OPIOID MANAGER SWITCING OPIOIDS

- Opioid withdrawal symptoms are unpleasant, but not life-threatening. What is life-threatening with opioids is overdose. So remember, it is safer to underdose. Be careful during pregnancy, because severe acute withdrawal has been associated with premature labour and spontaneous abortion.
- After switching, it is important to warn the patient (and relative or friends) about signs of overdose: slurred or drawing speech, emotional lability, ataxia, “nodding off” during conversation or activity.
- Consider a 3-day “tolerance check” contact the patient 3 days after starting the new opioid to check for signs of over-sedation and to ensure that pain relief is at least comparable to the pre-switch treatment.
- Patients at higher risk of overdose include: elderly, on benzodiazepines, renal or hepatic impairment, COPD, sleep apnea, sleep disorders and cognitive impaired.
- These doses are approximations due to inter-individual variation.

The form below is designed to guide the provider in switching from one opioid to another using the table of morphine equivalent suggested by the guideline. A copy of the completed form may be given to the patient and should be sent to the pharmacist.

Switching Opioid Form

Patient name: ____________________________ Today’s date: ___________/__________/__________

Switching from __________________________ to __________________________________________

Start switching on Monday: ___________/__________/__________ (mm/dd/yy)

Current opioid(s) regimen:
- Opioid name, dose and frequency: __________________________________________________________
- Opioid name, dose and frequency: __________________________________________________________
- Opioid name, dose and frequency: __________________________________________________________

Current total daily dose of opioid: ____________________________ / day

Switching from current opioid to morphine equivalent:

<table>
<thead>
<tr>
<th>Opioid</th>
<th>Morphine Equivalents (mg)</th>
<th>Conversion to MEQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Codeine</td>
<td>200</td>
<td>0.15</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>20</td>
<td>1.5</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Meperidine</td>
<td>300</td>
<td>0.1</td>
</tr>
<tr>
<td>Methadone</td>
<td>60 – 134 mg</td>
<td>25 mg/h</td>
</tr>
<tr>
<td>Transdermal fentanyl</td>
<td>135 – 179 mg</td>
<td>22 mg/h</td>
</tr>
<tr>
<td></td>
<td>180 – 224 mg</td>
<td>28 mg/h</td>
</tr>
<tr>
<td></td>
<td>225 – 269 mg</td>
<td>42 mg/h</td>
</tr>
<tr>
<td></td>
<td>270 – 314 mg</td>
<td>47 mg/h</td>
</tr>
<tr>
<td></td>
<td>315 – 359 mg</td>
<td>57 mg/h</td>
</tr>
<tr>
<td></td>
<td>360 – 404 mg</td>
<td>65 mg/h</td>
</tr>
</tbody>
</table>

Morphine Equivalence Table

Switching Opioids:

If previous opioid dose was: Then, SUGGESTED new opioid dose is:

High 50% or less of previous opioid
Moderate or low 60-75% of the previous opioid

If previous opioid dose was: Then, SUGGESTED new opioid dose is:

High 50% or less of previous opioid
Moderate or low 60-75% of the previous opioid

New opioid regimen:
- Opioid name, dose and frequency: __________________________________________________________
- Opioid name, dose and frequency: __________________________________________________________
- Opioid name, dose and frequency: __________________________________________________________

Comments:

__________________________________________________________

For questions, please call Dr. __________________________ Phone number: (_______) ____________

To access the Canadian Guideline for Safe and Effective Use of Opioids for Non Chronic Cancer Pain and to download the Opioid Manager visit http://nationalpaincentre.mcmaster.ca/opioid/