

Transdermal Patch Training

ABUHB Pharmacy Governance Team

24.11.20

Introduction

Welcome to this training session on how to accurately record the applying and removing of transdermal patches

When you apply a patch , it needs to be recorded on the MAR chart, but you also need to show that the patch was removed, that it was put on at an appropriate site and that you have rotated the sites in accordance to the manufacturers recommendations.

Recording all this on a MAR chart is difficult if not impossible so using a separate chart will allow to record this additional information plus it will walk you through the steps so that you don't miss anything and will provide documented evidence of your work practices'

Transdermal Patch Placement Chart

Name of Resident			
Name of Patch		Strength	

The patch must be checked on a daily basis to make sure it is still securely in place and there is no evidence of skin degradation / tear. Ensure to initial the daily check box once this action is complete.

The table below is a guide to the number of sites the patch should be rotated. This does not replace your responsibility in ensuring you have all the information needed to use the patch correctly.

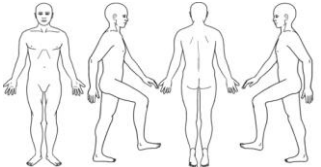
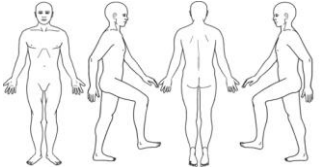
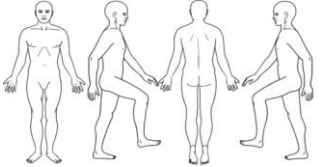
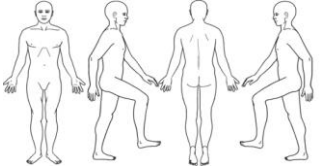
	Fentanyl	Butrans/Butec	Transec	Hyoscine	Rivastigmine	Rotigotine
Duration of use	72 hours	1 week	4 days	72 hours	24 hours	24 hours
Interval before reusing a site	1 week	3-4 weeks	1 week	72 hours	14 days	Use only the specific chart for rotigotine.
Number of sites on rotation	3 sites	4 sites	2 sites	2 sites	14 sites	

Patches should not be applied to bony prominent parts of the body. Hyoscine should be placed behind the ear.

The old patch must be folded in half and stuck together before disposal.

Please indicate where the patch has been applied using a cross (x). If the resident is prescribed multiple patches, please ensure to use a separate patch chart for each patch applied.

THIS DOES NOT REPLACE THE NEED TO RECORD ADMINISTRATION ON THE MAR

	Date Patch Applied				Time		
	Applied by						
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed				Time		
	Removed by						
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	Removed by						

This is the latest Transdermal Patch Chart the ABUHB pharmacy governance team are recommending.

You may not be using this particular chart but the principles are the same regardless of the chart you use and if at present you don't use one it is strongly recommended that you do start

Naming the chart

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Transdermal Patch Placement Chart



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Name of Resident	John Jones		
Name of Patch	Fentanyl	Strength	50mcg

The first thing you have to do is put in the residents name and what patch and what strength/dose is being applied. Seems obvious, but once you have filled in a few, sometimes the next chart just gets added to the pile without all the information being there.

When to Rotate

Transdermal Patch Placement Chart



Name of Resident	Mrs Mouse		
Name of Patch	Fentanyl	Strength	25mcg

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	Fentanyl	Butrans/Buteo	Transtec	Hyoscine	Rivastigmine	Rotigotine
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Adapted by John Dicomidis and Beth Walton, Complex Care, ABUHB and Alex Kelleher, Care Inn Ltd

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This part of the chart gives you some general information on good practice where to place the patch and it also includes how long a patch should be left on for and how many sites you should rotate around before you can use the initial site again. This table does not cover all available medicated patches but it covers the most common and should raise what issues to look for if another patch, such as a GTN patch, is prescribed.

Recording the application of rotigotine and rivastigmine patches is not recommended on this chart, but we will come to these later.

Practice points

Transdermal Patch Placement Chart



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These are some more good practice points. The placing of Hyoscine can be difficult as they frequently fall off but you will have a better chance of them staying in place if you follow this advice.

Sign you
have
applied it

Transdermal Patch Placement Chart



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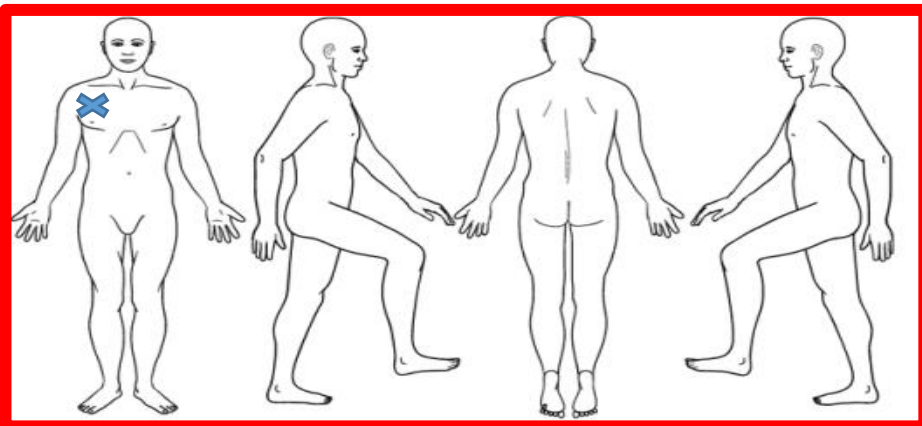
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	Applied by	JAD					
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed			Time			
	Removed by						
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Removed by						

This is pretty self explanatory , when you apply a patch you sign, date and put the time on the chart. You also record on the figures to the left where the patch was placed.

It's a simple process but usually being carried out in a difficult environment with time pressures, sometimes non compliant residents and getting access to the site might not be easy. By the time you have overcome any obstacles its easy to forget to sign or put a cross on, however, as all know, if its not signed it hasn't happened. In addition if you don't record where the patch was applied the next person has to go looking for it and or may not put the patch on a site that should not be used yet.

The reason why a rest period for a site is recommended is because it takes time for the skin to return to it's normal condition. Putting a patch onto a site too soon after a patch has been removed means the skin is more permeable resulting in the medication been absorbed more quickly, effectively resulting in an overdose.

It can also increase the chance of an allergic reaction occurring

Remove it in
the correct
timescale

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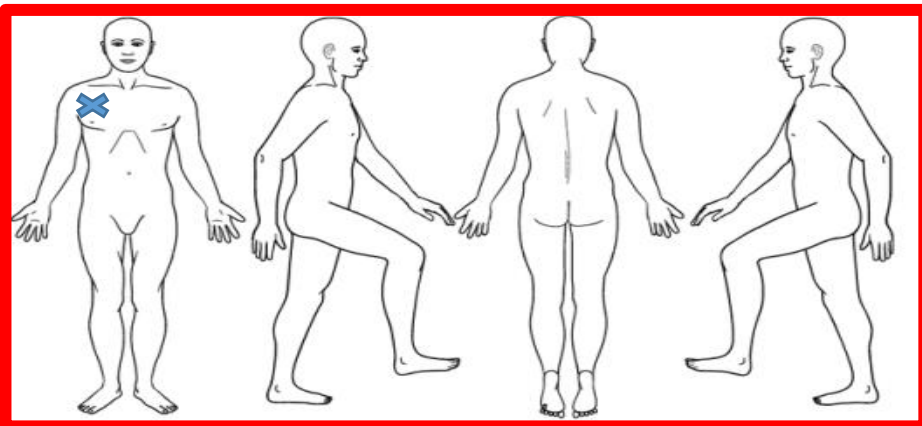
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	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed	4.1.21	Time	9.48			
	Removed by	CR					
	Date Patch Applied		Time				
	Applied by						
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed		Time				
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Applied by		JAD				
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Date Patch Removed		4.1.21		Time	9.48	
Removed by		CR				

Again this is self evident, but it is important to record the patch has been removed otherwise it might be look like it had not happened and the patch was left in place.

After the advised time for a patch to be removed it is still releasing the medication to the body through the skin, just at a reduced rate. So if you do not remove it after putting on the new patch the resident will be having a dose much higher than intended. There have been cases of residents being hospitalised because new patches were applied but older ones not removed.

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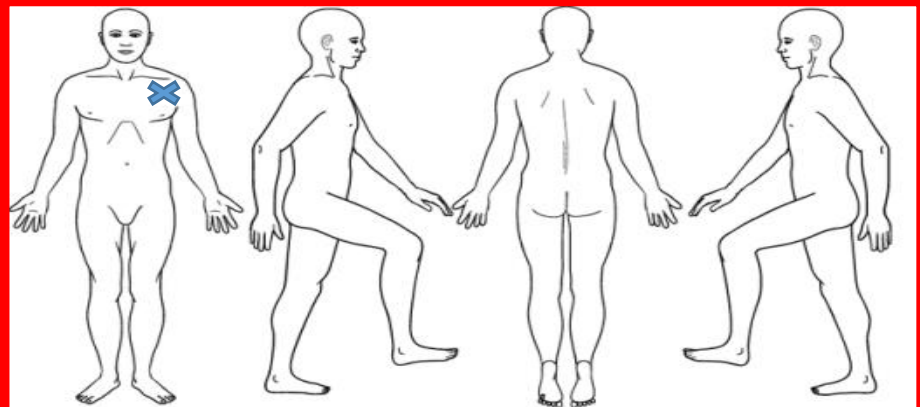
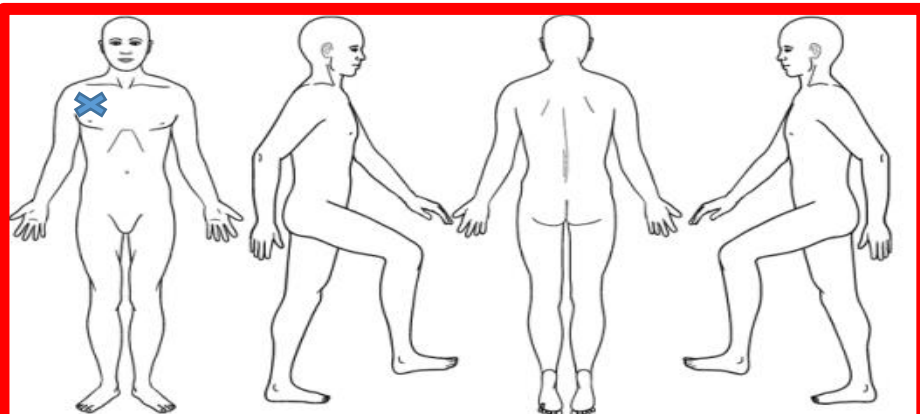
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	Removed by	CR					
	Date Patch Applied	4.1.21	Time	9.50			
	Applied by	VC					
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed	7.1.21	Time	9.37			
	Removed by	EJ					
	Date Patch Applied		Time				
	Applied by						
	Daily Patch Check	2	3	4	5	6	7
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Adapted by John Dicomidis and Beth Walton, Complex Care, ABUHB and Alex Kelleher, Care Inn Ltd

and
repeat



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Removed by		CR				
Date Patch Applied		4.1.21		Time	9.49	
Applied by		VC				
Daily Patch Check	2	3	4	5	6	7
Date Patch Removed		7.1.21		Time	9.35	
Removed by		PW				

Many of the older patch charts had the sequence of patch removed then patch applied. This made it easy to fill in the chart because all the entries were in one box. Reversing the process means that the history of a patch is in one box i.e. you can see when it goes on and comes off in the one box. The other benefit is because when you fill in the chart during the application and removal its over two boxes so it involves a little more thought which should reduce the risk of the process being on automatically

Check daily
the patch
is in place

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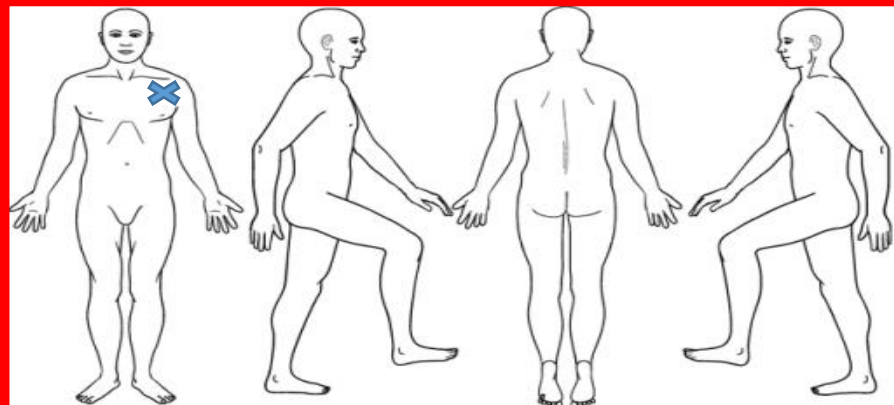
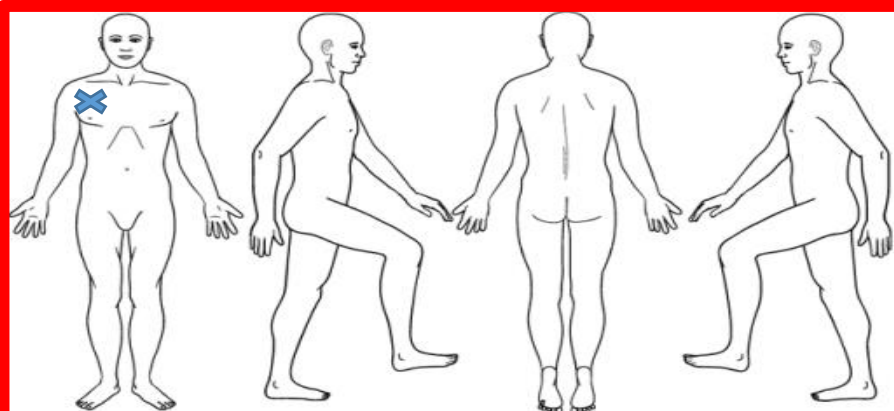
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Daily Patch Check	2	3	4
Date Patch Removed	7.1.21	Time	9.35
Removed by	PW		

The daily patch check is to ensure that the patch is still in situ and also as a double check to make sure that old patch has been removed. Not as important for patches that are replace daily, but its important to check if the patch has been in place for the full 3 or 7 days etc.

a
completed
chart

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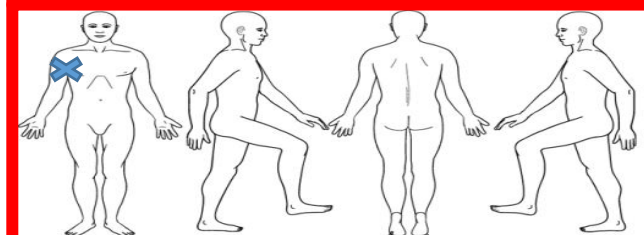
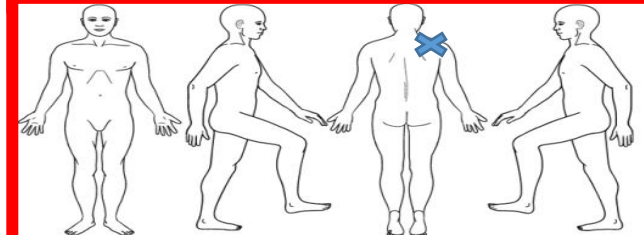
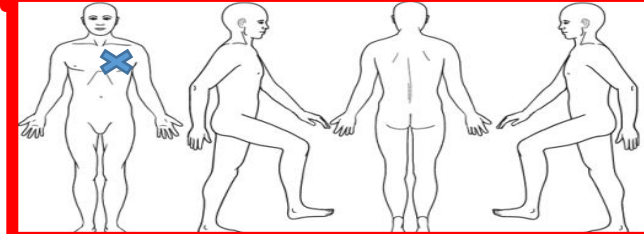
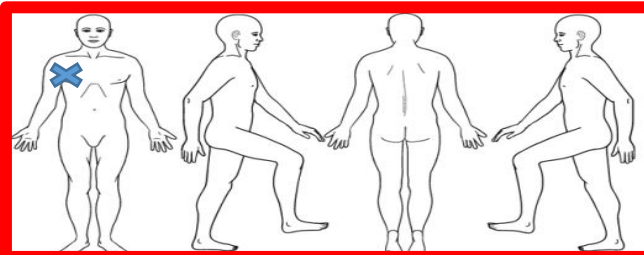
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	Applied by	VC					
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	Date Patch Removed	10.1.21	Time	9.40			
	Removed by	EL					
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	Applied by	CR					
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed	13.1.21	Time	9.15			
	Removed by	JAD					

Adapted by John Dicomidis and Beth Walton, Complex Care, ABUHB and Alex Kelleher, Care Inn Ltd

Some eMAR systems allow you to set up a sequence of sites, which prompts you where to apply the patch, if you have this facility it is strongly recommended that you use it.



Date Patch Applied	1.1.21	Time	9.14
Applied by	JAD		
Daily Patch Check	2	3	4 5 6 7
Date Patch Removed	4.1.21	Time	9.48
Removed by	CR		
Date Patch Applied	4.1.21	Time	9.49
Applied by	VC		
Daily Patch Check	2	3	4 5 6 7
Date Patch Removed	7.1.21	Time	9.35
Removed by	PW		
Date Patch Applied	7.1.21	Time	9.36
Applied by	VC		
Daily Patch Check	2	3	4 5 6 7
Date Patch Removed	10.1.21	Time	9.22
Removed by	PW		
Date Patch Applied	10.1.21	Time	9.23
Applied by	VC		
Daily Patch Check	2	3	4 5 6 7
Date Patch Removed	13.1.21	Time	9.18
Removed by	PW		

Once you have filled in the chart, just start another. You should note that the patch we have been applying is Fentanyl which is replaced every three days, each site needs a week patch free period so you need to use 3 sites before a site can be repeated. The chart above shows that the patches were rotated and the first and fourth site are the same but there is 7 days between the first patch being removed and the fourth patch being applied. You can use more sites but you cant use less.

As mentioned at the start of this training presentation this chart isn't really suitable for using with rivastigmine patches as they require you to rotate the patches daily over 14 site. To this end we have produced a chart specifically for rivastigmine.

Transdermal Patch Placement Chart



Name of Resident	Mrs Mouse		
Name of Patch	Rivastigmine	Strength	9.6mg

The patch must be checked on a daily basis to make sure it is still securely in place and there is no evidence of skin degradation / tear. Ensure to initial the daily check box once this action is complete.

The table below is a guide to the number of sites the patch should be rotated. This 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	Use only the specific chart for rotigotine.
Number of sites on rotation	3 sites	4 sites	2 sites	2 sites	14 sites	

Patches should not be applied to bony prominent parts of the body. Hyoscine should be placed behind the ear.

The old patch must be folded in half and stuck together before disposal.

Please indicate where the patch has been applied using a cross (x). If the resident is prescribed multiple patches, please ensure to use a separate patch chart for each patch applied.

THIS DOES NOT REPLACE THE NEED TO RECORD ADMINISTRATION ON THE MAR

	Date Patch Applied		Time				
	Applied by						
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed				Time		
	Removed by						
	Date Patch Applied		Time				
	Applied by						
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed				Time		
	Removed by						
	Date Patch Applied		Time				
	Applied by						
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed				Time		
	Removed by						
	Date Patch Applied		Time				
	Applied by						
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed				Time		
	Removed by						

Adapted by John Dicomidis and Beth Walton, Complex Care, ABUHB and Alex Kelleher, Care Inn Ltd

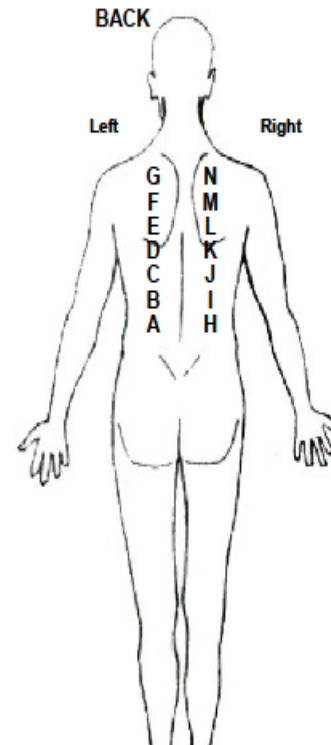
	Rivastigmine
Duration of use	24 hours
Interval before reusing a site	14 days
Number of sites on rotation	14 sites

The reason we have the patches running up and down either side of the spine is to help prevent any resident from pulling them off. It's recommend that you apply the new patch before you remove the old to make sure there is no overlap on the site.

Like the other charts it needs to be fully completed to prove the actions you have taken and inform your colleagues of what has gone on before

14 Day Patch Rotation Chart

Patient Name	Medication	Frequency
Mrs Mouse	Rivastigmine 9.6mg	24 hours



14 day patch rotation (14 sites).
This does not replace your responsibility in ensuring you have all the information needed to use the patch correctly.

Created By: Ceri Ratcliffe
Approved By: John Dicomidis

Date Created: August 2020
Review Date: August 2022

Letter	Date of Application	Signature	Date Removed	Removed By (Signature)
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				

Like rivastigmine this chart isn't really suitable for using with rotigotine patches as they require you to rotate the patches daily over 14 site. To this end we recommend you use the one supplied by the manufacturer.

Transdermal Patch Placement Chart



Name of Resident	Mrs Mouse		
Name of Patch	Rotigotine	Strength	4mg

The patch must be checked on a daily basis to make sure it is still securely in place and there is no evidence of skin degradation / tear. Ensure to initial the daily check box once this action is complete.
The table below is a guide to the number of sites the patch should be rotated. This 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	Use only the specific chart for rotigotine.
Number of sites on rotation	3 sites	4 sites	2 sites	2 sites	14 sites	

Patches should not be applied to bony prominent parts of the body. Hyoscine should be placed behind the ear.
The old patch must be folded in half and stuck together before disposal.
Please indicate where the patch has been applied using a cross (x). If the resident is prescribed multiple patches, please ensure to use a separate patch chart for each patch applied.

THIS DOES NOT REPLACE THE NEED TO RECORD ADMINISTRATION ON THE MAR

	Date Patch Applied		Time				
	Applied by						
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed			Time			
	Removed by						
	Date Patch Applied		Time				
	Applied by						
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed			Time			
	Removed by						
	Date Patch Applied		Time				
	Applied by						
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed			Time			
	Removed by						
	Date Patch Applied		Time				
	Applied by						
	Daily Patch Check	2	3	4	5	6	7
	Date Patch Removed			Time			
	Removed by						

Adapted by John Dicomidis and Beth Walton, Complex Care, ABUHB and Alex Kelleher, Care Inn Ltd

	Rotigotine
Duration of use	24 hours
Interval before reusing a site	Use only the specific chart for rotigotine.
Number of sites on rotation	

This chart can be found in the packaging for the patches but it can, like the rivastigmine chart be found on the resource website.



NEUPRO is a prescription medicine used to treat Parkinson's disease and moderate-to-severe primary Restless Legs Syndrome.

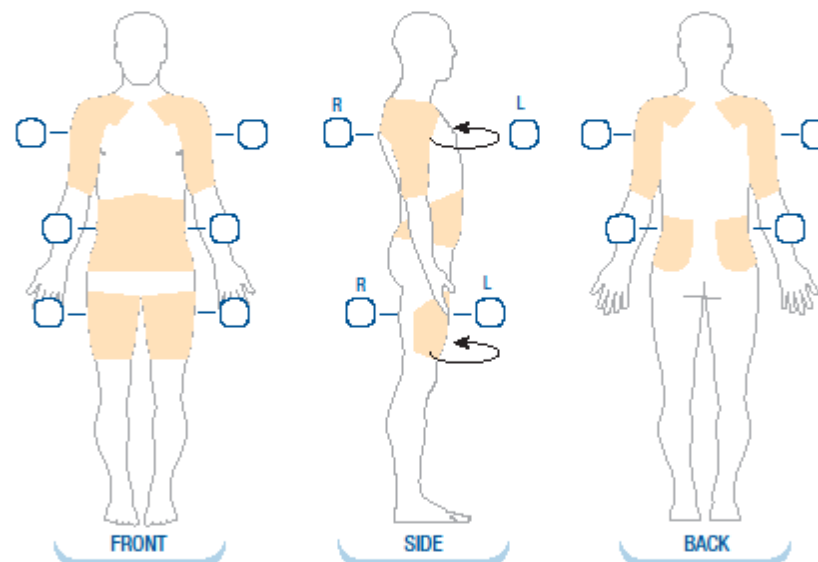
NEUPRO Patch Placement Tracker

Before applying the patch, please read the Patient Information and Instructions for Use provided with your NEUPRO prescription or on NEUPRO.com.

The NEUPRO Patch is worn for 24 hours. Apply the patch to a different area of the skin each day for 14 days. Once you establish a 14-day pattern, follow the same pattern for each 2-week period.

Use the Body Map, below, to track where you place the patch each day. Write the number "1" by the map location that corresponds to where you place the patch on Day 1, a number "2" by your Day 2 location, and so on.

If you have any difficulty applying the NEUPRO Patch, please call our toll-free help line at 1-844-599-2273.



Please visit www.NEUPRO.com to:

- Watch a video about how to apply the NEUPRO Patch
- See if you qualify to save on NEUPRO
- Learn more about the NEUPRO Patch

Please see Important Safety Information on the reverse side.

Thank you

Hopefully you have found this training presentation useful. Using the patch chart will give you all the information to provide evidence that all the steps have been carried out safely and in accordance to the manufacturers recommendations

Accurate and complete recordings will keep the resident , your colleagues and yourself safe