

FENTANYL PATCH PRESCRIBING

Rationale:

The Trust Pain Group has been informed of a number of situations where strong opioids and in particular Fentanyl patches have been prescribed inappropriately.

Risks:

The use of Fentanyl in opioid naïve patients can result in **serious** side-effects such as severe drowsiness and respiratory depression

Key Messages:

- The lowest strength Fentanyl patch (25mcg/hr) provides the equivalent of **90mg morphine daily** (e.g. 45mg MST BD)
- Where prescribed ALWAYS provide breakthrough analgesia at one sixth of the total daily opioid requirements:
 - e.g. Fentanyl 25mcg/hr patch \equiv 90mg morphine daily
 - Breakthrough morphine dose = $90\text{mg}/6 = 15\text{mg}$
 - Prescribe rapid release Morphine (e.g. oramorph) 15mg PRN
- Fentanyl patches require up to 24 hours application before peak plasma Fentanyl concentrations are reached (onset between 6 and 12 hours)

Do not use:

- If no previous strong opioid use (e.g. Morphine or Oxycodone preparations) or if previous opioid exposure has **only** been to Codeine or Tramadol
- In acute pain settings, where Fentanyl patches are contraindicated. Here Acute Pain Guidelines should be followed
- If considering use in the above situations, ALWAYS seek advice from a pain specialist prior to initiation

Only use:

- Where there is good previous evidence of pain responding to opioid analgesics

Lorraine Robinson, Lead Nurse – Acute Pain

E-mail: Lorraine.Robinson@dbh.nhs.uk

Dr Jenny Jessop, Consultant in Pain Management

E-mail: Jenny.Jessop@dbh.nhs.uk

Lee Wilson, Principal Clinical Pharmacist

E-mail: Lee.Wilson@dbh.nhs.uk

(From Medicines Management Bulletin no.5)