

**PALLIATIVE MEDICINE STAFF**

Christine Ritchie, M.D.

Rodney Tucker, M.D.

Cynthia Baker, M.D.

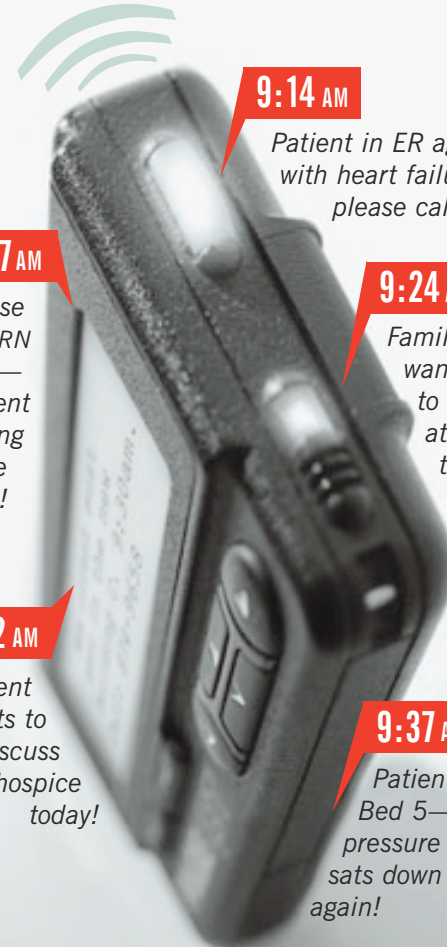
Elizabeth Kvale, M.D.

Charlotte Williams, M.D.

Amos Bailey, M.D.

Carol Griffin, M.D.

**UAB** CENTER FOR  
PALLIATIVE CARE



**got pages?**

# consult palliative care.



## APPROPRIATE PALLIATIVE CARE REFERRALS:

- Team/patient/family needs help with complex decision making and determination of goals of care.
- Unacceptable level of pain or other symptom distress >48-72 hours.
- Uncontrolled psychosocial or spiritual issues.
- Frequent visits to emergency department for the same diagnosis.
- Frequent hospital admissions for the same diagnosis in last 30 days.
- Prolonged length of stay (7-14 days) without evidence of improvement.
- Prolonged stay in ICU setting without evidence of improvement.
- In an ICU setting with documented poor prognosis.
- Assistance needed to determine hospice eligibility.

## Pain Control Project Opioid Equianalgesic Conversion Table

(Dosing in mg unless listed)

ORAL	OPIOID AGENT	IV/IM/SQ
30	Morphine (MSC, OSR, Roxanol™)	10
8	Hydromorphone (Dilaudid™)	2
20	Methadone (Dolophine™)	10
300	Meperidine (Demerol™)	100
30	Oxycodone (Roxicodone™, OxyContin™)	—
4 tabs	Oxycodone 5mg/APAP 325mg (Percocet™)	—
6 tabs	Hydrocodone mg/APAP 500mg (Lortab™)	—
6 tabs	Codeine 30 mg/APAP (Tylenol #3™)	—
200+	Codeine	120

## Fentanyl Patch Conversion

25mcg/hour topically exchanged every 72 hours  
is equivalent to the following:

Morphine - 15mg IV or 45 mg PO per day.

Hydromorphone - 3mg IV or 12mg PO per day.

Percocet™ - 6 tabs or Lortab/Tylenol #3™ - 9 tabs per day.

1. Dosing tables only provide conversion estimates. Patient responses may differ. Consider partial cross tolerance when changing between narcotic agents. A well-controlled patient may require a 25% or greater dose reduction of the newly chosen agent. Opiate agonists have different durations of action, extent or oral absorption and elimination, which may affect patient response.
2. Methadone has a longer elimination half-lives than duration of action and may require dose adjustment to prevent overaccumulation.
3. Meperidine is not indicated for prolonged therapy (greater than five days) and Normeperidine (a metabolite) may lead to seizures in patient with decreased renal function. Oral absorption of Meperidine is less reliable than other opiates and is not recommended. Its absorption, elimination, and toxicity can be affected by many drug interactions that inhibit or enhance its metabolism.