

THE USE OF FENTANYL PATCHES FOR SEVERE CHRONIC PAIN GUIDANCE FOR CARE HOMES AND DOMICILIARY CARE

KEY MESSAGES

- Fentanyl is a strong opioid analgesic (like morphine) which is available as a self-adhesive patch that is changed every 72 hours (3 days).
- Fentanyl is a controlled drug (CD). In the care home setting its use must be recorded in a CD register and any stock must be stored in a CD cabinet.
- Always ensure that the 'old' patch has been removed before applying a 'new' one. It is good practice to document both the removal of the patch and new site of application.
- Due to its long duration of action, fentanyl patches are not suitable for patients with unstable pain.
- Patients prescribed a fentanyl patch should also have 'when required' normal release strong pain relief available for breakthrough pain specific to their requirements.

BACKGROUND INFORMATION

In 2008, the Medicines and Healthcare products Regulatory Agency (MHRA) issued a Drug Safety Update after they received reports of unintentional overdose from fentanyl.

Like morphine, fentanyl is a strong opioid analgesic. Fentanyl is available as a self-adhesive patch that is **changed every 72 hours (3 days)**. This allows a standard amount of fentanyl to cross into the skin from the patch every hour and provides a continuous delivery of fentanyl into the body over the 72 hour administration period.

Fentanyl is a **controlled drug**. In the care home setting, details of its use must be entered into a controlled drug (CD) register and any stock must be stored in an approved CD cabinet.

In the domiciliary setting, safe storage must be ensured. Keep out of reach and sight of children.

Fentanyl patches are available in the following strengths: Fentanyl '12', Fentanyl '25', Fentanyl '50', Fentanyl '75' and Fentanyl '100' (each releasing approximately 12, 25, 50, 75 and 100 micrograms/hour for 72 hours respectively).

Fentanyl patches should usually be reserved as a treatment option for patients who cannot take oral morphine, because of vomiting, malabsorption or morphine intolerance.

NHS Sheffield recommends:

- Prescribing by the brand name, **Matrifen®**, as this is currently the most cost-effective choice.
- **Durogesic DTrans®** should be reserved for second choice if **Matrifen®** is unsuitable

APPLYING FENTANYL PATCHES



- Fentanyl patches should be applied to dry, hairless, non-irritated skin on a flat surface of the torso or upper arm. If necessary, hair should be clipped (not shaved) prior to application.
- Soap, talc, cream or moisturiser should not be used just before applying a patch.
- Heat increases the release from fentanyl patches so they should not be applied just after a shower or bath. Contact with heat sources such as hot water bottles and electric blankets should be avoided.
- Patients should be monitored for increased side-effects if they develop a fever as this may increase absorption because of increased skin temperature.
- The patch should be applied as soon as the pack has been opened. Press firmly in place with the palm of the hand for approximately 30 seconds, making sure contact is complete, especially around the edges.
- The patch should be replaced every 72 hours (3days). More than one patch may be used for doses greater than 100 micrograms/hour but they should be applied at the same time to avoid confusion
- A new patch should always be applied to a different site from the previous one. It is good practice to document both the removal of the patch and the site of application. The same application site may be re-used only after an interval of at least 7 days.
- Always ensure that the 'old' patch has been removed before applying a 'new' one.
- **PATCHES MUST NOT BE CUT.**

RECORDING

- Ensure the three day interval for application of the patch is marked clearly on the MAR chart.
- Ensure the site of application and removal of patch are both clearly documented.
- Consider use of body maps to identify where the patch is applied and to highlight site rotation.
- During the three day administration period, frequently observe that the patch is still in position.

SIDE-EFFECTS



Side-effects are similar to other strong opioids e.g. morphine:

Nausea and vomiting, dizziness, drowsiness, confusion and hallucinations, constipation and sweating.

Side-effects experienced when opioids are commenced or increased, often reduce over the subsequent 48-72 hours. Toxicity is more likely to occur in the elderly and in those with liver or kidney disease. Signs of toxicity include shallow breathing, excessive drowsiness/reduced level of consciousness, twitching and confusion. **There is a risk of fatal respiratory depression, particularly in patients not previously treated with a strong opioid analgesic. Seek medical attention immediately if toxicity is suspected.**

DOSE INITIATION AND TITRATION



Oral morphine continues to be the recommended first line choice when initiating a strong opioid and is the most cost-effective option compared with alternative strong opioids. Patients should already be taking strong opioid analgesics prior to conversion to fentanyl patches. **There is a risk of fatal respiratory depression, particularly in patients not previously treated with a strong opioid analgesic.** Extreme care should be taken when starting and stopping therapy with fentanyl patches because of its long duration of action.

Fentanyl patches are not suitable for patients with unstable pain. Their three day duration of action means that the patches are only suitable for patients who have stable opioid requirements.

Some analgesic effect will be noted within 12-24 hours after the first patch is applied although maximum effect will not be reached until the second patch is applied.

Previous regular strong opioid therapy should be phased out gradually from the time of the first patch application until effective pain control is obtained. Ask the prescriber for specific instructions regarding this for each patient. The initial dose of fentanyl should be based on the patient's previous 24-hour opioid analgesic requirement. 90mg of oral morphine taken over 24 hours is approximately equivalent to one fentanyl 25 micrograms/hour patch. Patients should have 'when required' ('prn') normal release strong analgesia available for breakthrough pain once a fentanyl patch is prescribed (normally one-sixth of the equivalent 24-hour total oral morphine dose). Normal release morphine (tablets or liquid) is commonly used.

Dose adjustment of fentanyl patches, if necessary, should be at 48 to 72 hour intervals in steps of 12-25 micrograms/hour.

STOPPING FENTANYL PATCHES



If fentanyl patches are discontinued, patients should be monitored for side-effects for 24 hours after the last patch has been removed. It may take 17 hours or longer for fentanyl blood levels to decrease by 50%. Therefore, replacement opioid therapy should be started at a low dose and increased gradually. Ask the prescriber for specific instructions regarding this for each patient.

DISPOSAL OF FENTANYL PATCHES



A significant amount of fentanyl remains in the patch after use so the patches should be disposed of carefully. After removal, the patch should be folded in half so that the sticky side sticks to itself. In the care home setting, it can then be disposed of in a yellow sharps bin. Please note that sharps bins can be ordered on FP10 prescriptions if necessary. In the domiciliary setting it is recommended that the folded patch is put into its original pouch and then discard safely out of the sight and reach of children.

Resources

- Drug Safety Update. Volume 2. Issue 2. September 2008. MHRA and CHM
- UK Palliative Care Formulary. 3rd Edition. <http://www.palliativdrugs.com> accessed Dec 09.
- Sheffield Palliative Care Formulary 2003/04
- MeReC Briefing, National Prescribing Centre Issue No,2 June 2003
- British National Formulary 60 September 2010
- Electronic Medicines Compendium, Janssen- Cilag Ltd. Durogesic DTrans Summary of Product Characteristics, Updated 22/11/07
- Electronic Medicines Compendium, Nycomed UK Ltd. Matrifen Summary of Product Characteristics. Updated 27/06/07

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