OPIOIDS (Route)	TIME TO ONSET	ELIMINATION HALF-LIFE	SIDE EFFECTS & OTHER RELEVANT INFORMATION
Fentanyl (IV)	1-2 minutes	2-4 hours	x100 more potent than morphine. Greater cardiovascular stability (less hypotension than with morphine) and lack of histamine release following injection. Metabolised in the liver and has no active metabolites so is unlikely to accumulate except in high doses & hepatic impairment.
Hydromorphine (IV)	5-15 minutes	2-3 hours	Accumulation with hepatic/renal impairment. Common side effects – abdo pain, anorexia, anxiety.
Morphine (IV)	5-10 minutes	3-4 hours	Accumulation with hepatic/renal impairment. Range of potential side effects including respiratory depression, hypotension, nausea, itch, constipation, dysphoria, histamine release (causing urticarial and bronchospasm), and urinary retention. Metabolized in the liver into morphine-3-glucuronide (M3G) and morphine-6-glucuronide (M6G). The majority is excreted via bile as M3G, but about 10% is converted to M6G which is excreted by the kidneys. **M6G is a potent analgesic** which explains why toxic opioid effects can occur in renal failure. In critically ill patients with renal failure morphine should be avoided.
Methadone (PO)	1.3 days	15 - 60 hours	Can reduce tolerance to opioid tolerance, QT-interval prolongation. Long acting opioid therefore effects may be cumulative. Effects prolonged in renal impairment. Avoid abrupt withdrawal.
Remifentanil (IV)	1 minute	3-10minutes	No accumulation in hepatic/renal failure. Can cause significant hypotension & respiratory depression in higher doses. Analgesic effect wears off very rapidly, dose reduction should be carried out with caution in patients anticipated to experience significant pain.