# OPIOID CONVERSIONS

# Morphine Oral Daily Dose

ORAL OPIOID EQUIAN		
Equivalent	OPIOID	MORPHINE
2	OXYCODONE	3
1	HYDROMORPHONE	5

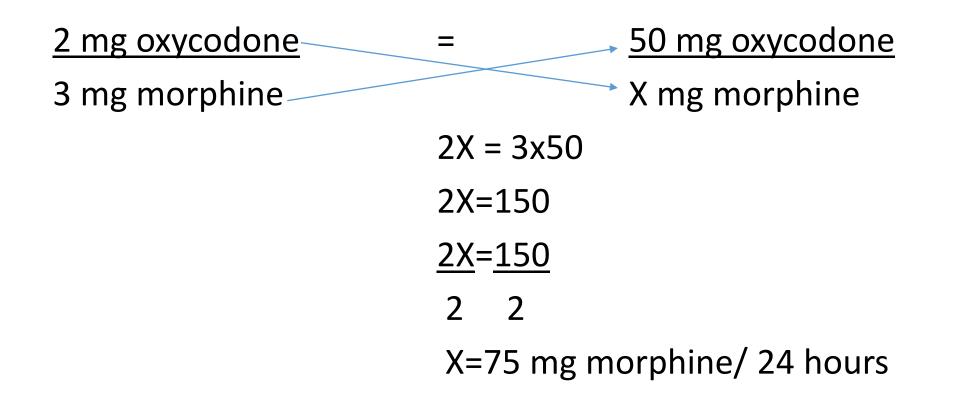
 Mr. Smith is currently taking Percocet 5/325mg by mouth every four hours around the clock and has required 4 additional PRN doses. He reports to you that he is concerned about the Tylenol component and requests a change in opioids.

• You want to convert his Percocet to oral morphine.

- The first step is calculating his oral daily dose of oxycodone for conversion:
  - 5mg oxycodone x 6 (every four hours) = 30 mg oxycodone
  - 4 PRN doses of 5 mg= 4x5mg = 20 mg oxycodone
  - 30 + 20 = 50 mg oxycodone over the past 24 hours

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<u>2 mg oxycodone</u> 3 mg morphine <u>50 mg oxycodone</u> X mg morphine



#### INCOMPLETE CROSS TOLERANCE

ADJU INCOMPLETE CROS		
POOR		100%
MODERATE		75%
EXCELLENT		50%

# INCOMPLETE CROSS TOLERANCE

- Mr. Smith is only moderately palliated on his current regimen as he has required significant administration of breakthrough medication.
- We will use the moderate cross tolerance factor:
- 75 mg morphine x 0.75= 56.25 mg morphine/24 hours
- We would give this patient 60 mg of morphine over 24 hours and arrive at a dosing regimen of MS Contin 30 mg PO Q 12 hours

#### CHANGING ROUTES OF ADMINISTRATION

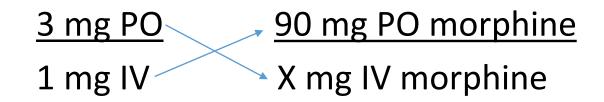
CHANGING ROUTES OF ADMINISTRATION						
PO/PR	IV/SC					
3	1					

# CONVERTING FROM ORAL TO IV ROUTE

 Mr. Smith has had an increase in his morphine oral daily dose to 90 mg daily and has now lost the ability to swallow and has developed excessive secretions that limit the effectiveness of sublingual administration.

• We must convert his oral morphine to the intravenous route.

### CONVERTING FROM ORAL TO IV ROUTE



	METHADONE			
Daily Morphine Dose		onversion Ratios		
Morphine mg/24 hours PO	Morphine PO		Methadone PO	
<100		4		1
101-300		8		1
301-600		10		1
601-800		12		1
801-1000		15		1
>1001		20		1

- Mrs. Smith has transferred over from another hospice and she had been taking 100 mg of MS Contin three times a day.
- She additionally takes oxycodone for breakthrough pain and has taken 10 mg of oxycodone four times a day consistently over the past three days.
- She reports that she is poorly palliated on the current regimen.
- She is noted to have a neuropathic component to her pain.
- The IDG feels that she would be better served with methadone.

- Convert all to oral morphine
- Oxycodone 10 mg x 4 = 40 mg oxycodone
- PLUS 300 mg morphine
- Total 340 mg oral morphine

We must convert the oxycodone to oral morphine!

- Convert all to oral morphine
- Oxycodone 10 mg x 4 = 40 mg oxycodone
- 40 mg oxycodone = 60 mg morphine
- PLUS 300 mg morphine
- TOTAL = 360 mg morphine oral daily dose

- At 360 mg morphine we would use the 10 to 1 conversion
- Getting us to 36 mg methadone over 24 hours
- With the conversion factor at 100%
- 36 mg methadone/24 hours
- We would give this patient 10 mg oral methadone TID (30 mg oral methadone daily)

# CONVERTING TO A LONG ACTING AGENT

• Mr. White is utilizing roxanol for his pain at 5 mg PO every four hours around the clock.

• He is requesting a long acting agent as he doesn't want to keep taking medicine every four hours.

# CONVERTING TO A LONG ACTING AGENT

- Roxanol 5 mg Q 4 hours = six doses at 5 mg each
- Morphine Oral Daily Dose = 30 mg morphine
- Converting to long acting morphine (MS Contin)
- No need for opioid conversion or incomplete cross tolerance factor
- MS Contin 15 mg PO Q 12 hours

# CONVERTING TO A LONG ACTING AGENT

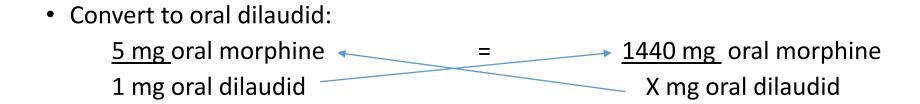
- MS Contin 15 mg PO Q 12 hours—what about a breakthrough dose?
- Morphine Oral Daily Dose is 30 mg morphine
- Breakthrough dosing is 10-15% of daily dose
- 3 mg morphine is 10% and 4.5 mg morphine is 15%
- We will keep the 5 mg morphine dose Q 4 hours PRN breakthrough pain

- Mr. White is in the inpatient unit and on continuous infusion of IV Morphine at 20 mg/hour. His pain palliation is excellent at that dose.
- His family notes that he is having jerking movements that you identify as myoclonus.
- You wish to rotate the opioid to another agent, Dilaudid.

• IV morphine at 20 mg/hour x 24 hours = 480 mg IV morphine/24 hours

• Convert to oral – MULTIPLY BY THREE (480 x 3=1440)

• Morphine Oral Daily Dose = 1,440 mg morphine



 $5 \times X = 1440 \times 1$   $5 \times X = 1440$   $5 \times 5$ X = 288 mg oral dilaudid

Convert oral dilaudid to IV dilaudid---DIVIDE BY THREE ---288/3= 96 mg IV dilaudid over 24 hours)

Are we done??

• NO!!

Remember, Mr. White's pain was *excellently palliated* on his morphine dosing regimen, so we need to account for incomplete cross tolerance.

#### Using the excellent factor at 50%- the 24 hour dilaudid dose is: 96 x 50%= 48

So, the dilaudid daily dose is 48 mg IV.

Are we done??

- NO!!
- We now have to divide the daily dose by 24 (hours in a day) to arrive at the hourly continuous infusion rate:

48 / 24 = 2mg/hour of IV dilaudid