

Opioid Conversion Chart

 Wessex Palliative Physicians Handbook of Palliative Care 9th edition [2019](#)

‘Strong’ opioids														Patches		‘Weak opioids’	
Morphine					Oxycodone					Diamorphine		Alfentanil		Fentanyl	Buprenorphine	Tramadol	Codeine Phosphate
Oral (mg)			Subcutaneous (mg)		Oral (mg)			Subcutaneous ¹ (mg)		Subcutaneous (mg)		Subcutaneous ² (mg)		Transdermal Patch (mcg/hr) <i>Stable pain only</i>	Transdermal patch (mcg/hr) <i>Stable pain only</i>	Oral (mg)	Oral (mg)
4 hr dose (IR)	12 hr dose (MR)	24 hr total dose	4 hr dose	24 hr total dose	4 hr Dose (IR)	12 hr Dose (MR)	24 hr total dose	4 hr dose	24 hr total dose	4 hr dose	24 hr total dose	4 hr dose	24 hr total dose	Change every 72 hours	Change at intervals indicated	24 hr total dose	24 hr total dose
1.25		10													5 7 days	100	120
2.5	10	20	1.25	10	1.25	5	10	1.25	5	1.25	5	0.125	0.5		10 7 days	200	240
5	15	30	2.5	15	2.5	10	20	1.25	10	1.25	10	0.125	1	6-12	15 7 days	300	
7.5	20	40	5	20	5	10	20	2.5	10	2.5	15	0.25	1.5	12	20 7 days	400	
10	30	60	5	30	5	15	30	2.5	15	2.5	20	0.25	2	12-25	35 72 hrs		
15	45	90	7.5	45	7.5	25	45	3.75	25	5	30	0.5	3	25-37	52.5 72 hrs		
20	60	120	10	60	10	30	60	5	30	7.5	40	0.75	4	37-50	70 72 hrs		
30	90	180	15	90	15	45	90	7.5	45	10	60	1	6	50-75			

¹ Some units recommend a 1:1 conversion from CSCI morphine to CSCI oxycodone rather than the 2:1 conversion in the table above

² Some units recommend an 18:1 conversion from PO morphine to CSCI alfentanil rather than the 30:1 conversion above

***Seek specialist advice when doses are greater than the equivalent of 180mg of oral morphine in 24hours.**