GUIDELINES FOR THE USE OF FENTANYL/BUPRENORPHINE TRANSDERMAL ANALGESIC PATCHES IN THE DYING PHASE IN PATIENTS WITH ADEQUATE 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 03004 222222.

Is the patient already on Fentanyl/Buprenorphine Transdermal Patch?

YES

Transdermal Patches should not be commenced in the dying patient.

Refer to prescribing at end of life guideline.

NO

Is patient in pain?

YES

Leave Fentanyl/Buprenorphine Patch in situ.

NO

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

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

For patients receiving alternative strong opioids e.g Oxycode or Alfentanil or those with contraindications to Morphine/Diamorphine e.g. renal impairment or previous intolerance, please contact Specialist Palliative Care Team for advice.

Prescribe as required analgesia to include total background analgesia i.e 1/6th of total 24hr equivalent patch strength AND syringe driver. See example calculation below.

REVIEWS EVERY 24 HOURS AS PER CARE GUIDANCE

Example of calculation of new breakthrough dose of s/c Morphine when a patient is on both a patch and a morphine syringe driver

Fentanyl 25mcg/hr patch is equivalent to oral Morphine 60mg in 24hrs. Morphine 30mg/24hrs via syringe driver is equivalent to oral Morphine 60mg in 24hrs.

New dose for breakthrough pain = 120mg / 6 = 20mg oral Morphine which is equivalent to 10mg s/c Morphine

Approximate Opioid Dose Equivalences
oral Morphine 30mg = s/c Morphine 15mg
Fentanyl 12mcg/hr = oral Morphine 30-45mg/24hrs
Buprenorphine(BuTrans) 5mcg/hr patch = oral Morphine 9-14mg/24hrs
Buprenorphine (Transtec) 35mcg/hr patch = oral Morphine 63-97mg/24hrs