

## THREE DAY opioid transdermal patches

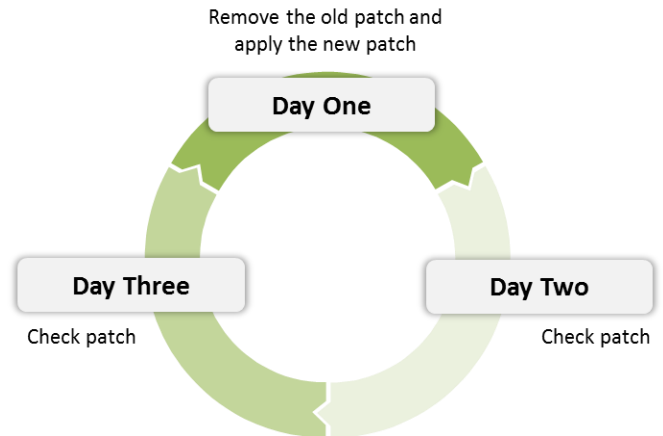
Client's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Medication name: \_\_\_\_\_ Strength: \_\_\_\_\_

Room no. or address: \_\_\_\_\_ No. of patches to be worn at a time: \_\_\_\_\_

### INSTRUCTIONS

This form is for patches that are left in place for **72 hours (three days)**. On **day one you apply the first patch** (or replace an existing patch). On **day two and three you check the patch is still in place and check for side effects**. On **day four you start the cycle again** (i.e., remove the old patch and apply a new patch as per day one).

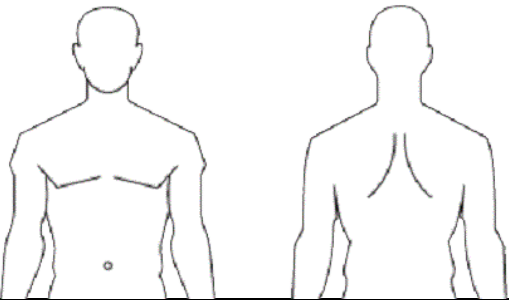


#### Step One:

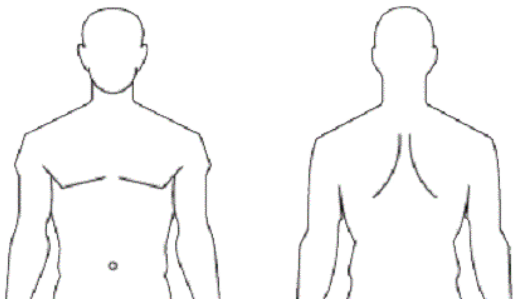
1. Remove the old patch and check the area isn't irritated. Sign to say you've done this. Fold the used patch in half, sticky side onto sticky side, and then place with the 'medicines for disposal' for eventual return to a pharmacy.
2. Washed your hands after **applying** or **removing** a patch in case you got any small amount of medicine on you (you don't need gloves).

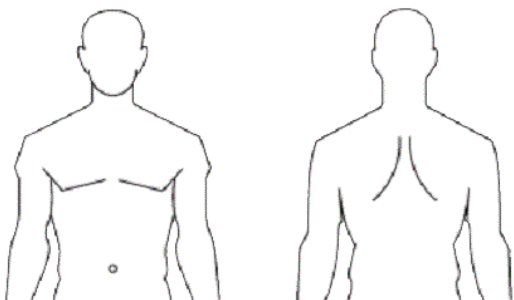
#### Step Two:

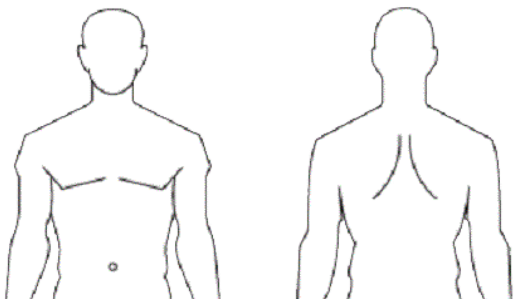
1. Don't put the new patch on the exact same spot as the old one, as this skin area needs 2-3 days to recover. Put it nearby or in a different location. Mark it with a cross (X) on the manikin below
2. Apply patches to clean, unbroken, dry and non-hairy skin which doesn't look irritated. Don't apply to bony areas like the top of shoulders, as you need some muscle or fat underneath for the drug to soak into
3. In care homes, fentanyl and buprenorphine patches are controlled drugs so a witness is needed for their removal and application. Old and new patches should be stored in the CD cabinet (but in different areas so they don't get mixed up. They'll both need booking in and out of the CD register.

Put a cross (X) where you have applied the patch  	<b>DAY ONE: Date:</b> _____ <b>Time:</b> _____	
	<b>Remove old patch</b>	<b>Apply new patch</b>
	Sign: _____	Sign: _____
	Witness signature: _____	Witness signature: _____
<b>Days 2-3:</b> Check the patch is still on. Check client isn't too drowsy and is breathing okay. Sign each box to say you've done this.	Date: _____	Date: _____
	Time: _____	Time: _____
	Sign: _____	Sign: _____

Use the back of this form to carry on recording on subsequent days

Put a cross (X) where you have applied the patch  	<b>DAY ONE:</b> Date: _____ Time: _____	
	<b>Remove old patch</b>	<b>Apply new patch</b>
	Sign: _____	Sign: _____
	Witness signature: _____	Witness signature: _____
<b>Days 2-3:</b> Check the patch is still on. Check client isn't too drowsy and is breathing okay. Sign each box to say you've done this.	Date: _____	Date: _____
	Time: _____	Time: _____
	Sign: _____	Sign: _____

Put a cross (X) where you have applied the patch  	<b>DAY ONE:</b> Date: _____ Time: _____	
	<b>Remove old patch</b>	<b>Apply new patch</b>
	Sign: _____	Sign: _____
	Witness signature: _____	Witness signature: _____
<b>Days 2-3:</b> Check the patch is still on. Check client isn't too drowsy and is breathing okay. Sign each box to say you've done this.	Date: _____	Date: _____
	Time: _____	Time: _____
	Sign: _____	Sign: _____

Put a cross (X) where you have applied the patch  	<b>DAY ONE:</b> Date: _____ Time: _____	
	<b>Remove old patch</b>	<b>Apply new patch</b>
	Sign: _____	Sign: _____
	Witness signature: _____	Witness signature: _____
<b>Days 2-3:</b> Check the patch is still on. Check client isn't too drowsy and is breathing okay. Sign each box to say you've done this.	Date: _____	Date: _____
	Time: _____	Time: _____
	Sign: _____	Sign: _____