Rivastigmine Patch Placement Record

Name of individual	DOB	GP name/surgery
	DD MM YYYY	

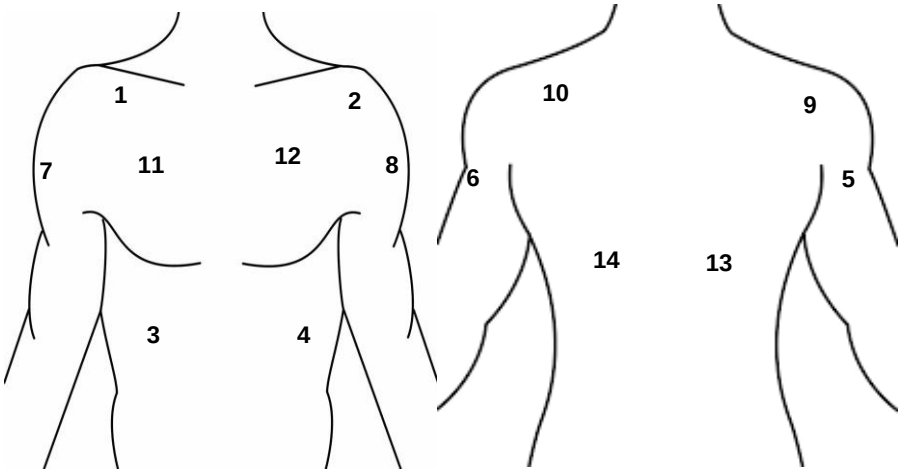
ALLERGIES		Room #	

Patch Strength

Form completed by: _____

Checked by: _____

The diagram below identifies the 14 locations used to place the patch
This pattern **must** be followed and repeated every 2 weeks



1	Front right upper arm
2	Front left upper arm
3	Right abdomen
4	Left abdomen
5	Back right upper arm
6	Back left upper arm
7	Front right upper arm
8	Front left upper arm
9	Right side upper arm
10	Left side upper arm
11	Right front chest
12	Left front chest
13	Right lower back
14	Left lower back

Week 1 & Week 2

Date		Placement of patch	Signature
DD MM YY	**1**	Right front shoulder	
DD MM YY	**2**	Left front shoulder	
DD MM YY	**3**	Right abdomen	
DD MM YY	**4**	Left abdomen	
DD MM YY	**5**	Right back upper arm	
DD MM YY	**6**	Left back upper arm	
DD MM YY	**7**	Right front upper arm	
DD MM YY	**8**	Left front upper arm	
DD MM YY	**9**	Right back shoulder	
DD MM YY	**10**	Left back shoulder	
DD MM YY	**11**	Right front chest	
DD MM YY	**12**	Left front chest	
DD MM YY	**13**	Right lower back	
DD MM YY	**14**	Left lower back	

Week 3 & Week 4

Date		Placement of patch	Signature
DD MM YY	**1**	Right front shoulder	
DD MM YY	**2**	Left front shoulder	
DD MM YY	**3**	Right abdomen	
DD MM YY	**4**	Left abdomen	
DD MM YY	**5**	Right back upper arm	
DD MM YY	**6**	Left back upper arm	
DD MM YY	**7**	Right front upper arm	
DD MM YY	**8**	Left front upper arm	
DD MM YY	**9**	Right back shoulder	
DD MM YY	**10**	Left back shoulder	
DD MM YY	**11**	Right front chest	
DD MM YY	**12**	Left front chest	
DD MM YY	**13**	Right lower back	
DD MM YY	**14**	Left lower back	

Always ensure the old patch is removed before applying a new patch