A GUIDE TO EQUIVALENT DOSES FOR OPIOID DRUGS

This table of doses is a **guide** not a set of definitive equivalences. Use the table to identify an appropriate starting point for your prescribing decision.

ALL prescribing decisions must be based on a **full clinical assessment**. Ask if the pain is opioid responsive.
Think about the role of adjuvant medication before rotating opioids, changing the dose or route.

Consider **reducing prescribed opioid dose by 30-50%** if converting from one route to another route or there is concern about **opioid toxicity** (confusion, drowsiness, myoclonic jerks, slowed respiration, pin-point pupils.

Be aware of drug interactions and remember individual patients may metabolise and absorb different drugs at varying rates.

Never increase an opioid dose by more than 50% of the previous 24 hour regular dose without SPECIALIST ADVICE

Oral Morphine		**Oral Oxycodone**		**Transdermal Buprenorphine**		**Transdermal Fentanyl**	**Subcutaneous Morphine**		**Subcutaneous Oxycodone**	
4-hr dose (mg)	12-hr SR dose (mg)	4-hr dose (mg)	12-hr SR dose (mg)	**BuTrans** (mcg/hr) *change every **seven** days*	**Transtec** (mcg/hr) *change every **four** days*	Patch strength (mcg/hr) *change every **three** days*	4-hr dose (mg)	**24-hr** CSCI dose (mg)	4-hr dose (mg)	**24-hr** CSCI dose (mg)
1.25	5	-	-	5	-	-	0.5	5		
2.5	10	1	5	10	-	-	1.25	10		
5	15	2.5	10	15	-	12	2.5	15	1.25	10
10	30	5	15	25	-	25	5	30	2.5	15
15	45	7.5	25	35	35	37	7.5	45	3.75	22.5
20	60	10	30	-	52.5	50	10	60	5	30
30	90	15	45	-	70	75	15	90	7.5	45
40	120	20	60	-	105	100	20	120	10	60
50	150	25	75	-	122.5	125	25	150	12.5	75
60	180	30	90	-	140	150	30	180	15	90
SEEK SPECIALIST ADVICE				**SEEK SPECIALIST ADVICE**			**SEEK SPECIALIST ADVICE**			
70	210	35	105	-	-	175	35	210	17.5	100
80	240	40	120	-	-	200	40	240	20	120
90	270	45	135	-	-	225	45	270	22.5	135
100	300	50	150	-	-	250	50	300	25	150
110	330	55	165	-	-	275	55	330	27.5	165
120	360	60	180	-	-	300	60	360	30	180

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