



Fentanyl

In its prescription form, fentanyl is known by such names as Actiq, Duragesic, and Sublimaze.

Street names for fentanyl or for fentanyl-laced heroin include Fenny, Popcorn, Nerds, Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT, and Tango and Cash. Names for the cut up patches include Chicklets, Patch, Sticky, Sticker, and Strip.



Characteristics (2)

Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent. It is typically used to treat patients with severe pain or to manage pain after surgery. It is also sometimes used to treat patients with chronic pain who are physically tolerant to other opioids.

Fentanyl is most often prescribed as a slow-release patch to people with long-term, severe pain. Street fentanyl may be swallowed, smoked, snorted or injected.

What makes fentanyl so dangerous?

- It is often impossible to tell if a powder or pill contains fentanyl. You can't see it, smell it or taste it. Even dealers might not know what they are selling, or how strong it is.
- Because fentanyl is so strong, the difference between a dose that will get you high and a dose that can kill you is very small.
- You can overdose even if you use a prescription patch with an identified dose. Everyone handles fentanyl differently. One person's dose can kill another person.

Presentation during intoxication (6)

Common signs and symptoms of intoxication can include:

Euphoria	Lack of motivation	Constricted pupils
Drowsiness	Lethargy	

Extreme intoxication (overdose) signs and symptoms may include:

Slow pulse	Shallow breathing	Respiratory arrest
Convulsions	Clammy skin	Constricted pupils
Pulmonary edema	Extreme drowsiness	

Monitoring and support during intoxication

Goal: Prevent severe respiratory depression and preserve client safety

Monitor:

- Assess level of disorientation and if possible time of last ingestion and amount consumed
- Monitor for falls risk
- Monitor vitals every 15 minutes initially and less frequently as acute symptoms subside

If Overdose:

- Naloxone (opioid antagonist) is used to reverse the effects of opiate toxicity. In the presence of physical dependence, Naloxone produces withdrawal symptoms related to the dose of Naloxone and the degree and type of opioid dependence. The effect is generally apparent within two to three minutes.



<p>Withdrawal presentation (1, 4, 5)</p>	<p>Onset of withdrawal is usually 8-10 hours after last use.</p> <p>Mild withdrawal symptoms may include:</p> <table border="0"> <tr> <td>Watery eyes</td> <td>Yawning</td> <td>Sweating</td> </tr> <tr> <td>Goosebumps</td> <td>Runny nose</td> <td></td> </tr> </table> <p>Moderate to severe withdrawal symptoms:</p> <table border="0"> <tr> <td>Restlessness</td> <td>Irritability</td> <td>Insomnia</td> </tr> <tr> <td>Anxiety</td> <td>Loss of appetite</td> <td>Abdominal cramping</td> </tr> <tr> <td>Nausea</td> <td>Vomiting</td> <td>Diarrhea</td> </tr> <tr> <td>Muscle tremors</td> <td>Drug craving</td> <td>Severe depression</td> </tr> <tr> <td>Tachycardia</td> <td>Hypertension</td> <td>Chills alternating with flushing and sweating</td> </tr> </table> <p>*Severe symptoms peak between 48 and 72 hours.</p>	Watery eyes	Yawning	Sweating	Goosebumps	Runny nose		Restlessness	Irritability	Insomnia	Anxiety	Loss of appetite	Abdominal cramping	Nausea	Vomiting	Diarrhea	Muscle tremors	Drug craving	Severe depression	Tachycardia	Hypertension	Chills alternating with flushing and sweating
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<p>Monitoring and support during intoxication and withdrawal (1, 3, 8, 9)</p>	<p>Goal: Treat the immediate withdrawal reaction</p> <p>Assessing for Withdrawal Severity: May use the Clinical Opiate Withdrawal Scale (COWS)</p> <p>Monitor:</p> <ul style="list-style-type: none"> • Mental Status (Including anxiety, irritability, suicidal ideation) • Physical status (including vital signs, sweating, pupil size, GI distress, bone or joint aches, tremors, gooseflesh skin, hydration, sleep patterns) <p>Supportive Interventions:</p> <ul style="list-style-type: none"> • Encourage fluids as tolerated to maintain hydration • Provide supportive care and reassurance <p>Commonly used medications include:</p> <ul style="list-style-type: none"> • NSAIDs for myalgias, headache, and fever • Dimenhydrinate for nausea and vomiting • Loperamide for diarrhea and abdominal cramps • Benzodiazepines for acute anxiety • Hypnotics for sleep disturbances • Clonidine for managing the autonomic symptoms of opioid withdrawal (i.e. hypertension and tachycardia) • Methadone/Buprenorphine to treat the immediate withdrawal reaction, and to aid in detoxification, or for maintenance therapy in a supervised treatment program 																					
<p>Potential Complications (1)</p>	<ul style="list-style-type: none"> • Chronic use can lead to general loss of energy, ambition, and drive, motor retardation, attention impairment, sedation, and slurred speech • Chronic use of methadone can lead to constipation, blurred vision, sweating, decreased libido, menstrual irregularities, joint and bone pain, and sleep disturbances • High doses of fentanyl can produce muscle rigidity (including respiratory muscles) respiratory depression, unconsciousness, and coma 																					
<p>Notable Drug Interactions (1, 3)</p>	<p>With Antidepressants (MAOI, RIMA):</p> <ul style="list-style-type: none"> • Increased excitation, sweating, and hypotension reported (especially with meperidine, pentazocine); may lead to development of encephalopathy, convulsions, coma, respiratory depression, and serotonin syndrome 																					



Notable Drug Interactions
(Continued)

With Alcohol:

- Additional CNS effects
- Caution with excessive doses to risk of respiratory depression
- Speeds the release of some opioids into the bloodstream by dissolving the slow-release system

With Cannabis:

- THC blocks excitation produced by morphine

With Cocaine:

- May potentiate cocaine euphoria
- Cocaine and heroin result in increased dopamine release, which has been associated with an increased risk of death
- Increase the risk and/or intensity of seizure activity
- Cocaine enhances the toxicity of heroin

Poly-substance use:

- Combination of alcohol, benzodiazepines and opioids cause CNS depression and possible death.

Psychiatric Symptoms
(7)

Opiate dependence has been associated with greater incidences of depression, anxiety, suicidal ideation, and low self-esteem.



References

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