

Strong opioid transdermal (TD) patch monitoring chart

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	Strength, number of	Cianatura	Dov	12h observation that patch(es) firmly adherent to skin				Date & time of removal &
patch applied	patches & site	Signature	Day	08.00	Initial	20.00	Initial	destruction. 2 signatures
Example			1			OK 23/2/13	AS	
23/2/2013	25microgram/h x 1	A Smith	2	OK 24/2/13	AS	OK 24/2/13	DB	26/2/13 08.00
08.00	Left upper chest		3	OK 25/2/13	DB	OK 25/2/13	AS	A Smith
			4	OK 26/2/13	DB			D Brown
			5					
			6					
			7					

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

Indicate TD patch being monitored:

indicate 1D patch being monitored:						
	Examples	Frequency of change	Tick			
Buprenorphine	Butrans [®]	once a week				
Buprenorphine	Hapoctasin [®]	every 3 days				
Buprenorphine	Transtec [®]	every 3 or 4 days ^a				
Fentanyl	Durogesic [®] Matrifen [®]	every 3 days ^b				

Patient name

Date of birth

NHS number

(or attach sticker)

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
				08.00	TIRMIY aane Initial	20.00	Initial	of removal & destruction.
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			1					
			2					
			3					
			4					
			5					
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			1					
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			3					
			4					
			5					
			6					
			7					
			1					
			2					
			3					
			4					
			5					
			6					
			7					

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