Flowchart of conversion to methadone
(Method 1 stop and start)

Day 0 Pre-methadone	Check baseline ECG, renal and liver function Check patient understanding, likely concordance & commence opioid monitoring chart
Day 1	A. Stop regular opioid (oral/transdermal/syringe driver) **B. Give first dose of methadone at the morning drug round or whenever pain starts on that day** **Previous EDD Morphine Specialist First & ad libitum dose Safer dosing Alternative** **First dose Ad libitum** **> 500mg 30mg 20mg 10mg** **200-500mg 20mg 10mg 5mg** **100-200mg 10mg 5mg 2.5mg** **<100mg 5mg 2.5mg 1mg** C. Prescribe ad libitum dose of methadone to be given for when the pain returns after a 3-hour period (see above table) D. Prescribe alternative PRN analgesia for if the pain returns within the 3-hour window • Paracetamol or • Previously used opioid at 50-100% of the PRN dose used prior to methadone conversion with a minimum of hourly intervals

Days 2-5	Senior medical review of the patient daily or more frequently if required
	• If the patient becomes sedated/drowsy/, hallucinate or has a reduced respiratory rate (<8 resp/mn), reduce the dose of methadone by 33-50%
	• If there is no evidence of toxicity dose adjustments may be required to prevent under or overdosing:
	  • If 1 or 2 doses per 24h, reduce by 50% or 30% respectively
	  • If 5 doses or more, increase by 30%

Days 5-10	If pain uncontrolled or dosing requirement irregular, continue ad libitum titration until stable requirement for at least 48h If pain is controlled the patient can be switched to a regular TDS or QDS dosing regimen (see section 5)
Pre-discharge	Arrange community prescribing and shared care with the GP and community pharmacist Book review with the community palliative care team within 5 days of discharge. Medical reviews by experienced physician within 2 weeks is essential.
Maintenance	Give patient a letter to state that they are on methadone for pain control to show to other healthcare professionals when consulted. Advice to the patient that they should contact the specialist palliative care team with any queries regarding pain control.