

Facility:

D.O.B. ____/____/____

M.O.

ADDRESS

Analgesic Transdermal Patch Application Form

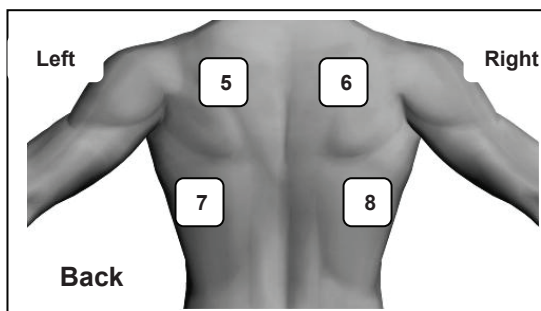
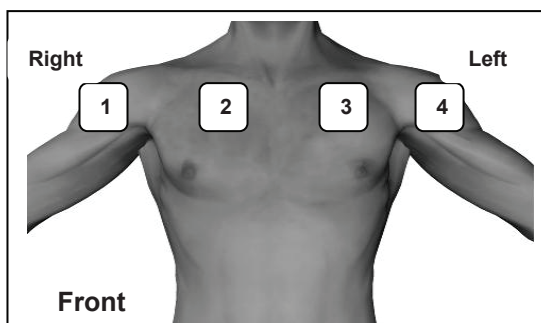
LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE



CHECK old analgesic patch or patches are removed before placing new patch or patches (document removal below)

- Each patch location has a distinct number (see diagram). Please write this number on this form in the table below under "patch location" indicating which site has been used. Only use those sites that are numbered on the diagram.
- Do not cut patches
- New patch or patches to be applied to a different location on the torso from the previous patch
- Patch or patches to be applied to clean, unbroken, dry skin preferably on a non-hairy area
- Fentanyl and buprenorphine patches must have two staff witness and sign its disposal on this form



This form is NOT a medication chart. Analgesic patches to be prescribed on the National Inpatient Medication Chart

72 hour patches:

e.g., Fentanyl (Durogesic®)

Old patch removed: Yes ☐ N/A ☐

Date:..... Time off:..... Disposal initial: Witness initial:.....

Date/time applied Day 1	Patch location (number) (identify on diagram with corresponding number)	Patch strength (microgram/hr)	Patch checked (intact):		Date/time Removed:	Patch disposed initial:	Witness initial:
			Day 2	Day 3			

7 day patches: e.g.,
Buprenorphine (Norspan®)

Old patch removed: Yes ☐ N/A ☐

Date:..... Time off:..... Disposal initial: Witness initial:.....

Date/time applied Day 1	Patch location (number)	Patch strength (microgram/hr)	Patch checked (intact):						Date/time removed:	Patch disposed initial	Witness initial
			Day 2	Day 3	Day 4	Day 5	Day 6	Day 7			