

Opioids—Changing Routes of Administration

There is variation in practice when converting an opioid from one route of administration to another. The chart outlined below reflects the practice at Our Lady's Hospice and Care Services (OLH&CS). **THE INFORMATION OUTLINED BELOW IS INTENDED AS A GUIDE ONLY. RECOMMENDATIONS OUTLINED BELOW ARE SUBJECT TO CHANGE DEPENDING ON THE CLINICAL CONDITION OF THE PATIENT AND PATIENT SAFETY FACTORS.** The patient should be monitored very carefully during the route conversion period. Consider the need for breakthrough pain medication during the route conversion period.

Recommendations tabulated below **do not apply to fentanyl CSCI or methadone**. Specialist palliative care advice should be sought for fentanyl CSCI, methadone and any other opioids.

SR=sustained release **CSCI**=continuous subcutaneous infusion

Converting To →	Oral SR opioid MST®, OxyContin® & Palladone SR®.	Fentanyl Transdermal patch	Buprenorphine Transdermal patch	Opioid CSCI Morphine, Oxycodone, Hydromorphone, Alfentanil
Converting From ↓				
Oral SR opioid MST®, OxyContin® & Palladone SR®.		Administer the last dose of the SR opioid and apply the transdermal fentanyl or buprenorphine patch at the same time.		The CSCI should be started about 4 hours before the next oral dose would have been due in order to maintain analgesia.
Fentanyl Transdermal patch	#Remove transdermal fentanyl patch and administer SR opioid after 10—12 hours.	Specialist palliative care advice should be sought on switching between transdermal patches.		Option 1: Leave the fentanyl or buprenorphine transdermal patch in place and supplemental opioid should be administered through the CSCI. Option 2: #Remove the fentanyl transdermal patch and commence the CSCI 12 hours later. Monitor for worsening of pain for up to 24 hours.
Buprenorphine Transdermal patch	#Remove transdermal buprenorphine patch and administer SR opioid after 24 hours.		Option 1: Leave the fentanyl or buprenorphine transdermal patch in place and supplemental opioid should be administered through the CSCI. Option 2: #Remove the buprenorphine transdermal patch and commence the CSCI 12-24 hours later. Monitor for worsening of pain for up to 24 hours.	
TRANSDERMAL PATCH CONVERSIONS: #A reservoir of buprenorphine and fentanyl accumulates in the body, particularly in adipose tissue. Significant plasma levels persist for at least 24 hours after discontinuing a patch. Caution, careful monitoring and an individualised decision is required on timing of the introduction of an opioid via a different route depending on patient's clinical factors and care setting. Breakthrough pain relief should be considered during the transition period.				
Opioid CSCI Morphine, Oxycodone, Hydromorphone, Alfentanil	Stop the CSCI as soon as SR opioid is administered.	The CSCI should be stopped 8-12 hours after the transdermal fentanyl patch has been applied.	The CSCI should be stopped 12 hours after the transdermal buprenorphine patch has been applied.	