

Chronic Pain Centre

Opioid Flow Sheet

	Equivalence	To convert to morphine, multiply by:					
Morphine	30 mg	1					
Oxycodone	15 mg	2					
Hydromorphone	6 mg	5					
Codeine	300 mg	0.1					
Tramadol	300 mg	0.1					
Tapentadol	75 mg	0.4					
Buprenorphine Patch	10 mcg/hour	3					
Fentanyl Patch	N/A	3					
Methadone	N/A	Not linear					
If rotating opioids, consider reducing by 30% first and use a conservative approach							

Patient Label	

PHYSICIAN:	PHARMACY:			
	Phone:	Fax:		
	· · ·	\mathbf{A} berrant behavior and \mathbf{A} ccurate drug records.		
 Check and review Netcare at least ev 	ery 3 months. $UDT = Urine Drug$	g Test and must be completed at least once per year	r.	
• Take Home Naloxone Kit: Offer par	ients naloxone if they have risk f	actors, including: history of overdose, history of su	bstance use	
disorder, higher opioid doses (≥ 50 m	g morphine equivalents/day), or c	oncurrent benzodiazepine use.		

Date offered: ______ Naloxone Kit given: Y or N. If no, document reason:______

Date Issued (yy/mm/dd)	Date to Start (yy/mm/dd)	Medication and Strength	Dose and Frequency	Qty	Triplicate Serial #	Comments	Netcare	UDT 🗸	Morphine Equivalence	Expected refill date (yy/mm/dd)
1										