

Standing/Home orders – EOL (Initiate at approx. 30% PPS)

Patient name: _____ PHN #: _____

Allergies No known Drug Allergies Yes _____

Fax to: Home and Community Care Pharmacy: _____

PHYSICIAN’S PALLIATIVE HELP LINE 1-877-711-5757

PAIN/DYSPNEA (see others side for medication and dosage recommendations)

- Regular Opioid _____ Dose _____ Frequency _____
- Breakthrough Opioid _____ Dose _____ PRN _____
- Triplicate prescription to retail pharmacy
- RN to contact physician if using more than _____
- If pt. unable to swallow, give subcutaneous injection of ½ the dose of oral immediate-release opioid.
 Contact the physician for conversation for other medications.

NAUSEA

- Metoclopramide 10 mg SC /PO Q8H prn (20)
- OR _____

ANXIETY/SEDATION

- Lorazepam 0.5 mg – 1 mg SL SC Q2H prn to a max 6 mg in 24 hours (30)
- OR _____

RESTLESSNESS

- Methotrimeprazine 6.25 – 12.5 mg SC Q2H prn (20) **OR** _____
- Haloperidol 0.25 mg – 1 mg SC/PO BID or give Q2H prn (10)

RESPIRATORY CONGESTIONS/SECRETIONS

- Scopolamine SC 0.3 mg – 0.6 mg Q 6-8 hours. Mitte _____
- OR**
- Atropine 1% EYE drops: 2 drops SL prn. Mitte _____
- OR**
- Atropine 0.6 mg SC prn to a max of 5 mg/24 hours. Mitte _____

Date (dd/mm/yyyy)	Time	Physicians Signature	Printed Name and College ID #

Adapted from the form developed by the East Kootenay Division of Family Practice

EQUIANALGESIC POTENCY OF OPIOIDS/OPIOID CONVERSION

REDUCE THE NEW DOSE BY 25% AND TITRATE WITH BREAKTHROUGH MEDICATIONS

DRUG	ORAL DOSE	SC / IV / IM DOSE
morphine	10 mg	5 mg
codeine*	60 mg	30 mg
HYDROmorphine	2 mg	1mg
oxycodone	7.5 mg	N/A

*Codeine not recommended for SC or IV

Table taken from IH Pain and Symptom Management Guidelines 2004

CONVERSION GUIDELINES FENTANYL PATCH * (Reference: Duragesic® product Monograph)

Current Analgesic	Daily Dosage (mg/day)**						
	60 – 134	135 – 179	180 – 224	225 – 269	270 – 314	315 – 359	360 – 404
morphine PO	60 – 134	135 – 179	180 – 224	225 – 269	270 – 314	315 – 359	360 – 404
morphine IM / IV	20 – 44	45 – 60	61 – 75	76 – 90	NA***	NA***	NA***
oxycodone PO	30 – 66	67 – 90	91 – 112	113 – 134	135 – 157	158 – 179	180 – 202
codeine PO	150 - 447	448 – 597	598 – 747	748 – 897	898 – 1047	1048 – 1197	1198 – 1347
HYDROmorphine PO	8 – 16	17 – 22	23 – 28	29 – 33	34 – 39	40 – 45	46 – 51
HYDROmorphine IV	4 – 8.4	8.5 – 11.4	11.5 – 14.4	14.5 – 16.5	16.6 – 19.5	19.6 – 22.5	22.6 – 25.5
	↓	↓	↓	↓	↓	↓	↓
Fentanyl patch dose (mcg per hour)	25	37	50	62	75	87	100

* This table should not be used to convert from fentanyl patch to other opioid analgesic therapies because these values are conservative and use of this table for that purpose could lead to overestimation of the dose of the new opioid drug.

** The 12 mcg / hour dose is not included in this table because it generally should not be used as the initiating dose, except in patients for whom clinical judgment deems it appropriate to start at less than 25 mcg / hour; **fentanyl patch at any dose is contraindicated in opioid-naïve patients.**

*** NA (not applicable) reflects insufficient data available for guidance. If needed, these conversions should be made very carefully and conservatively.

FENTANYL BREAKTHROUGH PRN DOSING (IH Palliative Care Pain & Symptom Management Guidelines 2004)

fentanyl patch (mcg / hr)	morphine PO (oral liquid or I.R. tab)	morphine SC or IV	HYDROmorphine PO (liquid or I.R. tab)	HYDROmorphine SC or IV
25	10 mg	5 mg	2 mg	1 mg
37	15 mg	7.5 mg	3 mg	1.5 mg
50	20 mg	10 mg	4 mg	2 mg
62	25 mg	12.5 mg	5 mg	2.5 mg
75	30 mg	15 mg	6 mg	3 mg
87	35 mg	17.5 mg	7 mg	3.5 mg
100	40 mg	20 mg	8 mg	4 mg

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