Pneumonia in UK ICU: Are Morphine and Midazolam Hidden?

Families' FAQ: “Can these doses be given without being recorded?” | Quick tip for families in intensive care

A reader in the UK asks whether treating doctors can give morphine and midazolam to a patient with pneumonia without it being recorded in the drug chart, or recorded separately and not disclosed. Here is what families in this situation need to know.

Q. Should every dose of morphine and midazolam be recorded in ICU?

Yes. In a properly run ICU, in the UK, Australia, Germany or anywhere else, every dose of a controlled drug like morphine (an opioid) or midazolam (a sedative) must be recorded in the drug chart at the time it is given. In the UK these are Schedule 2 controlled drugs, with strict legal recording requirements: the exact drug, dose, route and time; who prescribed it and who administered it; a second-checker signature in many Trusts; and stock reconciliation in the controlled drugs register, separate from but linked to the patient's chart. **If doses are given and not recorded, that is a serious documentation and clinical governance failure.**

Q. Why do families worry about “hidden” sedation?

The worry usually starts at a specific moment: a loved one with pneumonia, possibly on a ventilator or high-flow oxygen, becomes drowsy, unresponsive or breathes differently, and the family wasn't told that sedation or opioids were given, or wasn't shown it in writing. Morphine and midazolam are both **respiratory depressants**, and in a pneumonia patient already working hard to breathe they can suppress the drive to breathe further. That is why real-time documentation matters: it lets a family understand whether deterioration came from the disease or from medication.

Q. Could drugs be given “off the chart” or recorded elsewhere?

With UK controlled-drug protocols this shouldn't happen, but over 25+ years the author has seen documentation gaps, delayed entries, illegible handwriting, and drugs charted under a generic “as required for comfort” order without a precise administration record. Three different situations look similar from the bedside: **deliberate non-disclosure** (rare and serious, a matter for formal complaint and regulatory escalation); **documentation errors or delays** (more common, still serious, and you have every right to query them); and **end-of-life symptom control** via a syringe driver or anticipatory medications pathway, which can look different from standard charting and sometimes confuses families. You can't tell which from the bedside alone.

Q. Why do we need the full records, not a verbal summary?

If you suspect morphine or midazolam was given without being properly recorded, the most important step is to request **full, complete and continuous** access to the medical records, not verbal reassurance or a partial summary. In the UK you can request records under the Access to Health Records Act and UK GDPR/Data Protection Act provisions, as next of kin, lasting power of attorney, or with the patient's consent where they have capacity.

Q. Which records should we ask for?

1. The complete drug chart / medication administration record (MAR), including controlled drugs. **2.** The controlled drugs register entries matching your loved one's admission. **3.** Nursing notes and observation charts for the same periods. **4.** Any anticipatory medications or syringe driver charts, if end-of-life pathways were considered. **5.** The full medical notes, not a discharge summary or excerpt. Cross-referencing the drug chart against nursing notes and observation trends (respiratory rate, sedation score, oxygen saturation) is how you and an independent clinician can establish exactly what was given, when, and what effect it had.

Q. How can an independent consulting call help?

Talking it through with someone who has spent 25+ years inside ICUs makes the difference between staying confused and frightened and asking the right, pointed questions. On a consulting call, Intensive Care Hotline goes through the records and drug charts with you, line by line if needed, helps you identify what to ask the consultant, registrar or ward sister, and how to ask it so you get a direct answer instead of a vague reassurance.

Q. What if my loved one survives but needs long-term care?

ICU-level care doesn't have to mean staying in hospital indefinitely or being placed in a facility that can't meet their needs. **Intensive Care at Home** operates across Australia as the country's only third-party accredited specialist home ICU nursing provider (ISO 9001:2015, NDIS registered), and the model itself, drawn from Germany's 25+ years of home ventilation, is something families anywhere can ask their own healthcare system about.

Q. What is the bottom line?

Morphine and midazolam should never be administered without being recorded in the drug chart, full stop. **If you suspect it happened, request the complete medical records, including the controlled drugs register, and have them reviewed by someone who knows exactly what they are looking at.**

Need independent expert advocacy? Intensive Care Hotline can help.
Patrik Hutzel brings 25 years of critical care nursing experience. We go through the medical records and drug charts with you and help you ask the ICU team the right questions. Book a **free 15-minute phone consultation**.
Call +1 415-915-0090 (USA / Canada) | +61 3 8658 2138 (Australia / New Zealand) | +44 118 324 3018 (UK / Ireland)
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Book a free 15-minute appointment: http://intensivecarehotline.com/scheduling-appointment/ | **intensivecarehotline.com**

General information for families, not a substitute for advice from your loved one's treating medical team.