

Northern Health Palliative Care

NEW Fentanyl Transdermal Patch Regional Order Set

It is **strongly recommended** for medical practitioners to utilize the Fentanyl Transdermal Patch order set for all fentanyl transdermal patch orders.

The fentanyl transdermal patch is indicated for **chronic**, **stable** pain requiring **around-the-clock** opioid relief in patients that are **opioid tolerant** (taking at least 60 mg/day of oral morphine equivalent for 7 days or longer).

The second page of the order set offers resources for the following:

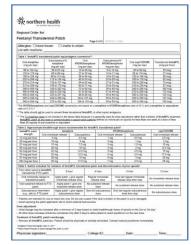
- 1. Rotating **FROM** an opioid **TO** a fentanyl transdermal patch.
- 2. The approximate breakthrough doses recommended for specific strengths of fentanyl transdermal patch(es).
- 3. A switch schedule for initiation of fentanyl transdermal patch and discontinuation of prior opioids.
- 4. The minimum length of time between dose increases.

You can find the <u>Fentanyl Transdermal Patch (10-111-5338)</u> order set on DocumentSource.

More information on the use of the fentanyl transdermal patch in palliative patients can be found in the <u>NH Palliative Care Program Symptom</u> <u>Guidelines 4th edition</u> under the chapter, "Principles of Opioid Management."

For additional support, particularly if rotating **off** of the fentanyl patch, please contact the NH Palliative Care Consultation Team:

Regional Order Set Fentanyi Transdermal Patch Page 1 of 2				
1. Indication for use				
These two oriteria must be met and o Patient has dronin, stable pain requir Patient has droninitated opsist twee (Those who are considered against tole Disce sum	ing around the stock spixed in arose. I his I his	def () Yes () No	unalerits for a week or longe	9
Continue outwill done				
humase dose				
C) Decrease dose				
Containdicated for perspective pain rela in g amindanone, clarithrossycia, dilTM result in increased serum festaNM, conce				
2. Choose dese - Charge patch(es)-g72h	(see Table 1 for opinid conve	nion publicitest)		
SentaNYE transformal 12 mog/t path	ut (hit recommended as as	nituting dose)		
FentaWHL transformal 25 might path	e i			
heetaNYL transformal 37 mog/h pab	ch (apply one feetaWVL tran	dermal 25 might patch s	its one herelaWTL transforms	a 12 migh patch)
fentuRITL transdomsal 50 moph pata	ch .			
SentaWFL transformal 62 might path	oh (apply one feetaWYL tran	dernal 50 migh patch e	its are lentaWEL transforms	i f2 mogilt pation)
BentaRYL transformal 75 might patie	ah .			
SectaWH, transformal 67 might pat	th Gapping one feetaWIL the	stemal 75 migh patch	with one feetaWFL Vansdem	al 12 moph patero
SectaWHL transdemul 100 mog/h pa	nah			
AvertaWFE, transdormal 125 might pa	ech Lapply one familaRYL that	sularmal 100 might path	with one heritaNYL Manufer	vial 25 weigh patch:
bestaNTL tratademial 150 mog/h pa	wich jupply one feetaWYL tra	sulemus' 100 mog/h patch	with one heitaWfL transfer	mai 50 moph patch)
SentaRTL transdomsil 170 moph pa				mul Tổ mogh pathi
[] SentaWYE transformal 200 might pa	eich japply two feeitaNYL toe	sdemail 100 migh patd	es)	
fentaWTL transformulme	sph swok			
 Remove all old patch(es) prior to appl Follow policy for wantage. Monitor outse, responsiony rate, level of 				
directed.				
 Overestimation during conversion free Since the peak feetaWVL concentrate the dimatening typowerdiation may or 		24 and 72 hours of beater	unit, practitioners should be a	mare that series
2. Choose breakthrough (see Table 2 for d				
C reception invocate release	mg PO q 11. PSN for pair			
() morphine mg subrutured	nus or mg fil q30 m	in PfIN for pain		
HYDROmorphone inmediate release				
() HYDROsophose ng su				
			Constant and the second	
Cautorix concurrent cylodivome P850 384 vi	iducers (e.g. phenytow) may ing may need to be adjusted.			



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