



Article

Prescribing opioids in general practice

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In this scenario you are working as a practice nurse in a large GP practice.

Your local formulary recommends morphine as the first line strong opioid analgesic. Your practice pharmacist has analysed your prescribing data to check whether prescribing is in accordance with the formulary. The analysis reveals that the practice is prescribing a large proportion of non-formulary or second line strong opioids.

In the average UK practice, morphine makes up 30% of all strong opioids prescribed. In your practice, it makes up just 20% of all strong opioids prescribed.

Your pharmacist has identified a list of 50 patients on non-formulary or second line strong opioids, all for chronic pain.

Question 1

How many of these patients would need to be reviewed and the current strong opioid converted to morphine, in order to match the standard of the UK average? **5**

Here is a sample of prescriptions from the first five patients on the list:

A	Oxycodone 80mg MR tablets, one twice daily morphine 120mg twice daily
B	Oxycodone 120mg MR tablets, one twice daily morphine 180mg twice daily
C	Fentanyl 25microgram patch, one every 72 hours morphine 30mg twice daily
D	Fentanyl 100 microgram patch, one every 72 hours morphine 120mg twice daily
e	Oxycodone 40mg MR tablets, one twice daily morphine 60mg twice daily

Task 1

Convert each of these regimens to an equivalent twice daily dose of morphine MR. Use this table to help (BNF 72, 2016):

Equivalent doses of opioid analgesics

This is only an approximate guide (doses may not correspond with those given in clinical practice); patients should be carefully monitored after any change in medication and dose titration may be required

Analgesic	Route	Dose
Codeine	PO	100 mg
Diamorphine	IM, IV, SC	3 mg
Dihydrocodeine	PO	100 mg
Hydromorphone	PO	2 mg
Morphine	PO	10 mg
Morphine	IM, IV, SC	5 mg
Oxycodone	PO	6.6 mg

