

Medicines Optimisation

Best Practice Guidance for Care Homes – *Bulletin Five*

Use of Analgesic Patches

What are analgesic patches?

Patches are thin pads with an adhesive back similar to a plaster, which are applied to the skin. They contain a reservoir (or matrix) of medicine that passes from the patch through the skin and into the bloodstream. Analgesic patches may be prescribed for patients who have had intolerable side effects from oral pain relief, difficulty swallowing oral medication or poor compliance with oral medication. Analgesic patches may also be used in patients who have poor kidney function due to the way the oral medication is excreted by the body.

For a patch to be effective, it is vital that the correct application technique and timing interval is used. Intervals vary vastly from patch to patch, so it is very important the label and the patient information leaflet are read to ensure the correct application and timing interval is used.

Best practice for patch use

- Patches should be applied to a dry flat skin area. Choose an area where the skin is not oily and is free from hair, cuts, burns and is not broken, inflamed or in any other way irritated.
- If the doctor requires the patient to have more than one patch applied at a time, place the patches far enough apart so that the edges do not overlap or touch each other.
- Don't use talc, creams or moisturisers before applying the patch as they may prevent it sticking
- Stick the patch on straight after removing it from the sachet - press firmly into place with the palm of the hand for 30 seconds.
- While wearing the patch the patient can bathe and shower as normal, but avoid exposing the patch to excessive heat sources, such as hot water bottles or electric blankets, or if patient has a fever as heat can increase the absorption of the active ingredient into the body, resulting in a greater risk of side effects eg more sleepy than normal, shallow breathing.
- Record the location of where the patch has been applied on the patch chart. (see overleaf) This should be kept with the MAR.
- Staff should check the patch daily to ensure it is fully stuck in place.
- Always remove the old patch before applying a new one.
- Seek GP advice if patch application is missed, requires early replacement, i.e., if it falls off or if resident is showing side effects.
- Untraceable or lost patches must be reported to Controlled Drug Accountable Officer Website <https://www.cdreporting.co.uk/>

There is no requirement to notify CQC about medicines errors, but you must inform them if a medicines error has caused: death, injury, abuse, or an allegation of abuse, or incident reported to or investigated by police. Read Guidance on Fentanyl drug safety. <https://www.gov.uk/drug-safety-update/transdermal-fentanyl-patches-life-threatening-and-fatal-opioid-toxicity-from-accidental-exposure-particularly-in-children>

Disposal of patches

Used patches contain some residual drug. Dispose of the old patch by folding it in half with the sticky side inward, dispose of this via your normal pharmaceutical waste method. The MHRA has issued a patient safety update 2018 for fentanyl transdermal patches.

<https://www.gov.uk/drug-safety-update/transdermal-fentanyl-patches-life-threatening-and-fatal-opioid-toxicity-from-accidental-exposure-particularly-in-children>

Transfer of person between care settings

If the patient is transferred to another care setting (e.g. admitted to hospital/care home) ensure you.

- communicate that the person is wearing a patch.
- when it was last changed
- the location of the patch on their body
- when the next patch change is due

IMPORTANT - Ensure you also receive the above information from the other care setting (e.g., hospital/other care home) when the person is admitted into your care service.

Commonly prescribed analgesic patches

Patch	Replacement time	Application
<p>Fentanyl (generic name) Common Fentanyl brands:</p> <p>Durogesic® Fencino® Matrifen® Mezolar matrix ®</p> <p>Fentanyl is 100 times stronger than morphine .</p>	<p>The patch should be replaced:</p> <p>EVERY 3RD DAY (72 HOURS) It should be change at the same time of day for continuity.</p>	<p>The patch should be applied to a dry non hairy non -irritated area of the torso. The site should be rotated according to manufacturer's instructions and the same site avoid for several days. The patient information leaflet MUST be read carefully. Monitor people for increased side effects side effects if a fever is present as increased absorption is possible. Avoid exposing the application site to external heat, e.g., hot water bottle as this can also increase absorption.</p>

Patch	Replacement time	Application
<p>Buprenorphine (generic name)</p> <p>Common Buprenorphine brands FOR THE 7 DAY PATCH BuTrans® Butec® Reletrans® Sevodyne®</p> <p>Common Buprenorphine brands FOR THE 4 DAY PATCH Transtec® Bupeaze® Relevtec®</p>	<p>The patch should be replaced:</p> <p>EVERY 7 DAYS It should be change at the same time of day for continuity.</p> <p>The patch should be replaced.</p> <p>EVERY 4 DAYS It should be change at the same time of day for continuity.</p>	<p>The patch should be applied to dry, non hairy non irritated area of the torso. Please read patient information leaflet for rotation and site application as this will differ between brands and types of Buprenorphine products.</p>

Patch recording chart. It is very important to have the correct patch recording chart for the medication that is prescribed. Below are two examples of charts that can be used for analgesic patches. There are different patch charts available for different medications such as the Parkinson's or Dementia patches which are based on a 14-day rotation application.

The patch chart and the MAR chart need to be completed.

Transdermal Patch Placement Record (Supplementary)


Name of Resident:			
Medication Name:		Strength:	
Frequency/Dose:			


Below is a guide to rotating application sites, but it does not replace your responsibility in ensuring you have all the information needed to use the patch correctly.


	Fentanyl	Butrans® or Buteo®	Transtec®	Hyoscine (Scopoderm®)	Rivastigmine or Rotigotine
Time interval before REUSING a patch site	1 week	3-4 weeks	1 week	72 hours	14 days

- Always check the product leaflet for the recommended areas to apply the patch e.g. abdomen, thigh, upper arm.
- Patches are not to be applied to bony prominent parts of the body and Hyoscine is placed behind the ear.
- Patches should be placed on smooth, clean and dry skin. Ideally the area should be hairless, do not shave the area before application (shaved areas affect absorption), if necessary, trim the body hair with scissors.
- A DAILY patch check should occur to confirm existence, tick the relevant box below to confirm the check has taken place.

Please indicate where the patch has been applied on the body map below using a cross (X). If more than one patch is in use please indicate with a separate symbol, e.g. P

	Date new patch applied				Time				
	Applied by				Witnessed (if CD)				
	Daily Patch Check		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Date patch removed				Time				
	Removed by				Witnessed (if CD)				

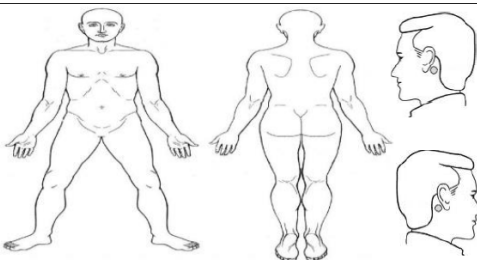
	Date new patch applied				Time				
	Applied by				Witnessed (if CD)				
	Daily Patch Check		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Date patch removed				Time				
	Removed by				Witnessed (if CD)				

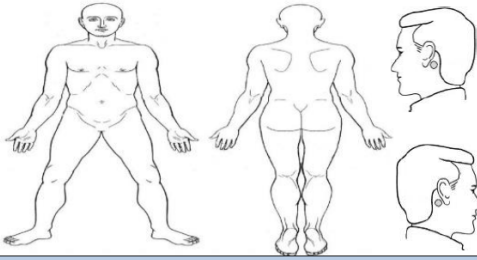
	Date new patch applied				Time				
	Applied by				Witnessed (if CD)				
	Daily Patch Check		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
	Date patch removed				Time				
	Removed by				Witnessed (if CD)				

PATCH ADMINISTRATION MUST BE RECORDED ON THE MAR

Please indicate where the patch has been applied using a cross (x). If the resident is prescribed multiple patches, please ensure to use a separate patch chart for each patch applied.

THIS DOES NOT REPLACE THE NEED TO RECORD ADMINISTRATION ON THE MAR

	Date Patch Applied				Time			
	Applied by				Witnessed (if CD)			
	Daily Patch Check		2	3	4	5	6	7
	Date Patch Removed				Time			
	Removed by				Witnessed (if CD)			

	Date Patch Applied				Time			
	Applied by				Witnessed (if CD)			
	Daily Patch Check		2	3	4	5	6	7
	Date Patch Removed				Time			
	Removed by				Witnessed (if CD)			

Copies of patch charts which can be printed are available from the Medicines Optimisation team. nwcb.medsqueries@nhs.net

References

1. BNF Online: Available at <https://bnf.nice.org.uk/>
2. MHRA. Drug safety update transdermal fentanyl updated 2018. <https://www.gov.uk/drug-safety-update/transdermal-fentanyl-patches-life-threatening-and-fatal-opioid-toxicity-from-accidental-exposure-particularly-in-children>

Title	Best Practice Guidance – Use of Analgesic patches
Description of policy	To inform healthcare professionals
Scope	Guidance on safe handling and application of analgesic patches
Prepared by	Medicines Optimisation Team
Evidence base / Legislation	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence</i> B. mix of national and local consensus <i>C. based on local good practice and consensus in the absence of national research based information.</i>
Dissemination	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
Approved by	Medicine Optimisation Team
Authorised by	Medicine Optimisation Team
Review date and by whom	Medicines Optimisation Team
Date of issue	December 2023

Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
0.1	July 2014	Prescribing & Medicines Management Team (SN, MS)	Draft	To consider some wording and take to PRG.
0.2	7/8/14	Prescribing & Medicines Management Team (SN, MS)	Draft	To add names of all brand names for completeness and some wording amendments. Remove the contact GP when patch is lost – replace with contact CQC and local accountable officer.
1.0	Sept 2014	Prescribing & Medicines Management Team (SN, MS)	Final	Agreed Aug Prescribing Reference Group
1.1	November 2016	Prescribing & Medicines Management Team MS	Draft	Update to include information on the replacement of patches which have fallen off. Improved information to reduce calls to NHS 111 service out of hours of regular GP. Information added from PIL and SPC information and referenced.
2.0	November 2016	Prescribing & Medicines Management Team MS	Final	To add all available patch brands, intervals between doses and skin sites. Add to inform regular GP in opening hours of need to use another patch.
2.1	September 2018	Prescribing & Medicines Management Team MS	DRAFT	Checked links – deleted brands no longer available. Added comment re reviewing and used for severe chronic pain. Added patch chart. Added to disposal information. Added to medication information section stating limitations of patch use.
3.0	February 2019	Medicines Optimisation Team	Final	Amendments approved by Senior Team.
3.1	July 2021	Medicine Optimisation Team - LW	Revised	Reviewed and Updated
4.0	August 2021	Medicines Optimisation Team	Final	Amendments discussed and agreed at Senior Team Meeting
4.1	December 2023	Medicines Optimisation Team RH		Uploaded to new template only, links checked , information added