

DO NOT PRESCRIBE MORPHINE FOR PATIENTS WITH RENAL FAILURE eGFR<30 – seek advice.

This information is to be used as a guide only. If in doubt, ASK

Severn Hospice Strong Opioid Conversion Table (community) source PCF 6

- When switching opioids, a dose reduction of 25-30% is recommended.
- When converting high doses, it is recommended to reduce the dose by 50% initially to avoid toxicity. Discuss with specialist palliative care team.
- Breakthrough doses (prn) should be approximately 1/6 of total daily dose.
- Renal impairment is likely to increase the risk of opioid toxicity. Discuss with specialist palliative care team.
- When converting to fentanyl patch from MR morphine or MR oxycodone, apply the patch at the same time as the last dose of MR drug is given and ensure break through pain is covered as it takes longer than 12 hours for the fentanyl to reach steady state.

Morphine Sulphate Injection					Oxycodone Injection					Fentanyl Transdermal Patch Ratio 100:1	Buprenorphine Transdermal Patch	Alfentanil Injection
Oral mg			Sub cut mg		Oral mg			Sub cut mg		Patch strength mcg/hour	Patch strength mcg/hour	specialist advice only
4hr dose	12hr MR dose	24hr total dose	4hr dose	24hr total dose	4 hr dose	12hr MR dose	24hr total dose	4hr dose	24hr total dose	Stable pain only Change every 3 days	Stable pain only Approx. equivalent	24 hour total dose (mg)
		5		2.5								
		10		5							5 Butrans	
2.5	7.5	15		7.5							5 Butrans	
2.5	10	20	2.5	10							10 Butrans	
5	15	30	2.5	15	2.5	7.5	15	1.25	7.5	12mcg/hr	15 Butrans	1
10	30	60	5	30	5	15	30	2.5	15	25mcg/hr	20+5 Butrans	2
15	45	90	7.5	45	7.5	22.5	45	4	24	37.5 mcg/hr	35 Transtec	3
20	60	120	10	60	10	30	60	5	30	50mcg/hr	52.5 Transtec	4
30	90	180	15	90	15	45	90	7.5	45	75mcg/hr	70 Transtec	5

Always calculate the dose using 24hr oral morphine as standard and adjust to patient and situation.

Always compare the 24hour doses when changing between different drugs or different formulations of the same drug

ALFENTANIL INJ. 500 micrograms/ml SHOULD ONLY BE CONSIDERED ON THE ADVICE OF A PALLIATIVE CARE SPECIALIST.

Alfentanil is only given via CSCI and is the drug of choice for patients with eGFR<30. Use oxycodone sc 4 hourly dose for PRN doses, as shown on table above.