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 0300422222.

Is the patient already on Fentanyl/Buprenorphine transdermal Patch?

YES

Leave Fentanyl/Buprenorphine Patch in situ.

NO

Transdermal Patches should not be commenced in the dying patient. Refer to supportive care in advanced renal disease guideline for prescribing protocol.

Is patient in pain?

YES

Prescribe Oxycodone 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/palliative care to verify dose.

NO

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

REVIEW EVERY 24 HOURS AS PER GUIDANCE

Approximate PRN doses for breakthrough pain with Alfentanil Syringe Driver

<table>
<thead>
<tr>
<th>Alfentanil (mg) Over 24hrs</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>8</th>
<th>10</th>
<th>12</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxycodone (mg) s/c hrly PRN</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
<td>12</td>
<td>16</td>
<td>20</td>
<td>24</td>
<td>28</td>
</tr>
</tbody>
</table>

Approximate PRN doses for breakthrough pain with Transdermal Patches

<table>
<thead>
<tr>
<th>Fentanyl Patch (mcg/hr) changed 72hrly</th>
<th>-</th>
<th>-</th>
<th>12</th>
<th>25</th>
<th>37</th>
<th>50</th>
<th>75</th>
<th>100</th>
<th>125</th>
<th>150</th>
</tr>
</thead>
<tbody>
<tr>
<td>BuTrans Buprenorphine (mcg/hr) changed weekly</td>
<td>5</td>
<td>10</td>
<td>20</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TransTec Buprenorphine (mcg/hr) changed twice weekly</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>35</td>
<td>52.5</td>
<td>70</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Oxycodone (mg) s/c hrly PRN</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>12</td>
<td>15</td>
<td>17.5</td>
<td>20</td>
</tr>
</tbody>
</table>

To calculate new breakthrough dose when a patient is on a patch and Alfentanil syringe driver

(Fentanyl 25mcg/hr patch = Oxynorm 4mg sc for breakthrough pain) + (Alfentanil 2mg/24hrs via syringe driver = Oxynorm 4mg sc for breakthrough pain)

New dose for breakthrough pain = 4mg + 4mg = Oxynorm 8mg sc

Version 3 April 2018  Dr Emma Husbands Consultant Palliative medicine