**Today's Date**  __ / __ / ____

<table>
<thead>
<tr>
<th>Drug</th>
<th>Concentration</th>
<th>Daily Dose</th>
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**Next Refill Date / Time**  

**Physician**  

**Clinic**  

**Telephone**  

*Patient / Caregiver Emergency Information on reverse*
PATIENT / CAREGIVER EMERGENCY INFORMATION

Morphine

**Medication:** Morphine (Opioid) for pain management delivered from an implanted pump through a catheter placed in the fluid that surrounds my spinal cord.

**Symptoms of Overdose:**
- Slow and shallow breaths
- Dizziness
- Breathing Stops
- Sedation
- Euphoria
- Seizures
- Anxiety

**If symptoms appear:** Seek emergency attention immediately, if necessary perform CPR.

**For emergency responders:** Follow Emergency Procedures for Morphine Intrathecal/Epidural Overdose ([http://professional.medtronic.com/ERmorphine](http://professional.medtronic.com/ERmorphine)). Have emergency physician contact managing physician (*information on reverse*).