

Supporting Care Homes

ANALGESIC PATCHES

GUIDANCE SHEET

Patches are thin pads with an adhesive back that are applied to the skin. They contain an area of medicine that passes slowly from the patch through the skin and into the bloodstream. Patches are often referred to as matrix or reservoir patches.

For a patch to be effective, it is vital that the correct application technique and timing interval is used. Intervals vary greatly from patch to patch, so it is very important the label and the patient information leaflet are read thoroughly to ensure the correct application and timing interval is used (see below table). Replacing the patch too early is wasteful and may increase drug blood levels. Replacing the patch too late may result in the patient being left in pain.

Patch	Duration of patch	Application
Fentanyl (Matrifen [®] , Mezolar [®] Durogesic [®])	Apply after 3 days (every 72hrs) Complete MAR and ensure the next 2 days are crossed out	Apply to dry, non-irritated, non-irradiated non-hairy skin on upper torso, upper arms or back (avoid the same area for several days)
Buprenorphine (Butec [®] , Reletrans [®] Butrans [®])	Apply after 7 days (on the same day each week) Complete MAR and ensure the next 6 days are crossed out	Apply to dry, non-irritated, non-hairy skin on upper outer arm, upper chest, upper back or the side of the chest. Do not apply to parts of skin that have large scars. Apply new patch on a different area (avoid same area for 3-4 weeks)
Buprenorphine (Bupeaze [®] , Transtec [®])	Apply after 4 days (every 96hrs) Complete MAR and ensure the next 3 days are crossed out	Apply to dry, non-irritated, non-hairy skin on upper back or below the collarbone on the chest but not to any parts of the skin with large scars. Apply new patch on a different area (avoid same area for at least 7 days)

Medication Administration Record (MAR) sheets need to be clearly annotated to highlight when the next patch change is required. The days when a patch change is not required should be clearly crossed through on the MAR chart. Care should be taken at the end of the month to ensure the data is transferred correctly onto the new MAR chart to ensure continuity of treatment. (Please note for controlled drugs the MAR chart needs to be double signed following administration, by the authorised person administering the drug and the competent witness). The application needs to be entered into the Controlled Drugs register (CDR). If the medication is administered by a visiting healthcare professional then the care home staff should ask them to complete the appropriate section of the CDR. (See Controlled Drugs Guidance Sheet).

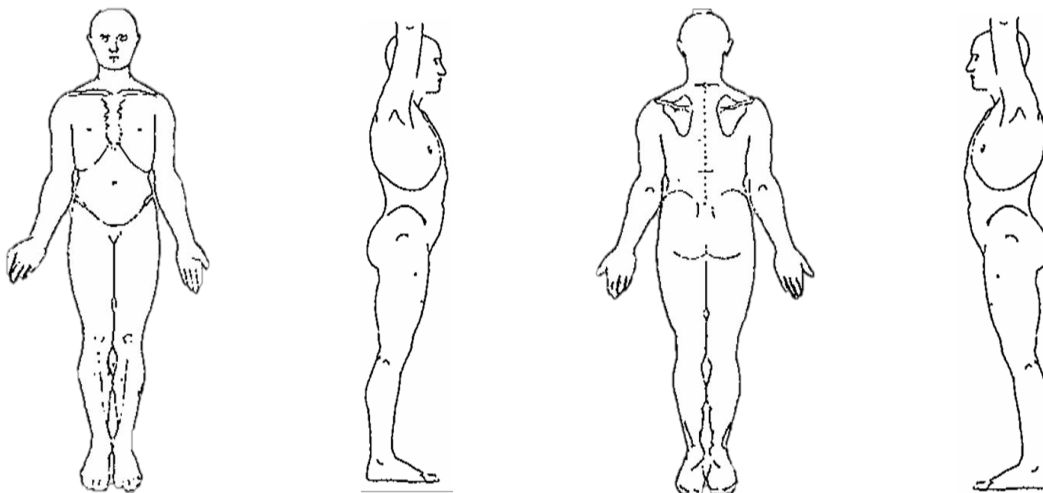
Over the page is an example of a completed MAR chart and the new MAR chart amended by the home for the forthcoming month. The care home has prepared the new MAR chart by crossing through the days the patch is not required and by adding a code for where to apply the patch.

			COMMENCING	WEEK 4						
MEDICATION PROFILE			TIME:DOSE	17	18	19	20	21	22	23
5 Fentanyl, 25mcg/hr Patches Apply one patch every 72hrs			08:00 X	RN LH	X	X	RN LH	X	X	RN LH
			12:00							
			16:00							
			20:00							
GP Signature		Carried forward								
Commenced		Route		LA			RA			LT

Example of a completed MAR chart at end of cycle

			COMMENCING	WEEK 1						
MEDICATION PROFILE			TIME:DOSE	24	25	26	27	28	29	30
5 Fentanyl, 25mcg/hr Patches Apply one patch every 72hrs			08:00 X	X	X		X	X		X
			12:00							
			16:00							
			20:00							
GP Signature		Carried forward								
Commenced		Route			LA			RA		

Remember to record the patch location on a body map. It is good practice to check and sign on a daily basis to ensure the patch remains firmly stuck in place. The chosen site where the patch has been placed on the body should also be recorded on the MAR chart to avoid a new patch being placed on the same area. A body map can be used to indicate where the patch has been previously placed.



It is important that staff know where a patch is placed to be able to remove it or to check it is still in place. In the MAR chart example the care home has used a code to indicate where the patch is to be placed on the next occasion (LA: left arm, RA: right arm, LT: left torso). This can be useful to ensure patch placement is rotated and the same site is not used

Top tips for patch use

- Patches should be applied to dry, non-irritated and non-irradiated skin on a flat surface of the torso, upper arms or back. Choose a place where the skin is not very oily and is free of scars and cuts.
- Creams, ointments and talc should not be used on the area of skin that the patch is applied to.
- The patch will stay in place better if it is applied to an area with little or no hair. If you need to apply the patch to a hairy area, you may first clip the hair with scissors, but do not shave it off.
- If the application site must be cleaned, it should be done with clean water only.
- Patches that has been cut, divided or damaged in any way should not be used.
- If you need to apply more than one patch at a time, place the patches in the same area of the body far enough apart so that the edges do not touch or overlap each other.
- When a patch is applied, press the patch firmly in place using the palm of your hand, for a **minimum** of 30 seconds. Make sure the entire adhesive surface is attached to the skin.
- When handling patches, be careful not to touch the adhesive surface. This contains some of the drug which can be absorbed into your body. If any of the medicine goes on your hand, rinse the area straight away with water. Do not use soap or other cleansers.
- Record the location where the patch is placed on a 'body map'. This should be kept with the MAR.
- Care staff should check the patch on a daily basis to ensure it is firmly stuck in place. This ensures the resident is receiving the intended dose. If the patch becomes loose refer to the manufacturers recommendations.
- Remember to look for and remove the old patch before applying the new one.
- If the old patch cannot be located and it appears the resident may have missed a patch application, seek advice from the prescriber before applying a new patch.
- Residents with fever should be observed for signs of toxicity as heat can increase the absorption of the drug from the patch.
- Do not apply the patch immediately after the resident has had a hot shower or bath.
- Avoid contact of patch with heat sources eg. hot water bottle/heat pads and electric blankets.
- Used patches contain some residual drug. Fold the patch in half, sticking it together, before disposing of it via your usual pharmaceutical waste disposal methods.
- If a resident is transferred to another care setting (e.g. admitted to hospital), remember to communicate that the patient is prescribed a patch, when it was last changed, where it is located on their body and when the next patch change is due. The same principle should apply when a resident is transferred to your care home.

Please visit our website for more information:

<https://www.westhampshireccg.nhs.uk/medicines-in-care-homes>

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With special thanks to NHS Northern, Eastern and Western Devon Clinical Commissioning Group NHS South Devon and Torbay Clinical Commissioning Group for sharing this resource

Quality services, better health



