

Strong opioid transdermal (TD) patch monitoring chart (optional use)

© www.palliativedrugs.com

Please affix patient label

Patient name

Date of birth

NHS / K number

The purpose of this chart is to ensure:

- strong opioid TD patches remain firmly attached to the skin to prevent loss of efficacy (risking increasing pain, opioid withdrawal), **and**
- old patches are removed when new patches are applied.

This is not:

- a *prescription chart*; strong opioid TD patches must be prescribed on the inpatient prescription chart and the administration box signed as usual
- a *guideline on their use*; see the Patient Information Leaflet, local guidelines, BNF or Palliative Care Formulary.

An example of how to complete the form is given below for a fentanyl 3-day patch.

1. Indicate which strong opioid TD patch is being monitored (tick the appropriate box on page 2)

2. Indicate TD patch site of application

- Use a new site of application each time the patch is changed.

3. Application:

- if space allows, write the date of application on the patch
- apply to dry, non-inflamed, non-irradiated, hairless skin on the upper trunk or arm. Body hair may be clipped with scissors (*not* shaved). If the skin is washed beforehand, use only water; do not use soap or apply oils, cream or ointment to the area
- press patch firmly in place for at least 30 sec. Micropore® or Tegaderm® can be used to aid adherence.

4. Monitoring:

- circle the day number the patch should be changed according to the prescription chart/duration of action
- check the TD patch remains firmly attached to the skin at least twice daily, e.g. at 08.00 and 20.00.

5. Removal and disposal:

- careful removal of the patch helps to minimize local skin irritation
- fold patch in half with the adhesive side inwards and discard in the 'sharps' bin; this needs to be witnessed by two nurses and signed for
- when the patch is renewed, commence a new section on the monitoring form.

Date & time patch applied	Strength, number of patches & site	Signature	Day	12h observation that patch(es) firmly adherent to skin				Date & time of removal & destruction. 2 signatures
				08.00	Initial	20.00	Initial	
<i>Example</i>			1			OK 23/2/16	AS	26/2/16 08.00 A Smith D Brown
23/2/2016	25microgram/h x 1	A Smith	2	OK 24/2/16	AS	OK 24/2/16	DB	
08.00	Left upper chest		3	OK 25/2/16	DB	OK 25/2/16	AS	
			4	OK 26/2/16	DB			
			5					
			6					
			7					

Strong opioid transdermal (TD) patch monitoring chart

For use in conjunction with the inpatient prescription chart (see notes on page 1)

Patient Name NHS Number

Indicate TD patch being monitored:

	Examples	Frequency of change	Tick
Buprenorphine 5, 10, 15 or 20microgram/h	Butec, BuTrans, Panitaz, Reletrans, Sevodyne	every 7 days	
Buprenorphine 35, 52.5 or 70microgram/h	Hapoctasin, Prenotrix	every 3 days	
	Bupeaze, Transtec	every 3 or 4 days ^a	
Fentanyl 12, 25, 37.5, 50, 75, 100microgram/h	Durogesic DTrans, Fentalis Reservoir, Matrifen, Mezolar Matrix, Tilofyl, Yemex	every 3 days ^b	

a. can alternate between every 3 and 4 days to permit changes twice a week on fixed days

b. occasionally, some patients may require a change every 2 days.

Date & time patch applied	Strength, number of patches & site	Signature	Day	12h observation that patch(es) firmly adherent to skin				Date & time of removal & destruction. 2 signatures
				08.00	Initial	20.00	Initial	
			1					
			2					
			3					
			4					
			5					
			6					
			7					
			1					
			2					
			3					
			4					
			5					
			6					
			7					
			1					
			2					
			3					
			4					
			5					
			6					
			7					