

## Alfentanil Palliative Continuing Care Guideline

### Specialist Details

Name:

Location:

Tel:

### Patient Identifier

Name:

Date of Birth:

NHS No:

Address:

### Introduction

Alfentanil is a potent but short-acting synthetic opioid analgesic drug. It is an analogue of fentanyl with around 1/4 the potency of fentanyl and around 1/2 of the duration of action, but with an onset of effects at least 2 times faster than fentanyl. It is metabolised in the liver and has inactive metabolites which are renally excreted. It is safe to use in severe renal impairment but requires dose reduction in severe hepatic impairment.

**Alfentanil should only be initiated and prescribed for adult patients within the community by a Palliative Medicine Specialist. This guideline is therefore only valid for these patients.**

**Alfentanil is currently a schedule 2 controlled drug.**

### Dosage and Administration

Alfentanil is usually administered as a continuous subcutaneous infusion (CSCI) using sodium chloride 0.9% or water for injection as the diluent. Dose range varies according to indication and clinical response. Alfentanil is not usually administered as a subcutaneous injection on an as required basis due to its short duration of action. However, it may be considered for use in cases of severe renal impairment

### Cautions

Because of reports of serious incidents and the potential for toxicity with strong opioids, diligent prescribing, dispensing, administration, monitoring and counselling is required to reduce the risk of error and/or confusion. All opioids can impair driving ability and patients should be counselled accordingly.

### Compatibility in Syringe Pumps

There is 2-drug compatibility data for Alfentanil in water for injection with **clonazepam, dexamethasone, glycopyrronium, haloperidol, hyoscine butylbromide, levomepromazine, metoclopramide, midazolam, octreotide** and **ondansetron**.

Concentration-dependent *incompatibility* occurs with **cyclizine**.

If more than 2 drugs are to be mixed in the same syringe and there are any concerns, seek specialist palliative care advice at Farleigh Hospice on 01245 455478

### Available Preparations

**Subcutaneous Alfentanil injection:** Available as 500microgram/mL, 5mg/mL (for dilution and use as a continuous infusion)

### Palliative Medicine Specialist Responsibilities

A Palliative Medicine Specialist herein is defined as either a Specialist Palliative Medicine Physician or a Specialist Palliative Care Non-Medical Prescriber under a supplementary prescriber agreement.

- Assess appropriateness of Alfentanil use, considering any contraindications
- Initiate and titrate the dosage regimen, assessing response and adverse effects
- Review patient's response and continuing appropriateness of Alfentanil at specified intervals, sending a written summary to the GP following a review. This may be facilitated by the Community Specialist Palliative Care CNS Team.
- Provide patient/family/carer with relevant information on use, adverse effects and need for monitoring
- Provide GP, District Nurses, Community Pharmacist (as nominated by the patient) with
  - a copy of continuing care guideline
  - detailed patient summary on discharge
  - GP or pharmacist letter as appropriate (template attached)
- Refer to district nursing team if patient requires an Alfentanil subcutaneous syringe pump

**Hospice Specialist Palliative Care Pharmacist Responsibilities**

- Ensure at least 14 days' supply issued on discharge to ensure continuity of supply
- Provide any other advice for GP and other relevant healthcare professionals as required
- Stop treatment when no longer considered appropriate

Farleigh Hospice currently receive a pharmacy service on their Inpatient Unit from the Pharmacy Department at Mid Essex Hospital Trust (Broomfield Hospital).

- Ensure at least 14 days' supply is issued on discharge and that prescription details are provided to the patient's nominated Community Pharmacist with sufficient notice to ensure continuity of supply in the community
- Provide on-going advice to Community Pharmacist e.g. regarding ordering further supplies

**GP Responsibilities**

- Continue to review patient from a GP perspective to monitor all symptoms
- Refer to specialist when symptoms fail to respond or when change in route of administration may be indicated
- Discuss patient promptly with Palliative Medicine Specialist should this arise
- Liaise with district and community specialist palliative care CNS team
- Complete directions to administer

**District Nurse Responsibilities**

- Support the use of Alfentanil in a continuous subcutaneous syringe pump (CSCI) including the daily renewal of the pump. It is at the discretion of the individual DN as to whether a second nurse is required at the time of renewal of syringe pump.
- Liaise with GP and community specialist palliative care team
- Refer to specialist when symptoms fail to respond or when change in route of administration may be indicated
- Inform specialist Palliative care team when approximately 5 days' supply remains in the home to allow time for a prescription to be written and collected and for medications to be obtained.

**Adverse Effects**

Common initial: nausea and vomiting, drowsiness, light headedness/unsteadiness, delirium.  
 Common ongoing: constipation, nausea and vomiting, dry mouth.  
 Possible ongoing: suppression of hypothalamic-pituitary axis, suppression of immune system.  
 Less common: neurotoxicity (hyperalgesia, myoclonus, hallucinations), sweating, urinary retention, postural hypotension, spasm of the sphincter of Oddi, pruritus.  
 Rare: respiratory depression, psychological dependence.

**Contraindications**

Do not administer concurrently with MAOIs or within two weeks of their discontinuation.  
 Generally no absolute contraindications if titrated carefully against a patient's pain.

**Common Drug Interactions**

Alfentanil is metabolized by CYP3A4. Caution is required with concurrent use of drugs which inhibit or induce these enzymes.

- Plasma concentrations of Alfentanil may be reduced by drugs including, but not limited to, Carbamazepine, Phenytoin, Phenobarbital or Rifampicin.
- Plasma concentrations of Alfentanil may be increased by drugs including, but not limited to, Fluconazole, Cimetidine, Diltiazem, Macrolide antibiotics (e.g. erythromycin) and Protease inhibitors.

**Communication**

For any queries relating to this patient's treatment with Alfentanil, please contact the specialist named at the top of this document

**Acknowledgements**

Interface Pharmacist Network Specialist Medicines ([www.ipnsm.hscni.net](http://www.ipnsm.hscni.net))



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**Appendix 1 - GP Template letter**

Private and Confidential

<Registered doctor>  
<Registered GP address>

Farleigh Hospice  
North Court Road  
Chelmsford  
Essex  
CM1 7FH  
Tel No: 01245 457300  
Fax: 01245 457314

<Today's date>

Dear <Registered doctor>

**<Forename> <Surname> <Patient address house> <Patient address road> <Patient address locality>  
<Patient address post town> <Patient address county> <Patient post code> DOB: <Date of birth>  
NHS Number: <NHS number>**

The above named patient has been an inpatient and is due for discharge on date:..... See attached discharge summary.

They have been started on..... by our team. Prescribing responsibility is to remain with the palliative care team for this only.

Please can you ensure that this is added to the patient record as outlined in the "Guideline on the recording of non GP prescribed medications on GP clinical systems"

<http://midessexccg.nhs.uk/your-health-services/medicines-optimisation/general-prescribing-guidance/1558-guidance-on-recording-non-gp-medications-in-clinical-systems-feb-2015/file>

All other regular medications will need prescribing by yourself. They have been discharged with .....days of medication.

Yours sincerely

Private and Confidential

c.c. <Forename> <Surname>  
<Patient address house>  
<Patient address road>  
<Patient address locality>  
<Patient address post town>  
<Patient address county>  
<Patient post code>



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**Appendix 2 – Community Pharmacy  
Template Letter**

Private and Confidential

Community pharmacist  
Address

Farleigh Hospice  
North Court Road  
Chelmsford  
Essex  
CM1 7FH  
Tel No: 01245 457300  
Fax: 01245 457314

<Today's date>

Dear .....(community pharmacist)

**<Forename> <Surname> <Patient address house> <Patient address road> <Patient address locality>  
<Patient address post town> <Patient address county> <Patient post code> DOB: <Date of birth>  
NHS Number: <NHS number>**

The above named patient has been an inpatient and is due for discharge on date:  
They have identified you as their regular pharmacist. Please inform us if this is not the case.  
See attached the discharge summary for the above named patient. Note the following changes to  
their regular prescription:

They have been discharged with .....days of medication. Medication will run out on.....

Yours sincerely

Private and Confidential

c.c. <Forename> <Surname>  
<Patient address house>  
<Patient address road>  
<Patient address locality>  
<Patient address post town>  
<Patient address county>  
<Patient post code>



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-	New guidance