



All opioids have a risk of toxicity in renal failure, but some may cause fewer problems than others. Accumulation in renal failure resulting in myoclonic jerks, delirium, drowsiness and respiratory depression can happen most frequently with morphine and, to a lesser extent, with oxycodone. These analgesics should therefore be avoided in most patients with reduced GFR (please see table below).

Fentanyl is recommended as a safer first line opioid than morphine or oxycodone if renal failure is present. Methadone is an alternative, though is complex to use, and should only be introduced with specialist advice.

**Estimated glomerular filtration rate (GFR)**  
 < 30 mL/min: use fentanyl  
 > 30 – <45 mL/min” use fentanyl or morphine based on clinical judgement  
 > 45 mL/min: use morphine

**If symptoms persist or you require further advice, contact your Specialist Palliative Care Service.**