



Good Practice Guidance for Care Homes

Guidance for Transdermal Patches

For all staff responsible for administering transdermal patches in care homes

Definition

A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream.

Background

There are several types of patches. The directions for use vary with each patch. There have been several reported safeguarding errors related to transdermal patch use. For this reason it is really important to read the Patient information leaflet before a patch is used.

Table1. Commonly available patches and how they should be used.

<u>Name of Patch and strength</u>	<u>Indication</u>	<u>Interval</u>	<u>Application</u>	Buckinghamshire Formulary *
Fentanyl patch (Matrifen [®] , Durogesic [®]) (CD) Strengths available: Fentanyl 12 microgram per 1 hour Fentanyl 25micrograms/hour Fentanyl 50 microgram per 1 hour Fentanyl 75 microgram per 1 hour Fentanyl 100 microgram per hour transdermal patches ¹	In Adults: Severe chronic pain, which can be adequately managed only with opioid analgesics ² Chronic intractable pain not currently treated with a strong opioid analgesic ³	Remove after 72 hours ¹	Apply to dry, non-irritated, non-irradiated, non-hairy skin on torso or upper arm. ¹	GREEN
Buprenorphine (Transtec [®]) ¹ (CD3) Strengths available: Buprenorphine 35 microgram per 1 hour Buprenorphine 52.5 microgram per 1 hour Buprenorphine 70 microgram per 1 hour	Moderate to severe chronic cancer pain in patients who have not previously received strong opioid analgesic Severe pain unresponsive to non-opioid analgesics in	Remove after no longer than 96 hours and siting replacement patch on a different area (avoid same area for at least 6 days). ¹	Apply patch to dry, non-irritated, non-hairy skin on upper torso ¹	Ⓜ Restricted- Restricted - for use when patient is unable to tolerate oral treatment  GREEN

	patients who have not previously received strong opioid analgesic ³			
<p>Rotigotine (Neupro®)¹</p> <p>Strengths available:</p> <p>Rotigotine 1 mg per 24 hour</p> <p>Rotigotine 2 mg per 24 hour</p> <p>Rotigotine 3 mg per 24 hour</p> <p>Rotigotine 4 mg per 24 hour</p> <p>Rotigotine 6 mg per 24 hour</p> <p>Rotigotine 8 mg per 24 hour</p>	<p>Moderate to severe restless legs syndrome⁴</p> <p>Monotherapy in Parkinson's disease⁴</p> <p>Adjunctive therapy with co-beneldopa or co-careldopa in Parkinson's disease⁴</p>	<p>Remove after 24 hours and siting replacement patch on a different area (avoid using the same area for 14 days).¹</p>	<p>Apply patch to dry, non-irritated skin on torso, thigh, or upper arm</p>	<p> Restricted</p> <p>In patients unable to swallow and no other route of administration possible. Patient can be switched to an equivalent dose of rotigotine. When swallowing difficulty is resolved, patient switched back to oral agents prior to discharge</p>
<p>Rivastigmine (Exelon®)¹</p> <p>Strengths available:</p> <p>Rivastigmine 4.6 mg per 24 hour</p> <p>Rivastigmine 9.5 mg per 24 hour</p> <p>Rivastigmine 13.3 mg per 24 hour</p>	<p>Mild to moderate dementia in Alzheimer's disease⁵</p> <p>Mild to moderate dementia in Parkinson's disease⁵</p>	<p>Remove after 24 hours and siting a replacement patch on a different area (avoid using the same area for 14 days).¹</p>	<p>Apply patches to clean, dry, non-hairy, non-irritated skin on back, upper arm, or chest</p>	<p> Restricted</p> <p> AP</p> <p>Restricted - to patients who are nil by mouth AND Restricted to prescribing by Consultant Psychiatrists, Neurologists and physicians specialising in the care of the elderly, with continuation by GPs, in accordance with NICE 217 - Donepezil, galantamine, rivastigmine (review) and memantine for the treatment of Alzheimer's disease and in accordance with Alzheimer's Disease amber protocol (BHTCG 786FM)</p>
<p>Hyoscine (Scopoderm®)</p> <p>Strengths available:</p> <p>Hyoscine 1 mg per 72 hour</p> <p>(comes as 1.5mg however delivers 1mg over 72 hours)</p>	<p>Motion sickness⁶</p> <p>For the prevention of travel sickness symptoms e.g. nausea, vomiting and vertigo⁷</p>	<p>Apply 1 patch after 72 hours if required, remove old patch and site replacement patch behind the other ear.</p>	<p>Apply 1 patch, behind ear.</p>	<p> GREEN</p>

*Link to: [Traffic light list and definitions](#)

Aim:

This guidance aims to support safer administration of transdermal patches and to highlight key issues that need to be considered when care home staff administers a patch.

This guidance does not cover contraceptive patches.

Process of applying a patch

1. Wash hands with water before or after applying or removing the patch
2. If needed clean the skin with water only and make sure the skin is dry (soap products can alter absorption)
3. Remove old patch or patches dispose off safely before applying new one. Check the body map as there may be multiple patches on the individual that should be removed

Recommendations

- The residents care plan should contain a clear indication for treatment and intended outcomes
- Use a personalised patch application template for all patches. (Appendix 1) This should be kept with the residents Medication Administration Record (MAR) chart
- Check the patch daily to ensure it is still in place
- Bathing, showering or swimming should not affect the patch. If a patch falls off, a new one can be applied
- Used patches still contain active drug Remove the backing and fold the patch over on itself. Place into a designated CD waste disposal bin in residential homes or a CD denaturing kit⁸ in nursing homes.
- Showering is possible as the patches are waterproof but avoid soaking in a hot bath, saunas or sunbathing. Heat increases the rate of transdermal drug absorption and can cause toxicity – avoid direct contact with heat (e.g. hot water bottle, heat pad)⁹
- If the patient has a persistent temperature of 39⁰ - 40⁰, the patch dose may need reviewing by the prescriber. Serum fentanyl concentrations may increase if the skin temperature increases to 40⁰ C.¹³
- If a resident is transferred to another care setting (e.g. hospital) communicate information of the patch, when changed, location and when next patch change.

Don't

- Don't take a drug patch out of its protective wrapper until you're ready to apply to the skin site
- Don't use a drug patch if the seal is broken, altered, cut, or damaged in any way
- Don't use soaps, oils, lotions, alcohol, or other agents that might irritate or alter the skin site¹⁰
- Don't expose the application site to direct external heat sources, such as heating pads¹⁰

Do

- Follow the "six rights" of drug administration.¹¹
 - ✓ Right resident
 - ✓ Right medicine

- ✓ Right route
 - ✓ Right dose
 - ✓ Right time
 - ✓ Resident's right to refuse
- Provide privacy, perform hand hygiene, and explain the procedure.
 - Do wear gloves. If applicable, remove the old patch and dispose of it first before applying a new one.
 - Select a new site for the patch on a flat surface such as the chest, back, flank, or upper arm. If your patient is very young or confused, choose a site on his back so he can't remove the patch. Rotate sites throughout therapy. Make sure the skin is intact, non-irritated. Avoid hairy areas if possible, or clip excessive hair. If the site needs to be cleaned before application, use only clear water and let the skin dry completely
 - Remember to record the patch location on a body map¹² - (Chart included in Appendix 1)
 - Record on the MAR sheet as well to avoid a new patch being placed on the same area
 - A body map can be used to indicate where the patch has been previously placed
 - Medication Administration Record (MAR) sheets need to be clearly annotated to highlight when the next patch change is required. The days when a patch change is not required should be clearly crossed through on the MAR sheet¹²
 - Should a patch fall out – it must be documented and signed by a witness in the care plan and behind the MAR chart. A new patch one should be put on and removed at the correct duration. An interim prescription from the doctor may be needed to replace it.

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Date:	May 2017
Ratified by:	Medicines Management Subcommittee , 11 May 2017
Review date:	May 2020

References

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- ¹ BNF - <https://www.medicinescomplete.com/mc/bnf/current/DMD31877211000001103.htm#PHP58114-directionsForAdministration-topic>
 - ² Emc <https://www.medicines.org.uk/emc/medicine/19278>
 - ³ BNF on line accessed 22/02/2017
<https://www.medicinescomplete.com/mc/bnf/current/DMD9751111000001108.htm#PHP68849-indicationsAndDose-topic>
 - ⁴⁴ BNF Online accessed 22/02/2017
<https://www.medicinescomplete.com/mc/bnf/current/DMD16669211000001109.htm?q=ROTIGotine%20Neupro&t=search&ss=text&tot=7&p=2#PHP50400-indications-and-dose>
 - ⁵ BNF ONLINE accessed 22/02/2017
<https://www.medicinescomplete.com/mc/bnf/current/DMD30093011000001104.htm?q=Rivastigmine&t=search&ss=text&tot=81&p=51#PHP67811-indications-and-dose>
 - ⁶ BNF online Accessed 22/02/2017
<https://www.medicinescomplete.com/mc/bnf/current/DMD9244511000001107.htm?q=hyoscine&t=search&ss=text&ot=29&p=22#PHP73193-indications-and-dose>
 - ⁷ EMC <https://www.medicines.org.uk/emc/medicine/29044#INDICATIONS>
 - ⁸ [Medicines Ethics and Practice 40](#) pg 122, July 2016 edition 40 (online version) Accessed December 2016
 - ⁹ [MHRA – September 2008](#)
 - ¹⁰ Electronic medicine compendium <https://www.medicines.org.uk/emc/PIL.17088.latest.pdf>
 - ¹¹ [NICE guideline 2014](#) managing medicines in care homes
 - ¹² Caring for Care Homes South Devon and Torbay CCG
 - ¹³ EMC – SPC <https://www.medicines.org.uk/emc/medicine/19278>

Appendix 1

[Adapted from North of England Commissioning Support on behalf of CCGs across the North of England](#)

Transdermal Patch Application Record Sheet

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Transdermal Patch Application Record Sheet			
Patient Name:		Date of Birth:	
Room No:		Preparation:	
Indication:		Frequency of application:	
Therapy started:		Review Date:	
Chart produced by/date:		Chart checked by/date:	

(Put an 'x' or shade area(s) where patch is to be applied).



Always remove old patch before applying a new patch.
 (Fold old patch in half (sticky sides together) and dispose of appropriately)

Patch:	Date:	Signed:		Date:	Signed:
Applied:			Daily check of patch in place on:		
Daily check of patch in place on:					
			Removed:		



Always remove old patch before applying a new patch.
 (Fold old patch in half (sticky sides together) and dispose of appropriately)

Patch:	Date:	Signed:		Date:	Signed:
Applied:			Daily check of patch in place on:		
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Patch:	Date:	Signed:		Date:	Signed:
Applied:			Daily check of patch in place on:		
Daily check of patch in place on:					
			Removed:		