Crosstown Clinic: Fentanyl Transdermal Patch

Site Applicability

Crosstown Clinic

Practice Level:

RN, RPN, LPN, Pharmacists

Need to Know

- Fentanyl transdermal patches (fentanyl patches) are an option for treatment of clients with opioid use disorder (OUD) who have not been able to stabilize on oral or injectable treatment alone.
- A fentanyl patch is a medicated adhesive transdermal patch that is placed on the skin to deliver a specific dose of fentanyl.
- Special consideration and care planning is needed for clients with concurrent alcohol and benzodiazepine use, new or evolving physical health conditions, and pregnancy. The prescriber is to confirm the safety plan as with any Opioid Agonist Treatment (OAT) or risk mitigation prescribing.
- The regular patch administration days will be Monday, Wednesday and Friday. Patches may be applied on other days of the week if the client misses a patch change. Please refer to the missed days protocol.
- Special Authority is required – the prescriber is to complete the application.

Prescriptions

- Prescriptions are written on the Triplicate Form in the Electronic Medical Record (EMR). The dose will be in mcg/hr and the **number of patches will be indicated.**
- Example:

  Fentanyl 200 mcg/hr. Nursing to apply 2 x 100 mcg/hr patches qMon-Wed-Fri. If client arrives 6 to 9 days since last patch change, decrease dose to 100 mcg/h and apply 1 x 100 mcg/hr patch until next scheduled patch change day; and task pharmacy and prescriber.

Procedure

Assessment

- Assess client's level of consciousness using the Pasero Opioid Sedation Scale (POSS)
- Assess vital signs PRN

- Assess client's understanding of, and provide education about, the patch:
  - It is a slow release of medication over 72 hrs.
  - Leave the patch untouched with the clear occlusive dressing (Tegaderm) over top.
  - Fold and secure the patch in a safe place if it falls off early and bring it to the clinic. Nursing to contact prescriber for dose directions if patch falls off prior to next scheduled application.

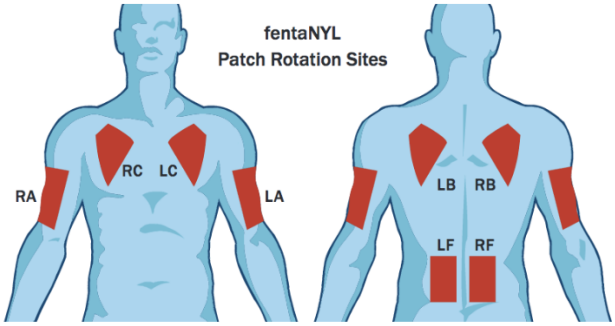
Patch Application:

1. Check the MAR and EMR to assess when the last patch was administered and how many patches were administered to ensure removal of all patches before new administration. If it has been ~~5~~ days or more since last patch was administered, then client will be on the missed days order.
   - There is ongoing fentanyl absorption from a patch for many days after it is due to be changed so the old one must be removed prior to applying a new patch.
2. Retrieve the new patch from the medication cart, perform the rights of medication administration, and sign out patch on Narcotic and Controlled Drug Record (NCR).
3. Confirm Client ID using two identifiers
4. **Don gloves to avoid the transfer of medication.**
   - If you have been exposed to the fentanyl patch remove the patch immediately and irrigate the exposed area under COLD water only. Then call Poison Control (604) 682-5050 and notify the charge nurse.
   - Any staff exposures should also be reported to the Provincial Workplace Health Call Centre at 1 866 922-9464
5. Remove old patch(es) before applying a new one.
   - Inspect patch for signs of damage.
   - Fold used patch in half with sticky sides together and place into the pharmaceutical waste container (i.e. Stericycle container). Wastage of controlled substances must be witnessed. Document wastage of removed patch in the NCR with witness signature
   - Inform Provider if patch is damaged or was not found. Provider will liaise with CNL if care plan is required.
6. Choose a new patch site that is a clean and dry area of the body that is free of hair. Ideally the site would not have been used in the last seven days to avoid skin irritation.
7. Carefully remove patch from its protective covering. Hold patch by the edge; do not touch the adhesive edges. Never cut or fold a patch. Modifying or altering patches is not recommended by ISMP Canada. This can damage the membrane and modify the release of fentanyl.
8. Immediately apply the patch and press firmly for 30 seconds. Press around the edges of the patch with one or two fingers to ensure that the patch adheres adequately.
9. Sign and date a clear occlusive dressing such as Tegaderm**.** Add next patch change date.
   - Never write directly on transdermal patch due to risk of tear or puncture by pen/marker; interaction of ink and patch; or effect of ink on medication delivery.
10. Secure the patch using the **clear occlusive dressing (Tegaderm)**.

- Never cover a patch with an opaque bandage or tape.

11. Discard supplies, remove gloves and perform hand hygiene.
12. Document procedure in EMR and the MAR.

Patch Rotation Sites:



SITES	CODE
Left Upper Arm	LA
Right Upper Arm	RA
Left Chest	LC
Right Chest	RC
Left Upper Back	LB
Right Upper Back	RB
Left Flank	LF
Right Flank	RF

Image accessed at: https://www.remedysrxsp.ca/fentaNYL_Facts.pdf

Storage/Pharmacy procedures

- Pharmacy will process on PharmaNet and deliver patches to nursing every Sunday, Tuesday, and Thursday evening.
  - When pharmacy delivers the fentanyl patches to nursing they must be entered into the Narcotic Control Record as a “pharm fill” and signed by both the pharmacist and nurse.
  - Nursing to add a “return date” sticker to the medication bag on Tuesdays, Thursdays and Saturdays. The return date will be 6 days after the last actual patch application , confirmed by checking the EMR and MAR
- Fentanyl patches must be locked in the medication cart with other narcotic and controlled substances.
- If a client misses a patch administration day, nursing must carry over the patch to the next shift’s NCR and task pharmacy. Pharmacy will not dispense another patch until notified that the client has returned. Nursing will continue to carry the patch over until the client is on missed days.
  - If a client returns to clinic within ~~5~~ days and the patch is administered, nursing must task pharmacy to resume delivery of patches.
  - On the ~~-~~ 6th day since intended administration date, nursing will return the patch to pharmacy instead of carrying over. The client will now be on missed days.
    - Missed days doses will be accessed from wardstock supply. If wardstock has been accessed, task pharmacy and prescriber group.
      - Pharmacy will need a new, separate prescription for the wardstock

Missed Dose Protocol:

- **Prescriber will include a patient specific missed days order when prescribing fentanyl patches.**
    - Recommendation is 30 to 50 %of dose, but could be up to full amount if tolerance is noted and the prescription is low dose (up to 100 mcg/hour)
- Start counting from day patch applied (day 0)
- **Days 1 to 5 since last patch application –** no change to dose
    - E.g. New patch on Monday (day 0); miss patch change on Wednesday (day 2) and come to clinic Saturday (day 5). There is no dose change.
- **Days 6 to 9 since last patch application –** Follow missed days order instructions and notify prescriber and pharmacy.
- **10 or more days since last patch –** Contact prescriber for dose direction.
    - The existing order will be cancelled and a new order will need to be written if the medication is to be continued.
- **Missed patch change after dose increase**
    - If patient misses first patch change after dose increase, please contact prescriber for dose directions.
- **Special case:** In the event that a client misses a patch change on Wednesday but returns on Thursday for a new patch, please task pharmacy to dispense another patch for Saturday. Client will then resume regular patch administration days starting on Monday.
    - Rationale: Thursday to Monday is greater than 72hrs.

Example of calculating missed doses:

Day of the Week	Patch Change	Day Counter	Dose to be applied
Friday	New Patch	0	
Saturday		1	
Sunday		2	
Monday	Misses planned patch change	3	
Tuesday		4	
Wednesday		5	Full Dose
Thursday		6	Follow Missed days order
Friday		7	Follow Missed days order
Saturday		8	Follow Missed days order

Sunday		9	Follow Missed days order
Monday		10	Call for dose direction

Re-titration:

- Patients on a stable dose of a fentanyl patch for at least 4 weeks may be eligible for more rapid re-titration (determined by prescriber on a case by case basis), for example the prescriber may order a starting dose of 100 mcg and increase the dose by 50 mcg every 2nd patch change.

Patch Diversion:

- Missing patches that cannot be accounted for or patches that have been tampered with (cut, damaged or changed in any way) may be considered potential diversion.
- It is not considered diversion if the client reports that the patch was inadvertently removed (e.g. due to sweat, shower etc.) and returns to clinic with the intact patch that has come off.
- Any missing patches or suspected diversion will be documented in EMR.
- Diversion should be suspected if a client fails to return 2 to 3 patches within a 2-week period.
- If a client consistently brings back patches, but misses 1 to 2 per moth, there is less concern for diversion.

When diversion is suspected:

Refer to B-00-13-10217 - Crosstown Clinic: Medication Diversion (Client)

- First attempt – conversation to explore if the patch was actually diverted.
- Second attempt – supported access, i.e. daily check of the patch
- Third attempt – time-limited service limitation from patch program – e.g. one week oral OAT alone
- Fourth attempt - discontinue patch and pursue alternative treatment options

Related Documents

- Elsevier Clinical Skills: Medication Administration: Topical

References

Adapted from

- DCHC/Portland Hotel Society Community Services Society Fentanyl Patch Policy.
- Henderson, D., Rafferty, A., Amara, S., Koleba, T., Douglas, R. (2021). Lookout Clinic and Fraser Health iOAT Clinic Fentanyl Patch Protocol. Fraser Health Authority.

Persons/Groups Consulted:

Crosstown Physician/Nurse Practitioner Group

Practice Consultants Medication Safety and Management, Practice Standards Professional Practice

General Nurse Educator, Medication Safety and Management

Developed By

Crosstown Clinic Coordinator

Crosstown Clinic Patient Care Manager

Revised By

Nurse Educator Urban Health Clinics

General Nurse Educators Medication Safety, Medication Management, Professional Practice

First Released Date:	25-AUG-2021
Posted Date:	06-MAR-2024
Last Revised:	06-MAR-2024
Last Reviewed:	06-MAR-2024
Approved By:	PHC
	Professional Practice Standards Committee
Owners:	PHC
	Urban Health - Crosstown