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## Safety Notice 006/19

15 April 2019

### Distributed to:

- Chief Executives
- Directors of Clinical Governance

### Action required by:

- Chief Executives
- Directors of Clinical Governance

### We recommend you also inform:

- Heads of Anaesthetics Departments
- Directors of Medical Services
- Directors of Nursing and Midwifery
- Directors of Pharmacy
- Drug and Therapeutics Committees

### Expert Reference Group

#### Content reviewed by:

- Office of the Chief Health Officer, MoH
- Chief Pharmacist Unit, MoH
- Director of Patient Safety, CEC

### Clinical Excellence Commission

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Intranet Website  
<http://internal.health.nsw.gov.au/quality/sabs/>

Review date  
**April 2020**

## Fentanyl 100 microg/2 mL injection – disruption to supply

### Background

All brands of fentanyl 100 microg/2 mL injection will be out of stock from the week starting Monday 15<sup>th</sup> April. This is due to ongoing manufacturing issues with Aspen which has impacted on the availability of all other brands. A disruption to supply is expected over the Easter period, lasting a total of three to four weeks.

Supply is anticipated to return in late April/early May. Alternative emergency stock is being investigated. **Fentanyl 500 microg/10 mL injection is still freely available.**

Injectable fentanyl has a number of clinical indications including:

- Moderate to severe pain: Fentanyl is a preferred opioid in severe kidney disease, however oxycodone, buprenorphine and hydromorphone can also be used.
- Opioid adjunct during general and regional anaesthesia: Alternatives such as alfentanil and remifentanil can be used for induction purposes.
- Intraoperative pain relief: Oxycodone IV could be used for intraoperative pain relief and Patient Controlled Analgesia (PCAs) where fentanyl is unavailable.
- Off-label intrathecal use: Any fentanyl products used for this purpose must be preservative free.

Where clinically appropriate, consider the use of an alternative fentanyl formulation (e.g. patch) or an alternative opioid. Suitable alternatives depend on the indication for use, patient factors and opioid characteristics; refer to the Australian Medicines Handbook (accessible from CIAP) for precautions associated with alternative agents and further advice. Refer to the resources below for opioid conversion guidance and seek specialist advice from pain and/or anaesthetic services.

### Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists (FPM ANZCA) resources:

1. Opioid Calculator: <http://www.opioidcalculator.com.au/>
2. Opioid Dose Equivalence: <https://fpm.anzca.edu.au/documents/opioid-dose-equivalence.pdf>

### Recommended actions by Local Health Districts/Networks

1. Distribute this notice to relevant staff at each facility.
2. Develop a local plan to manage the shortage, including:
  - a. Assess the status of fentanyl 100 microg/2 mL injections available in each facility, ensuring location of all stock is identified.
  - b. Reserve existing stock of fentanyl 100 microg/2 mL injections for situations where it is the only suitable option e.g. patients with severe renal impairment or kidney disease.
  - c. Identify areas where fentanyl 500 microg/10 mL injections can be safely and appropriately used.
  - d. If it is necessary to convert patients to an alternative opioid:
    - a. Ensure opioid conversion tools are available (*refer to FPM ANZCA resources*), educate staff on correct use of such tools and implement strategies to minimise conversion errors e.g. independent second person check.
    - b. Ensure alternative opioids are commenced at a lower dose than the calculated equianalgesic dose considering patient factors such as age, renal impairment, genetic opioid metabolism, opioid characteristics (*refer to FPM ANZCA resources and/or specialist advice*).
  - e. Communicate any therapy changes to relevant staff.
3. Inform relevant staff when normal supply of fentanyl 100 microg/2 mL injections resumes.
4. Ensure a system is in place to document actions taken.
5. Confirm receipt of this notice to [CEC-MedicationSafety@health.nsw.gov.au](mailto:CEC-MedicationSafety@health.nsw.gov.au)