

# Opiate Analgesic Comparison Chart

Medication	Route	Loading Dose	Onset	Duration	Usual dosing interval	Equi-analgesic Dosing based on 10mg Morphine IV	Notes
<b>Fentanyl</b>	IV	25-100mcg	immediate	30-60min	1-2 hours	100mcg IV	Potent analgesic sedative with immediate onset and less hypotension than other opiate analgesic choices due to lack of histamine release. Chest wall rigidity may occur with very high dosing. Easier to titrate than Morphine due to immediate onset. Drawback is shorter duration: approx. 1 hour. Administer in 25-50 mcg doses titrated to effect.
<b>Fentanyl OTFC Oral Transmucosal Fentanyl Citrate (Actiq®)</b>	TM	800mcg	5-15 min	highly variable	highly variable	800mcg TM	Convenient for patient controlled analgesia, highly variable uptake. Buccal absorption results in relatively quick onset while gastric absorption of residual liquid results in sustained analgesia. Should not be substituted for titrated IV pain control in the critically injured patient.
<b>Hydromorphone (Dilaudid®)</b>	IV	.5 - 2mg	15 min	4-6 hr	3-6 hr	1.5mg IV	Excellent long acting analgesic. Longer duration than Fentanyl, fewer side effects than morphine.
<b>Morphine</b>	IV	2-10mg	5-15min	3-6 hr	3-6 hr	10mg IV	Analgesic alternative to Fentanyl or Hydromorphone where preload reduction and myocardial depressive effects are desirable or tolerable. Long duration of action requires less frequent dosing and makes Morphine useful for the PFC setting. Long time to peak onset of action makes Morphine inconvenient.