University Hospital Birmingham NHS Foundation Trust
Palliative Care Guidelines

Information Sheet on the use of Oxycodone in Palliative Care

This information sheet is intended as a resource for staff looking after palliative care patients who have been prescribed oxycodone for pain relief. It is not a clinical guideline.

What is oxycodone?
Oxycodone is a strong synthetic opioid which acts predominantly at kappa opioid receptors

When is it used in palliative care?
Morphine remains the first choice of strong opioid; therefore oxycodone is most commonly used for patients who cannot tolerate morphine. This may be because of increased drowsiness, or neurotoxicity e.g. hallucinations, myoclonic jerks. There is some evidence that oxycodone is better tolerated in patients with poor renal function so it may be used 1st line in such patients – although other analgesics e.g. fentanyl, alfentanil may be more appropriate in renal patients.

How is it given?
Oxycodone can be given orally (modified or immediate release), by continuous sub-cutaneous (SC) infusion via a syringe driver, or as a bolus SC dose. In a syringe driver oxycodone should be diluted with WFI. It can be mixed with most other commonly used drugs in palliative care – ask advice from the palliative care team or pharmacist.

What doses are used?
Most patients will have been on another strong opioid prior to being prescribed oxycodone. Therefore their dose will be based on their previous opioid requirements. Approximate conversions with morphine are shown below, although a pain assessment will have been done before oxycodone is prescribed, and the dose adjusted accordingly.

Approximate **24 hour** Equivalent Doses			
Oral morphine	SC morphine	SC oxycodone	Oral oxycodone
20mg	10mg	5mg	10mg

Bolus doses (for break-through pain) prescribed at 1/6 of the total 24 hours dose of strong opioid

How is it supplied?
Oxycodone is a controlled drug and must be ordered from pharmacy in the CD order book.

Injection – the injectable preparation (OxyNorm) is 10mg/ml, and is available is 2 different sizes
- 10mg/ml; 1ml amp i.e. 10mg amp
- 10mg/ml; 2ml amp i.e. 20mg amp

Oral – there are two oral preparations available

OxyContin*	Oxycodone modified release **tablets** for regular **12 hourly** dosing Available as 5, 10, 20, 40 & 80mg
OxyNorm**	Oxycodone immediate release **capsules** or **liquid** for **"as required"** use Available as capsules 5, 10 & 20mg Available as **liquid 5mg/5ml** (250ml bottle) & **concentrate 10mg/ml** (120ml bottle)

* *Likened to MST/Zomorph if patient was prescribed morphine*
** *Likened to Oramorph/Sevredol if patient was prescribed morphine*

There is a risk of confusion between the two different oral preparations, which has previously led to errors. Therefore, when administering check carefully. Supplies from pharmacy will indicate on the label whether the preparation is intended for "as required" or 12 hourly dosing.

What should be monitored for when a patient is started on oxycodone?
Whenever a patient is started on a strong opioid or transferred from one strong opioid to another they should be monitored for signs of being;
- under opiated – i.e. increased pain
- over opiated e.g. drowsiness, confusion, respiratory depression

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