

Data collated and provided courtesy by Ruth Perkins, B.S., M.S., Pharm.D.

Recommended Doses for Initiation of Therapy in Opioid Naïve Adults

Drug	Starting dose for adults > 50 kg		Starting dose for children and adults < 50 kg	
	Oral	Parenteral	Oral	Parenteral
^α Morphine	15-30 mg Q3-4H	10 mg Q3-4H	0.3 mg/kg q 3-4 h	0.1 mg/kg q3-4h
^β Codeine	60 mg Q3-4H	60 mg Q2H (IM, SQ)	1 mg/kg q 3-4h	Not recommended
^α Fentanyl	Not available	0.5-1.0 mcg/kg/dose	Not available	1-2 mcg/kg/dose
^α Hydromorphone	6 mg Q3-4H	1.5 mg Q3-4H	0.06 mg/kg q3-4h	0.015 mg/kg q3-4h
^β Hydrocodone	10 mg Q3-4H	Not available	0.2 mg/kg q3-4h	Not available
^α Levorphanol	4 mg Q6-8H	2 mg Q6-8H	0.04 mg/kg q 6-8h	0.02 mg/kg q6-8h
^β Meperidine	Not recommended	100 mg Q3H	Not recommended	0.75mg/kg q2-3h
^α Methadone	10-20 mg Q8H	10 mg Q6-8H	0.2 mg/kg q6-8h	0.1 mg/kg q6-8h
^α oxycodone	10 mg Q3-4H	Not available	0.2 mg/kg q3-4h	Not available
Oxymorphone	Not available	1 mg Q3-4H	Not recommended	Not recommended
^δ Propoxyphene	65*or 100** mg Q3-4H <small>*HCl salt **napsylate salt</small>	Not available	Not well established	Not available
Buprenorphine	Not available	0.4 Q6-8H	Not available	0.004 mg/kg q6-8h
Butorphanol	Not available	2 mg Q3-4H	Not available	Not recommended
Nalbuphine	Not available	10 mg Q3-4H	Not available	0.1 mg/kg q3-4h
pentazocine	50 mg Q4-6H	Not recommended	Not recommended	Not recommended

^αFor treatment of moderate to severe pain;

^βFor treatment of mild to moderate pain;

^δFor treatment of mild pain, may be no more effective than ASA

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OPIATE ANALGESIC COMPARISON CHART

Drug	Equianalgesic Doses Parenteral (IV, IM, SQ)	Equianalgesic Doses - Oral	Parenteral			Oral			Usual dosing Interval
			Onset (min)	Peak (min)	Duration (hours)	Onset (min)	Peak (min)	Duration (hours)	
AGONISTS									
Morphine	10 mg	30 mg	< 5	SQ: 30-60 IV: 20	3-6	15-60	30-60	3-6	Q3-4 H
Codeine	75-120 mg	130-200 mg	10-30	30-60	4-6	30-60	30-60	4-6	Q3-4 H
Hydrocodone	Not available	30 mg				ND	ND	4-8	Q3-4H
Hydromorphone	2.5 mg	7.5 mg	ND	30-60	4-6	15-30	30-60	4-6	Q3-4 H
Fentanyl	0.1 mg	Transdermal 25 mcg/hr ≈ 45 mg of oral sustained release morphine	IM: 7-15 IV: <1	ND	1-2 (TD: 48-72)				IV: Q1 H TD: Q72 H
Levorphanol	2 mg	4 mg	ND	30-60	4-8	10-60	30-60	4-8	Q6-8 H
Oxycodone	Not available	20 mg				10-15		4-6	Q3-4 H
Oxymorphone	1 mg	10 mg (rectal administration)	5-15	30-60	3-6				Q3-4 H
Meperidine	100 mg	300 mg	< 5	30-60	2-4	10-15	30-60	2-4	Q2-3 H
Methadone	10 mg	7.5 mg ⁺⁺	10-20	30-60	4-8	30-60	30-60	4-8	Q6-8 H
Propoxyphene	Not available	130*or 200** mg				30-60	120-150	4-6	Q3-4 H
		*HCl salt **Napsylate salt							
AGONIST-ANTAGONISTS									
Buprenorphine	0.4 mg	Not available	15	60	4-8				Q6-8 H
Butorphanol	2 mg	Not available	IM: 30-60 IV: 4-5	30-60	3-5				Q3-4 H
Nalbuphine	10 mg	Not available	IM: 30 IV: 1-3	60	3-6				Q3-4 H
Pentazocine	60 mg	150 mg	IV: 2-3	~15	2-3	15-30	~60	4-5	Q3-4 H

++ The ratio of PO morphine:PO methadone is dependent on the dose of morphine prior to switching to methadone. With low doses of morphine (<90 mg/day), the ratio is approximately 4:1 (morphine:methadone). With higher doses of morphine, i.e. > 300 mg/day, the ratio of PO morphine: PO methadone approaches 12:1. Inbetween, a ratio of 8:1 has been studied. (Davis,2001)

The above table is meant to act as a guideline when switching patients from one opioid to another. It is important to recognize that there is a wide variation in response to opiates between individuals. Therefore, all doses should be titrated to effect for individual patients. (Foley, 1985 and Pereira, 2000)

REFERENCES: (Pereira, Lawlor & Vigano, et al. 2000; Davis and Walsh, 2001; Foley, 1985)