Opioid Conversion Chart

(please note all conversions are approximate and doses need to be chosen cautiously and individualised to the patient)

Oral **Morphine**			Oral **Oxycodone**			SC **Morphine**		SC **Diamorphine**		SC **Oxycodone**		**Fentanyl** patch
4 hourly dose (mg)	**12** hourly dose (mg)	**24** hour equivalent (mg)	**4** hourly dose (mg)	**12** hourly dose (mg)	**24** hour equivalent (mg)	**PRN** dose (mg)	24 hour dose (mg)	**PRN** dose (mg)	**24** hour dose (mg)	**PRN** dose (mg)	**24** hour dose (mg)	Micrograms per hour (3 day patch)
5	15	30	2.5	5 to 10	10 to 20	2.5	15	2.5 to 5	10	1.25 to 2.5	7.5	12
10	30	60	5	15	30	5	30	2.5 to 5	20	2.5 to 5	15	25
15	45	90	7.5	20 to 25	40 to 50	7.5	45	5	30	2.5 to 5	20 to 25	37
20	60	120	10	30	60	10	60	5 to 7.5	40	5	30	50
30	90	180	15	40 to 50	80 to 100	15	90	10	60	5 to 7.5	40 to 50	75
40	120	240	20	60	120	20	120	10 to 15	80	10	60	100
50	150	300	25	70 to 80	140 to 160	25	150	15 to 20	100	10 to 15	70 to 80	125
60	180	360	30	90	180	30	180	20	120	15	90	150
70	210	420	35	100 to 110	200 to 220	35	210	20 to 25	140	15 to 20	100 to 110	175
80	240	480	40	120	240	40	240	25 to 30	160	20	120	200

Conversion ratios:

PO morphine to SC diamorphine:	**divide by 3**
PO morphine to SC morphine:	**divide by 2**
PO morphine to PO oxycodone:	**divide by 2**
PO oxycodone to SC oxycodone:	**divide by 2**
PO tramadol to PO morphine:	**divide by 10 (not in table above)**
PO codeine to PO morphine	**divide by 10 (not in table above)**

The PRN dose is normally a 1/6th of the total daily opioid dose

Buprenorphine patches (micrograms per hour)	24 hour oral **morphine** equivalent (mg)
5 (BuTrans® 7 day patch)	12
10 (BuTrans® 7 day patch)	24
20 (BuTrans® 7 day patch)	48
35 (Transtec® 4 day patch)	84
52.5 (Transtec® 4 day patch)	126
70 (Transtec® 4 day patch)	168

Notes:

- **This table has been simplified. All figures are based on the conversions above and then rounded up or down. Note that the oral oxycodone SR dose is a 12 hourly figure, not 24 hourly. When converting, especially at higher doses a further reduction may be advisable, increasing subsequently as needed. If a change in opioid is required due to toxicity or side effects then a reduction of 15-25% may be advisable.**
- **Please check that the PRN dose is appropriate for the patch strength e.g. a 25 microgram / hr fentanyl patch is equivalent to approx. 60mg of morphine / 24 hr hence a PRN dose of 10 mg oral morphine solution (or 2.5 to 5 mg diamorphine SC) is required.**
- **Transdermal patches are best used for chronic stable pain and will take at least 12 hours to have analgesic effect or its effects to wear off if removed, and may take days to reach steady state analgesic levels.**
- **Other opioids such as methadone or alfentanil should generally only be used for analgesia in this context under the supervision of the Palliative Care Team or Pain Team. Methadone is a drug with complex pharmacology and no single conversion factor. Alfentanil 1mg sc is approximately equivalent to 10mg diamorphine sc.**
- **For advice please contact medicines information (ext 5604) or the Palliative Care team (bleep 610) or out of hours St Elizabeth Hospice (0800 567 0111)**