St Helena

NHS East Suffolk and North Essex NHS Foundation Trust

Opioid Conversion Chart

(Please note all conversions are approximate and doses need to be chosen cautiously and individualised to the patient and their organ function e.g. eGFR. For higher doses please discuss with the palliative care team for an individualised approach balancing safety and pain control)

Oral **Morphine** [1]			SC **Morphine** [1] (1st line)		Oral **Oxycodone** [1]			SC **Oxycodone** [2]		SC **Alfentanil** [2]	SC **Diamorphine** (not for routine use)	**Fentanyl** patch [1]‡
4 hourly dose (mg)	**12** hourly dose (mg)	**24** hour equivalent (mg)	**PRN** dose (mg)	24 hour dose (mg)	**4** hourly dose (mg)	**12** hourly dose (mg)	**24** hour equivalent (mg)	**PRN** dose (mg)	**24** hour dose (mg)	**24** hour dose (mg)	**24** hour dose (mg)	Micrograms per hour (3 day Patch)
5	15	30	2.5	15	2.5	7.5	15	1.25	7.5	1	10	12
10	30	60	5	30	5	15	30	2.5	15	2	20	25
15	45	90	7.5	45	7.5	22.5	45	3.75	22.5	3	30	37
20	60	120	10	60	10	30	60	5	30	4	40	50
30	90	180	15	90	15	45	90	7.5	45	6	60	75*
40	120	240	20	120	20	60	120	10	60	8	80	100*
50	150	300	25	150	25	75	150	12.5	75	10	100	125*
60	180	360	30	180	30	90	180	15	90	12	120	150*
70	210	420	35	210	35	105	210	17.5	105	14	140	175*

Conversion ratios [1,2]:

- **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/ PO codeine to PO morphine:** divide by 10 *(not in table above)*
- **SC Morphine to SC Alfentanil:** Divide by 15
  ALWAYS DISCUSS WITH PALLIATIVE CARE TEAM/HOSPICE BEFORE STARTING ALFENTANIL
- **PO morphine to SC diamorphine**: Divide by 3
  (not for routine use, morphine 1st line)

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

Buprenorphine patches (micrograms per hour) [1]‡	24 hour oral **morphine** equivalent (mg)
Buprenorphine '5' patch	12
Buprenorphine '10' patch	24
Buprenorphine '20' patch	48
Buprenorphine '35' patch	84
Buprenorphine '52.5' patch	126
Buprenorphine '70' patch	168
Many different patches available- caution needed to check frequency of replacement **according to brand.**	

Key

- **‡:** 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.
- ***:** Check that the PRN dose of a suitable opioid is appropriate for the fentanyl patch
- **#:** Other conversion factors are available such as via the PCF6 for conversion of oral to subcutaneous oxycodone. ESNEFT has chosen to use the stated figures with a lower risk of toxicity.

Notes:

- When switching opioid due to intolerance consider reducing strength by a further 15-25%.
- **FOR PALLIATIVE CARE/END OF LIFE CARE ONLY:** When starting a syringe pump it is usual practice to **leave** the patch in place and add further opioid to pump. Ensure that prn dose takes patch dose and syringe pump opioid into account.
- Some of the conversions are deliberately conservative and re-titration may be needed. It can be useful to discuss this with patients
- **Opioids such as alfentanil should only be used for analgesia in this context under the supervision of the Palliative Care Team or Pain Team.**

Advice: **Hospital inpatients** (Ipswich: Palliative care bleep 610, ext 6932 and out of hours St Elizabeth *One Call* (0800 567 0111) (Colchester: Pall care ext 6272 and out of hours the Colchester Palliative Medicine Consultant on-call via switchboard). **Community patients** (Ipswich: SEH *One Call* (0800 567 0111)(Colchester St Helena Singlepoint 01206 890 360)

Reference

1. National Institute for Health and Care Excellent *BNF* last updated 10th February 2020 https://bnf.nice.org.uk/guidance/prescribing-in-palliative-care.html accessed 10.03.2020
2. Palliative Care Adult Network Guidelines Plus *Opioid dose convertor* last updated 10th March 2020 https://book.pallcare.info/index.php?op=plugin&src=opiconv accessed 10.03.2020

Developed with agreement from East Suffolk and North Essex Foundation Trust (ESNEFT), NHS North East Essex CCG and NHS Ipswich and East Suffolk CCG.
Approved by: ESNEFT Medicines Governance Group (MGG) 28/01/2021 and Suffolk and North East Essex Area Prescribing Committee (SNEE APC) 09/02/2021

V6 FINAL
Review date: 28/01/2023