

PRESCRIBING NOTES: FENTANYL TRANSDERMAL PATCHES

Guidance on Use of Fentanyl Patches in the Dying Phase

The options listed below provide general guidance only.
The patient should always have a pain assessment.
If in doubt regarding pain management then seek advice from specialist palliative care.

It is usual practice to leave the fentanyl patch in place.

To calculate the breakthrough dose of diamorphine/morphine S/C PRN for a fentanyl patch see the opioid conversion table or the manufacturers guidance.

If a patient develops unstable pain diamorphine/morphine S/C stats may be used in addition to the patch.

If more than two breakthrough doses of S/C diamorphine/morphine are required in 24 hours diamorphine/morphine can be put in the driver. The total number of breakthrough doses of S/C diamorphine/morphine needed in a 24 hour period is placed in a syringe driver and run **alongside** the fentanyl patch.

If a syringe driver containing diamorphine/morphine is started continue to make available PRN diamorphine/morphine.

If you require further advice regarding any of the above or if symptoms persist contact the palliative care service for advice.

Central Lancashire Specialist Palliative Care Services – Issued March 2008

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Guidance on the General Use of Fentanyl Patches

Patches of fentanyl are not suitable for rapidly changing pain. They should be used for chronic stable pain only.

The patient should have been taking an equivalent dose of a strong opioid previously.

Place in therapy

Pain responds to strong opioids **and with at least one of the following:**

Unacceptable level of side-effects with morphine/diamorphine or alternative opioids.

Oral route is inappropriate, e.g. severe dysphagia, refractory vomiting.

Patients with renal impairment.

Where use may improve compliance (e.g. the confused or agitated patient).

Dosing of fentanyl transdermal patch

Available as 12,25,50,75,100 micrograms/h.

Fentanyl patch 12 micrograms/h is not licensed as a starting dose.

Changed every 72 hours.

Takes 12-24 h to achieve therapeutic blood levels and on removal levels decrease by about 50% in 17h.

Dose range is 25-300 microgram/h: may be higher under specialist care.

Before starting fentanyl patient should be tolerating the equivalent of 60-90mg morphine over 24 hours.

To convert from an opioid regime to fentanyl patches

Short acting opioid (e.g. Oramorph, Oxynorm)	Apply patch – continue q4h short acting opioid for first 12h until fentanyl reaches therapeutic level. Use q4h dose of short acting opioid PRN for breakthrough pain.
Twice daily opioid	Apply patch with last dose of twice daily opioid and give q4h short acting opioid PRN for breakthrough pain.
Syringe driver	Apply patch; discontinue syringe driver after about 12h. Give q4h short acting opioid S/C PRN for breakthrough pain.

Ensure correct breakthrough dose of short acting opioid is prescribed. See conversion charts.

10% of patients may experience morphine withdrawal after changing to fentanyl, giving symptoms of shivering, restlessness and bowel cramps. Pain control is not affected and symptoms can be managed initially with breakthrough doses of short acting opioid.

When a change to fentanyl is made the patient may require less laxative. The patient should be advised of this.

If you require further advice regarding any of the above or if symptoms persist contact the palliative care service for advice.

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