



CLINICAL POLICY

Fentanyl Transdermal Patches

A. EFFECTIVE DATE:

August 17, 2021

B. PURPOSE:

To enhance patient safety regarding the prescribing and administering of transdermal fentaNYL, and to properly dispose of fentaNYL patches.

C. POLICY:

1. FentaNYL patches are:

- a. Not for opioid naïve patients
- b. Not for short term acute pain
- c. For newly prescribed fentaNYL patches, consultation with the unit pharmacist is strongly encouraged, since this delivery system has unique pharmacokinetics, requires prn opioids for breakthrough pain, and has special dosing conversions.
- d. For newly prescribed fentaNYL patches, doses should not be increased for pain control until steady state is reached at 3 days.

D. SCOPE:

All inpatient hospital units

E. DEFINITIONS:

None

F. MATERIAL(S) NEEDED:

None

G. PROCEDURE:

Nursing Procedure:

1. Refer to Elsevier for appropriate transdermal patch application: Medication Administration: Topical
2. Removal and disposal:
 - a. Verify order for removal of the fentaNYL patch.
 - b. After removing the patch, fold the patch on to itself. Wash residual fentaNYL off the skin using warm water.
 - c. With a witness present, discard the used patch in hospital-approved controlled substance container.
 - d. Document patch removal and waste in the automated dispensing cabinet.

e. If the patch was applied prior to admission or the patient is no longer on the unit the patch was applied, use the "Controlled Substance Waste Documentation" form to document waste. This form can be found on the pharmacy website under staff references.

5. Patient Education:

a. All patients for whom fentaNYL patches are newly-prescribed will receive instructions regarding the safe use of fentaNYL patches and proper disposal after discharge.

H. ATTACHMENTS:

[Controlled Substance Waste Documentation Form](#)

I. REFERENCES:

None

J. SEARCH WORDS:

Fentanyl, patch, opioid

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:

On File

M. COMMITTEE APPROVALS:

None

N. FINAL APPROVALS:

- | | |
|---|---------------------------|
| 1. <u>Andrew Agwunobi, MD (Signed)</u>
Andrew Agwunobi, MD, MBA
UConn Health Chief Executive Officer | <u>10/14/2021</u>
Date |
| 2. <u>Anne D. Horbatuck, (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>10/15/2021</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>10/6/2021</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Interim Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer | <u>10/6/2021</u>
Date |

O. REVISION HISTORY:

Date Issued: 5/4/12

Date Revised: 5/4/12, 11/5/15

Date Reviewed: 12/29/14, 11/5/15, 11/27/17, 8/17/2021