# Good Practice Guidance for Care Homes

## Transdermal Patch Application Record Chart

When using this chart, write ‘see Transdermal Patch Application Record Chart’ on main MAR.

**DO NOT DOUBLE RECORD**

### Fields

- **Patient Name:**
- **Date of Birth:**
- **Room No:**
- **Preparation:**
- **Indication:**
- **Frequency of application:**
- **Chart produced by/date:**
- **Chart checked by/date:**

### Special Instruction

Record with a "X" where the patch is placed. It must be placed on to a cool, clean, dry non hairy area part of the body where a either a visiting child or in some cases the resident cannot reach.

### Chart Details

1. **Patch 1**
   - **Applies:**
   - **Date:**
   - **Signed:**
   - Daily check of patch in place on:
   - Removed:

2. **Patch 2**
   - **Applies:**
   - **Date:**
   - **Signed:**
   - Daily check of patch in place on:
   - Removed:

3. **Patch 3**
   - **Applies:**
   - **Date:**
   - **Signed:**
   - Daily check of patch in place on:
   - Removed:

4. **Patch 4**
   - **Applies:**
   - **Date:**
   - **Signed:**
   - Daily check of patch in place on:
   - Removed:

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