

Preventing Harm from transdermal opioid patch preparations

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OVERVIEW: Transdermal opioid patches are increasingly used for management of pain but inappropriate use has contributed to adverse events in various settings.

Practitioners who prescribe, dispense and administer transdermal fentanyl or buprenorphine should be aware of the following key points.

- Transdermal opioid patches
 - are not suitable for the treatment of acute pain.
 - should not be used in opioid naïve patients
 - should not be used as a first line choice
- Before prescribing an opioid patch, check what the patient is *actually* taking rather than relying on what is prescribed. Calculate the total daily dose of all opioid analgesia as morphine equivalence and reduce as per guidelines (<http://www.palliativecareguidelines.scot.nhs.uk/guidelines/>)
- Buprenorphine patches are not recommended for use in Scotland
- It is rare to require more than two patches at any one time.
- Be aware that different CD patches may have different durations of action and ensure clear directions on how often to change
- Not all patches can be halved. Refer to electronic medicines compendium <https://www.medicines.org.uk/emc/> or medical practitioner if unsure
- Use locally approved preparations – for reasons of familiarity and availability as well as economy
- Ideally patients should stay on the same formulation
- Be aware patient may exhibit symptoms of opioid withdrawal after a patch has been removed or withdrawn
- Confirm there are no interactions with co prescribed medicines
- Store patches securely out of reach of children and animals

Key Messages-Preventing harm

- **There are significant risks of overdose if prescribed for acute pain and /or opioid naïve patients**
- **Formally record the anatomical position of applied patch so that this information is available to inform future action (e.g a daily in situ monitoring chart)**
- **Ideally apply to upper torso**
- **Vary the site of application**
- **Confirm the formulation and dose is appropriate- Calculate dosage equivalence from oral opioid before prescribing**
- **Pay attention to administration instructions**
- **Prescribe locally approved product**
- **Seek advice from medical practitioner if patch falls off**

Causes of adverse events

- **Failure to remove one patch before applying another**
- **Failure to check that patch still present**
- **Patch removed too early or too late**
- **Application of patch to opioid naïve patients**
- **Inadvertent exposure of patch to heat source e.g. heating pad or covering with dressing resulting in increased absorption**
- **Accidental access by children resulting in application**
- **Inadvertent ingestion of patch**
- **Incorrect administration instructions**

Opioid Patch disposal

Healthcare professionals should inform patients, caregivers, and care home staff about directions for safe use and disposal including

- Patches which have been removed or fallen off will still contain active ingredient. They should be folded in half, adhesive surface together, and placed in a medicinal waste container.
- In patient's own home patches should be folded in half and placed in a waste bin. Advice should be given regarding preventing unauthorised access by children or pets.

Document approved by:

CDAON Executive Group
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