

## Converting from CIVI/CSCI opioids to fentanyl TD patches – What do you do?

February 2012 – March 2012

Number of responses = 56

1) Do you use the same regimen (time period of infusion and rate reduction) for all opioids when converting a patient from a CIVI/CSCI opioid to a fentanyl TD patch?

answer	votes	% of vote
Yes	43	77%
No, I use a different regimen depending on which opioid the patient is receiving by CIVI/CSCI	12	21%

2) Please describe the regimen you *generally* follow when converting a patient from CIVI/CSCI *morphine* to fentanyl TD patches.

Of 47 responses:

- 40 (85%) would continue the infusion at full dose for a specific period and then stop *without* tapering; of these:
  - 28 would stop the infusion 12h after applying the patch, several stating they would be flexible by 4h if the infusion was due to complete within this time anyway
  - 4 would apply the patch at 10pm and stop the infusion at 8am the next morning i.e. after 10h
  - 4 would stop the infusion 8h after applying the patch
  - 3 would stop the infusion 6h after applying the patch
- 6 (13%) would taper the infusion over a specific period:
  - 2 would reduce the infusion by half 6h after applying the patch, continue this for a further 6h, and then stop the infusion
  - 2 would reduce the infusion by half for 12h after applying the patch and then stop the infusion
  - 1 would maintain full dose infusion for 12h after applying the patch, then reduce dose by 50% for the next 12h then stop the infusion
  - 1 would reduce the dose by 1/3 for the first 6h after applying the patch, then by another 1/3 for the next 6h, then stop the infusion.
- 1 (2%) would stop the infusion immediately the patch is applied.

3) When converting a patient from CIVI/CSCI *morphine* to fentanyl TD patches using the regimen you described, do you generally experience any problems with overdosing (i.e. undesirable effects) or underdosing (i.e. increased pain)?

answer	votes	% of vote
Yes, problems with undesirable effects	4	7%
Yes, problems with increased pain	3	5%
Generally no problems	47	84%
Do not convert from CIVI/CSCI <i>morphine</i> to fentanyl TD patch	2	4%
Other (please specify in the comments section below)	0	0%

The problems with increased pain (3 responses) were highlighted against the following regimens:

- stopping the infusion immediately the patch is applied
  - stopping the infusion 6h after the patch is applied
  - reducing the infusion by half for 12h after applying the patch and then stopping the infusion.
- Two of the four responses who experienced problems with undesirable effects, did so with infusions running at full dose for 10–12h after applying the patch.

4) Please describe the regimen you *generally* follow when converting a patient from CIVI/CSCI *fentanyl* to fentanyl TD patches.

Of 12 responses:

- 8 would continue the infusion at full dose for a specific period and then stop *without* tapering; of these 6 would stop the infusion 12h after applying the patch
- 4 would taper the infusion over a specific period:
  - 2 would reduce the infusion by 50% 6h after applying the patch, continue this for a further 6h, and then stop the infusion
  - 1 would reduce the infusion by 25% 4h after applying the patch, then reduce by 25% every 4–8h
  - 1 would reduce the dose by 1/3 for the first 6h after applying the patch, then by another 1/3 for the next 6h, then stop the infusion.

5) When converting a patient from CIVI/CSCI *fentanyl* to fentanyl TD patches using the regimen you described, do you generally experience any problems with overdosing (i.e. undesirable effects) or underdosing (i.e. increased pain)?

<i>answer</i>	<i>votes</i>	<i>% of vote</i>
Yes, problems with undesirable effects	1	2%
Yes, problems with increased pain	0	0%
Generally no problems	19	34%
Do not convert from CIVI/CSCI <i>fentanyl</i> to fentanyl TD patch	14	25%
Other (please specify in the comments section below)	3	5%

6) If you regularly convert from other CIVI/CSCI opioids to fentanyl TD patches, please describe the regimen you generally follow.

There were 11 responses for converting from oxycodone infusion to fentanyl TD patch, 8 of these would continue the oxycodone infusion at full dose for 12h after applying the patch, then stop. The remainder would discontinue the full dose infusion between 8–12h after applying the patch.

There were 2 responses for converting from hydromorphone to fentanyl TD patch; both would continue the infusion at full dose for 8h or 12h after applying the patch and then stop.

7) When converting a patient from other CIVI/CSCI opioids to fentanyl TD patches using the regimen you described, do you generally experience any problems with overdosing (i.e. undesirable effects) or underdosing (i.e. increased pain)?

<i>answer</i>	<i>votes</i>	<i>% of vote</i>
Yes, problems with undesirable effects	1	2%
Yes, problems with increased pain	2	4%
Generally no problems	30	54%
Other (please specify in the comments section below)	0	0%
Do not convert from other CIVI/CSCI opioids to fentanyl TD patches	9	16%

8) Do you have a protocol for converting patients from CIVI/CSCI opioids to fentanyl TD patches?

<i>answer</i>	<i>votes</i>	<i>% of vote</i>
No	50	89%
Yes (we would be grateful if you would be able to send us a copy to <a href="mailto:hq@palliatedrugs.com">hq@palliatedrugs.com</a> )	4	7%