

BCCA Protocol Summary for Incident Pain Therapy Using SUFentanyl Via Sublingual Route

Protocol Code

SCPAINSU

Tumour Group

Supportive Care

Contact Physician

Dr. Pippa Hawley

ELIGIBILITY:

- Patients with incident pain.

TESTS:

- Baseline: pain level, sedation level, respiratory rate.
- At 5 minutes, 10 minutes and 25 minutes post dose(s) for first episode of pain: pain level, sedation level, respiratory rate and other adverse effects.

PREMEDICATIONS:

- None.

TREATMENT:

Drug	Dose	BCCA Administration Guideline
SUFentanyl	12.5 - 25 mcg PRN . May repeat every 5 minutes up to maximum of 3 doses in a 1-hour period. (for opioid naïve patients*, start with 12.5 mcg PRN ; may repeat every 5 minutes up to maximum of 3 doses in a 1-hour period) (for opioid tolerant patients, give 25 mcg PRN ; may repeat every 5 minutes up to maximum of 3 doses in a 1-hour period)	Sublingual (hold liquid under the tongue for at least 1 minute or until absorbed)

*If insufficient pain relief with activity after 3 doses of 12.5 mcg in 1 hour, then in the following episodes of pain, may increase to 25 mcg q 5 min up to 3 doses in a 1-hr period.

Discontinue if no response after 3 doses of 25 mcg in one episode of pain.

MONITORING:

1. **Sedation:** Monitor sedation level using Pasero Opioid Induced Sedation Scale, respiratory rate (RR) and pain scale (Numeric Pain Scale 0-10 recommended) at baseline, 5 minutes, 10 minutes and 25 minutes after the last dose in the first 1 hour period. If 3 doses used in the first 1 hour period, monitoring is required for all three doses.

Pasero Opioid Sedation Scale (POSS)

S = Sleep, easy to rouse

1 = Awake and alert

2 = slight drowsy, easily roused

3 = Frequently drowsy, rousable, drifts off to sleep during conversation

4 = Somnolent, minimal or no response to verbal and physical stimulation

For patients on opioid with POSS score = 3, and respiratory rate 8 or greater:

- Consider applying oxygen to maintain SpO₂ above 92% or patient's baseline
- Maintain stimulation of the patient by talking to them, moving their limbs etc
- Administer naloxone per table below and notify physician
- Do not give any scheduled opioid until fully alert, with possible dose modification

For patients on opioid with POSS score =4 and/or resp rate is <8 breaths/min or who are hypoxic:

- Give oxygen to maintain SpO₂ above 92% or patient's baseline
- Stimulate patient
- Administer naloxone per table below and notify physician
- Do not give any scheduled opioid until fully alert, with possible dose modification

If patient is not breathing at all, initiate code blue/emergency response and administer naloxone.

Naloxone Administration Guidelines:

POSS Score	Drug	Dose	BC Cancer Administration Guideline
3	Naloxone	0.1mg every 2 minutes PRN	Subcutaneously*
4		0.2 mg every 2 minutes PRN	Intramuscularly*

*Naloxone can be given subcutaneously or intramuscularly. Subcutaneous route is preferred for POSS score = 3, and intramuscular route is preferred for POSS score = 4

2. **Respiration:** If patient's respiratory rate falls below 12 and pain is still uncontrolled, discontinue protocol.

DOSE MODIFICATIONS:

1. **Hematological:** None.
2. **Renal dysfunction:** None.
3. **Hepatic dysfunction:** None.

Call Dr. Pippa Hawley at (604) 877-6000 or 1-800-663-3333 with any problems or questions regarding this treatment program.

Date activated: 1 April 2002

Date revised: 1 Nov 2024 (Naloxone order and monitoring added, precautions removed)

References:

1. Yeomans W, Hsu DHS, Shalansky K. Sublingual sufentanil. Vancouver Hospital and Health Sciences Centre Drug & Therapeutics Newsletter, 2001; 8(1).
2. Kunz KM, Theisen JA, Schroeder ME. Severe episodic pain: management with sublingual sufentanil. J Pain Symptom Manage 1993;8(4):189-90.
3. Gardner-Nix J. Oral transmucosal fentanyl and sufentanil for incident pain. J Pain Symptom Manage 2001;22(2):627-30.