GUIDELINES FOR THE USE OF FENTANYL/BUPRENORPHINE TRANSDERMAL ANALGESIC PATCHES IN THE DYING PHASE IN PATIENTS WITH ABNORMAL RENAL FUNCTION ie. WHERE eGFR <30

This algorithm is intended for use in patients who enter the dying phase and have a transdermal patch in situ/require analgesia.

If in doubt regarding pain management please contact specialist palliative care team for advice.

CGH 3447, GRH 5179, OOH via switchboard 08454 222222.

Is the patient already on Fentanyl/Buprenorphine Transdermal Patch?

YES

Transdermal Patches should not be commenced in the dying patient. Refer to renal LCP algorithm for prescribing protocol.

NO

Leave Fentanyl/Buprenorphine Patch in situ.

Is patient in pain?

YES

Calculate total additional analgesia required in previous 24hrs and prescribe equivalent ALFENTANIL via a syringe driver.

NO

Prescribe OXYNORM s/c PRN 1/6 of total 24hr equivalent patch strength – see conversion tables below.

Prescribe OXYNORM for injection hrly PRN for breakthrough pain. This should be 1/6 of total background analgesia i.e 1/6 of total 24hr equivalent patch strength AND syringe driver contents. See example calculation below but consider liaising with pharmacy to verify dose.

REVIEW EVERY 24 HOURS AS PER PATHWAY