

Patient Name:

Address:

DOB:

NHS No:

GP:

Alfentanil for episodic pain: SHARED CARE PROTOCOL

Produced by: Paul Howard, Consultant in Palliative Medicine

Authorised by: Berkshire West CHQPSG

Date: May 2010

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This shared care protocol is produced to support the combination of the best of both primary and secondary care for the benefit of the patient. It supports, but does not replace, discussion and agreement on an individual patient basis about transfer of care. Agreement by the GP should be confirmed (verbal or written) before transfer of care.

Responsibilities for care and clinical monitoring

Consultant responsibilities

Initiation	<ul style="list-style-type: none">Initial assessment of appropriateness of alfentanilInformed consent to start alfentanil and baseline observations and testsInitial dose titration, including adjusting concurrent analgesia as needed
Prescribing	<ul style="list-style-type: none">Prescription of alfentanil during initial dose titrationPrescription of further 14 days of alfentanil once stable dose achieved and shared care agreed
Monitoring	<ul style="list-style-type: none">To arrange a named palliative care team member (physician or nurse specialist) to monitor efficacy, tolerability and adjust dose where requiredTo arrange additional timely re-assessment if the GP raises concern
Communication	<ul style="list-style-type: none">To discuss shared care arrangement with GP and send a copy of this document (including completed clinical summary page)To inform GP of outcome of re-assessmentsTo provide 24hr advice (via on-call palliative care consultant)

General Practitioner responsibilities

Initiation	<ul style="list-style-type: none">None
Prescribing	<ul style="list-style-type: none">Prescription of alfentanil once the patient is established on an effective dose and shared care has been agreed (the back page 'pharmacist information' can be torn off and sent with the FP10)
Monitoring	<ul style="list-style-type: none">For adverse effects (similar to morphine)For drug interactions with alfentanil:<ul style="list-style-type: none">↑ alfentanil plasma levels (and, therefore, effect) with enzyme inhibitors, such as erythromycin, fluconazole, itraconazole, voriconazole, ritonavir, diltiazem, cimetidine, grapefruit juiceMAOIs interaction with alfentanil may cause increased BP and tachycardia
Communication	<ul style="list-style-type: none">To inform the specialist of concerns about inadequate pain control or adverse effects

Summary of the clinical condition

(The specialist completes the summary section below, including advice for a particular patient that differs to the standard shared care arrangements. Copies of the entire shared care document, including this summary, are kept in the clinical notes, sent to the GP and offered to the patient)

- **Diagnosis**

- Underlying disease:

- Pain problem (e.g. movement-induced episodic pain):

- **Current regimen**

- Dose:
 - Frequency:
 - Route:
 - Brand and strength of preparation:
 - Date initiated:
 - Date current regimen reached:
- **Relevant co-morbidities, abnormal baseline observations or tests, or other factors relevant to the use of alfentanil:**

When GP could assume responsibility

- The patient has been initiated on the treatment by a consultant in palliative medicine and it is considered clinically appropriate to transfer care.
- AND
- shared care has been agreed in accordance with these guidelines between the consultant and the GP

Appendix 1: pharmacology, background information, common problems

Obtaining supplies in the community

- We advise patients to order repeat supplies one week in advance to allow the community pharmacist time to obtain the medication.
- Alfentanil is a Schedule 2 Controlled Drug, so usual CD prescription writing requirements apply. ***The pharmacist information is duplicated on the back page so that it can be torn off and taken with the FP10.***

Pharmacology

Like all currently available opioid analgesics, alfentanil is a mu opioid agonist. It is rapidly absorbed across mucous membranes. It has a shorter duration of action than fentanyl (half life 95 vs 220 minutes). It is inactivated by hepatic metabolism (CYP 3A4) [Twycross 2007].

Indication

Alfentanil is used for short-lived episodic pain (e.g. movement-induced pain, procedural pain) refractory to usual measures (e.g. immediate release oral opioids, non-opioid analgesics). It has a very rapid onset of action (approximately 10 minutes) and short duration of action (approximately 30 minutes) in comparison to the usual immediate release opioid analgesics. It is widely prescribed by Specialist Palliative Care and Pain teams in Great Britain - further information may be obtained from:

- The palliative care team
- Palliative Care Formulary 3rd Edition. Twycross *et al* 2007, Radcliffe Medical Press
- www.palliativedrugs.com (registration for access is free for health professionals)

The duration of action of licensed rapid-onset fentanyl nasal sprays is longer, making them less appropriate for short-lived pain episodes. Licensed P.R.N. fentanyl tablets and lozenges are inappropriate due to both slower onset of action and longer duration of action.

Licensing status

The preparation of alfentanil used is unlicensed:

- Alfentanil Buccal/Nasal Solution 5mg in 5ml spray bottles, prepared by SouthDevon Healthcare NHS Foundation Trust Pharmacy Manufacturing Unit.
- Each metered dose contains 140micrograms of alfentanil

Dose and administration

Unlike oral normal release opioids (e.g. oramorph), the alfentanil dose cannot be derived from the dose of a regular sustained release opioid. It is always individually titrated. Patients are typically commenced on 1-2 puffs (ie: 140-280micrograms) on an as required basis and this dose is titrated up as needed by increments of 1-2 puffs per dose. Patients and their carers are shown how to assemble, prime and operate the spray device for buccal use, which comes with attachments for both nasal and buccal administration.

Adverse effects

Alfentanil's adverse effects are generally similar to morphine and other strong opioids.

References

Twycross (2007) The Palliative Care Formulary (3rd edition), p284-7. Available from www.palliativedrugs.com

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Appendix 3. Pharmacist information

(please detach this page and ask the patient to take it along with the FP10 to their community pharmacist)

Dear pharmacist,

This patient is receiving alfentanil for episodic pain. This has been initiated by a specialist in palliative medicine. Please find information below to facilitate its supply.

Licensing status

The preparation of alfentanil used is unlicensed.

Action required by the Pharmacist

- The preparation used is Alfentanil Buccal/Nasal Solution 5mg in 5ml spray bottles, each metered dose contains 140micrograms of alfentanil
- Doses can vary widely between patients, as with any opioid
- It is made by SouthDevon Healthcare NHS Foundation Trust Pharmacy Manufacturing Unit

Address: Torbay PMU
Kemings Close
Long Road
Paignton
Devon
TQ4 7TW
Tel: 01803 664707
Fax: 01803 664354

- Current minimum order value is £25.00, with no delivery charge
- The order should be written on headed paper, or have the pharmacy's stamp on it, and should include the pharmacist's name, signature and registration number. A telephone number is also helpful
- No patient details are needed on the order
- Delivery usually takes 1-2 days.
- The bottles come with attachments for buccal and nasal administration. Patients will have been shown how to use the buccal attachment.