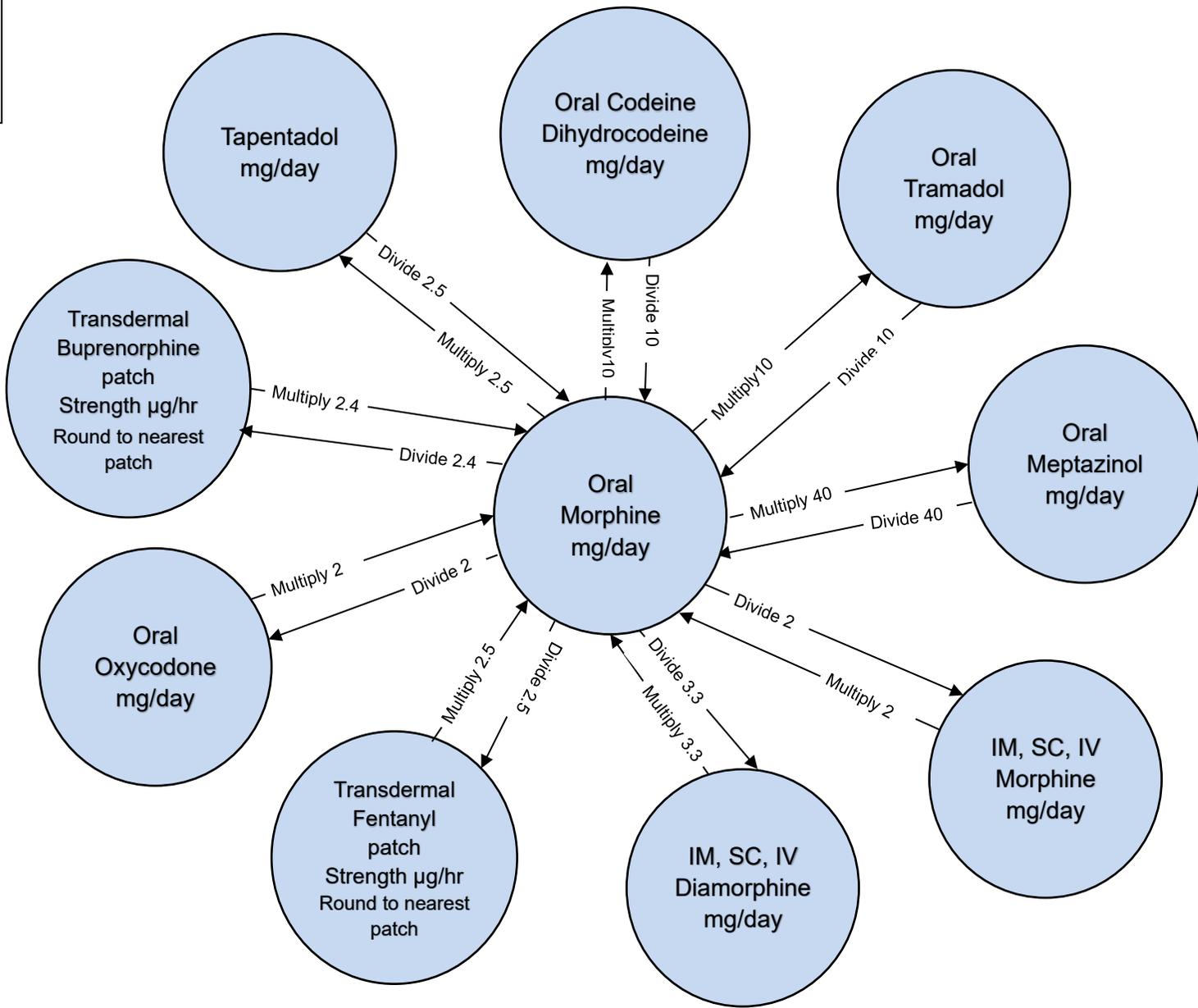


Opiate Conversion Card

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: add the patient to the on-line referral system on Intranet via Web Systems and contact Acute Pain Service via Alertive
- Out of hours referral: use Anaesthetist on call via Alertive

Reference: BNF Sept 2023 via Trust Intranet. email: katherine.dyer@nnuh.nhs.uk