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OPIOID CONVERSION GUIDANCE

Basic principles

The "Gold Standard" and NICE recommended (CG140, May 2012) opioid for the management of severe pain is morphine sulphate (or parenteral morphine sulphate for patients unable to take oral medication).
Patients receiving regular opioids should always be prescribed breakthrough medication at a dose appropriate for their daily requirement.

Generally a breakthrough dose will be 1/6th of the total daily dose.

Parenteral opioids are between 2 and 3 times the potency of oral opioids.

An opioid switch may be indicated, e.g., morphine side-effects which do not respond to appropriate management, and renal impairment.

Use of alternative opioids

Renal impairment is likely to increase drug toxicity from morphine due to accumulation of active metabolites of these drugs.

Patients taking opioid medication who develop renal impairment may require a dose reduction. Advice should be sought from the Specialist Palliative Care Team (SPCT) or Pharmacy.

Morphine should not be used if the patient's eGFR is <40 and an opioid switch to oxycodone is recommended, unless renal impairment and morphine dose is stable and there is no evidence of adverse effects

At even lower levels of eGFR (<15), oxycodone may not be tolerated and the use of alfentanil would be indicated: always discuss this with the SPCT.

Use of opioids in the dying patient

In the terminal phase, renal impairment, hypoalbuminaemia and an increase in the permeability of the blood/brain barrier will all affect drug pharmacokinetics and may lead to toxicity. Extreme caution is needed when calculating breakthrough doses of opioids for patients receiving transdermal fentanyl at the end of life.

Attached is a table with guidance for suggested breakthrough doses for existing background requirements.

Advice is available from the Specialist Palliative Care Team at Huddersfield Royal Infirmary ext 2965, or from Pharmacy

Out-of-hours' palliative medicine advice is available through switchboard or Kirkwood or Overgate Hospices.

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CONVERSION TABLE FOR COMMON ORAL, SUBCUTANEOUS AND PATCH PREPARATIONS

Morphine Oral			Oxycodone Oral			Morphine Subcutaneous		Diamorphine Subcutaneous		Oxycodone Subcutaneous		Fentanyl Transdermal	Alfentanil Subcutaneous
4hr dose (mg)	12hr MR dose (mg)	24hr total dose (mg)	4hr dose (mg)	12hr MR dose (mg)	24hr total dose (mg)	4hr dose (mg)	24hr total dose (mg)	4hr dose (mg)	24hr total dose (mg)	4hr dose (mg)	24hr total dose (mg)	Patch Strength (microgram/hr)	24hr total dose (mg)
2.5	10	20	1 - 1.5	5	10	1.5-2.5	10	1	7.5	1	5	-	0.5
5	15 (MST)	30	2.5	10	20	2.5	15	1.5-2	10	1 - 1.5	7.5	-	1
10	30	60	5	15	30	5	30	2.5-5	20	2.5	15	12 mcg*	2
15	45	90	7.5 - 10	25	50	7.5	45	5	30	2.5 - 5	25	25 mcg	3
20	60	120	10	30	60	10	60	5-7.5	40	5	30	37 mcg*	4
30	90	180	15	45	90	15	90	10	60	7.5	45	50 mcg	6
40	120	240	20	60	120	20	120	10-15	80	10	60	75 mcg*	8
50	150	300	25	75	150	25	150	15-20	100	12.5	75	75 mcg*	10
60	180	360	30	90	180	30	180	20	120	15	90	100 mcg	12
70	210	420	35	100	200	35	210	20-25	140	17.5	100	125 mcg*	14
80	240	480	40	120	240	40	240	25-30	160	20	120	125 mcg*	16

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