## Opioid Equianalgesic Conversion Table

(Dosing in mg unless listed)

| ORAL | OPIOID AGENT | IV/IM/SQ |
|---|---|---|
| 30 | Morphine (MSC, OSR, Roxanol™) | 10 |
| 8 | Hydromorphone (Dilaudid™) | 2 |
| 20 | Methadone (Dolophine™) | – |
| 300 | Meperidine (Demerol™) | 100 |
| 30 | Oxycodone (Roxicodone™, OxyContin™) | – |
| 4 tabs | Oxycodone 5mg/APAP 325mg (Percocet™) | – |
| 6 tabs | Hydrocodone 5mg/APAP 500mg (Lortab5™) | – |
| 6 tabs | Codeine 30mg/APAP (Tylenol #3™) | – |
| 200+ | Codeine | – |

### FENTANYL PATCH CONVERSION

25mcg/hour topically exchanged every 72 hours equivalent to:
Morphine 15mg IV or 45mg PO per day
Hydromorphone 3mg IV or 12mg PO per day
Percocet™/ Lortab5™ /Tylenol #3™ 9 tabs per day

### USUAL INITIAL PCA DOSES

Morphine 1–2mg (10 mg/ml)
Hydromorphine 0.25–0.5mg (0.5 mg/ml)

- INTERVAL LOCK-OUT: Every 10–15 minutes
- FOUR HOUR LIMIT: None

1. After 24–48 hours of consistent PCA use for chronic pain, a Continuous Hourly Infusion Rate may be set at 50–75% of the daily PCA use. If a Continuous Hourly Infusion Rate is initiated, the PCA DOSE should be adjusted to 50 to 200% of this Continuous Hourly Infusion Rate every 10–15 minutes based on the patient's response.
2. Decrease the Continuous Hourly Infusion Rate as PCA use declines to avoid overmedication.
3. Never use Continuous Rate in acute pain of limited nature.

- Dosing tables only provide conversion estimates. Patient response may differ. Consider partial cross-tolerance when changing between narcotic agents. A well-controlled patient may require a 25% or greater dose reduction of the newly chosen agent. Opiate agonists have different durations of action, extent of oral absorption, and elimination, which may affect patient response.

- Methadone has a longer elimination half-life than duration of action and may require dose adjustment to prevent over accumulation.

- Meperidine is not indicated for prolonged therapy (greater than five days), and Normeperidine (a metabolite) may lead to seizures in patient with decreased renal function. Oral absorption of Meperidine is less reliable than other opiates and is not recommended. Its absorption, elimination, and toxicity can be affected by many drug interactions that inhibit or enhance its metabolism.

- The daily dose of acetaminophen (Tylenol) should not exceed 4 grams in a 24-hour period. This means that patients cannot use more that 8 Lortab or Tylox tablets, or 12 Percocet tablets in a 24-hour period without exceeding this limit. If pain cannot be controlled with this number of tablets, opioids not in combination with acetaminophen should be used.

- Darvon and Darvocet are ineffective analgesics and their use is discouraged.

- Constipation is secondary to opioids is common. A large bowel stimulant such as Senna or Dulcolax should be prescribed along with opioids.

- Oxycontin should not be prescribed at a less than 12-hour interval. MsContin and Oromorp should not be ordered at a less than 8-hour interval

Opioid Equianalgesic Conversion Table: Side Two