

Transdermal Patches

Patches are thin pads with an adhesive back that are applied to the skin. They contain a reservoir or matrix of medicines that pass through the skin into the bloodstream.

Different types of medicine are available in patch form. These include:

- pain killers
- medicines to treat Parkinson's Disease
- hormones
- smoking cessation
- medicines to control nausea and vomiting

Applying Patches

Staff must apply patches at the frequency determined by the prescriber. The interval between patches can vary from once a day, every three days to once a week.

Patches are often prescribed by brand as there is some variation between manufacturers and different brands of product. Staff should have access to the manufacturer's patient information leaflet (PIL) in the medication packaging to use for reference.

These can also be found online at <https://www.medicines.org.uk/emc>

- Staff should wash their hands before and after applying or removing a patch.
- Patches should be applied to a clean, dry area of skin which is non-hairy; the hair may be clipped with scissors but not shaved.
- Creams, ointments and talc should not be used on the area of skin that the patch is to be applied to. When applying the patch, remove it from the pack; press it firmly in place using the palm of the hand for at least 30 seconds, to ensure it is properly applied.
- Patches should not be applied to bony prominent parts of the body and Hyoscine patches should be placed behind the ear.
- Where more than one patch is needed, these should be applied to the same area of the body but should not overlap.
- Do not cut or damage reservoir style patches. This will cause the medicine to leak from the patch. Matrix patches are sometimes cut. This makes their use 'off-licence'. Staff should get clear guidance from the prescriber and pharmacist before cutting patches.
- Change the site of the patch each time you apply a new one in accordance with the manufacturer's instructions. Some patches can cause a thinning of the skin. If routinely applied to the same area, the rate of absorption into the bloodstream can be higher. This could lead to overdose.
- When applying Rivastigmine and Rotigotine patches you can use the same general area for application but the same exact spot must **NOT** be used for 14 days.

Below is a guide to frequency of rotation sites but it does not replace your responsibility in ensuring you have all the information needed to use the patch correctly.

	Fentanyl	Butrans/Butec	Transtec	Hyoscine	Rivastigmine	Rotigotine
Duration of use	72 hours	1 week	4 days	72 hours	24 hours	24 hours
Interval before reusing a site	1 week	3-4 weeks	1 week	72 hours	14 days	14 days
Number of sites on rotation	3 sites	4 sites	2 sites	2 sites	14 sites	14 sites

Records, checks, and communication

Staff must record the application of a patch and include the specific location, for example front, right, chest. This is important so other staff can check that the patch is still in place and correctly applied, which should be checked **every** day.

A Registered Nurse or Senior Care Assistant could complete a body map for each transdermal patch prescribed. As it is a handwritten document it should be countersigned. The body map does not replace the need to record administration on the MAR and should be kept with the MAR to provide a comprehensive record. There should be a record on the MAR that clearly highlights when the next patch change is due.

When starting a new medication cycle it is important to consider the last application site so the new cycle follows the rotation requirements for the patch.

According to your care setting's policies and procedures you may decide to record a second signature for some patches.

If a resident is transferred between settings staff must communicate information about their patches. This should include the date, time and where on the body the patch was applied.

What if a patch falls off? A new patch should be applied and removed at the correct duration. It must be documented and signed by a witness in the care plans and also on the back of the MAR chart.

Disposal

Remove and dispose of old patches before applying a new patch. This reduces the risk of leaving the old patch in place. Removal should be noted in the Action/Comments section.

Used patches contain some residual drug. Fold them in half and dispose of via your usual pharmaceutical waste arrangements. These can be recorded in the returns book as 'used' patches if returning to the supplying Pharmacy.

For residential homes patches containing controlled drugs awaiting disposal should be kept within the controlled drugs cupboard until collected by the supplying Pharmacy.

Nursing homes must only return medicines to a licensed waste disposal company. This might include community pharmacies.

Patients' own individually-labelled patches containing controlled drugs must be denatured before handing to the waste disposal company.

You must keep records to ensure that medicines are handled properly during disposal. Nursing homes should also keep records of transactions with registered waste disposal companies

References

CQC Adult social care, medicines information: External Medicines <https://www.cqc.org.uk/guidance-providers/adult-social-care/external-medicines>

CQC adult social care, medicines information: Disposing of medicines. <https://www.cqc.org.uk/guidance-providers/adult-social-care/disposing-medicines-care-homes-care-homes-nursing>

Aneurin Bevan University Health Board NHS Wales: Transdermal patch placement chart for care homes. <http://www.wales.nhs.uk/sitesplus/866/page/93490> Adapted by John Dicomidis and Beth Walton, Complex Care, ABUHB and Alex Kelleher, Care Inn Ltd

PrescQIPP Guidelines on the management of controlled drugs (CD) in care homes: bulletin 75 December 2014.

NICE guidelines SC1 managing medicines in care homes 2014.

Alzest (Rivastigmine) patch instruction and patient diary. <https://www.medicines.org.uk/emc/rmm/98/Document>

Exelon (Rivastigmine) patch tracker. http://www.exelonpatch.com/assets/pdf/Patch_Tracker.pdf

Neupro (Rotigotine) patch tracker. <https://www.neupro.com/neupro-patch-placement-tracker.pdf>

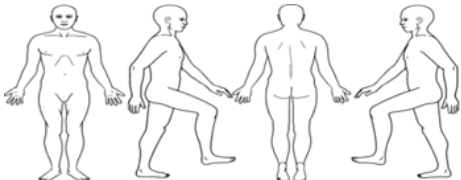
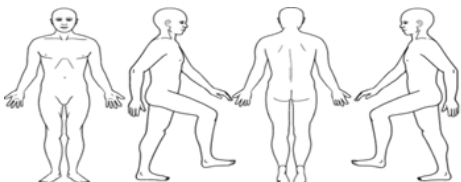
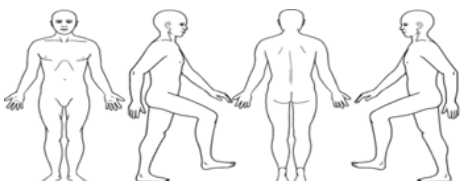
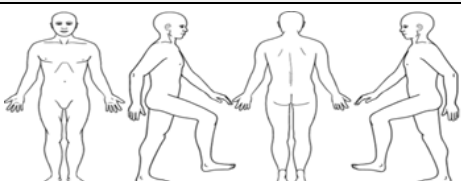
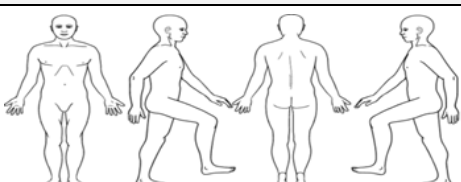
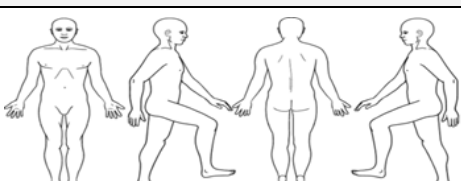
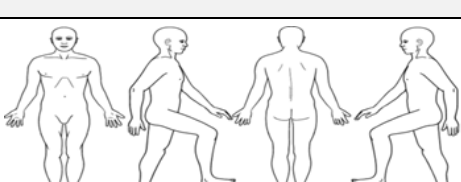
Transdermal Patch Placement Chart

Name of Resident		D.O.B		
Name of Patch		Strength		Frequency
Transcribed by/date			Countersigned by/date	

This does not replace the need to record administration on the MAR.

Indicate where the patch has been applied using a cross (x). Always remove the old patch before applying a new patch.

The patch should be checked on a daily basis to make sure it is still in place.

	Date			Time	
	Applied	Observed	Disposed	Comments	
	Signature(s)				
	Date			Time	
	Applied	Observed	Disposed	Comments	
	Signature(s)				
	Date			Time	
	Applied	Observed	Disposed	Comments	
	Signature(s)				
	Date			Time	
	Applied	Observed	Disposed	Comments	
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	Applied	Observed	Disposed	Comments	
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