

# 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 suitable 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 <sup>®</sup> 5, 10, 15, 20	7 days
	Transtec <sup>®</sup> 35, 52.5, 70	96 hours
Fentanyl*	Durogesic DTrans <sup>®</sup> 12, 25, 50, 75, 100	3 days
	Matrifan <sup>®</sup> 12, 25, 50, 75, 100	3 days
	Fentadur <sup>®</sup> 12, 25, 50, 75, 100	3 days
	Fental Matrix <sup>®</sup> 25, 50, 75, 100	3 days
	Fentanex <sup>®</sup> 12.5, 37.5	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	Fentanyl	Buprenorphine
12mg		5 micrograms/hour
24mg	-	10 micrograms/hour
28.8mg	12 micrograms/hour	-
50mg	-	20 micrograms/hour
60mg	25 micrograms/hour	
120mg	50 micrograms/hour	52.5 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). A ratio of **100:1** is used in OLH&CS when converting transdermal buprenorphine or transdermal fentanyl to an equivalent dose of oral morphine. The conversion ratios are approximate and are intended as a guide 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](http://www.olh.ie). All medication doses derived using the information below should be checked and prescribed by an experienced practitioner.



## Drug Safety Issues



- ! Transdermal opioids should not be used to treat acute pain.
- ! Always double check your calculation when switching between opioids. Doses of a new opioid should usually be conservative, rather than generous.
- ! 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 ensure that the old patch has been removed, before a new patch is applied. An old patch can continue to release the drug, beyond the recommended duration of use. This can cause an overdose.
- ! 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.
- ! 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. Hospital staff should dispose of the patch according to local policy.
- ! Please be aware that fentanyl or buprenorphine 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?***

We have experience of cutting Butrans<sup>®</sup>, Transtec<sup>®</sup>, Durogesic DTrans<sup>®</sup> and Matrifen<sup>®</sup> transdermal patches in half before administration in OLHCS. The administration of half a patch is unlicensed. The patch should be cut diagonally to ensure that it is halved accurately. The second half of the patch cannot be kept for future use. It must be disposed of immediately. As Fentadur, Fental Matrix and Fentanex are all formulated as matrix transdermal patches, there is no obvious contraindication to the halving of these patches, but we have no practical experience of this in our own setting.

#### ***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.