

GUIDELINES FOR OPIOID CONVERSION

Doctors and Health Professionals should understand that any decision made with the use of a guideline should be individualised to patient need and situation.

1. Determine the total dose of opioid for the previous 24 hours - include breakthrough doses;
2. Convert the previous opioid dose to the oral morphine equivalent (mg / 24 hours);
3. Convert the daily dose of morphine to the opioid of choice.

Step 2: Previous Opioid Dose for 24 hours		Conversion Factor	Example of Drug Conversion	Oral morphine Equiv 24 hours =
Morphine	Oral	1	Ordine 1mg/ml 5mls	5mg
	Subcut	3	Morphine 10mg x 3	30mg
Hydromorphone	Oral	5	Hydromorphone 5mg x 5	25mg
	Subcut	15	Hydromorphone 5mg x15	75mg
Oxycodone SR	Oral	1.5	Oxycodone SR 20mg x 1.5	30mg
Oxycodone mg	Oral	1.5	Endone 5 mg x 1.5	7.5mg
	Subcut	4.5	Oxycodone 10mg x 4.5	45mg
Tramadol SR	Oral	0.1	Tramadol 100mg x 0.1	10mg
Codeine	Oral	0.08	Codeine 240mg x 0.08	20mg
Methadone	Oral	Complex		
Step 3: Oral Morphine Dose for 24 hours		Conversion Factor	Opioid of Choice Dose for 24 hours	
Morphine	60mg	1 0.33	Morphine = 60mg = 20mg	Oral Subcut
Morphine	100mg	0.2 0.067	Hydromorphone = 20mg = 7mg	Oral Subcut
Morphine	60mg	0.66	Oxycodone SR = 40mg	Oral
Morphine	60 mg	0.66	Oxycodone = 40mg = 15mg	Oral
		0.22		Subcut
Morphine	10 mg	10	Tramadol SR = 100mg	Oral
Morphine	10 mg	12.5	Codeine = 125mg	Oral
Morphine		Complex	Methadone	Oral

SC Morphine x 1/10 = Epidural Morphine;
 x 1/100 = IT (Intrathecal) Morphine;
 x 1/1000 = I/V (Intraventricular) Morphine.

CONVERSION FOR FENTANYL TRANSDERMAL PATCH: "XX" mcg/hr x 3.6 = 24 hr oral morphine equivalent

*References: Therapeutic Guidelines Palliative Care 2005; Cancer Pain, IMS Issue 2/2005;
 SCDHS Pain Management Guidelines in the Terminally Ill Patient
 Adapted from QH SC-WBHS Interim Standing Order
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