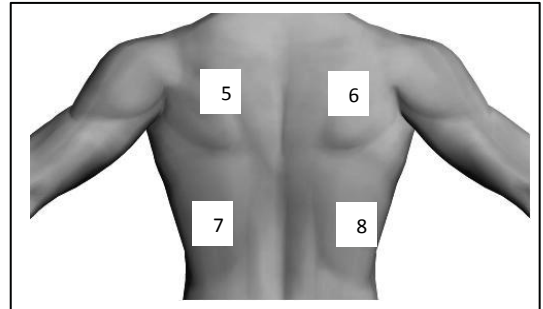
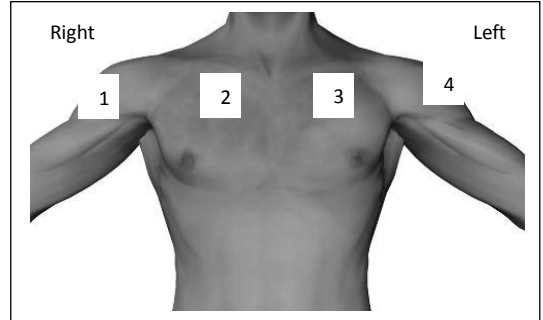


<b>Transdermal Patch Application Chart</b>	NHS/Hospital Number
	Surname
Ward	First Name
	Date of Birth
Drug Allergies (& nature of allergy)	Consultant

**! This form is NOT a prescription chart. Patches to be prescribed on the patients Treatment Chart !**

- **CHECK** old patches are removed before placing new patch or patches
- Each patch location has a distinct number (see diagram). Please write this number on this form in the table below under 'patch location' indicating which site has been used. New patch or patches to be applied to a different location on the torso from the previous patch. **Locations NOT to be used for HRT patches: these must be applied below the waistline**
- Do not cut patches
- The patch should be pressed down firmly for at least 30 seconds
- Do not expose patches to external heat sources (heat pads, sunlight etc.)
- Patch or patches to be applied to clean, unbroken, dry skin preferably on a non-hairy area
- Fentanyl and buprenorphine patches must have two staff witnesses and sign its disposal on this form
- **DO NOT USE THIS APPLICATION CHART FOR LIDOCAINE OR GLYCERYL TRINITRATE (GTN) PATCHES**



<b>72 Hour Patches:</b> e.g. Fentanyl, hyoscine hydrobromide	Old patch Removed: Yes <input type="checkbox"/> N/A <input type="checkbox"/>
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Date/Time Applied	Patch Location (use number as shown on diagram or L ear or R ear for hyoscine patches)	Patch Strength (Microgram/hr)	Patch Checked: (Intact)		Date/Time Removed:	Controlled Drugs	
			Day 2	Day 3		Patch Disposed Initial:	Witness Initial:

<b>7 Day Patches:</b> e.g. buprenorphine (eg. Butrans)		Old patch Removed: Yes <input type="checkbox"/> N/A <input type="checkbox"/>										
Date/Time Applied	Patch Location (use number as shown on diagram)	Patch Strength (microgram/hr)	Patch Checked (Intact):							Date/Time Removed:	<b>Controlled Drugs</b>	
			Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Patch Disposed Initial:		Witness Initial:	

<b>Twice Weekly Patches:</b> e.g. HRT, Buprenorphine (eg. Transtec)		Old patch Removed: Yes <input type="checkbox"/> N/A <input type="checkbox"/>										
<b>HRT patches must be located below the waistline</b>												
Date/Time Applied	Patch Location (use number as shown on diagram)	Patch Strength (microgram/hr)	Patch Checked (Intact):							Date/Time Removed:	Patch Disposed Initial:	Witness Initial:
			Day 2	Day 3	Day 4	Day 5	Day 6	Day 7				

<b>Daily Patches:</b> e.g. Nicorette Patches		Old patch Removed: Yes <input type="checkbox"/> N/A <input type="checkbox"/>									
Date/Time Applied	Patch Location (use number as shown on diagram)	Patch Strength (microgram/hr)	Date/Time Removed	Date/Time Applied	Patch Location (use number as shown on diagram)	Patch Strength (microgram/hr)	Date/Time Removed				