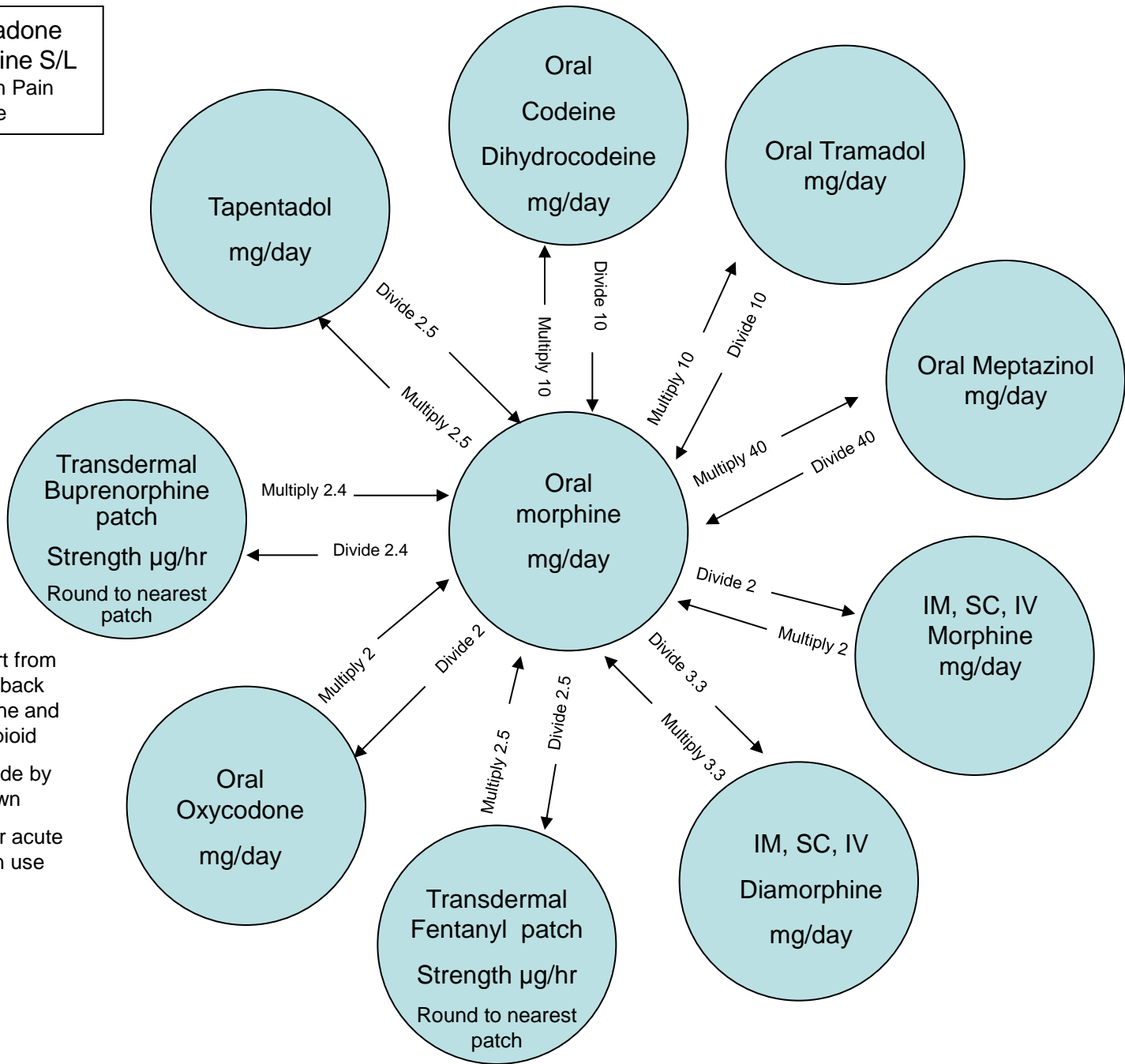


Oral Methadone
Buprenorphine S/L
Discuss with Pain
Service



Always convert from current opioid back to oral morphine and then to new opioid

Multiply or divide by the factor shown

Appropriate for acute or chronic pain use

Tips for effective analgesia

- Use balanced analgesia
 - Always remember REGULAR paracetamol
 - Remember to use NSAIDs if possible – Ibuprofen or Naproxen as first line
 - To calculate a breakthrough dose :-
total daily amount divided by 6 to give the 4 hourly breakthrough dose
 - **Morphine** – use Oramorph® liquid or Sevredol® tabs for higher doses
 - **Fentanyl** – use Oramorph® after working out equivalence to oral morphine
 - **Oxycodone MR** – use Oxynorm® (oxycodone normal release)
 - Dihydrocodeine has a plateau effect - the dose should be 30mgs 4-6 hourly
 - Meptazinol will inhibit the effect of morphine
 - Do not stop neuropathic pain drugs unless they are currently contraindicated
 - For patients who are already using opiates (including Methadone/ Buprenorphine for substance misuse) please refer to Pain Team for advice. Remember that their acute pain requirements may be HIGH
 - To refer a patient : bleep 0571 and add the patient to the on-line referral system on Intranet via Web Systems.
- Out of hours referral: bleep 0900 and add to on-line system

Katherine Dyer, Clinical Nurse Manager and Dr Mike Hudspith ,Pain Consultant

References: Palliative Care Guidelines ^{Plus} 2011 via Trust Docs; BNF Sept 2015 via Trust Intranet. email: katherine.dyer@nnuh.nhs.uk