Following problems with the prescribing and administration of OPIOIDS, all clinical staff are alerted to the points below:

- Follow acute trust guidelines on a stepwise approach to pain management
- Avoid multi-opioid use e.g. regular tramadol + codeine
- Use great caution when prescribing and / or administering strong opioids in opioid naïve patients (includes buprenorphine / fentanyl patches)
- In palliative care, each dose of Oramorph® (morphine sulphate) liquid for breakthrough pain should be 1/6th of the TOTAL daily dose of morphine sulphate modified release (MR) tablets; e.g. morphine sulphate MR tablets 30mg bd + Oramorph® liquid 10mg 4hrly prn
- In palliative care, if more than two breakthrough doses are required, increase the regular prescription by 30-50%. Doses for breakthrough pain should also be increased.
- Frequency of Oramorph® liquid for breakthrough pain: 2 to 4 hourly prn
- Avoid multi-route prescribing.

BUPRENORPHINE PATCHES:
- Buprenorphine is a strong opioid with partial agonist properties. (Note - it cannot be fully reversed by naloxone)
- Prescribe BY BRAND – see below:
  - BuTrans® is available as 5, 10, 20mcg/hr patch and is applied ONCE A WEEK
  - Transtec® is available as 35, 52.5, 70mcg/hr patch and is applied EVERY 4 DAYS

FENTANYL PATCHES:
- These should only be used after a patient’s dose has been titrated. If initiating fentanyl patches, discuss first with a palliative care consultant or specialist in pain control.
  - Durogesic Dtrans® and generic fentanyl patches are available as 12, 25, 50, 75, and 100mcg/hour and are applied every 72 hours (every 3 days)

Further information is available from your local Medicines Information service

When prescribing opioids, consider the need for laxatives and antiemetics

See BNF for legal requirements when prescribing Controlled Drugs for outpatients and for patients at discharge.

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