NHS
Nottingham University Hospitals
NHS Trust

Strong opioid transdermal (TD) patch monitoring chart

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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. Identify which strong opioid TD patch is being monitored (see 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; adhesive tape (e.g. Micropore®) can be applied to the edges 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	TD opioid, strength, number of patches & site	2 signatures	Day	12h observation that patch(es) firmly adherent to skin				Date & time of removal & destruction. 2 signatures
				08.00	Initial	20.00	Initial	
Example			1			OK 23/2/21	AS	
23/2/2021	*Fentanyl*	*A Smith D Brown*	2	OK 24/2/21	AS	OK 24/2/21	DB	*26/2/21 08.00*
08.00	*25microgram/h x 1*		3	OK 25/2/21	DB	OK 25/2/21	AS	
	Left upper chest		(4)	OK 26/2/21	DB			*A Smith D Brown*
			5					
			6					
			7					

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

Patient Name …………………………………………… **NHS / K Number** ……………………………

Opioid	Examples	Frequency of change
Buprenorphine 5, 10, 15 or 20microgram/h	Butec, BuTrans, Panitaz, Reletrans	every 7 days
Buprenorphine 35, 52.5 or 70microgram/h	Hapoctasin	every 3 days
	Bupeaze, Buplast, Relevtec, Transtec	every 3 or 4 days[a]
Fentanyl 12, 25, 37.5, 50, 75, 100microgram/h	Durogesic DTrans, Fencino, Matrifen, Mezolar Matrix	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	TD opioid, strength, number of patches & site	2 signatures	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					