

Table 2: Empirical Guidelines for Opioid Rotation

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1. Use the equianalgesic table to calculate a dose of the new opioid roughly equivalent to the dose of the current opioid.
 2. Determine the clinically relevant starting point.
 - a. If switching to any opioid other than methadone or fentanyl, decrease the equianalgesic dose by 25-50%
 - b. If switching to methadone, reduce the dose by 75-90%.
 - c. If switching to transdermal fentanyl, do not reduce the equianalgesic dose.
 3. Consider further dose adjustments based on medical condition and pain.
 - a. If the patient is elderly or has significant organ failure, consider further dose reduction.
 - b. If the patient has severe pain, consider a lesser dose reduction.
 4. If a “rescue dose” is to be used, calculate a rescue dose as 5-15% of the total daily dose and administer at an appropriate interval. The exception is oral transmucosal fentanyl citrate, which should always be started at a dose of 200 mcg or 400 mcg.
 5. Reassess and titrate the new opioids according to therapeutic response and side effects.
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