ADULT MEDICATION GUIDELINE

Fentanyl (Topical and Oral)

Scope (Staff):	All WNHS Staff
Scope (Area):	Obstetrics and Gynaecology

This document should be read in conjunction with the Disclaimer.

Quick Links

Dose	Administration	Monitoring	Pregnancy and Breastfeeding

Restrictions

Formulary: Restricted

HIGH RISK Medication

Medication Class

Opioid analgesic

Presentation

Sublingual tablet (Abstral®): 100 microg

Transdermal Patch: 12 microg/hour, 25 microg/hour, 50 microg/hour

Storage

Store at room temperature, below 25°C

Schedule 8 Medication

Dose

Doses will vary widely depending on the indication, eg acute or chronic pain, and previous analgesic requirements. Titrate dose according to response and sedation score,

Sedation score

- 0 – wide awake
- 1 – easy to rouse

- 2 – easy to rouse, but cannot stay awake
- 3 – difficult to rouse.

Aim to keep the sedation score <2; a score of 2 represents early respiratory depression.

Breakthrough pain in chronic cancer pain

Warning
Abstral®, Actiq® and Fentora® are not interchangeable. When switching, begin new brand with its starting dose and titrate to minimise serious toxicity.

Fentanyl lozenges and tablets should be used only for breakthrough cancer pain in patients already stabilised on an opioid equivalent to at least 60 mg oral morphine daily for >7 days

Sublingual (Abstral®):

>18 years old, sublingual 100 micrograms when required for breakthrough pain relief. If this is inadequate after 30 minutes, give another 100 microgram tablet and consider increasing the tablet strength for the first dose of the next episode. Maximum of 2 doses per episode (and total cumulative dose per episode should not exceed 800 micrograms). Wait at least 2 hours between treatment of episodes; treat no more than 4 episodes in 24 hours.

If >4 breakthrough episodes occur per day for 4 consecutive days, consider increasing the dose of the regular opioid.

Re-titrate from starting dose (above) if the regular opioid dose is increased.

Chronic pain

Do not use fentanyl patch in opioid-naive patients; increased risk of life-threatening respiratory depression.

Transdermal Patch

Seek specialist advice before starting patch. Base dose on previous 24-hour opioid requirement; calculate equivalent 24-hour fentanyl dose.

Use 1 patch every 3 days. Adjust dose according to response.

Administration

Sublingual (Abstral®)

Place the tablet well under your tongue; do not swallow the tablet; allow it to dissolve completely without chewing or sucking.

If you have a dry mouth, moisten your mouth with water before using the tablet.

Transdermal Patch

Write the date and time of application on the patch with permanent marker, then apply it to dry, hairless, non-irritated skin on the upper part of body or upper arm. Do not apply straight after a hot bath or shower, wait until skin is cool and dry. Remove after 3 days (72 hours) and put a new patch on a different place.

Do not cut or divide patches as this may affect drug release characteristics.

Heat increases the release of fentanyl from patch. When wearing the patch, do not allow it to come into contact with direct sources of heat such as electric blankets, heat pads, heat lamps, saunas or hot baths.

After removing a patch, avoid exposing that area of skin to the sun for 2 days as it may be more sensitive.

Monitoring

- Pain score and frequency of breakthrough pain relief use
- Sedation sore and respiratory rate
- Dependence and tolerance

Transdermal Patch:

- patch takes about 24–72 hours to reach maximum effect; steady-state concentration may not be reached until the second patch is applied; wean other analgesics slowly after first patch is applied.
- when switching from an oral opioid, apply the first fentanyl patch:
    - at the same time as the last dose of a 12-hour controlled-release product
    - 12 hours after the last dose of a 24-hour controlled release-product.
- patch is generally effective for 72 hours; however, adult patients with pain that regularly occurs before the next dose is due may sometimes need to apply a new patch every 48 hours
- plasma concentration slowly falls after patch removal (eg concentration is halved after

about 22–25 hours); monitor for adverse effects for at least 24 hours after removal of patch

Pregnancy

1st Trimester: Considered safe to use

2nd Trimester: Considered safe to use

3rd Trimester: Considered safe to use

Breastfeeding

Considered safe to use

Comments

Acute or post-operative pain—fentanyl patches are contraindicated.
Acute or severe respiratory disease, respiratory depression—fentanyl patches are contraindicated.

Bradyarrhythmias—may be exacerbated.

Related Policies, Procedures & Guidelines

HDWA Policies:

Schedule 8 Medicines Prescribing Code

Using the opioid conversion guide

Formulary One:

Formulary One - Fentanyl

WNHS Policies:

High Risk Medicines

WNHS Clinical Guidelines:

Palliative Care

WNHS Pharmaceutical & Medicines Management Guidelines:

Medication Administration

Return and Disposal and Medications

References

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NSQHS Standards Applicable:	☒ Std 1: Clinical Governance ☐ Std 2: Partnering with Consumers ☐ Std 3: Preventing and Controlling Healthcare Associated Infection ☒ Std 4: Medication Safety			☐ Std 5: Comprehensive Care ☐ Std 6: Communicating for Safety ☐ Std 7: Blood Management ☐ Std 8: Recognising and Responding to Acute Deterioration	
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