

# OPIOID SKIN PATCHES are HIGH RISK MEDICINES

This Advisory applies to transdermal patches of **fentanyl (multiple brands available)** and **buprenorphine (Norspan®)** and is intended for use by health care professionals.

## Key messages for safe use of opioid patches

- Ensure transdermal formulation is appropriate for the indication and patient
- Always ask a new patient/carer the specific question “Do you use a patch on your skin for pain?”
- Check for patches on patients unable to provide a medication history
- Fentanyl is a potent opioid and should not be used in opioid-naïve patients
- The initial use of a single fentanyl skin patch as prescribed can prove fatal<sup>1</sup>
- Ensure patients and carers are alert to signs of opioid overdose: sedation, respiratory depression, confusion
- Extra precautions are required for the safe administration, storage and disposal of opioid skin patches

## Deaths still occur with accidental exposure, intentional overdose or abuse and lack of knowledge, due to:

- Continued opioid action after patch has been removed
- Use when there is a history of opioid abuse e.g. IV drug users<sup>1</sup>
- Use of potent opioid (fentanyl) in opioid-naïve patients
- Use with other CNS depressants
- Unintentional use of multiple patches
- Delayed peak levels causing overdose hours after application<sup>2</sup>
- Accidental exposure of children due to inappropriate disposal or when patches fall off
- Enhanced effect from external heat; for instance, from heat packs or thermal blankets

## Appropriate selection of patient

Older, frail people are more susceptible to adverse effects, especially when used in combination with other medicines or when the clinical situation changes; such as post-operatively, with infection or dehydration.

DO NOT USE OPIOID PATCHES FOR ACUTE PAIN

Consider using opioid patches only for the person with **cancer-related** or **persistent, non-cancer pain** and who has:

- ✓ Difficulty in swallowing
- ✓ Intractable nausea and vomiting
- ✓ Poor absorption from GI tract
- ✓ Compliance problems
- ✓ Stable opioid analgesic requirements
- ✓ Persistent side effects from peak concentration of oral opioids

## Appropriate and safe dosing

- Prescribe at the lowest strength for pain relief. Effectiveness and safety should be monitored.
- The patches are long-acting: **buprenorphine is applied every 7 days** and **fentanyl is applied every 3 days**.
- The onset of analgesia is delayed when patches are initiated. It may take 2-3 days for patches to achieve full opioid effect.
- Tolerance to the analgesic effects but not adverse effects can develop quickly when the dose is increased.
- It is NOT standard for a patient to require more than one patch to achieve effective analgesia.
- Patients requiring **fentanyl doses  $\geq$  25microgram per hour** for non-cancer pain should be referred to a pain medicine specialist. Refer to ‘Preventing and managing problems with opioid prescribing for chronic non-cancer pain’<sup>2</sup> for weaning and changing opioids advice.
- Be alert to a patient requesting more frequent applications or higher doses. Patches can be abused (e.g. sucked, chewed, injected).
- Do NOT cut an opioid patch to achieve a smaller dose.
- Once a patch is removed and not replaced, a reservoir remains and appropriate **monitoring should continue for 24 hours after removal**, especially after opioid reversal. *No further opioid should be required before 24 hours.*

## Safe administration

A systematic approach to documenting should be implemented:

- \*signing and counter-signing for both application (“on”) and removal (“off”);
- \*using a separate system to document position of placement of patch and removal;
- \*crossing out the days when the patch is not to be applied on NIMC/ electronic medication charts

The patches are clear and difficult to see:

- \*When applied by healthcare workers, the date of each application should be written on the patch.

**Do not use heat packs or thermal blankets when the patient is wearing a patch.**

## Appropriate storage, handling and disposal

- ◆ Ensure the patches do not make contact with people for whom they have not been prescribed; e.g. partners, children.
- ◆ Patients and carers should be alerted to safe storage and disposal. Fold the used patch so that the adhesive sides sticks to each other, wrap and dispose in the garbage, out of reach of children.
- ◆ Disposal of patches by healthcare workers requires witnessing and disposal in an appropriate approved container<sup>5</sup>; according to NSW PD2005\_132.

## Alerts and references

1. Jumbelic, MI. Am J Forensic Med Pathol 2010; 31(1): p. 18-21.
2. Taghoho Agarin, M et al. Pain Physician, 2015. 18: p. E307-E322.
3. Roxburgh, A et al. Drug and alcohol review, 2013. 32(3): p. 269-275
4. NSW Therapeutic Advisory Group Inc. Preventing and managing problems with opioid prescribing for chronic non-cancer pain. NSW TAG: Sydney, 2015
5. Waste Management Guidelines for Health Care Facilities [http://www0.health.nsw.gov.au/policies/PD/2005/pdf/PD2005\\_132.pdf](http://www0.health.nsw.gov.au/policies/PD/2005/pdf/PD2005_132.pdf)

### Alerts

- \* FDA Reminds the Public about the Potential for Life-Threatening Harm from Accidental Exposure to Fentanyl Transdermal Systems (“Patches”) <http://www.fda.gov/Drugs/DrugSafety/ucm300747.htm>
- \* Fentanyl patch fatalities linked to “bystander apathy” We ALL have a role in prevention! <http://www.ismp.org/newsletters/acute/acutearticle.aspx?id=55>