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Demystifying Opioid Conversion Calculations:
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Paperback - 30 Aug. 2009 by Mary Lynn M
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Step 1: Convert the total daily PRN opioid dose to Oral Morphine Equivalents (OME) Case Study 1: Step 1 Case Study 1 Morphine IR tab 30mg q4hours PRN In the last 24 hours he has taken 6 doses Total daily amount of oral Morphine being taken $30\text{mg} \times 6 \text{ doses} = 180\text{mg}$ Convert oral Morphine to OME Same opioid, same route, no conversion needed

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Written by pain management expert Mary Lynn McPherson, PharmD, MA, MDE, BCPS, CPE, Demystifying Opioid Conversion Calculations focuses on the calculations that practitioners use in actual practice, providing realistic scenarios for decision making. The revised edition covers the entire spectrum of opioid analgesics used to manage patients with moderate-to-severe pain and serious life-limiting illnesses.

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Demystifying opioid conversion calculations: a guide for effective dosing. Bethesda (MD): American Society of Health-System Pharmacists; 2010. Morphine Equivalent Daily Dose (MEDD) is the same in all healthy patients of same gender and weight in the absence of .

~~Jeffrey Fudin, PharmD, FCCP, FASHP, FFSMB~~
Demystifying Opioid Conversion Calculations a Guide for Effective Dosing is a thorough

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synopsis of opioid pharmacotherapy. The book concentrates on the important mathematical, pharmacokinetic, pharmacodynamic, and patient parameters that a pain medicine clinician needs to safely administer opioids. The regimens are logical, practical,

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calculations|97. n51 hours after patch
removal, 87.5% of fentanyl is eliminated from
the body. n68 hours after patch removal,
93.5% of fentanyl is eliminated from the
body. Remember, even though fentanyl is a
quick-onset, short-acting opioid, when
administer-

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Demystifying Opioid Conversion Calculations,

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2nd Edition, is designed to help practitioners including pharmacists, physicians, nurses, and others develop a high level of skill in performing the required mathematical calculations associated with opioid conversions, plus the confidence to safely and effectively manage their patients' needs for pain relief.

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Transdermal Fentanyl conversions: Assumption
one 11,15: morphine (oral) 60 mg = Fentanyl
transdermal 25 mcg/hr. (600mcg/day). (x /30)

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* $60 = 0.6$ or $60x = 18 \rightarrow x = 0.3$
(conversion factor) Assumption two 3,11:
morphine (oral) 2 mg = transdermal fentanyl 1
mcg/hour.

~~Opioid Conversion Calculator Morphine equivalents Advanced~~

Dose-dependent conversions: The conversion ratio of certain opioids can be dependent on the dose of the original opioid. In the case of converting morphine to methadone, methadone has a relative potency of 4:1 at lower morphine doses, but becomes much more potent (12:1) in patients converting from

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very high morphine doses. 5, 7

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Determine doses when converting a patient

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Praised by practitioners, students and instructors for its engaging approach to teaching a very complex subject, Demystifying Opioid Conversion Calculations: A Guide for Effective Dosing, has long been the go-to guide for learning how to calculate opioid conversions. Now in its second edition, this

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reference is a must-have for clinicians involved in pain management at all levels. Written by pain management expert Mary Lynn McPherson, PharmD, MA, MDE, BCPS, CPE, Demystifying Opioid Conversion Calculations focuses on the calculations that practitioners use in actual practice, providing realistic scenarios for decision making. The revised edition covers the entire spectrum of opioid analgesics used to manage patients with moderate-to-severe pain and serious lifelimiting illnesses. Inside this updated and expanded guide you'll find: - Learning objectives and practice problems

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with solutions in each chapter - New clinical cases throughout, including detailed discussions of cases that demonstrate errors in opioid dose calculations - Expanded information on less commonly used opioids, including levorphanol and nalbuphine - Important summary points at the end of each chapter - Updated pearls, pitfalls, and fast facts

Demystifying Opioid Conversion Calculations, 2nd Edition, is designed to help practitioners including pharmacists, physicians, nurses, and others develop a high level of skill in performing the required mathematical calculations associated with

Read Book Demystifying Opioid Conversion Calculations A Guide For Opioid Conversions, plus the confidence to safely and effectively manage their patients' needs for pain relief.

Have you ever wondered if you calculated your patient's dosage correctly? Against a backdrop of the growing scrutiny of appropriate dosages, this textbook takes a fresh, new approach to helping health professionals strengthen care to and possibly save the lives of patients living with pain. This easy-to-understand and often humorous book is the most comprehensive to-date on opioid calculations for pain management and

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palliative care. It carefully walks clinicians through a five-step process for performing opioid conversion calculations in the real-world situations they often see. The book has case examples, simple charts and tables, and practice problems throughout on topics such as:

- difficult conversions for methadone, fentanyl, PCA, and neuraxial opioid therapy
- conversions between routes and dosage formulations of the same opioids and different opioids
- titrating opioid dosages up and down to include dosage change and timing
- calculating doses for rescue opioid therapy

Written by pain management

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expert Dr. Mary Lynn McPherson, the book gives helpful tips that practitioners should incorporate into their practices. It is a must for clinicians at all levels: hospice and palliative care physicians, physician's assistants, nurses, nurse practitioners, and pharmacists. Clinicians will come away with more confidence in doing the calculations, and higher service levels from the improvement in care.

Praised by practitioners, students and instructors for its engaging approach to teaching a very complex subject, Demystifying

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What happens when a patient's opioid dosage

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is wrong? This comprehensive yet practical guidebook is a must-read for health professionals involved in pain management, hospice and palliative care.

"Evidence-Based Practice of Palliative Medicine" is the only book that uses a practical, question-and-answer approach to address evidence-based decision making in palliative medicine. Dr. Nathan E. Goldstein and Dr. R. Sean Morrison equip you to evaluate the available evidence alongside of

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current practice guidelines, so you can provide optimal care for patients and families who are dealing with serious illness.

Tarascon Palliative Medicine Pocketbook is the only shirt pocket-sized, quick reference for guiding those difficult conversations with patients and family members who require palliative and hospice care. Practitioners will find helpful ideas as well as guidance on managing difficult to control symptoms whether practicing in a busy clinic, making home visits or managing the hospitalized

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patient. Containing communication skill techniques, prognostication tools, symptom management options and ethical issues, this one of a kind, portable guide is an ideal tool for any member of the Palliative Medicine team, including: physicians, nurses, social workers, chaplains, pharmacists and more.

Physicians who care for patients with life-threatening illnesses face daunting communication challenges. Patients and family members can react to difficult news with sadness, distress, anger, or denial. This

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book defines the specific communication tasks involved in talking with patients with life-threatening illnesses and their families.

Topics include delivering bad news, transition to palliative care, discussing goals of advance-care planning and do-not-resuscitate orders, existential and spiritual issues, family conferences, medical futility, and other conflicts at the end of life. Drs Anthony Back, Robert Arnold, and James Tulsky bring together empirical research as well as their own experience to provide a roadmap through difficult conversations about life-threatening issues. The book offers both a

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theoretical framework and practical conversational tools that the practising physician and clinician can use to improve communication skills, increase satisfaction, and protect themselves from burnout.

Palliative care is an essential element of our health care system and is becoming increasingly significant amidst an aging society and organizations struggling to provide both compassionate and cost-effective care. Palliative care is also characterized by a string interdisciplinary approach. Nurses are at the center of the palliative

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The seventh volume in the HPNA Palliative Nursing Manuals series, Care of the Imminently Dying provides an overview of symptom management when a patient is reaching the end of their life. This volume covers delirium and the advantages of early diagnosis, determining the presence of dyspnea, death rattle, or cough, urgent syndromes that may appear the end of life, palliative sedation, and the withdrawal of life-sustaining therapies. The content of the concise, clinically focused volumes in the HPNA Palliative Nursing Manuals series is one

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resource for nurses preparing for specialty certification exams and provides a quick-reference in daily practice.

Advanced Practice Palliative Nursing is the first text devoted to advanced practice nursing care of the seriously ill and dying. This comprehensive work addresses all aspects of palliative care including physical, psychological, social, and spiritual needs. Chapters include: symptoms common in serious illness, pediatric palliative care, spiritual and existential issues, issues around the role and function of the advanced practice

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Effective Dosing, reimbursement, and nursing leadership on palliative care teams. Each chapter contains case examples and a strong evidence base to support the highest quality of care. The text is written by leaders in the field and includes authors who have pioneered the role of the advanced practice nurse in palliative care. This volume offers advanced practice content and practical resources for clinical practice across all settings of care and encompassing all ages, from pediatrics to geriatrics.

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