



Policy Name: <p style="text-align: center;">CALCULATION OF EQUIANALGESIC DOSAGES</p>	Policy Number: <p style="text-align: center;">0228</p>
Approved By: <p style="text-align: center;">Executive Team</p>	Effective Date: <p style="text-align: center;">MAY 9, 1996</p>
Reason for Revision: Click on item below and select item from list. <p style="text-align: center;">CONTENT- Enter BELOW Reason for change Ex: Combined Policy ## and ##.</p> <p style="text-align: center;">New format being used. Added Appendix A</p>	Date Revised: <p style="text-align: center;">October 4, 2021</p> Next Date for Review: <p style="text-align: center;">October 4, 2024</p>
Section: <p style="text-align: center;">Section 02 - Pain and Symptom Management</p>	Page No: <p style="text-align: center;">Page 1 of 2</p>

Policy

In providing competent and safe care to residents of the hospice, every registered nurse (RN) must be able to accurately calculate the equianalgesic dose of various opioids.

REFERENCES

2018 Pallium Project – Pallium Palliative Pocketbook – Chapter 5
 Pallium Palliative Pocketbook 2018 - Opioid Equianalgesic Dose Conversion Table, Chapter 5.; pgs 5-50,51

Procedure

1. The RN must be able to calculate the correct dose of narcotic when a resident is being rotated from one narcotic to another, and/or if the route of administration (i.e.: oral/rectal to subcutaneous) is changed.

2. When the physician writes an order to rotate a resident from one narcotic to another or to switch administration routes (such as oral to subcutaneous) the RN should double check, with another RN, the Physician’s order for accuracy of equianalgesic calculation prior to administering the first dose. The RN should remember that when rotating narcotics that a reduction of 20-50% is common to accommodate for cross tolerance of narcotics. If the RN’s calculation varies more than 10% from the physician’s calculation, the physician must be notified prior to the dose being administered. A record of this conversation must be documented in the progress notes section of the Resident’s health record.

3. The change in narcotics and/or route should be assessed and documented during the first 24 hour period as to the efficacy of outcome.



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Appendix A

Opioid Equianalgesic Dose Conversion Table
– equivalence to 10mg Morphine PO

Drug	PO Dose	PO:SC Ratio	SC Dose
Morphine	10 mg	2:1	5 mg
Codeine	100 mg	2:1	50 mg
Tramadol	100 mg		
Oxycodone	5 – 7.5 mg		
Hydromorphone	2 mg	2:1	1 mg
Fentanyl infusion/patch (based on 24 hour dose, can be variable)			2 – 5 mcg/hr

Adapted from The Pallium Palliative Pocketbook 2nd edition, 2018