



Crumlin | Temple Street | Tallaght | Connolly

Children's Health Ireland Nursing Practice Standard Operating Procedure on the use of Transdermal Patches

Area of use:	All of organisation <input checked="" type="checkbox"/>	CHI at Connolly <input type="checkbox"/>	CHI at Crumlin <input type="checkbox"/>
		CHI at Tallaght <input type="checkbox"/>	CHI at Temple Street <input type="checkbox"/>
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1.0 Guideline statement

Transdermal describes across the skin, particularly with reference to the absorption of drugs applied topically for systemic effect. A Transdermal patch describes a drug-impregnated adhesive patch applied to the skin for controlled release of the active compound.

Transdermal patches may be a useful alternative in patients where the clinical condition of the patient prohibits the oral route e.g. dysphagia or uncontrolled nausea and vomiting. It is always preferable that medication is prescribed for oral use. However, situations may arise where other routes of administration are required. Patches may also be considered where adverse side-effects have been encountered with oral medication (Lampert et al. 2014).

Due to the delayed onset of action, patches should not be used to treat acute symptoms. Since there are significant physiological skin changes associated with skin disorders, transdermal patches should only be prescribed after a comprehensive review by the consulting team and on a case-by-case basis.

2.0 Purpose/scope of the guideline

To provide a standardized approach to the application of transdermal patches

To ensure safety by calculating the risk/ benefit profile for each patient

3.0 Applicable to

All nurses involved in the administration of medication via transdermal patch

All patient’s carer /parents where indicated, who may be involved in the application of transdermal patches.

4.0 Guidelines/Procedure

ACTION	RATIONALE AND REFERENCE
<p>Identify the right patient using Positive Patient Identification.</p> <p>Explain and discuss the procedure to the patient/parent/guardian.</p> <p>Ascertain their understanding and reaffirm their knowledge by providing further information as necessary</p>	<p>To ensure you have the correct patient (CHI, 2023)</p> <p>To get the patients understanding and assistance with this procedure</p>
<p>Check the transdermal patch against the prescription sheet of the medication administration record to ascertain the following:</p> <ul style="list-style-type: none"> ✓ Name of the patient ✓ Dose of the medication ✓ Date and time of administration ✓ Route and method of administration 	<p>To ensure the medication prescription is correct (NMBI 2020)</p>

✓ Signature of prescriber	
Consult the summary of product characteristics to ascertain any special considerations for each patch to be applied	
Decontaminate hands	ANTT 2022
Select site of application. This should be a dry, hairless area, preferably on the upper arm, upper trunk or behind the ear. Avoid areas where the skin is inflamed, broken or irritated or where there are skin folds, scars or calluses. Sites should be rotated for each application	
Prepare the skin for application by washing with water and drying thoroughly. If hair is present this should be removed by cutting with scissors, not shaving.	
Apply non sterile gloves.	To you from absorption of the medication during application.
Remove the old patch, where applicable. Since used patches may still contain medication, fold the patch in half so that the adhesive sides stick together and discard in an appropriate waste disposal bin.	
Remove the new patch from its packaging. Peel back the protective liner and apply the exposed adhesive side to the patient's skin. Hold down the side which has been applied with one hand and use the other hand to remove the rest of the protective liner.	
Press the patch firmly in place with the palm of the hand for approximately 30 seconds, making sure contact is complete, especially around the edges	
Discard gloves and wash hands appropriately.	As per local guidelines
Document the application in the patient's kardex, taking care to record the application site.	NMBI, 2015
If a patch falls off during application, discard it and replace with a new one ensuring care to document appropriately.	
If a patch falls off before the date or time of the next application, a new patch should be applied. Document this both in the patient's kardex and nursing care plan: adjust the time and date of the next application as appropriate.	NMBI, 2020

Some patches may need to be taped around the edges, if they are beginning to peel off, with suitable skin tape – refer to the Summary of Product Characteristics for further guidance on individual patches. Do not use bio occlusive dressings.	
Patches should be reapplied at the same time of the day to ensure a continuous effect.	
Patients should be advised to avoid external sources of heat such as heating pads and prolonged bathing.	
Several transdermal patches have a metallic component in their outermost layer and therefore should be removed prior to MRI scanning.	
Different strength patches are available for use. Patch may be cut, provided it is cut along its full thickness with a scissors and membrane is not peeled away.	Always refer to the general manufacturer’s guidelines and drug formulary prior applications.

5.0 Key Stakeholders

Name	Grade	Location
Josephine Chacko	CNM 3 Quality	CHI Crumlin
Warren O’ Brien	NPDC	CHI Crumlin

6.0 Communication and training

Include communication of the document, any education, whether included in induction, for department / ward orientation, as part of mandatory training.

7.0 Monitoring and evaluation

Monitoring of compliance is an important aspect of procedural documents. However, it is not possible to monitor all procedures. Consideration needs to be given here as to the risk presented should this procedure not be complied with. Suggest a timeframe for monitoring where monitoring is required. Could include - where indicated, ‘Consistency of the implementation /application of the document may be audited.’ Include who will carry this out

8.0 References

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