

PALLIATIVE CARE OPIOID CONVERSION GUIDE

morphine oral : morphine subcut
2 : 1

e.g., morphine oral 20 mg → morphine subcut 10 mg

Note: If converting to a morphine subcutaneous syringe driver – use half of the total daily oral morphine dose over 24 hours.

morphine oral : oxycodone oral
2 : 1

e.g., morphine oral 20 mg → oxycodone oral 10 mg

oxycodone oral : oxycodone subcut
1.5 to 2 : 1

e.g., oxycodone oral 30 mg → oxycodone subcut 15 –20 mg

Note: The recommendation from the drug company is that the dose of oxycodone should be halved when converting from oral to subcut but oxycodone is highly bio-available and the subcut dose in practice is more like two-thirds of the oral dose.

oxycodone oral : morphine subcut
1.5 : 1

e.g., oxycodone oral 30 mg → morphine subcut 20 mg

Note: When the oxycodone dose is high it may not be practical to convert to subcut oxycodone (the ampoule concentration is low). If converting directly to subcut morphine the daily subcut morphine dose will be approx two thirds of the daily oral oxycodone dose.

morphine subcut : oxycodone subcut
1 : 1

e.g., morphine 10 mg subcut → oxycodone 10 mg subcut

codeine oral : morphine oral
10 : 1

e.g., codeine 240 mg/24 hr → morphine 24 mg/24 hr

Note: For practical reasons, if the maximum daily dose of codeine (240 mg) is ineffective the patient should be started on daily dose of morphine 5 mg Q4h regularly (10 mg bd of m-Eslon will be sub-therapeutic).

tramadol oral : morphine oral

Evidence regarding conversion ratios is conflicting

When converting from the maximal dose of tramadol (400 mg/24hr) it is recommended that patients are titrated with an initial dose of **morphine elixir (or tablets) 10 mg Q4h regularly** (or OxyNorm 5-10 mg Q6h).

Conversions: To calculate two-thirds, either divide by 1.5 or multiply by 0.6667