

Equianalgesic Dosing Chart

All equivalencies are approximate; use this chart as a guideline only.

Oral Routes:

	Ratio
Morphine 10 mg = Percocet 1 tab (5/325) = Oxycodone 5 mg	2:1
Morphine 10 mg = Codeine 100 mg = 3 Tylenol #3 tabs (90/900)	1:10
Morphine 10 mg = Hydromorphone 2 mg	5:1

Oral to Subcutaneous Routes: Ratio 2 (PO): 1 (SC)

Morphine 10 mg PO	= Morphine 5 mg SC
Hydromorphone 10 mg PO	= Hydromorphone 5 mg SC

Subcutaneous Equianalgesia:

Morphine 10 mg SC	= Hydromorphone 2 mg SC
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Conversion to Transdermal Fentanyl. There are various accepted methods.

CPS Recommended Conversion:

Morphine 60-134 mg PO in 24 hr = Fentanyl 25 mcg patch q72hr (CPS 2016, page 1085, table 2)

Note: this range of morphine is overly broad which may result in significant under dosing. Clinical judgement prevails.

Note: When switching to Transdermal Fentanyl, we use and recommend the most current CPS or Duragesic® transdermal fentanyl to morphine conversion table. Conversion from Fentanyl should involve consultation with a pharmacist to initiating the change.

To account for lack of complete cross tolerance, calculate and subtract 20% to 50% reduction of the 24hr dose of any opioid being rotated to a new (different) opioid.

Guidelines for Calculating Breakthrough Doses (BT)

Calculate approximately 10% of the total daily dose of the scheduled opioid and administer it as needed for uncontrolled pain.

The breakthrough dose is calculated in the same way no matter what route of administration is being used (*Managing Cancer Pain: The Canadian Healthcare Professional's Reference 2005, Chapter 5 page 35*)

For opioids taken by mouth:

E.g. Morphine 15 mg q12hr PO = 30mg PO total/24 hours
10% of 30 mg = 3 mg (max. dose) PO q1hr PRN for breakthrough pain

For opioids taken SC:

E.g. Morphine 10 mg q4hr SC = 60 mg SC in 24 hr
10% of 60 mg = 6 mg (max. dose) SC q1hr PRN for breakthrough pain

For CSCI:

E.g. Morphine 2.5mg q1hr CSCI = 60mg/24 hours
10% of 60mg = 6 mg (max. dose) SC q1hr PRN* or 3mg q1/2h PRN for breakthrough pain

**Clinical judgment may indicate the need to lower the calculated dose.*