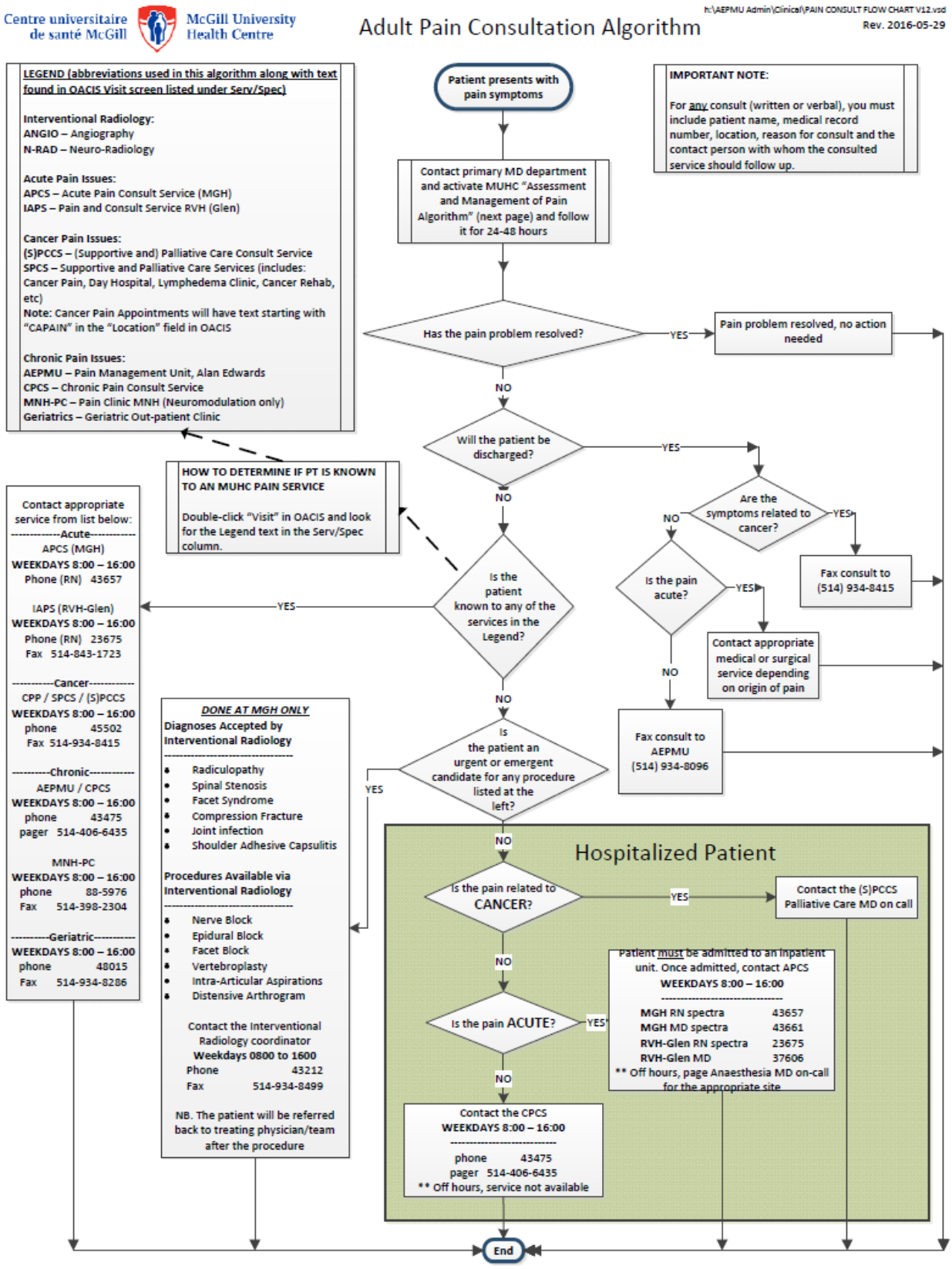
MUHC *Adult* Pain Program Information



Pain Services in the MUHC Telephone Book:

Look for the torch icon () on the desktop of any networked computer at the MUHC. Type "pain" or "douleur" in the "Chercher / Search for:" box and press "Enter".

MUHC drug formulary: found on the MUHC intranet. Look for the shield icon (

)on the desktop of any networked computer at the MUHC.

Click on "Drug Formularies" in the "Pharmacy and Therapeutics Committee" section (on the left). This will take you to the Lexicomp site. Look for the "MUHC Adult Drug Formulary" section on the left.

Safe Opioid Prescribing Guidelines: click "Charts/Special Topics", then click "MUHC Opioid Therapy Guidelines"

Table 1: Opioids comparative table

WARNING: Equianalgesic doses are approximate and mostly based on single dose studies. When switching opioids, start with 50% to 75% of the proposed equianalgesic dose of the new opioid to compensate for incomplete cross-tolerance and individual variation, particularly if the patient has controlled pain.

DRUG	Equianalgesic dose SC/IV	Equianalgesic dose PO	Onset of action SC/IV (PO)	Peak of action IV SC PO	Duration of action SC/IV (PO)	Starting dose in opioid-naïve* patients WITH risk factor(s) (Adults)	Starting dose in opioid-naïve* patients with NO risk factor (Adults)
Morphine	5 mg	10 mg	2-5 min (15 min)	IV: 15 min SC: 30 min PO: 30-60 min	4 hrs (4-6 hrs)	2.5 mg SC/IV 5 mg PO	5 mg SC/IV 10 mg PO
Hydromorphone	1 mg	2 mg	6 min (15 min)	IV: 15 min SC: 15 min PO: 30-60 min	4 hrs (4-6 hrs)	0.5 mg SC/IV 1 mg PO	1 mg SC/IV 2 mg PO
Fentanyl	50 mcg	N/A	1-2 min (N/A)	IV: 5-15 min SC: 5-15 min PO : N/A	30-60 min (N/A)	25 mcg SC/IV	50 mcg SC/IV
Codeine (IV/IM not recommended)	N/A	100 mg	(30-60 min)	PO: 2-4 hrs	(4-6hrs)	30 mg PO	60 mg PO
Oxycodone	N/A	7.5 mg	IV/SC: N/A (15 min)	IV/SC: N/A PO: 30-60 min	N/A (3-6 hrs)	5 mg PO	7.5 mg PO

*Opioid-naïve: patients not previously on opioids or who have been receiving opioids for less than 7 days.
For fentanyl transdermal (patches) equianalgesic doses, refer to palliative care or pharmacy.
Renal failure: all the above opioids except fentanyl produce metabolites, which can accumulate. Dosing interval should be increased by approximately 50 %.
Liver failure: most opioids may have decreased clearance, however no specific dose adjustments can be recommended.

http://online.lexi.com/lco/action/doc/retrieve/docid/muhc_f/5996888

Useful web links:

Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain (2010)
http://nationalpaincentre.mcmaster.ca/opioid/

Management of Postoperative Pain: A Clinical Practice Guideline
https://www.asra.com/advisory-guidelines/article/7/management-of-postoperative-pain-a-clinical-practice-guideline

Pharmacological management of chronic neuropathic pain: revised consensus statement from the Canadian Pain Society (click the "Full Text" icon on the top-right of the page from a MUHC computer)
http://www.ncbi.nlm.nih.gov/pubmed/25479151

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