

OXYCODONE

BRAND NAME	OXYNORM, OXYCODONE HAMELN, JUNO, MEDSURGE, WOCKHARDT
DRUG CLASS	Strong opioid analgesic
AVAILABILITY	<p>Ampoule contains 10 mg/mL, 20 mg/2 mL or 50 mg/mL of oxycodone hydrochloride. Also contains citric acid, sodium citrate, sodium chloride, hydrochloric acid and sodium hydroxide.¹</p> <p>The solution is clear and colourless to light yellow.¹</p> <p>The 50 mg/mL ampoule is for infusion only (after dilution), for opioid-tolerant patients in a palliative care setting.¹</p> <p>A ready-to-use 1 mg/mL infusion solution may also be available.</p> <p>Controlled drug: use must be recorded.</p>
WARNING	May cause opioid-induced ventilatory impairment. ¹ See SPECIAL NOTES
pH	No information
PREPARATION	Not required
STABILITY	<p>Ampoule: store below 25 °C. Protect from light.¹</p> <p>Ready-to-use solutions may require protection from light. Check the product label.</p> <p>Infusion solution: solutions in sodium chloride 0.9% or glucose 5% are stable for 24 hours below 25 °C or at 2 to 8 °C.²</p> <p>Solutions of 0.5–1 mg/mL in Hartmann's are stable for 24 hours at room temperature.³</p>
ADMINISTRATION	
IM injection	Not recommended
SUBCUT injection	Suitable. Use the 10 mg/mL concentration and inject undiluted. ¹
SUBCUT infusion	Suitable in palliative care. ^{1,4}
IV injection	Suitable for doses of 1–5 mg. Dilute to 1 mg/mL with a compatible fluid and inject over 1 to 2 minutes. ¹
	<p>Practical example: dilute the 10 mg/1 mL ampoule with 9 mL of water for injections to make a final concentration of 1 mg/mL.</p>
	Doses of more than 5 mg may cause significant sedation and respiratory depression if given as a single IV injection.
IV infusion	Suitable in settings with appropriate monitoring. Use an infusion pump. Dilute with a compatible fluid to make a final concentration of 1 mg/mL. Start the infusion at 1–2 mg/hour. ¹
	Suitable for patient controlled analgesia (PCA). ¹
	<p>Practical example: dilute 50 mg to 50 mL or 100 mg to 100 mL with sodium chloride 0.9% to make a final concentration of 1 mg/mL.</p>
	It is not necessary to protect from light during infusion. ⁵
COMPATIBILITY	
Fluids	Sodium chloride 0.9% ¹ , glucose 5% ¹ , Hartmann's ³
Y-site	No information

INCOMPATIBILITY

- Fluids** No information
- Drugs** Prochlorperazine¹, alkaline solutions¹

SPECIAL NOTES

The risk of opioid-induced ventilatory impairment is increased with frequent and high doses, with continuous infusion, when given with sedatives, and in patients who are over 65 or have comorbidities (obesity, breathing disorders, cardiac, kidney or neurological disease).⁶

Monitor sedation score and respiratory rate.⁶

Resuscitation facilities and an opioid antagonist must be readily available.¹

Approximate equivalence: 1 mg of IV oxycodone = 1 mg of IV morphine, 2 mg of oral oxycodone = 1 mg IV oxycodone.^{1,6}

REFERENCES

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3. To TP, Ching MS, Zeglinski P, Trajcescka L, Lau Y, Schimmelbusch K. Stability of intravenous oxycodone in compound sodium lactate (Hartmann's) solution [abstract]. Proceeding of Medicines Management 2023, the 47th National Conference of the Society of Hospital Pharmacists of Australia; 2–4 November 2023; Cairns, Queensland.
4. Wilcock A, Howard P, Charlesworth S, editors. Palliative care formulary. 8th ed. London: Pharmaceutical Press; 2022.
5. Amri A, Achour BA, Chachaty E, Mercier L, Bourget P, Paci A. Microbiological and physicochemical stability of oxycodone hydrochloride solutions for patient-controlled delivery systems. *J Pain Symptom Manage* 2010; 40: 87–94.
6. Opioids in pain management [June 2023]. In: Therapeutic Guidelines [internet]. Melbourne: Therapeutic Guidelines Limited; June 2023.

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