

# Opioid Conversion Chart

‘Strong’ opioids														Patches		‘Weak opioids’	
Morphine					Oxycodone					Diamorphine		Alfentanil		Fentanyl	Buprenorphine	Tramadol	Codeine Phosphate
Oral (mg)			Subcutaneous (mg)		Oral (mg)			Subcutaneous <sup>1</sup> (mg)		Subcutaneous (mg)		Subcutaneous <sup>2</sup> (mg)		Transdermal Patch (mcg/hr) <i>Stable pain only</i>	Transdermal patch (mcg/hr) <i>Stable pain only</i>	Oral (mg)	Oral (mg)
4 hr dose (IR)	12 hr dose (MR)	24 hr total dose	4 hr dose	24 hr total dose	4 hr Dose (IR)	12 hr Dose (MR)	24 hr total dose	4 hr dose	24 hr total dose	4 hr dose	24 hr total dose	4 hr dose	24 hr total dose	Change every 72 hours	Change at intervals indicated	24 hr total dose	24 hr total dose
1.25		<b>10</b>													5 <i>7 days</i>	100	120
2.5	10	<b>20</b>	1.25	<b>10</b>	1.25	5	<b>10</b>	1.25	<b>5</b>	1.25	<b>5</b>	0.125	<b>0.5</b>		10 <i>7 days</i>	200	240
5	15	<b>30</b>	2.5	<b>15</b>	2.5	10	<b>20</b>	1.25	<b>10</b>	1.25	<b>10</b>	0.125	<b>1</b>	6-12	15 <i>7 days</i>	300	
7.5	20	<b>40</b>	5	<b>20</b>	5	10	<b>20</b>	2.5	<b>10</b>	2.5	<b>15</b>	0.25	<b>1.5</b>	12	20 <i>7 days</i>	400	
10	30	<b>60</b>	5	<b>30</b>	5	15	<b>30</b>	2.5	<b>15</b>	2.5	<b>20</b>	0.25	<b>2</b>	12-25	35 <i>72 hrs</i>		
15	45	<b>90</b>	7.5	<b>45</b>	7.5	25	<b>45</b>	3.75	<b>25</b>	5	<b>30</b>	0.5	<b>3</b>	25-75	52.5 <i>72 hrs</i>		
20	60	<b>120</b>	10	<b>60</b>	10	30	<b>60</b>	5	<b>30</b>	7.5	<b>40</b>	0.75	<b>4</b>	37-50	52.5 <i>72 hrs</i>		
30	90	<b>180</b>	15	<b>90</b>	15	45	<b>90</b>	7.5	<b>45</b>	10	<b>60</b>	1	<b>6</b>	50-75			

<sup>1</sup>Some units recommend a 1:1 conversion from CSCI morphine to CSCI oxycodone\* rather than the 2:1 conversion in the table above.

<sup>2</sup>Some units recommend an 18:1 conversion from PO morphine to CSCI alfentanil\* rather than the 30:1 conversion in the table above.

\*Seek specialist advice when doses are greater than the equivalent of 180mg PO morphine in 24 hours

Consider reducing the equianalgesic dose by 25-33% if converting from a less sedating opioid, e.g. fentanyl to morphine, oxycodone or diamorphine, as sedative actions may be greater for an equianalgesic dose.