THIS #FOAMed PRODUCTION IS BROUGHT TO YOU BY @mdoc77 and @DrLindaDykes
It is a conceptual aid only and must not be used to replace local prescribing guidance or the expert support of your own palliative care team - local practice does vary! The Palliative Network Guidelines website has an opioid dose calculator - book.pallcare.info (there's an app version, too)

Opioids de-mystified

START HERE

MORPHINE

Still the first-line opioid of choice, unless eGFR is <30, or in case of morphine allergy

What if the eGFR is less than 30?

Alfentanil (parenterally) or fentanyl (transdermally or parenterally) are least likely to accumulate and cause toxicity

What about patches?

Oral morphine (mg/ 24 hours)	Buprenorphine Patch (mcg/hr)	Fentanyl Patch (mcg/hr)
10	5	-
20	10	-
30	10	12
40	20	12
60	n/a	25
120	n/a	50
180	n/a	75

Patches: Top Tips

- Doses via transdermal patches are more variable
- The conversion in the table (right) are for the lowest guaranteed dose
- Transdermal patches are not recommended for unstable pain
- Seek palliative care advice for use of patches at the end of life

- This principles in this infographic are primarily for palliative care patients
- In non-palliative chronic pain situations, always be aware of the MME (milligram of morphine equivalent): the risk of harm increases above 120 MMEs/day. Review opioids regularly, and wean off them if they aren't achieving meaningful reduction in pain
- Visit the RCoA "Opioids Aware" website for more info!

Remember...

When switching between strong opioids, consider reducing the calculated dose of the new drug by 33-50% initially, depending on patient's age, co-morbidities, and previous side effects

Dose conversions to/from oral morphine

- **Tramadol Dihydrocodeine Codeine** — x10 / ÷10
- **Fentanyl (SC)** — Not often used: volume quickly limits use — x5 but change from mg to mcg / ÷5 but change from mcg to mg
- **Parenteral morphine** — x2 / ÷2
- **Hydromorphone** — Conversions are complex: seek advice!
- **Oral oxycodone** — x2 / ÷2
- **Parenteral diamorphine** — x3 / ÷3
- **Parenteral alfentanil** — x30 / ÷30
- **Parenteral oxycodone** — x2 / ÷2

SEEK ADVICE/FOLLOW LOCAL GUIDELINES when converting to hydromorphone, alfentanil or fentanyl: there is little consensus and much room for error!

Full-resolution PDF available: www.lindadykes.org/downloads