

Objective

At the completion of this module, the UAP should be able to apply transdermal medicated patches or discs.

Transdermal patches have steadily increased as a way to administer medications. These medications, while administered topically, are absorbed through the skin and affect the client throughout their body much like taking a pill affects the client. The medication is absorbed through the skin at a steady rate. In fact, this route of transdermal medication administration is good for medications that are not absorbed well if swallowed or too quickly used up by the body. Patches may be easier for people to use than having to remember to take their medications at certain times. It allows a constant amount of the medication to be in the client's blood stream. It does take longer for the drug to take effect for someone just starting it, than if they were taking the medication by a different route such as by mouth.

NOTE:

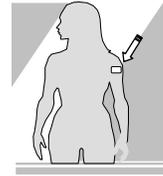
1) The RN or LPN is permitted to delegate **ONLY** after application of all components of the NC BON Decision Tree for Delegation to UAP and **after careful consideration that delegation is appropriate:**

- a) for **this** client,
- b) with **this** acuity level,
- c) with **this** individual UAP's knowledge and experience, and
- d) **now** (or in the time period being planned).

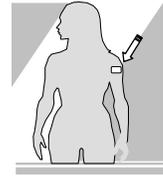
2) Successful completion of the "Infection Control" module by the UAP should be documented prior to instruction in medication administration by this or ANY route.

Procedure

1. Perform skills in *General Medication Administration Checklist*.
2. When checking the patch against the MAR, be sure to check the expiration date of the patch and that it does not expire within the timeframe it will be on the client.
3. Check the MAR for directions as to where to put the patch or disc, and how long to leave it on. Patches vary in how long they stay on, ranging from a few hours to weeks. Check the MAR to make sure you know how long this client's patch has



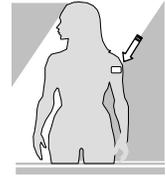
- been on and when it should be changed. The patches should be changed around the same time of day each time it is changed.
4. Cleanse hands.
 5. Put on clean gloves. Always wear gloves when handling both new and old patches.
 6. If the skin is dirty where you plan to place the new patch, wash it with soap and water instead of alcohol because alcohol dries out the skin and the patch will not stick as well.
 7. Remove old patch to avoid giving the client extra medication.
 8. If the previous patch leaves a residue, wipe off the excess medication. Cleanse the old area with soap and water and pat it dry if necessary.
 9. Before placing the new patch on the client, date, time, and initial the patch so that those giving medications to this client later know when the patch was placed.
 10. Rotate the site where the patch is placed. There should be a guide on the MAR as to where the new patch/disc should be placed on the client's skin. Some patches cannot be placed in the same place again for a week, so check the MAR.
 11. Make sure the site you select is clean, dry, not irritated, is free of scratches and cuts, and is hairless. Broken skin can make the medication go into the skin too quickly. If you need to remove hair, do so by clipping versus shaving the area to avoid small cuts, which again will make the medication absorb too fast.
 12. Avoid applying the patch to an area that is very active such as the forearm or hand because it might come off with the constant motion and the increased movement may make more blood come to that area and cause the medication to absorb too fast.
 13. Date, time and initial the patch prior to placing it on client.
 14. When applying the patch, (usually the patch or disc has a cover that can be removed $\frac{1}{2}$ at a time) remove $\frac{1}{2}$ and stick it to the client's skin, then remove the second half to allow for a smoother application. Try not to touch the medicated side of the patch; this is the sticky side that will be going onto the client's skin. Note, the patches are expensive and you do not want to waste one, so be careful not to get the patch tangled up and stuck onto your gloves.



15. Document on the MAR when and where the patch was applied and anytime the patch is removed or changed.
16. Discard the old patch by folding the sticky side in half onto itself. Place the folded patch into the package the new patch came out of and place in a trash container that is not accessible by children, confused adults, or pets that may live with or visit the client. There can be enough medication left in the old patch to hurt the client, child, or pet.
17. Remove gloves and throw away according to agency policy.
18. Cleanse hands.
19. Check patch each day, even if it is not due to be changed, to be sure it continues to stick well. If the patch becomes loose or falls off before it is time to replace it, check with your supervisor as to what should be done.

**Delegation of Medication
Administration to Unlicensed
Assistive Personnel (UAP)**

**Administering Transdermal
Medicated Patch/Disc
Module/Skill Checklist**



Skill Checklist

UAP Name (print)

ID Number

SKILL PERFORMANCE OBJECTIVES	✓ Pass x Not Yet	COMMENTS
1. Perform skills in <i>General Medication Administration Checklist</i> .		
2. Check MAR for directions as to where to put the patch or disc and how long to leave it on.		
3. Put on clean gloves.		
4. Remove old patch/disc.		
5. If patch/disc leaves a residue, wipe off excess and clean skin with soap and water if needed.		
6. Initial and date new patch. Apply patch to skin, trying not to touch medicated side.		
7. Put the patch at a new location.		
8. Put on patch, one-half at a time to allow ease of application.		
9. On the MAR, document when patch was removed or changed, including where it was placed.		
10. Remove gloves.		
11. Cleanse hands.		



Pass



Redo

Evaluator Name

Date

