

Sudden Death and Duragesic™ Patches



Fentanyl is an opiate medication that is 100 times more potent than morphine. Fentanyl can be given IV or administered through a skin patch. The trade name for a Fentanyl patch is called Duragesic, but it is also

available as a generic. Duragesic should only be prescribed to patients in chronic pain that: are unable to be managed on nonsteroidal antiinflammatory drugs or other opiates, have already been on opioids, have developed a tolerance to them and require around the clock administration. There is a narrow margin between the dosage range to relieve pain and a toxic one. In recent years there have many cases of sudden death due to these patches.

The most serious side effect, hypoventilation and respiratory depression, usually occurs within the first 24-72 hours after the initiation of therapy and with increases in dosages.

Duragesic patches are usually started at 25 mcg/hr, although there is one smaller dose recently approved, 12.5 mcg/hr. It usually takes 24 hours to start to see the effects since the drug is absorbed through the skin. These patches are left on for 72 hours then discarded and another patch applied to a different area. Because significant amount of medication is still absorbed after the patch is removed, hypoventilation may persist beyond the removal of the patch. Patients started on a Duragesic patch should be monitored for the degree of sedation and respiratory rate for 12-17 hours after their patch is removed or changed.

When the patch is discarded there is still a lot of medication left in the patch and should be folded over onto itself to prevent others from coming in contact with it or using it inappropriately. Patients should be educated about avoiding alcohol, being cautious about driving and not to expose the patch to heat because it can increase the absorption rate. Sources of heat can include electric blankets, heated water beds, saunas, hot tubs and heating pads, which patients with chronic pain frequently use. Also fevers of over 102 degrees can also increase the patch's absorption rate.

Patterns of Abuse

- Tampering with the membrane to increase absorption
- Use of multiple patches, if not prescribed by their doctor
- Siphoning medication from the drug reservoir to give intravenously
- Applying heat to the patch to increase absorption
- Applying to body surface with little subcutaneous tissue
- Steeping patch in hot water and drinking
- Chewing patch
- Freezing patch, cutting into pieces and placing it under the tongue

Possible Legal Issues Involved in the Use of Duragesic Patches

- Errors involved in prescribing an inappropriate dose when converting from short acting opiates to this long acting option
- Failure to decrease other medication when Duragesic patch is added or change other pain medications from scheduled doses to "as needed"
- Incomplete instructions given by physician
- Homicide by Duragesic patch
- Inadvertent damage to the patch
- Failure to dispose of patches appropriately

Source: www.FDA.gov and 2006 AALNC conference session ❖

Sentinel Event Alert: Tubing Misconnections

Tubing and catheter misconnection errors are an under-reported problem in health care organizations. Frequently these errors are caught and corrected before any injury can occur to the patient. Nine cases of misconnections have been reported to Joint Commission. Eight cases have resulted in death and the other instance resulted in permanent loss of function. The specific misconnections involved an enteral feeding tube into an intravenous catheter (4 cases); injection of barium sulfate (GI contrast) into a central venous catheter (1 case), an enteral tube feeding into a peritoneal dialysis catheter (1 case); a blood pressure insufflator tube connected into an intravenous catheter (2 cases); and injection of intravenous fluid into a tracheostomy cuff inflation tube (1 case).

A review by USP (United States Pharmacopedia) of more than 300 cases reported to its database found misconnection errors involved the following: IV infusions connected to epidural lines, and epidural solutions connected to peripheral or central

IV catheters; bladder irrigation solutions using primary intravenous tubing connected as secondary infusions to peripheral or central IV catheters; infusions intended for IV administration connected to indwelling bladder catheters and nasogastric tubes; intravenous solutions administered with blood administration sets and blood products transfused with primary intravenous tubing; primary intravenous solutions administered through various other functionally dissimilar catheters, such as external dialysis catheters, ventriculostomy drain, an amino-infusion catheter and the distal port of a pulmonary artery catheter.

Many of these 300 cases also involved luer connections that screw together for a more secure connection. Examples of misconnections involving luer connectors include: enteral feeding set to a central venous catheter, enteral feeding set to a hemodialysis line, noninvasive blood pressure insufflation tube to a needleless IV port, oxygen tubing to a needleless IV port and sequential compression device (SCD) tubing to needleless "piggy-back" port or an IV administration set. *Source: www.JointCommission.org* ❖

New Tools to Save Time in Your Practice

The State Bar of Wisconsin has three products that may save your time in your practice by assisting to prepare your clients, fact witnesses or experts for deposition or trial. They are videos or DVDs titled "Preparing for Your Deposition", "Preparing Your Expert Witness" and "Preparing for Your Compulsory Exam". Below is a short description of each. They are all \$129 each and can be ordered by contacting the State Bar of Wisconsin at (800) 728-7788 or on their website www.wisbar.org.

"Preparing for Your Deposition" instructs your clients on how to give effective testimony. This litigation tool demonstrates the important dos and don'ts of being deposed, proper personal demeanor and appearance, and opposing counsels personalities and tactics. The DVD is 20 minutes in length and includes 2 handbooks. A Spanish language video is also available.

"Preparing Your Expert Witness" informs expert witnesses what lawyer need and expect from them. Covered in this video: objective case analysis and evaluation, proving damages, how premature written conclusions may damage a case, effective deposition techniques, how to present complicated information in plain English, effective use of demonstrative evidence, standing up to cross examination, and proper personal demeanor and appearance. It is 30 minutes in length and includes 2 handbooks.

"Preparing for Your Compulsory Medical Exam" educates your clients on what to expect when they are examined by a doctor retained by the defense. Your client will get helpful tips on how to alleviate their anxiety during the exam, how to describe their pain, how to accurately provide their medical history, the need to be courteous, cooperative and truthful and never to sign documents presented by the defense physician. It is 20 minutes in length and includes 2 handbooks.

As a reminder, if your client is scheduled for this type of exam you may want your legal nurse consultant to attend as an observer to take notes or tape as state law allows. Contact us for more information on this service. ❖

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