



Fentanyl in Long-Term Care

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Fentanyl

Fentanyl is a synthetic opioid that is approximately 50 times more potent than heroin and 100 times more potent than morphine. **Only two milligrams of fentanyl can be fatal.** Fentanyl is inexpensive, widely available, highly addictive and potentially lethal. Drug traffickers are mixing fentanyl with other illicit drugs and people are inadvertently ingesting lethal doses. According to the Centers for Disease Control and Prevention (CDC), an estimated 107,622 people in the United States died of drug overdose and poisonings in 2021. **Of those deaths, 67% involved synthetic opioids like fentanyl.**

Fentanyl Use in Long-Term Care

- ☐ Is a q-shift patch placement check completed?
- ☐ Is there a place on the medication administration records (MAR) for patch placement checks?
- ☐ Is the date and time of placement noted on a reinforced dressing over the fentanyl patch?
- ☐ Has the waste destruction policy for fentanyl patches been reviewed recently?
- ☐ What does the center's waste policy look like?
- ☐ Is a witness required as part of the waste policy?

Clinical Reminders

- Only use plain water to clean an area before applying a fentanyl patch; be sure the skin is completely dry before applying. Do not use soaps, lotions, other cleansers or anything that contains oils or alcohol.
- Remove the patch after three days (72 hours) or as directed. Choose a different place on the skin to apply the next patch. If possible, use a location on the opposite side of the body and wait at least three days before using any area again.
- When applying more than one fentanyl patch, be sure that the edges do not touch or overlap.
- Always validate that the previous patch was removed from the patient before placing another.
- Always wear gloves. Fentanyl is **still active after 72 hours** with up to 60% or greater residual medication still present.
- Disposal of medicine is to be non-retrievable. A fentanyl patch cannot be rolled up and placed in a sharps container. Tip: Using a liquid agent that degrades the medication's chemical makeup is considered best-practice for disposal.
- When receiving fentanyl patches from the pharmacy, be sure to open the container and check that the count is accurate, and the packaging has not been tampered with.

<https://www.cdc.gov/opioids/basics/fentanyl.html>

<https://www.dea.gov/>

<https://www.nps.org.au/radar/articles/fentanyl-patches-durogesic-for-chronic-pain>

Scan the QR code or visit www.mpgqh.org/QIO for more resources.



Pharmacists Corner

Official prescribing information for fentanyl patches recommends use of the patch only in opioid-tolerant patients for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Patients considered opioid-tolerant are those taking (for one week or longer) at least 60 milligrams of oral morphine per day or an equianalgesic dose of another opioid.

https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

[CDC Safer Dosage Calculator](#)



Safety Issues to Consider

- Deaths have occurred with use of fentanyl patches in opioid-naïve patients. Consider the ratio of benefits to harm before prescribing for cancer pain.
- Elderly patients (in whom there is reduced clearance and a prolonged half-life) may be more sensitive to the effects of fentanyl.
- Do not cut or divide patches.
- Be aware that increased body heat (fever, humid climate, etc.) and direct heat (electric blankets, saunas, etc.) may increase the rate of absorption.

See the product information for a complete list of interactions and precautions.