PENNINE LANCASHIRE OPIOID CONVERSION TABLE - A GUIDE TO EQUIVALENT DOSES OF OPIOID DRUGS

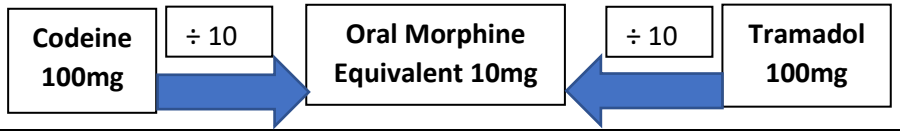
The table below has been adapted from the Lancashire and South Cumbria Clinical Practice Summary Nov 2021 for local use within Pennine Lancashire, to round doses to ease administration and to include dose ranges, particularly relevant when prescribing subcutaneous medication. Consider consulting the original version in the Clinical Practice Summary, particularly when prescribing oral PRN opioids.

Use the table as a guide (not a set of definitive equivalences) to identify an appropriate starting point for your prescribing decisions. **ALL** prescribing decisions must be based on a **full clinical assessment**. **Higher opioid doses may be needed for some patients – seek specialist palliative care advice.**

Considering **reducing prescribed opioid dose by 30-50%** if converting from one route to another route (e.g. transdermal to oral to oral to subcutaneous) or if there is concern about **opioid toxicity** (confusion, drowsiness, myoclonic jerks, slowed respiration, pin-point pupils). See Lancashire and South Cumbria Clinical Practice Summary Nov 2021 for guidance on conversion to a transdermal fentanyl patch or CSCI (syringe pump). Consider the role of adjuvant medication before rotating opioids, changing the dose or route.

Never increase an opioid dose by more than 50% of the previous 24 hour regular dose without SPECIALIST ADVICE.

Consider prescribed doses of moderate opioids (Codeine and Tramadol). Factor these in when converting to regular morphine (or another strong opioid) or when calculating PRN dosages.



	Morphine (mg)					Oxycodone (mg)					Fentanyl Patch (mcg/hr)	Buprenorphine Patch (mcg/hr)	Alfentanil
Route	Oral			SC		Oral			SC				Syringe pump over 24hrs (not used PRN SC, consider oxycodone PRN)
	24hr Total	12hrly MR Dose	PRN	Syringe Pump over 24hrs	PRN	24hr Total	12hrly MR Dose	PRN	Syringe Pump over 24hrs	PRN			
Dose	20	10	2.5 - 5	10	2.5	10	5	2.5	5	1			500micrograms
	30	15	5	15	2.5	15	*	2.5	7.5	1 - 2	12 micrograms	10 micrograms	
	40	20	5 - 10	20	2.5 - 5	20	10	2.5 - 5	10	2	-	-	1mg
	50	25	5 - 10	25	2.5 - 5	25	*	2.5 - 5	10 -15	2.5	-	20 micrograms	
	60	30	10	30	5	30	15	5	15	2.5	25 micrograms	-	1.5mg
	70	35	10 - 15	35	5 – 7.5	35	*	5 – 7.5	20	2.5 - 5	-	30 micrograms	
	80	40	10 - 15	40	5 - 7.5	40	20	5 – 7.5	20	2.5 - 5	-	35 micrograms	2mg
	100	50	15 - 20	50	7.5 - 10	50	25	7.5 - 10	25	2.5 - 5	-	-	2.5mg
	120	60	20	60	10	60	30	10	30	5	50 micrograms	52.5 micrograms	3mg
	Seek Specialist advice for higher doses												
	160	80	25 - 30	80	10 - 15	80	40	10-15	40	5 - 10	75 micrograms	70 micrograms	4mg
	240	120	40	120	20	120	60	20	60	10	100 micrograms	-	6mg
	* When equal divided doses not possible due to tablet strength e.g. Oxycodone 25mg/24hrs. Prescribe doses at higher or lower level e.g. 10mg BD or 15mg BD, dependant on clinical judgement*												