

# Medication Safety Alert

Provided by... PHARMACON CORP.

Focus on ... **Fentanyl Transdermal Patches**

Medication transdermal patches have many advantages including ease of administration, convenient dosing, and minimum discomfort to the patient, especially for the chronically ill patient. However, all types of medication patches have been associated with medication errors due to patch design, varied expression of dose and strength, shape, color, size, frequency of application and different sites of application.

One of the highest risk patches is Fentanyl, a narcotic analgesic having the potential for respiratory depression. There is particular risk in patients who are opioid intolerant or opioid naive.

The FDA advises healthcare professionals and caregivers to follow the product label and package insert of Fentanyl Transdermal system EXACTLY to avoid an overdose. This is very important when instructing caregivers for a leave of absence with medications. (See [www.fda.gov/cder/advisory/fentanyl\\_2007.htm](http://www.fda.gov/cder/advisory/fentanyl_2007.htm) )

Fentanyl is a narcotic that is indicated for moderate to severe persistent pain and should not be used for short-term acute pain, pain that is not constant, or pain after surgery. Fentanyl should only be used for chronic pain that is expected to last a number of weeks or longer and that cannot be managed by non-steroidal analgesics, acetaminophen-opioid combinations or PRN short-acting opioids.

**To prevent dangerously high Fentanyl levels in the blood, healthcare professionals should be reminded to:**

- Never replace a patch more frequently than prescribed.
- Never apply more patches than prescribed.
- Never apply heat to a Fentanyl patch.
- Never apply a half patch to provide a lower dose to the patient.

**Strategies to Assure Residents/Patients Receive the Right Dose of Fentanyl**

- DO NOT tape the patch to the skin. The occlusive, interactive dressing is designed to facilitate absorption through direct skin contact.
- ALWAYS remove the protective liner in order to expose the adhesive and the medication to the skin.
- ROTATE the site of application and document the site of application on the Medication Administration Record (MAR).
- REMOVE the old patch before application of the new patch. Record the removal on the MAR as if it were a written order.
- INSPECT the patch upon admission and application date, as patients transition from one level of care to another, or from one site of care to another.

## **DISPOSAL of FENTANYL TRANSDERMAL PATCHES**

Health care facilities should establish policies for the proper disposal of Fentanyl patches. Procedures should instruct the nurse to remove the patch from the patient and fold the patch in half so the adhesive backing is folded together and adheres to itself. The patch should be disposed of by flushing. Destruction should render the product unusable so that the patch is not hazardous to others. This disposal should be documented on the patient's record. Disposal of wasted patches during medication pass should be witnessed. Disposal of unused, unwanted patches should be witnessed and documented on the Controlled Substance declining inventory sheet.

In the Community or Independent Living the FDA recommends flushing used and unused, unwrapped patches down the toilet. This is suggested in spite of environmental concerns to prevent accidental poisoning of children, pets and opioid intolerant individuals.

*If the patch is cut and you come in contact with fentanyl gel, rinse with large amounts of plain water. Soap, alcohol or solvents increase the drug's ability to penetrate the skin*