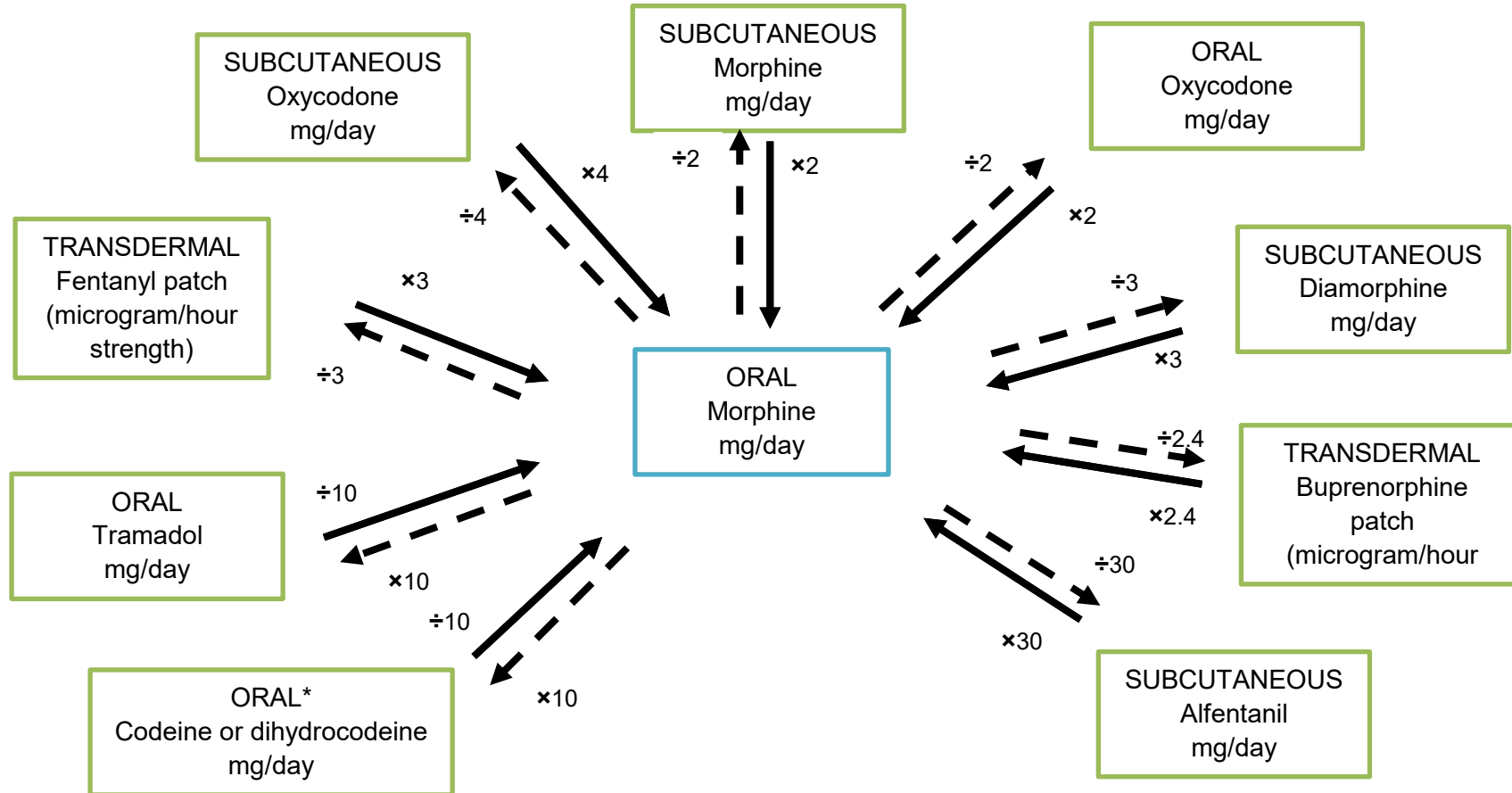




Humber Area Prescribing Committee

Specialist Palliative care opioid drug conversion chart

**NOTE: When using this chart, calculate the total daily dose of morphine.
Once conversion is calculated, ensure opioid dose is prescribed in divided doses as appropriate.**



*The conversions given are comparable doses but there is wide patient intervariability relating to opioid conversion.

Using the chart

- The arrow **outward** shows how to convert from morphine to the alternative drug
- The arrow **inward** shows how to get the equivalent dose of oral morphine
- See the GUIDANCE NOTES overleaf

In renal impairment (GFR <30ml/min) morphine and diamorphine in particular can accumulate. Alternative opioids of choice are oxycodone po/sc, fentanyl and buprenorphine patches. If using other options use low doses and increase the dose interval, and regularly monitor and review.

In renal impairment (GFR <15ml/min) subcutaneous alfentanil may be considered - seek specialist advice.

**Approved by Humber APC: 9/10/24
Review date: October 2027**



Specialist Palliative care opioid drug conversion chart

Opioid Drug Conversions – General Guidelines

- This chart is designed for guidance only. The conversions given are comparable doses but there is wide patient intervariability relating to opioid conversion. For individual patients, response to previous opioids, clinical condition and severity of pain must be taken into consideration.
- The chart is intended to be used as a guide by working through the oral daily dose equivalent of morphine
- This chart is intended as a guide to a safe starting dose and for all patients the required dose should be carefully titrated according to response.
- BE AWARE: patients tend to respond better to the new opioid – if no/mild pain, consider a reduction when converting.
- Take particular care if switching from oral to parenteral opioids if clinical concerns regarding oral absorption.
- For patients on higher doses of opioids (morphine >300mg/day), specialist palliative care assessment and advice should be sought.
- It is good practice to document your rationale for opioid switching and clinical reasoning.
- When calculating doses always double check your calculation, with someone else if possible.
- Round doses up or down to a sensible number dependent upon the drug and formulations available.
- Remember to prescribe breakthrough doses for PRN use (1/6 of total daily dose).
- To convert to/from METHADONE – seek specialist advice.

Note: Prescribe by brands to avoid confusion.

Please be aware that there are several different buprenorphine patches available.

Some are changed **weekly** e.g. Bunov, Butec, BuTrans, others are changed **twice weekly** e.g. Transtec and Bupeaze (96 hrs) or Hapoctasin (72 hrs).

Please see the BNF or Summary of Product Characteristics (available at www.medicines.org.uk) for full details of all available products.

For specialist palliative care advice contact your local specialist services.

For information on medicines:

www.medicinescomplete.com/ (requires subscription)

[Palliative Care Matters \(pallcare.info\)](http://palliativecare.info) (this also provides syringe driver compatibility information)

[Medicine information | Right Decisions \(scot.nhs.uk\)](http://scot.nhs.uk)

Example calculations from total daily dose of 80mg oral morphine

Daily dose of morphine (mg)	Calculation to alternative drug	Suggested prescribed dose of alternative drug
80	Fentanyl patch $80 \div 3 = 26.66$ microgram/hour	Fentanyl patch 25microgram/hour
80	Subcutaneous oxycodone $80 \div 4 = 20$ mg/ day	Subcutaneous oxycodone 20 mg per 24 hours
80	Oral oxycodone $80 \div 2 = 40$ mg/ day	Oral oxycodone S/R 20 mg BD
80	Subcutaneous diamorphine $80 \div 3 = 26.67$ mg	Subcutaneous diamorphine 25mg per 24 hours
80	Subcutaneous Alfentanil $80 \div 30 = 2.66$ mg	Subcutaneous alfentanil 2.5mg per 24 hours
80	Buprenorphine patch $80 \div 2.4 = 33.3$ microgram/hour	Buprenorphine patch 35 microgram per hour

Example calculations from weak opioids to oral morphine

Dose of weak opioid	Calculation to oral morphine	Suggested prescribed total daily dose of oral morphine (mg)
Codeine 60mg qds	Codeine $240 \div 10 = 24$ mg/day	20
Dihydrocodeine 60mg qds	Dihydrocodeine $240 \div 10 = 24$ mg/ day	20
Tramadol 100mg qds	Tramadol $400 \div 10 = 40$ mg / day	40

References: Wilcock, A, Howard, P and Charlsworth, S Palliative Care Formulary (PCF8). 2022, Pharmaceutical Press, London

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