

ICU: No Harm Seen With Shortage-Fueled Switch

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When fentanyl was in short supply, switching to hydromorphone did not adversely affect critically ill patients on mechanical ventilation, researchers reported here.

The median time on ventilation -- a co-primary endpoint -- was 8 days among the patients treated with hydromorphone versus 7 days for those treated with fentanyl ($P=0.69$), said [Alison Vo](#) [1], PharmD, a clinical care pharmacist at St. Luke's Medical Center, Houston.

For the other primary endpoint, the rate of performing tracheostomies was 14 percent among those patients on hydromorphone and 19 percent among those patients treated with fentanyl ($P=0.52$), Vo reported in her poster presentation at the annual meeting of the [Society of Critical Care Medicine](#). [2]

Additionally, Vo told *MedPage Today* that there was no statistical difference in the number of days on opioid therapy -- 6 days with hydromorphone and 4 days with fentanyl ($P=0.18$), and there was no difference in cumulative opioid dose, a median of 430 mg of morphine equivalents among the patients receiving hydromorphone and a median of 464 mg of morphine equivalents among the patients treated with fentanyl ($P=0.25$).

"We were specifically looking to see if there were any negative outcomes," she said. "We also did look at hospital length of stay, and there were no differences there either. Numerically there appears to be greater use of rescue medication in the patients on hydromorphone, but when you group the need for rescue medication together there are no statistical differences," she said.

"There were no differences in our clinical endpoints and that was something we were hoping to see -- that we were not doing any harm to our patients," Vo said.

During the poster discussion session, moderator [Steven Blau, MD](#) [3], critical care surgeon at Good Samaritan Hospital Medical Center, West Islip, New York, asked, "If there was no shortage of fentanyl, which drug would you prefer?" Vo said she would still opt to use fentanyl. Blau persisted, "Under what circumstances would you use hydromorphone instead of fentanyl?" Vo said that if a patient had several organ dysfunctions, she might consider hydromorphone instead of fentanyl.

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