

Opioid Naïve definition: patient has received less than 60 mg of oral **morphine** equivalents daily for less than 7 consecutive days

TIPS FOR STOPPING ORAL MEDICATION:

- If patient can no longer swallow stop all oral medications. Some may need to be converted to another route
- If unsure of which medications to stop after reviewing tool for stopping medications at end of life, consult palliative care
- consider purpose of medications and impact if stopped ie:
 - Do not stop **fentaNYL patch** on dying patients
 - Do not automatically stop steroids – can be converted to subcutaneous route
 - Some diuretics may be beneficial to continue for symptom management of dyspnea

Opioid Equianalgesic Conversion Worksheet

1. Potency comparison

Opioid	oxyCODONE	morphine	HYDROmorphine
Relative potency: when switching drugs, reduce dose 20-25% (¼)	1.5x stronger than morphine	Subcutaneous 2x stronger than oral dose	5x stronger than morphine

Fraser Health (2006) Hospice Palliative Care Symptoms Guidelines. Principles of Opioid Management, p. 6-7.

2. Converting oral oxyCODONE to subcutaneous HYDROmorphine

1. Add up total oxyCODONE dose in last 24 hours	= 24-hour oral oxyCODONE dose
2. Multiply 24-hour oxyCODONE dose by 1.5	= 24-hour oral morphine dose
3. Divide 24-hour oral morphine dose by 2	= 24-hour subcutaneous morphine dose
4. Divide 24-hour subcutaneous morphine dose by 5	= Equianalgesic 24-hour subcutaneous HYDROmorphine dose
5. Multiply equianalgesic 24-hour subcutaneous HYDROmorphine dose by 0.75 (25% reduction)	= Adjusted 24-hour subcutaneous HYDROmorphine dose
6. Divide adjusted 24-hour subcutaneous HYDROmorphine dose by 6	= Subcutaneous HYDROmorphine dose every 4 hours
7. Divide adjusted 24-hour subcutaneous HYDROmorphine dose by 10	= Breakthrough dose given subcutaneously every 1 hour PRN

3. Converting oral Morphine/HYDROmorphine to subcutaneous Morphine/HYDROmorphine

1. Add up total oral dose of Morphine/HYDROmorphine in last 24 hours	= 24-hour oral Morphine/HYDROmorphine dose
2. Divide 24-hour oral dose by 2	= 24-hour subcutaneous Morphine/HYDROmorphine
3. Divide 24-hour subcutaneous dose by 6	= Subcutaneous Morphine /HYDROmorphine dose every 4 hours
4. Divide 24-hour subcutaneous dose by 10	= Breakthrough dose given subcutaneously every 1 hour PRN

4. Calculation of breakthrough dose of HYDROmorphine for fentaNYL Patches users

fentaNYL Patch	Continue current dose if effective	Divide current dose of fentaNYL by 25 = breakthrough dose of HYDROmorphine given subcutaneously every 1 hour PRN
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