

# TEMPORARILY AMENDED FOR COVID PANDEMIC:

**Valid until April 2021**

Standard Operating Procedures (SOPs) and competency assessment tool for the administration, removal and disposal of transdermal patches in community settings.

\*All Staff required to use these Standard Operating Procedures **MUST** have received QCF level 2 or above training and been assessed as competent in each relevant procedure

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<b>Responsible dept / director:</b>	Executive Director of Nursing Pharmacy and Medicines Management Local Authorities				
<b>Approved by:</b>	MPPP, DTG, Care and Social Services Inspectorate Wales (CSSIW), Domiciliary Care Forum and Care Forum Wales Area Nurse Directors Deputy Executive Director of Nursing				
<b>Date approved:</b>	November 2015 / June 2020				
<b>Date activated (live):</b>	November 2015				
<b>Documents to be read alongside this document:</b>	<ul style="list-style-type: none"> <li>Standards of best practice and standard operating procedures for medicines management for all care settings final April 2020</li> <li>Standard Operating Procedures (SOP's) for Domiciliary setting in North Wales</li> <li>Standard Operating Procedures SOP's) for Care Home setting in North Wales</li> <li>Dougherty L. &amp; Lister S. (2011) The Royal Marsden Hospital Manual of Clinical Nursing</li> <li>Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings. (January 2019)</li> <li>The All Wales Guidelines for Delegation Health Education and Improvement Wales for Health and Social care (HEIW 2020)</li> <li>National Guiding Principles for Medicines Support in the Domiciliary Care Sector (ADSS Cymru 2019)</li> <li>COVID- 19 Medication administration training (HEIW 2020)</li> </ul>				
<b>Date of next review:</b>	April 2021				
<b>Date EqIA completed:</b>	Nov 15 (Overarching Policy MM01)				
<b>First operational:</b>	November 2015				
<b>Previously reviewed:</b>	Dec 2016	Feb 2019	April 2020		
<b>Changes made yes/no:</b>	yes	yes	yes		

## Standard Operating Procedure for the administration, removal and disposal of Transdermal Patches in Community settings

This SOP **must only** be used for citizens / patient's / resident's who have capacity to consent to treatment. If the citizen/ patient / resident deems to lack capacity at the time of treatment the carer **must** refer back to the GP/ Practice Nurse or District Nurse team and **must not** proceed with the treatment.

Definition of consent, capacity and refusal (Medication administration HEIW 2020)

*Consent – this is when an individual gives their permission to receive care from another person. For consent to be valid, it must be voluntary, informed and the individual consenting must have the capacity to make a decision.*

*Capacity – for an individual to have the capacity to give consent, they must be able to understand the information given to them and use this information to make a choice.*

*Refusal – an individual who has the capacity to make a decision, can refuse treatment and that decision must be respected*

Care must be given in the best interest of the citizens / patient's / resident's. The primary motivation for delegation is to meet the health and social care need of the individual. Each organisation will have a consent policy in place and this should be complied with (All Wales Guidelines for delegation (HEIW) 2020)

**Advice:** - Although patches are convenient to use for the citizen it is important the following risks are considered by care worker to prevent medication administration errors from occurring. Problems with patches can include:

- The low frequency of changing a patch can mean that sometimes patch changes can be overlooked.
- Patches may be forgotten, particularly when citizens are changing care settings. Citizens are at risk of receiving double the dose if patches are inadvertently applied on two different body sites at the same times.
- Patches can cause issues when recording on MAR charts. It is important care workers make it clear on the MAR sheet **where** and **when** the patch was applied and **when** the next patch change is due.

	Action	Rationale
	Delegation of this task must be given by the nurse or manager caring for the patient/ citizen/ resident	Manager/ registered nurse remains responsible or the delegation
1	Explain and discuss the procedure with the patient/citizen/ resident and obtain verbal consent	To ensure that the citizen understands the procedure and gives their valid consent.
2	<p>R Before administering any prescribed medication, look at the patient/citizen/residents MAR or equivalent chart and check the following:-</p> <ul style="list-style-type: none"> <li>• The correct patient/citizen/resident and DOB</li> <li>• Correct medication is selected –name of medicine, dose and frequency</li> <li>• Date and time of administration</li> <li>• Expiry date</li> <li>• Allergy status</li> </ul>	<ul style="list-style-type: none"> <li>• To minimise harm</li> <li>• Establish patient/citizen/residents identity</li> <li>• Ensure all products are fit for use with valid expiry date and not damaged (don't use if damaged)</li> <li>• Ensure patient/citizen/ resident is not</li> </ul>

	Read the patient information leaflet if needed	allergic to the particular medicine For details of where to apply
3	Wash hands thoroughly with soap and water and/or bactericidal alcohol hand rub, and apply well-fitting gloves and put on a plastic apron, and	To ensure the procedure is as clean as possible and minimise cross infection.
4	Assist the patient/citizen/resident into the required position	To allow access to the area of skin To ensure patient privacy and dignity
5	Remove the old patch before applying the new one. If the old patch cannot be located and it appears the citizen may have missed a patch application, seek advice from the prescriber before applying a new patch.  Remove the used patch and fold it in half, adhesive side inwards, place in the original sachet (or sachet of the new patch) and dispose into yellow sharps container or safely in the bin with household waste.(NPSA PSN022 2015)	To prevent overdose of medication  To ensure that the release membrane is not exposed and prevent reuse of equipment. Used patches contain some residual medication
6	Expose the area where the patch will be applied and where necessary cover the with a patient/citizen/resident towel or sheet to maintain privacy and dignity	To gain access to affected area and to ensure patient/citizen/resident's privacy and dignity are maintained
7	Assess the condition of the skin and do not apply to skin that is oily, burnt, cut or irritated in any way	To prevent local or systemic infection To prevent local or systemic effects and to ensure the patch will remain in place
8	Remove any medication residue from the former site before placing the next patch  Do not apply patches to the same area within a seven day period	To avoid any skin irritation
9	Carefully remove the new patch from its protective cover and hold it by the edge without touching the adhesive edges Never cut patches prior to application or use damaged patches.	To ensure the patch will adhere and the medication dose will not be affected
10	Apply the patch immediately, pressing firmly with the palm of the hand for up to 10 seconds, making sure the patch sticks well around the edges  Care workers should check the patch on a daily basis	To ensure adequate adhesion and prevent loss of patch which would result in reduced dose and effectiveness To ensure it is firmly stuck in place to ensure the patient/citizen/resident is receiving the intended dose.  Dependant on the medication within the patch, it may cause drowsiness, therefore the patient/citizen/resident should be advised they must not drive or operate machinery
11	Write the date on and initial the patch Record the location where the patch is placed on a "body map". This should be kept with the MAR.  Explain to patient/citizen/resident's that they must not expose patch application site to external heat e.g. hot bath, sauna, hot water bottle, electric blanket, heat pad or excessive sun exposure.	To ensure all care workers know when it must be changed
12	Remove and dispose of waste in appropriate waste bags	Infection prevention and control

13	Remove gloves and dispose of them appropriately Wash hands thoroughly with soap and water and/or bactericidal alcohol hand rub	To reduce the risk of cross infection
14	Record the administration on the MAR charts and document in the patient/citizen/resident's care plan	To maintain accurate records

**Competence document for Care Workers, Healthcare Support Workers/Assistants  
for the administration, removal and disposal of transdermal patches in Community  
Settings**

**NB. Only staff nominated by manager may undertake this competence.**

HCSW Name & Signature: .....

Base/ Area : .....Date .....

**PRACTICAL ASSESSMENT**

To be completed on at least 3 occasions with assessor

A signature MUST be obtained by the assessor for each element of the competence

The Healthcare Support Workers/Assistants/ Care Worker must achieve ALL outcomes before he / she can be deemed competent

		Witnessed practice			Assessors signature & Date
		1. Date	2. Date	3. Date	
1	Delegation of this task must be given by the Nurse or manager caring for the patient/citizen/resident				
2	Explain and discuss the procedures with the patient/citizen/ resident.  Gains verbal consent.				
3	Before administering any prescribed medication, checks the patient/citizen/resident's Medication Administration record (MAR) or equivalent chart for the following. <ul style="list-style-type: none"> <li>• The correct patient/citizen/resident and DOB</li> <li>• Correct medication is selected –name of medicine, dose and frequency</li> <li>• Date and time of administration</li> <li>• Expiry date</li> <li>• Allergies</li> </ul>				
4	Ensure candidate wash their hands with bactericidal soap and water or bactericidal alcohol hand rub				
5	Ensure candidate applies a plastic apron and well fitted gloves and assists the patient into the required position.				
6	Applies gloves and assesses the condition of the skin reporting to the manager if the skin is broken.				
7	Removes the old patch and remove any medication residue before applying the new one.  Adheres to the process if the old patch cannot be located and it appears the patient/citizen/resident				

	<p>may have missed a patch application.</p> <p><b>Ensure safe disposal of the old patch</b> (folded in half back on itself to ensure it is not possible to peel apart again, placed in the original sachet (or sachet of the new patch) and disposed of into yellow sharps container or safely in the bin with household waste.)</p> <p>Maintains patients privacy and dignity</p>				
8	<p>Checks MAR chart and expiry date on the packaging.</p> <p>Carefully removes the new patch from its protective cover and holds it by the edge without touching the adhesive edges</p>				
9	<p>Applies the patch immediately, pressing firmly with the palm of the hand for up to 10 seconds, making sure the patch sticks well around the edges</p>				
10	<p>Removes gloves and apron and disposes of waste appropriately</p> <p>Washes hands thoroughly with soap and water and/or bactericidal alcohol hand rub</p>				
11	<p>Records the administration on appropriate charts</p> <p>Recording the location of the patch on a "body map" on page 6 and in the care plan.</p>				
12	<p>Gives the patient appropriate advice e.g. not to expose patch application site to external heat e.g. hot bath, sauna, hot water bottle, electric blanket, heat pad or excessive sun exposure.</p>				
13	<p>(Knowledge) Is aware not to apply patches to the same area within a seven day period</p>				
14	<p>Records administration on MAR chart or equivalent and care plan</p>				

Assessor's name : ..... Signature .....

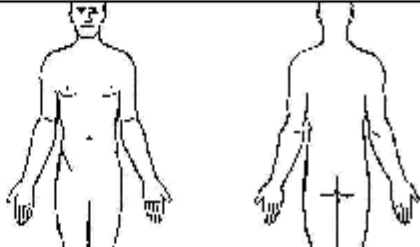
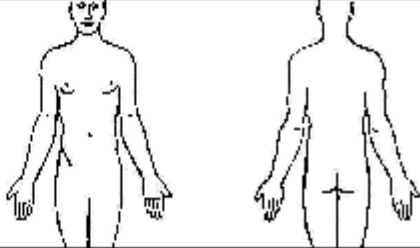
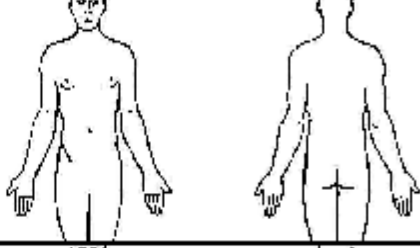
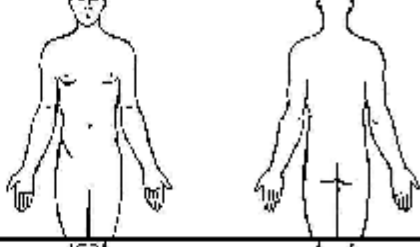
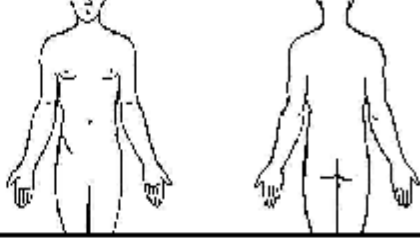
Designation: ..... Date: .....

Copy of completed competence document to be given to manager to file in personal file

## Record Sheet for Transdermal Patch Application

ID number :- _____ Name: _____ Address: _____ _____ DOB: _____	Name of Patch: _____  <ul style="list-style-type: none"> <li>• Patch must be prescribed on Prescription chart/ MAR Chart/ Administration authorisation</li> <li>• New patch must not be applied to the same site within 7 days</li> </ul>
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Place a cross **X** where you have placed the patch

Date applied.....Signature..... Date due for removal..... Date removed.....Signature.....	
Date applied.....Signature..... Date due for removal..... Date removed.....Signature.....	
Date applied.....Signature..... Date due for removal..... Date removed.....Signature.....	
Date applied.....Signature..... Date due for removal..... Date removed.....Signature.....	
Date applied.....Signature..... Date due for removal..... Date removed.....Signature.....	

Date: \_\_\_\_\_

# How to apply Transdermal patch

