

Worksheet for Switching Opioids^{1,2,3}

Steps				
1. Select new opioid	Opioid Name:			
2. Determine current total opioid doses taken each day, including an average of the "as-needed" doses taken of the original opioid(s)		Opioid 1	Opioid 2	Opioid 3
	Name			
	Dose	mg	mg	mg
	Frequency			
3. Determine morphine equivalent dose (MED) for each opioid and add together for a total	Total Dose / day	mg/day	mg/day	mg/day
	Conversion factor to Oral MED from morphine equivalence table	x	x	x
	MED	mg/day	mg/day	mg/day
4. Calculate new opioid total daily equianalgesic dose using the Total MED from the last step	Total MED	mg/day		
	MED	mg	Conversion factor X from Oral MED	=
5. Calculate new opioid starting dose using Method 1 – Rapid Conversion or Method 2 – Cross Taper Method (see page 2)	Method 1 – Rapid Dose Conversion		Method 2 – Cross Taper Method	
	10 to 15% of new opioid daily dose (from step 4)		As-needed Dose Interval	
6. Breakthrough analgesia if needed		mg/day		
7. Patient follow up	Ensure old medication is discontinued Document and address withdrawal symptoms or adverse effects			

Morphine equivalence		
Oral Opioid	Convert to oral MED multiply by	Convert from oral MED multiply by
Codeine	0.15 (0.1-0.2)	6.67
Hydromorphone	5.0	0.2
Morphine	1.0	1.0
Oxycodone	1.5	0.667
Tapentadol [*]	0.3-0.4	2.5-3.33
Tramadol ^{**}	0.1-0.2	6

d = day; MED = morphine equivalent dose; MEDD = morphine equivalent daily dose; SL = sublingual
^{*} Maximum dose of extended release tapentadol is 300 mg
^{**} The maximum recommended dose of tramadol is 300 to 400 mg depending on formulation

Worksheet for Switching Opioids – Methods 1 & 2

Method 1 – Rapid Dose Conversion

Dose (Step 4):		mg/day
Calculate new opioid starting dose that reflects 50 to 75% of the new daily dose identified in Step 4 .	50% (multiply by 0.5)	mg/day
	60% (multiply by 0.6)	mg/day
	75% (multiply by 0.75)	mg/day
Identify frequency to complete order	Dose	Dose interval
	mg/dose	

Return to step 6

Method 2 – Cross Taper Conversion

Reduce the original opioid dose from Step 2 by ~10–25% while concomitantly starting the new opioid at the initial recommended dose for opioid-naïve patients or at the lowest available dose

Current opioid name:					New opioid name:						
		titrate down						titrate up			
Week	Original opioid dose: (Step 2)	mg	x	frequency							
1	↓ 10–25% =	mg	x	frequency	lowest dose:		mg	x	frequency		
2	↓ 10–25% =	mg	x	frequency	↑ 10–20% =		mg	x	frequency		
3	↓ 10–25% =	mg	x	frequency	↑ 10–20% =		mg	x	frequency		
4	↓ 10–25% =	mg	x	frequency	↑ 10–20% =		mg	x	frequency		
Final dose of new opioid x frequency:					Dose		Dose interval				
					mg x		frequency			New opioid name	

Return to step 6

References

1. Michael G DeGroot National Pain Centre McMaster University The Opioid Manager, Nov 23, 2017 [updated] Available from: http://nationalpaincentre.mcmaster.ca/opioidmanager/opioid_manager_download.html
2. Michael G DeGroot National Pain Centre McMaster University Appendix to The Opioid Manager, Nov 23, 2017 [updated] Available from: http://nationalpaincentre.mcmaster.ca/opioidmanager/opioid_manager_download.html
3. CPS [Internet]. Ottawa (ON): Canadian Pharmacists Association; c2018 [updated 2018 Mar 8]. Available from: <http://www.e-cps.ca> or <http://www.myrx.ca>. Also available in paper copy from the publisher.