

HARBOR-UCLA MEDICAL CENTER INPATIENT FENTANYL PATCH ORDER (Adult & Pediatrics)

All fentanyl patch orders (e.g. new order, continuation of home therapy, dose adjustment, renewal, transfer) must be written on Fentanyl Patch Order Form and signed by attending physician.

FDA Black Box Warning for fentanyl patches:

Indications: Fentanyl patches are **indicated** for the management of **persistent, moderate to severe chronic pain** that requires continuous opioid administration for an extended period of time (**7 days or longer**) AND cannot be managed by other means such as non-steroidal analgesics, opioid combination products, or immediate-release opioids.

Contraindications to use due to risk of serious or life-threatening respiratory depression:

1. Patients who are not opioid tolerant (opioid tolerant = patient has been taking another opioid at a dose comparable to a fentanyl patch for a minimum of 7 days.)
2. Management of postoperative pain, mild or intermittent pain, acute pain or if opioid analgesia is only needed for a short period of time

1. Check the indication below:

☐ **Continuation** of fentanyl patch at same dose for chronic pain [continuation of home regimen or current dose/renewal]

☐ **Adjustment** of fentanyl patch dose.

☐ **At least 3 days have elapsed since the first fentanyl patch was applied.**

☐ **At least 6 days have elapsed since the most recent increase in patch dose.**

☐ **Initiation** of fentanyl patch for chronic pain. Patient has been taking another opioid at a dose at least equivalent to the ordered fentanyl patch **for a minimum of 7 days**. (See table on page 2).

Note: Opioid-tolerant patient must be stabilized on at least 60 mg/day of oral morphine or equivalent to start fentanyl 12 or 25 mcg/hr patch.

Must specify name & route of equianalgesic dose of opioid for the past 7 days to initiate fentanyl patch therapy.

	Opioid Name	Dose	Route	Frequency	Total daily dose used for PRN
Day 1					
Day 2					
Day 3					
Day 4					
Day 5					
Day 6					
Day 7					

2. Apply fentanyl patch transdermal route: ☐ 12 mcg/hr ☐ 25 mcg/hr Q72h ☐ 50 mcg/hr Q72hr ☐ 75 mcg/hr Q72hr
☐ 100 mcg/hr Q72hr ☐ Other: _____ mcg/hr Q72hr

3. Call provider for:

- a. Respiratory rate less than 10 breaths per minute
- b. Oxygen saturation less than 92%
- c. Somnolence or difficulty to arouse

MUST BE APPROVED AND SIGNED BY AN ATTENDING PHYSICIAN:

Attending Printed Last Name:	
Attending Signature	ID:
Date: - -	Time: :

Provider Printed Last Name:	
Provider Signature	ID:
Date: - -	Time: :
RN Printed Last Name:	
RN Signature:	
Date: - -	Time: :
Clerk/LVN Signature:	
Date: - -	Time: :



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Comparable Opioid Doses to Fentanyl Patches					
Current Analgesic	Minimum dose requirement (mg) per day	Chronic Daily Dosages (mg/day)			
Codeine (oral)	150	150-447	448-747	748-1047	1048-1347
Hydrocodone	60	60-134	135-224	225-314	315-404
Hydromorphone (oral)	8	8-17	17.1-28	28.1-39	39.1-51
Hydromorphone (parenteral)	1.5	1.5-3.4	3.5-5.6	5.7-7.9	8-10
Meperidine (parenteral)	75	75-165	166-278	279-390	391-503
Methadone (oral)	20	20-44	45-74	75-104	105-134
Methadone (parenteral)	10	10-22	23-37	38-52	53-67
Morphine (oral)	60	60-134	135-224	225-314	315-404
Morphine (parenteral)	10	10-22	23-37	38-52	53-67
Oxycodone (oral)	30	30-67	67.5-112	112.5-157	157.5-202
Fentanyl (intravenous continuous infusion)	25 mcg/hr	25-49 mcg/hr	50-74 mcg/hr	75-99 mcg/hr	≥100 mcg/hr
Fentanyl patch dose		12-25 mcg/hr	50 mcg/hr	75 mcg/hr	100 mcg/hr

Note: Opioid-tolerant patient must be stabilized on at least 60 mg/day of oral morphine or equivalent to start fentanyl 12 or 25 mcg/hr patch.

Nursing instructions	<ul style="list-style-type: none">• Remove previous patch(es) before applying the next dose; cut up old patch and dispose properly.• Do not cut, damage, or alter fentanyl patch prior to application.• Document the location of patch on the MAR.• Do NOT apply any type of heating device (warming blanket, heating pad, etc.) to the area on or around the patch.• Apply to clean, dry, non-irritated, and hair-free skin.• If patch is discontinued, it may take up to 24 hours for fentanyl to clear from the body. Patients who have had a serious adverse event will require monitoring for at least 24 hours.• Rotate patch application site.		
Drug interactions	<ul style="list-style-type: none">• The concomitant use of fentanyl patch with potent CYP450 3A4 inhibitors may result in an increase in fentanyl plasma concentrations.		
		Drug Class	Drug Name
		Antidepressants	Nefazodone, Fluvoxamine, Fluoxetine
		Azo Antifungals	Fluconazole, Itraconazole, Ketoconazole
		Antibiotics	Erythromycin, Clarithromycin
		Anti-HIV Protease Inhibitors	Indinavir, Ritonavir, Saquinavir, Nelfinavir
	Others	Amiodarone, Diltiazem, Verapamil, Grapefruit Juice	
Dosage consideration	<ul style="list-style-type: none">• Pain relief from fentanyl patch will not occur for 10-16 hours. Full effects may not be seen for 24-72 hours after application.• The dosage should not be increased more frequently than every 3 days after the initial dose or than every 6 days thereafter.		
Risk factors for respiratory depression	<ul style="list-style-type: none">• Elderly• Sleep apnea• Obesity• Impaired renal or hepatic function• Lung dysfunction• Congestive Heart Failure• Opioid naïve• Patients who are within 24 hours post-op		

References:

1. Duragesic (Fentanyl Transdermal System) prescribing information. Janssen Pharmaceutical Products, L.P. Revised February 2005.
2. FDA Alert for Healthcare Professionals: Fentanyl Transdermal Patch (marketed as Duragesic)
http://www.fda.gov/medwatch/SAFETY/2005/duragesic_ddl.pdf. June 2005.
3. <http://www.globalrph.com/narcotic.htm>
4. <http://www.med.unc.edu/aging/fellowship/current/curriculum/palliative-care/UNC%20Equianalgesic%20Card%20Dec2009.pdf>
5. Opioid Analgesics Conversion. p.1807. Lexi-Comp's Drug Information Handbook, 20th edition, p. 1807
6. M.L. McPherson, Demystifying Opioid Conversion Calculations: A Guide to Effective Dosing/Edition 1.2009