Problem:
Transdermal fentanyl is used for the management of moderate to severe chronic pain. In a postoperative oncology population, increased pain may necessitate changes in the dose of transdermal fentanyl. A comprehensive cancer center has no institutional policy for safe administration of transdermal fentanyl dosage increase. Is it safer to change a fentanyl patch to a higher dose upon a new order or every 72 hours for post-operative patients with chronic pain?

Evidence:
A fentanyl patch initially administers a higher dose of medication for the first 12 to 24 hours. Patients may be at risk for an increased dose of fentanyl if dose changes occur before a steady state is reached, which usually takes 72 hours. Drug packaging states transdermal patches should only be changed every 72 hours, regardless of dose changes. Changing patches every 24 hours found elevated drug levels in blood samples of patients. Current institutional policy does not specify when to change a fentanyl patch if a higher dose is ordered.

Strategy:
A comprehensive literature search was conducted to evaluate current evidence-based guidelines for safe administration of transdermal fentanyl. Keywords in the search include fentanyl, transdermal, and opioid titration. Research does not provide conclusive information about increasing the dosage of patches.

Practice Change:
Cancer Center’s pain and medication committees were notified concerning lack of policy. An institutional policy will provide a safe evidence-based standard of care for patients.

Evaluation:
Committees agreed to review evidence based literature and develop a transdermal fentanyl administration policy.

Results:
Institutional policy is currently being developed and reviewed by committees concerning the safest administration of transdermal fentanyl.

Recommendations:
More research is needed to determine the safest administration for increased doses of transdermal fentanyl. Healthcare providers need further education on the importance of practicing a standard of care for prescribing and administering transdermal patches.

Lessons Learned:
Patient safety is at risk without guidelines for safe administration of transdermal opioids.
Bibliography:
