

Appendix 27 – CQC and NHSE Checklist for safer use of Fentanyl and Buprenorphine CD Transdermal Patches

1. CD transdermal fentanyl patches should be restricted to patients that are already receiving regular doses of opioids.
 - i. Do not use for acute pain.
 - ii. Do not use in opiate naïve patients.
2. Before using a CD transdermal patch, calculate the total daily dose of all the opioid analgesics that the patient has received previously. This is usually in morphine equivalence.

Use locally or nationally approved dose conversion charts to do this. There are dose conversion charts in the 'Prescribing in Palliative Care' Section of the British National Formulary and in CD transdermal manufacturers guidance (SPC).

3. Determine a new dose of analgesia to be delivered by transdermal CD patch in morphine equivalents. For changes in analgesia, as a 'rule of thumb', the total daily dose should not be increased in steps greater than 50% of the previous daily dose.

Again, use a conversion chart to determine the total daily dose of analgesia by CD transdermal patch(es) and where necessary divide by 24 to equate with the micrograms/hour strength of available products.

To deliver the intended dose more than one CD patch may have to be used.

NB - Formally double check the calculations and where possible have the patient's dose independently verified.

4. Ensure only those CD transdermal patches intended for current use are applied.

Patches *may be* skin coloured or transparent, and so may not be easy to locate.

Formally record the anatomical position of currently applied patches so that this information is readily available to inform future decisions and actions.

5. Prescribe by brand and ensure patients using CD transdermal patches have adequate prescriptions and supplies to minimise interruption and omission of therapy.

Transdermal CD patches must be removed and replaced in accordance with the manufactures guidance (SPC).

6. Consider that patients may exhibit symptoms of opioid withdrawal when a CD transdermal patch has been omitted.

The cause of these symptoms may not be recognised and patients may be treated with benzodiazepines for these symptoms, rather than have opioid therapy for their analgesia re-instated, if necessary at a reduced dose.