MORPHINE DOSING

1. Initial Dosing for Constant Pain

For a patient with significant previous opioid exposure, calculate the starting dose for an immediate-release opioid using the equianalgesic table (to begin the new opioid you will cut back on this dose as appropriate) and dose q 4h, or

For a patient who is relatively opioid naive and in significant pain, start dosing with 10 to 30 mg of immediate-release oral morphine liquid concentrate or tablet q 4h, or

For a patient with stable pain that is not severe, start extended-release oral morphine at a dose of 15 or 30 mg twice daily or 30 to 60 mg once daily (depending on formulation).

Then, prescribe a "breakthrough" or rescue dose that is 5% to 15% of the total dose in use every 24 hours and offer it q 1h po prn. Ask the patient and family to record in a diary all medication taken.

To convert to an extended-release preparation, calculate the total morphine dose required to achieve comfort during a 24-hour period. Either divide by 2 to get the q 12h dose of extended-release morphine to prescribe routinely, or give the total dose once daily (depending on the product).

Always prescribe a breakthrough dose of immediate release morphine using liquid concentrate or tablet. Offer 5% to 15% of the 24-hour dose q 1h po prn.

Monitor closely and titrate as needed

2. Increasing the Dose

If a patient requires more than 2 to 4 breakthrough doses in a 24-hour period on a routine basis, consider increasing the dose of the extended-release preparation.

Determine the total amount of morphine used (routine + breakthrough) and administer the total in divided doses q 12h or q 24h (depending on the product).

Recalculate the breakthrough so that it is always 5% to 15% of the total daily dose and offer it q 1h po.

NB: In the patient with cancer, the most common reason for an increased dose is worsened pathology, not pharmacological tolerance.

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