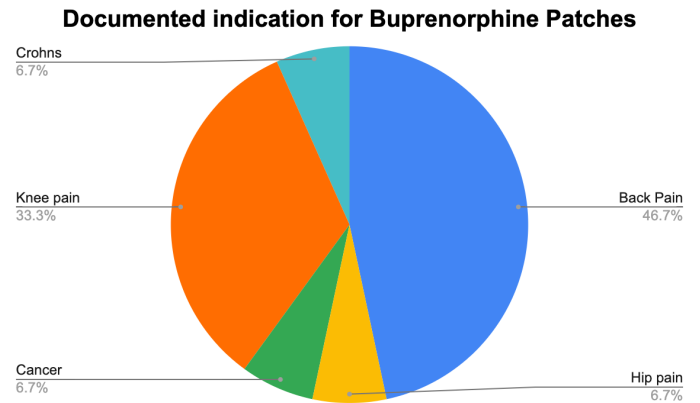
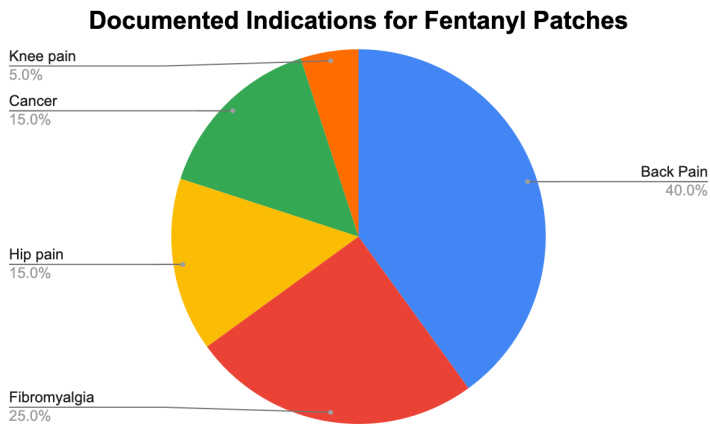


Quality improvement project: Opioid patches, breakthrough analgesia & chronic pain management

Current Guidelines Summary: (RCOA & pain control guidelines, NHS)

Use of opioids for breakthrough pain in cancer patients	Use of opioids in chronic pain patient
<i>“Management of breakthrough pain other than incident pain ; An immediate-release strong opioid should be prescribed 2-4 hourly when required, up to a maximum of 6 doses in 24 hours.”</i>	<i>“The use of opioids in the management remains controversial due to concerns about side effects, long term efficacy, functional outcomes and the potential for drug abuse and addiction”</i>

Current indications for opioid patches at Ashcroft Surgery:



Are we prescribing breakthrough analgesia correctly for our cancer patients on opioid patches?

YES= From the data 100% of patients who are on either fentanyl (n=3) or buprenorphine (n=1) patches for cancer are prescribed a breakthrough analgesia at an adequate dose for their slow release patch.

Suggested Changes for the management of chronic pain

1. Set up an alert on patients who are on opioid patches for longer than 6 months without a cancer diagnosis for a flag to review symptoms
2. When starting someone on an opioid patch for chronic pain discuss that the trial may only be for 6 months and after that should be discontinued if no improvement is seen

Barriers to Change to consider

1. Individuals who have been on opioid patches for chronic pain may not be very receptive to stopping their patches
2. Risks of withdrawal if stopped to quickly, difficulties with addiction
3. Lack of quick alternatives for pain management.