SAFER
SAFER USE OF HIGH RISK MEDICINES

Waitemata District Health Board
Best Care for Everyone

FENTANYL TRANSDERMAL - SAFE PRESCRIBING - A STICKY PROBLEM

- RESERVE FOR RELIEF OF CHRONIC PAIN IN CANCER
- BE AWARE OF DOSING COMPLEXITY
- DISPOSE OF PATCHES SAFELY AND AVOID ACCIDENTAL EXPOSURE
- ACTIVELY MANAGE ADVERSE EFFECTS

RESERVE FOR RELIEF OF CHRONIC PAIN IN CANCER

Transdermal fentanyl patches are indicated for the relief of chronic, stable cancer pain in opioid tolerant patients and are usually used in patients who have stable opioid requirements but cannot tolerate morphine orally. They should not be used for acute pain in opioid-naïve patients with non-cancer pain.

BE AWARE OF DOSING COMPLEXITY

Transdermal fentanyl patches are designed to be released slowly over 72 hours and take approximately 24 hours to reach a steady state. The patient needs to be advised that each patch should remain in place for 72 hours, and then removed, and another patch applied to a different area of skin.

The initial dose should be the lowest dose possible based on the long-acting morphine equivalent daily dose, currently being used by the patient.

There are differing recommendations about converting other opioids to fentanyl patches, and a wide range of morphine equivalents for every patch size. *The dose conversion tables provided by manufacturers are intended as a guide and individual patients may vary in their response to fentanyl*

BE AWARE OF ACCIDENTAL EXPOSURE AND DISPOSE OF PATCHES SAFELY

There have been reports of life threatening and fatal opioid toxicity due to accidental exposure to patches. This can occur if a patch is transferred to another individual or swallowed. Children are particularly at risk and a patch attached to a child could be life-threatening. Store fentanyl patches out of sight and reach of children. Advise the patient not to let children see them apply patches or refer to them as plasters or stickers as they might try to copy them. After a patch is removed, it should be disposed of carefully by folding the sticky sides together and flushing down the toilet.

Avoid direct heat on the patch

Do not expose the patch to heat. Hot water bottles, warm baths, saunas and also increased body temperature due to fever, may cause increased absorption of fentanyl. Patients need to be aware and note effects of increased adverse effects

ACTIVELY MANAGE ADVERSE EFFECTS

Adverse effects

The most common adverse effects may include; nausea, vomiting, constipation, sleepiness, dizziness and headache.

Hepatic impairment

Fentanyl is extensively metabolised in the liver. Patients with hepatic impairment may have delayed elimination. Patients and their caregivers need to watch carefully for signs of toxicity.

Renal impairment

Fentanyl is the preferred choice of opioid for patients with renal impairment, but should be used with caution. Patients and their caregivers need to watch carefully for signs of toxicity.

Overdose

Signs of overdose may include; respiratory depression, extreme sleepiness or sedation, feeling faint, dizzy or confused, and inability walk, think or talk normally. Patients and caregivers should be warned about these signs of toxicity and advised to seek medical attention immediately.

Care in older adults

Older adults may have decreased clearance and increased half-life and may therefore be more sensitive to the effects of fentanyl.

They should be observed carefully for signs of toxicity and the dose reduced if necessary.

➥ continued

FENTANYL-TRANSDERMAL

Pregnancy and breastfeeding

Fentanyl should be avoided in pregnancy.

Fentanyl is excreted into human milk and may cause sedation and respiratory depression in the infant. The patient should be advised of the risks and benefits to make an informed decision.

Interactions

Avoid giving fentanyl at the same time as CYP3A4 inhibitors, as there could be an increase in fentanyl plasma levels.

Avoid giving fentanyl with SSRIs, SNRIs or MAOIs as this combination may increase the risk of serotonin syndrome.

Avoid concomitant use of mixed opioid agonist/antagonists as they may precipitate withdrawal symptoms.

Please check individual drug monographs for details of interactions available in Med Safe Drug monograph and New Zealand Formulary

Please see full SafeRx bulletin for a conversion table and a complete list of references

REFERENCES

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CLICK HERE FOR FURTHER INFORMATION ON FENTANYL TRANSDERMAL AND A FULL REFERENCE LIST

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