Oral Morphine

Total in 24 hours
(For PRN/breakthrough dose
Divide by 6)

Metabolites excreted via kidneys – care in renal impairment

SC Morphine

- Round down to nearest patch size

Buprenorphine Patch

- Round down to nearest patch size

Codeine/Dihydrocodeine

- Round down to nearest patch size

SC Diamorphine

Fentanyl Patch

- Round down to nearest patch size

SC Alfentanil

Tramadol

Alfentanil

SC Oxycodone
SAFE OPIOID PRESCRIBING
converting from one opioid to another

Morphine remains the first choice strong opioid in those who are not in renal failure and do not have a history of allergy or intolerance to the drug.

Sometimes, you will need to convert from one opioid to another – for instance because of adverse effects, or renal failure, or difficulty swallowing. It is useful therefore to be able to work out equivalents for each opioid.

The chart shows you how to convert between opioids – but you need to be careful when you use it. Equianalgesic conversions should not be considered a simple straightforward calculation. Dose ranges are given where there is differing expert opinion or uncertainty. Significant 'inter/intra' patient variability exists depending on the selected opiate, dosage level, expected response, and extent of incomplete cross tolerance. It is always prudent to check calculations with another clinical colleague.

Incomplete cross-tolerance relates to tolerance to a currently administered opiate that does not extend completely to other opioids. This will tend to lower the required dose of the second opioid. This incomplete cross-tolerance exists between all of the opioids and the estimated difference between any two opiates could vary widely. This points out the inherent dangers of using an equianalgesic table and the importance of viewing the tabulated data as approximations. Many experts recommend - depending on age and prior side effects - reducing the dose of the new opiate by up to 33-50% to account for this incomplete cross-tolerance.

Dose reductions of 50% should also be considered when switching in the following circumstances:
• At morphine or equivalent doses of >1g/24hr
• In elderly or frail patients
• Because of undesirable side effects eg delirium
• When there has been a rapid escalation of the first opioid (possibly due to opioid-induced hyperalgesia

Produced based on guidance in Twycross and Wilcock. Palliative Care Formulary 7th Edition Bradford, Airedale, Wharfedale & Craven Palliative Care MCN
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