TRANSDERMAL PATCH CHECK STICKER
Key Points for Doctors

The transdermal patch check sticker (the sticker) was developed to prompt nursing staff to check at each shift that the:
1. prescribed medication patch is securely intact on the patient's body, and
2. correct medication patch is in situ, and
3. correct strength of patch is in situ.

APPROPRIATE	NOT APPROPRIATE
Medication patches that remain in situ for <u>at least 24 hours.</u>	Medication patches that are applied for <u>less than 24 hours</u>. (The need for a patch check may cause confusion – application occurs during one shift, and its removal at another shift).
Includes: • Opioids (e.g. fentanyl, buprenorphine) • Nicotine (where application is for 24 hours) • Oxybutynin • Rivastigmine • Rotigotine • Hormone replacement (e.g. oestradiol, testosterone)	Includes: • Glyceryl trinitrate • Lignocaine • Nicotine (where only applied for 16 hours, or removed at night) • Prilocaine

Key Points

1. **Write the prescription on either the first or second line.**

2. **Place the sticker immediately below the administration time. (Recommended: On the bottom 3 lines of the order)**

The sticker requires 3 lines on each order – if there is insufficient space for the sticker to be placed on the order, the entire prescription will need to be rewritten. The sticker should not "overflow" onto the following order.

3. **Where multiple patches are required to administer a dose, the FULL DOSE must be prescribed.**

For example, if a patient needed a 15microgram/hour dose of buprenorphine, it must be prescribed as a SINGLE medication order.

The pharmacist will endorse for the nurses to use 1 x 10 microgram/hour patch AND 1x 5microgram/hour patch.

4. **If a patch is not securely in place, or cannot be located when the nurse conducts a patch check, a new patch should be applied and the prescription rewritten completely.**

The day of next patch change needs to be changed accordingly. This is to preserve the pharmacokinetics of the patch, and to minimise disruption to delivery of the medication.

This incident will need:
• To be documented in patient's medical notes
• To be reported through Clinical Incident Management System (CIMS)
• Completion of a medication discrepancy/loss form if it was a Schedule 8 medication (OD 0377/12)

5. **When ceasing a medication order, the patch check must also be ceased.**

Ensure the following are documented:
• Reason for ceasing the order (e.g. dose increased, patch fell off, etc.)
• Date order was ceased
• Initial/signature of person ceasing the order.