SEVEN DAY opioid transdermal patches

Client's name: _____   Date of birth: _____

Medication name: _____   Strength: _____
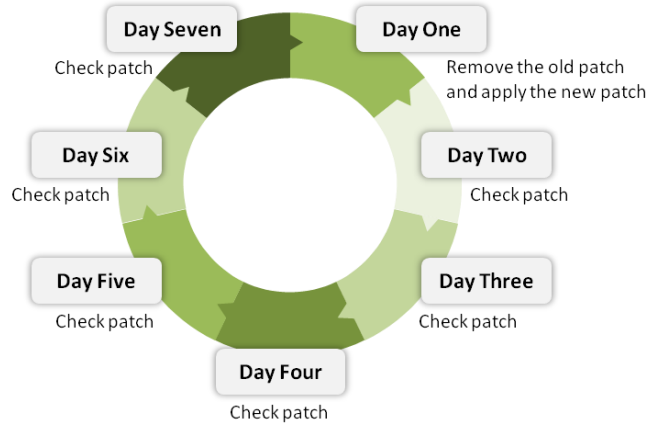
Room no. or address _____   No. of patches to be worn at a time: _____

INSTRUCTIONS

This form is for patches left in place for **168 hours (seven days).** On **day one you apply the first patch** (or replace an existing patch). On **day two to seven you check the patch is still in place and check for side effects.** On **day eight you start the cycle again** (i.e., remove the old patch and apply a new patch as per day one).
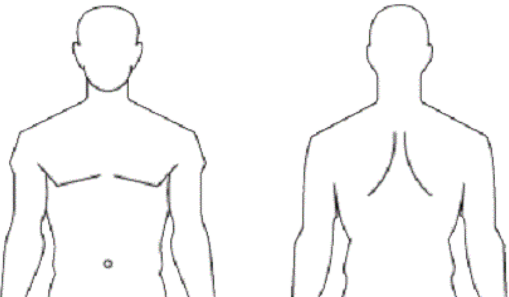
Take off the old patch:

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. Wash your hands after **applying** or **removing** a patch in case you got any small amount of medicine on you (you don't need gloves).
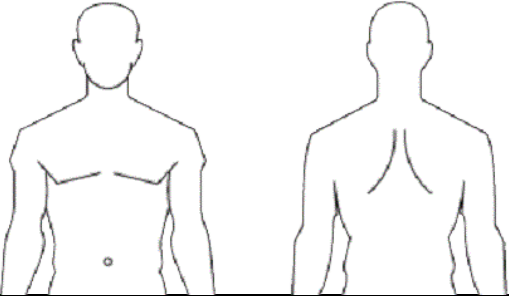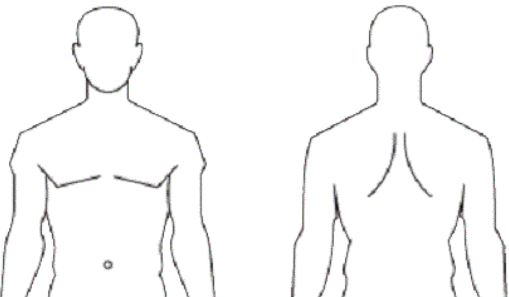

Day Seven — Check patch
Day One — Remove the old patch and apply the new patch
Day Two — Check patch
Day Three — Check patch
Day Four — Check patch
Day Five — Check patch
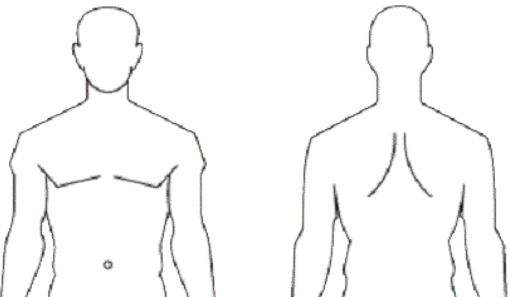**Day Six** — Check patch

Put on the new patch:

1. **Don't** put the new patch on the exact same area of skin as the old patch you removed (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

DAY ONE: Date:	Time:
Remove old patch	**Apply new patch**
Sign:	Sign:
Witness signature:	Witness signature:

Days 2-7: 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:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:
Sign:	Sign:	Sign:	Sign:	Sign:	Sign:

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

the medication **training** company

Put a cross (X) where you have applied the patch	DAY ONE: Date:	Time:
	Remove old patch	**Apply new patch**
	Sign:	Sign:
	Witness signature:	Witness signature:

Days 2-7: 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:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:
Sign:	Sign:	Sign:	Sign:	Sign:	Sign:

Put a cross (X) where you have applied the patch	DAY ONE: Date:	Time:
	Remove old patch	**Apply new patch**
	Sign:	Sign:
	Witness signature:	Witness signature:

Days 2-7: 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:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:
Sign:	Sign:	Sign:	Sign:	Sign:	Sign:

Put a cross (X) where you have applied the patch	DAY ONE: Date:	Time:
	Remove old patch	**Apply new patch**
	Sign:	Sign:
	Witness signature:	Witness signature:

Days 2-7: 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:	Date:	Date:	Date:	Date:
Time:	Time:	Time:	Time:	Time:	Time:
Sign:	Sign:	Sign:	Sign:	Sign:	Sign:

the
medication
training
company