

Birmingham VAMC Safe Harbor Project

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

Is equivalent to the following:

Morphine 15mg IV or 45mg PO per day

Hydromorphone 3mg IV or 12mg PO per day

Percocet™/ Lortab5 /Tylenol #3™ - 9 tabs per day

PCA Dosing

Usual Initial PCA Dosing

Morphine 1-2mg (10mg/ml)

Hydromorphone 0.25mg-.5mg (0.5mg/ml)

- INTERVAL LOCK-OUT: every 10-15 minutes
- FOUR HOUR LIMIT: none

1. After 24-48 hours of consistent PCA use for chronic pain, 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 50-100% of this Continuous Hourly Infusion Rate every 10-15 minutes based on patient's response.
2. Decrease the Continuous Hourly Rate as PCA use declines to avoid overmedication.
3. Never use a Continuous Rate in acute pain of a limited nature.

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- Dosing tables only provide conversion estimates. Patient response may differ. Consider partial cross-tolerance when rotating to a new opioid. 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 can not use more that 8 Lortab or Tylox tablets, or 12 Percocet tablets in a 24-hour period without exceeding this limit. If pain can not 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 secondary to opioids is common. A large bowel stimulant such as Senna or Dulcolax should be prescribed in conjunction with opioids.
- Oxycotin should not be prescribed at less than a 12-hour interval. MsContin and Oramorp should not be prescribed at less than an 8-hour interval.

