

THE USE OF FENTANYL PATCHES FOR SEVERE CHRONIC PAIN

GUIDANCE FOR CARE HOMES AND DOMICILIARY CARE

Background Information

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 each hour from the patch into the skin and provides a continuous delivery of fentanyl into the system 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).

There are now two types of patch available – a **reservoir patch** (available generically) where the drug is held in solution and a **matrix patch (Durogesic DTrans[®])** where the drug is distributed evenly throughout a matrix. Although no evidence exists for differences in release profiles it is recommended that patients remain on the same type of patch unless problems e.g. with adhesion, occur.

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

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 release from fentanyl patches so they should not be applied just after a shower or bath, avoid sunbathing and saunas. Showering is possible as patches are waterproof, but avoid soaking in a hot 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. Check daily to ensure it is still in the correct place.
- The patch should be replaced every 72 hours (3 days) - more than one patch may be used for doses greater than 100

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 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 must also have 'when required' normal release strong analgesia available for breakthrough pain specific to their requirements.

micrograms/hour but they should be applied at the same time to avoid confusion. Ensure hands are washed after applying.

- A new patch should always be applied to a different site from the previous one. It is good practice to document 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 should not be divided or cut.

Dose Initiation and Titration

- Patients should already be taking strong opioid analgesics prior to conversion to fentanyl patches.
- 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 3 day duration of action means that the patches are only suitable for patients who have stable opioid requirements.
- Some analgesia will be noted within 12-24 hours after the first patch is applied although maximum effect will not be reached until the 2nd patch is applied.
- Previous analgesic 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 must 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 72 hour intervals in steps of 12-25 micrograms/ hour.

Side Effects



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

- Nausea and vomiting, dizziness, drowsiness, confusion and hallucinations, constipation, 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 respiratory depression, excessive drowsiness/reduced level of consciousness and twitching.



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 have to be disposed of carefully. After removal, the patch should be folded in half so the sticky side sticks to itself. In the care home setting, it can then be disposed of in a yellow sharps bin.

Please note; sharps bins can be ordered on FP10 prescription 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, this can be in the waste bin.

Recording Process

The administration of Fentanyl must be recorded on a Medicines Administration Record sheet (MAR). The information on the MAR sheet should be supplemented by the service user's care plan that may state personal preferences, including cultural, religious, and ethnic issues.

It is the responsibility of the registered manager or designated member of staff to keep the MAR sheet up-to-date, since the dose of a medicine may change.

The MAR sheet should clearly state the strength of the fentanyl patch, the frequency of administration i.e. 72 hours (3 days) time of administration (as the patch should be changed at the same time of day every 72 hours) and the site to be applied. It is good practice to include this information in the service user's care plan.

Should the medicine be discontinued a horizontal line must be drawn through the entry and the "Discontinued" column dated.

Resources

- MeReC briefing no: 2 issued June 2003
 - Reference: Care Quality Commission. The safer management of controlled drugs. Annual report 2008. Accessed at http://www.cqc.org.uk/_db/_documents/The_safer_management_of_controlled_drugs_Annual_report_2008.pdf on 24/11/2009
 - **British National Formulary**—Section on prescribing in palliative care: (<http://bnf.org/bnf/bnf/current/29446.htm>) that includes a section on pain management. BNF chapter 4.7.2 covers opioid analgesics (<http://bnf.org/bnf/bnf/current/3491.htm>) specific section on fentanyl (<http://bnf.org/bnf/bnf/current/3530.htm>)
 - **Summary of Product Characteristics, Durogesic DTrans transdermal patch** www.emc.medicines.org.uk
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