

Transdermal Opioid Patches: Quick Reference Guide

Important Information

- Transdermal opioid patches have been associated with medication errors. Incorrect use of opioid patches can result in significant patient harm, including death.
- There is a SLOW ONSET and SLOW OFFSET of analgesia and there is a SLOW ONSET and SLOW OFFSET of side-effects.
- Transdermal opioid patches are NOT appropriate for acute pain.
- The strength of the patch is prescribed in micrograms/hour.

If in DOUBT seek advice

The types of transdermal patches available:

Opioid	Brands and Strengths (micrograms/hr) available	Frequency of Administration
Buprenorphine	Butrans [®] 5, 10, 15, 20	7 days
	Transtec [®] 35, 52.5, 70	96 hours
Fentanyl*	Durogesic DTrans [®] 12, 25, 50, 75, 100	3 days
	Matrifan [®] 12, 25, 50, 75, 100	3 days
	Fentadur [®] 12, 25, 50, 75, 100	3 days

* Please note other brands of fentanyl transdermal patches may be available. This list is not exhaustive.

Table 1: Dose Equivalence Table (Please see notes below).

Oral Morphine Equivalent (over 24 hours.)	Fentanyl	Buprenorphine
10mg	-	5 micrograms/hour
20mg	-	10 micrograms/hour
30mg	12 micrograms/hour	-
40mg	-	20 micrograms/hour
60mg	25 micrograms/hour	-
70mg	-	35 micrograms/hour
120mg	50 micrograms/hour	52.5 micrograms/hour
150mg	-	70 micrograms/hour
180mg	75 micrograms/hour	-
240mg	100 micrograms/hour	-

There are differences in the literature regarding opioid conversion ratios. The conversion ratios listed above are the conversion ratios commonly used in practice at Our Lady's Hospice and Care Services (OLH&CS). The conversion ratios are approximate only. A dose reduction of between 30 and 50% may be appropriate when converting from one opioid to another to allow for incomplete cross tolerance.

Please see OLH&CS Opioid Conversion Chart available from the Palliative Meds Info webpages on www.olh.ie. The information outlined above is intended as a guide only. All medication doses derived using the information below should be checked and prescribed by an experienced practitioner.

The dosage of a new opioid is based on several factors including the available equi-analgesic dose data, the clinical condition of the patient, concurrent medications and patient safety. It is recommended that the new dose should be reduced by 30-50% to allow for incomplete cross-tolerance. The patient should be monitored closely until stable when switching opioid medications.



Drug Safety Issues



- ! Transdermal opioids should not be used to treat acute pain.
- ! Be familiar with the potency of the drug prescribed.
- ! Always double check the calculation when switching between opioids.
- ! Always ensure that the correct product has been selected.
- ! Patients and carers should be educated on the safe use of transdermal patches. Various memory aids can be used to remind patients when to change the transdermal patch and where the patch was applied.
- ! Always check that a newly admitted/ transferred patient does not already have a patch applied before applying another.
- ! Healthcare professionals administering transdermal patches should record the location of the patch in the patient's healthcare records and/or on the prescription chart. The transdermal patch should be checked every day.
- ! Always ensure that an old patch has been removed before a new patch is applied. An old patch can continue to release the drug and cause an overdose.
- ! The patient should avoid exposure to excessive heat (e.g hot water bottle, heat pad or hot bath) as it can cause an increase in the delivery of the drug from the patch. Febrile patients may also experience an increase in delivery of drug from the patch.
- ! Always dispose of the old patch appropriately. Fold the patch in half, adhesive sides together and place in the original packaging and sachet and then discard safely out of reach of children. In the United States, the FDA recommends that the used transdermal patch should be flushed down the toilet. Hospital staff should dispose of the patch according to local policy.
- ! Please be aware that fentanyl or buprenorphine remains in the skin and will continue to enter the circulation providing analgesia for a variable period of up to 12-24 hours after removal of the patch.

Other Frequently Asked Questions

Can transdermal opioid patches be cut in half?

Butrans[®], Transtec[®], Durogesic DTrans[®] and Matrifen[®] transdermal patches can be cut in half. The administration of half a patch is unlicensed. Please check with the pharmacist or prescribing doctor. The second half of the patch cannot be kept for future use. It must be disposed of immediately. Fentadur[®] and Fental Matrix[®] should NOT be cut in half.

Can more than one patch be applied at one time?

Yes, sometimes it is necessary to apply more than one patch. The dose to be administered should be clearly prescribed. If in any doubt double check with the prescriber or pharmacist.

Are other brands of transdermal fentanyl patches interchangeable with Durogesic DTrans?

It is not possible to ensure the interchangeability of different brands of fentanyl transdermal patches in individual patients. Therefore, it should be emphasised that patients should not be changed from one brand of fentanyl transdermal patches to another without specific counselling on the change and monitoring from their healthcare professional.