TABLE 3

Most commonly used opioids

Opioid	Onset of action	Recommended starting dose (opioid-naïve)	Duration of analgesia (hours)	Equianalgesic dose (mg)	
				Parenteral	Oral
Morphine				10	30
Oral (immediate-release)	0.5–1 hours	2.5–10 mg every 4 hours	3–4		
Oral (long-acting)	4–6 hours	15 mg every 8–24 hours	8–12		
Intravenous (IV)	5–10 minutes	2.5–5 mg every 4 hours	3–4		
Subcutaneous (SQ) [a]	20 minutes	5–10 mg every 4 hours	3–4		
Intramuscular (IM) [b]	10–30 minutes	5–10 mg every 4 hours	3–4 (variable)		
Codeine [c]	1.5–2 hours	30 mg every 4 hours	4–6	100	200
Tramadol [d] (immediate release)	1 hour	25 mg daily	4–6 (initially) 3–11 (chronic)	100	120
Hydrocodone [e]	0.5–1 hour	2.5–5 mg every 4 hours	4–8	NA	30
Oxycodone				NA	20
Immediate-release [f]	1 hour	2.5–5 mg every 4 hours	3–6		
Long-acting [g]	3–4 hours	10 mg every 12 hours	8–12		
Hydromorphone				1.5	7.5
Oral	15–30 minutes	2–4 mg every 4 hours	3–6		
Intravenous	5 minutes	0.3–1 every 4 hours	3–4		
Fentanyl	Not recommended for opioid-naïve patients			0.1	NA
IV/SQ	IV: immediate SQ: 20 minutes	25–50 µg every 1–2 hours	IV: 0.5–1 SQ: 1–2 Increases with repeated use		
Transdermal patch	12–24 hours	12–25 µg every 72 hours	48–72 per patch Up to 12 after removal		
Methadone [h]					
Oral	0.5–1 hour	2.5 mg every 8–12 hours	3–4 (initially) 6–8 (chronic) Increases with repeated use	10	20
IV/SQ/IM	10–20 minutes	1.25 mg every 8 hours			

[a] More appropriate in a continuous dosage. [b] Not recommended due to painful administration. [c] Not recommended due to adverse effects increasing disproportionately to analgesic effects. [d] Maximum dose 300 mg daily if creatinine clearance > 30 mL/min or 200 mg daily if creatinine clearance < 30 mL/min. [e] Only available in combination medications (paracetamol), which limits its dosage. [f] Reduce dose and titrate more cautiously in patients with renal insufficiency (creatinine clearance < 60 mL/min). [g] Some opioid-tolerant patients may require dosing every 8 hours for effective analgesia. [h] Consult a pain management expert before initiating.