

Application record & guidance for Oxybutynin Transdermal Patches

For local adaption to align with individual Care Home
medicine policies

Version 2
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Author	Approved By	Review date
Zoe Webb, Care Home Advice Pharmacy Technician	Care Home Advice Pharmacy Service, NHS Northamptonshire CCGs – February 2019	February 2021
Amendment / Review	By and Date	Approved By
Formatting to align with CHAPS documents	Kirstin Frost, November 2019	Zoe Webb
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Application record for Oxybutynin Transdermal Patches

Strength and frequency & dose of patch:

Resident name:..... Date of birth..... Allergies:.....

Information transcribed by..... Date record sheet starts & finishes.....

Put a cross **X** where you have placed the patch

	Date Applied Date Removed	1
	Date Applied Date Removed	2
	Date Applied Date Removed	3
	Date Applied Date Removed	4
	Date Applied Date Removed	5
	Date Applied Date Removed	6
	Date Applied Date Removed	7

You must still sign for administration on the MAR (paper or electronic) chart. This is a supporting document for reference of application site and rotation only.

Patches are thin pads with an adhesive back that are applied to the skin. They contain a reservoir or matrix of medicines that pass through the skin into the bloodstream.

Applying patches:

- You must make sure you are aware of the correct application technique. The patches should be changed as prescribed, as this can vary between products. Refer to manufacturer instructions for how to apply **rotate the site of the patch each time you apply a new one** (see table 1 below). Some patches can cause a thinning of the skin. If routinely applied to the same area, the rate of absorption into the bloodstream can be higher. This could lead to overdose.
- Normally, patches should be applied to a dry, intact, healthy, flat area of skin, usually the upper arm, chest or back. Avoid any areas with large scars. You may need to clip the person's hair to give better adhesion.
- Where more than one patch is needed, these should be applied to the same area but should not overlap.
- 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.
- Do not cut or damage reservoir style patches. This will cause the medicine to leak from the patch. Matrix patches are sometimes cut. This makes their use 'off-licence'. Staff should get clear guidance from the prescriber and pharmacist before cutting patches.
- Heat can increase the absorption of some medicines through the skin into the bloodstream. Patches should not be applied immediately after a person has had a bath or shower. People with a fever should be observed for signs of toxicity.

Disposing of patches:

- Remove and dispose of old patches before applying a new patch. This reduces the risk of leaving the old patch in place. Used patches contain some residual drug. Fold in half and dispose of via your usual waste arrangements.

Records, checks and communication:

- A record must be made of the application of a patch and include the specific location. For example front, right, chest. This needs to be recorded on a body map using a cross (X). This is important so other staff can check that the patch is still in place and will help with rotating the site
- Regularly check that patches are being applied correctly and are still in place.
- Communicate information about patches when a person is transferred between settings. This should include date, time and where on the body the patch was applied. A copy of this chart should be provided with the MAR chart.

Table 1:

Patch	Replacement time	Application
Oxybutynin	A new application site should be selected with each new patch to avoid reapplication to the same site within 7 days.	The patch should be applied to dry, intact skin on the abdomen, hip, or buttock immediately after removal from the protective sachet. Patch to be applied twice a week.

References:

Electronic Medicines Compendium (emc) accessed February 2019.
CQC, external medicines, last updated July 2018 <https://www.cqc.org.uk/guidance-providers/adult-social-care/external-medicines>