

## Fentanyl Patch - Key Clinical Considerations for Safe Use

Fentanyl is a highly potent synthetic opioid that is 80 to 100 times stronger than Morphine; a vital option for managing persistent, severe stable pain, particularly in patients with renal impairment, as there are no known active metabolites.<sup>4</sup>

Transdermal patches offer steady analgesia and improved tolerance in some patients, with full therapeutic effect emerging 24 to 48 hours after application. Patches are typically replaced every 72 hours, however up to one-fifth of patients experience increased pain on day 3 due to end of dose failure<sup>1</sup>. In cases where the patient is unable to tolerate a dose increase, depending on the patient's pain experience, some MRPs may recommend changing the patch every 48 hours to prevent end of dose failure.<sup>4</sup>

### Appropriate Patient Selection is Essential

- ✓ Indicated for stable, well-controlled severe pain and for patients with poor oral opioid absorption<sup>2</sup>.
- ✓ May potentially lower opioid adverse effects of constipation, nausea, and histamine release<sup>4</sup>.
- ✓ Fentanyl is contraindicated in opioid-naïve individuals, those on <60 mg oral morphine equivalents daily, patients with acute or unstable pain, and anyone under 18 years of age<sup>1,4</sup>.
- ✓ Transdermal fentanyl may be inappropriate for patients with fever, diaphoresis, cachexia, morbid obesity, or ascites, as these conditions alter absorption and can lead to under or overdosing<sup>4</sup>.

### Additional Considerations

- ✓ On initiation of Fentanyl patch use: during the first 12 hours after application, continue to utilize routine and PRN dosing to allow time to reach appreciable bloodlevels<sup>3</sup>.
- ✓ On discontinuation of Fentanyl patches: due to half-life of 13 to 22 hours, do not initiate routine dosing of opioids for 6-12 hours after removal of patch. Utilize PRNs for management during this time<sup>4</sup>.
- ✓ Elevated temperature may affect absorption-monitor closely with fevers and excessive sweating and avoid application of heat to site as well such as warm blankets, heating pads, shower/bath, sunbathing etc<sup>4</sup>.
- ✓ Patches containing aluminum must be removed before MRI, cardioversion, or electrocautery to avoid thermal burns<sup>4</sup>.
- ✓ Drug interactions involving CYP3A4 inhibitors or other CNS depressants can raise fentanyl levels and increase the risk of respiratory depression<sup>4</sup>.
- ✓ In use around children, avoid referring to patches as “stickers” “tattoos” “bandaids” as this may result in mimicking actions<sup>4</sup>.
- ✓ Allow one week of stable, consecutive days of therapy to demonstrate tolerance prior to increasing dose<sup>4</sup>.
- ✓ Increasing the patch dose is not appropriate for patients with incident pain whose pain is otherwise well controlled. Use an appropriate PRN for management of incident pain<sup>4</sup>.

### Application & Removal:<sup>4</sup>

- ✓ Wear gloves when handling patches. Do not allow old patches to make contact with the provider's skin.
- ✓ Apply to dry, intact, non-hairy, non-inflamed, non-irradiated skin.
- ✓ Avoid placing over tattoos if possible.
- ✓ Do not cut patches.
- ✓ Avoid use of 25mcg patches for 12mcg orders. The practice of applying half over an occlusive dressing is not advised.
- ✓ Do not write on the patch itself, use appropriate label to indicate date and time of application.
- ✓ Do not cover with an occlusive dressing. A transparent, non-occlusive dressing such as Tegaderm may be used to aid patch adherence.
- ✓ Patch adherence should be confirmed on a daily (or shift) basis.
- ✓ Remove all old patches prior to applying new patches.
- ✓ If not adhering the used patch to a patch-for-patch program sheet, fold in half sticky-side to sticky-side before disposing as per organization policy.
- ✓ Rotate sites between patches and allow time for skin to rest before reapplication.
- ✓ Remove patch and dispose of appropriately prior to releasing a body to a funeral home transport.



### References

1. Gurgenci, T., Chen, J., Jull, B., Stokes, C., Eu, D., & Good, P. (2025). *Pharmaceutical pitfalls in treating patients with advanced cancer*. *AJGP*, 54(8), 530–533. <https://ajgp.racgp.org.au/issues/august-2025/clinical-pharmaceutical-pitfalls-in-treating-patients-with-advanced-cancer>
2. Koike, K., Terui, T., Nagasako, T., Horiuchi, I., Machino, T., Kusakabe, T.,...Ishitani, K. (2016). *A new once-a-day fentanyl citrate patch (Fentos Tape) could be a new treatment option in patients with end-of-dose failure using a 72-h transdermal fentanyl matrix patch*. *Supportive care in Cancer*, 24, 1053-1059. <https://www.ons.org/clinical-tools/pep/chronic-pain/once-daily-fentanyl-patch#:~:text=A%20new%20once%20a%20day%20fentanyl%20citrate,72%20Dh%20transdermal%20fentanyl%20matrix%20patch>
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