recommendations for critical outcomes. The conclusion from this review was that morphine may increase in-hospital and all-cause mortality (OR 1.78; 95% CI 1.01 to 3.13; 15 more people harmed per 1000 treated, from 0 fewer harmed to 40 more harmed; n=151735 participants), and may result in a large increase in need for invasive mechanical ventilation (OR 2.72; 95% CI 1.09 to 6.80; 45 more per 1000 treated, from 2 more to 136 more; n=167847 participants) when compared to not using morphine. A copy of the complete evidence review is accessible on the following NDoH Links:

- Knowledge Hub: <https://knowledgehub.health.gov.za/elibrary/hospital-level-adults-standard-treatment-guidelines-stgs-and-essential-medicines-list-eml>
- NHI webpage: <https://www.health.gov.za/nhi-edp-stgs-eml/>

In view of the routine use of morphine in patients with acute pulmonary oedema, it is advised that Provinces and Healthcare Facilities distribute and communicate this information in consultation with the Pharmaceutical and Therapeutics Committees to ensure that the recommended change in practice be implemented accordingly. Kindly share with all healthcare professionals and relevant stakeholders.

Kind regards,

MS K JAMALOODIEN
CHIEF DIRECTOR: SECTOR WIDE PROCUREMENT
DATE: 10 July 2024

¹ NDoH Review. Morphine_Pulmonary oedema_PHC&AdultHospital_Review_May 2022