

# Conversion Factors

## DIAMORPHINE

From oral morphine (total per 24h) to SC diamorphine (total per 24h) – divide by 3<sup>(1)</sup>

## HYDROMORPHONE

From oral morphine (total per 24h) to oral hydromorphone (total per 24h) – divide by 7.5<sup>(2)</sup>

## OXYCODONE

From oral morphine (total per 24h) to oral oxycodone (total per 24h) – divide by 2<sup>(2)</sup>

From oral oxycodone (24hr total) to SC oxycodone (24hr total) – divide by 2<sup>(4)</sup>

## FENTANYL

Changing to or from fentanyl patches is complicated. Please refer to the Lothian/Borders Palliative Care Guidelines

### Reference Sources:

(1) Palliative Care Formulary 2nd Edition (PCF2) p180

(2) PCF2 p171 (3) PCF2 p186

(4) Manufacturer's SPC

**Note** (2) PCF2 p171 states that potency ratio of oxycodone with morphine is 1.5-2 - for simplicity we have used the value 2

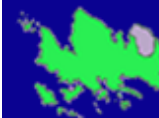
BGH Pharmacy – Aileen Scott Aiton – September 2003

## Additional Information

The Borders Palliative Care Network consists of Doctors, Nurses and Pharmacists from the hospital and community. The aim of the network is to work with patients and their carers to improve the care given to people with cancer. There is a particular emphasis on patient involvement and control of pain.

If you would like further information about the network please contact the

Palliative Care Team,  
Borders Macmillan Centre,  
Borders General Hospital,  
Melrose, TD6 9BS  
Tel 01896 826888.



**BORDERS  
PALLIATIVE CARE  
NETWORK**

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*Health Professional  
Information Leaflet*

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*Opioid  
Dose  
Equivalent  
Chart*

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# Opioid Dose Equivalent Chart

	Morphine	Morphine MR*	Diamorphine <sup>†</sup>	Oxycodone	Oxycodone MR	Oxycodone	Hydromorphone	Hydromorphone SR
Route	Oral	Oral	SC Infusion	Oral	Oral	SC infusion over 24hrs	Oral	Oral
Frequency	4 hourly (24 hours)	12 hourly (24 hours)	Over 24 hrs	4 hourly (24 hours)	12 hourly (24 hours)		4 hourly (24 hours)	12 hourly (24 hours)
Dose	10mg** (60)	30mg (60)	20mg	5mg (30)	15mg (20-40)	15mg	1.3mg (8)	4mg (8)
	20mg (120)	60mg (120)	40mg	10mg (60)	30mg (60)	30mg	2.6mg (16)	8mg (16)
	30mg (180)	90mg (180)	60mg	15mg (90)	40mg (80)	40mg	3.9mg (24)	12mg (24)
	40mg (240)	120mg (240)	80mg	20mg (120)	60mg (120)	60mg	5.2mg (31)	16mg (32)
	60mg (360)	180mg (360)	120mg	30mg (180)	90mg (180)	90mg	7.8mg (47)	24mg (48)
	80mg (480)	240mg (480)	160mg	40mg (240)	120mg (240)	120mg	10.4mg (62)	32mg (64)
	100mg (600)	300mg (600)	200mg	50mg (300)	150mg (300)	150mg	13.0mg (78)	40mg (80)
	130mg (780)	400mg (800)	260mg	65mg (390)	200mg (400)	200mg	16.9mg (101)	52mg (104)
	160mg (960)	500mg (1000)	330mg	80mg (480)	240mg (480)	240mg	20.8mg (125)	64mg (128)
	200mg (1200)	600mg (1200)	400mg	100mg (500)	300mg (600)	300mg	26mg (156)	80mg (160)

## NOTE THAT DOSE CONVERSIONS ARE APPROXIMATE ONLY AND GIVEN AS EXAMPLES

When changing from one opioid to another because of suspected tolerance (rapidly increasing dose requirements to achieve pain relief) be aware that the patient may be sensitive to the new opioid.

**FENTANYL:** Changing to or from fentanyl patches is complicated. Please refer to the Lothian/Borders Palliative Care Guidelines

\*except "MXL" – given as single daily dose

<sup>†</sup>breakthrough dose is c1/6 x 24h dose

\*\*24hour dose in brackets (to nearest whole number)