

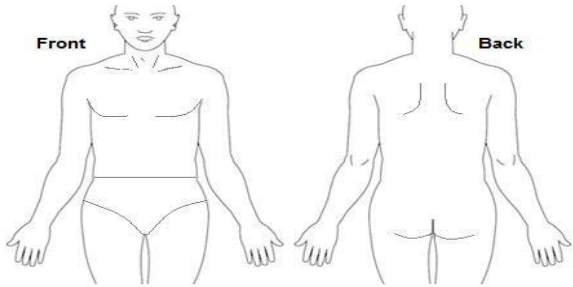
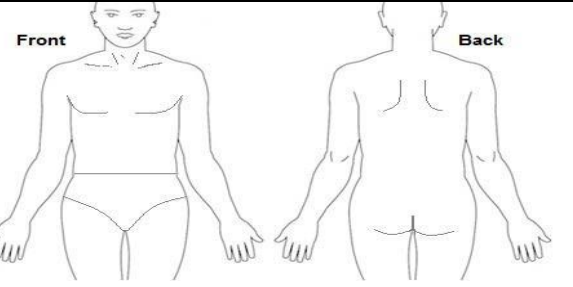
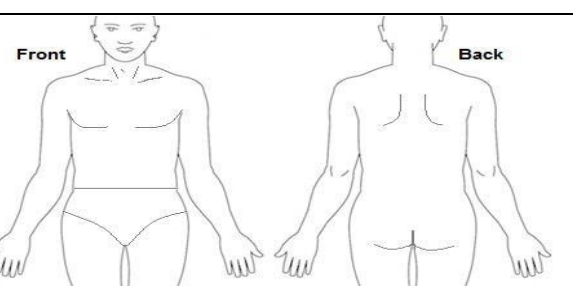
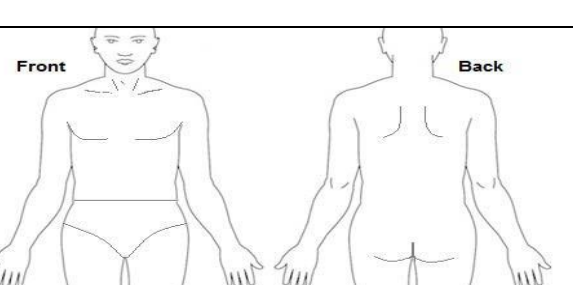
Transdermal Patch Application Record Chart

DO NOT DOUBLE RECORD

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

Resident Name:		DOB:	
Room Number:		Allergies:	
Name of Drug:		Strength:	
Frequency of application:		Rotation advice:	
Chart produced by and date:		Chart checked by:	

Special Instruction: Record with a "X" where the patch is placed, It must be placed on to a cool, clean, dry, non-hairy area.

	Always remove old patch before applying a new patch. (Fold old patch in half (sticky sides together) and dispose of appropriately)					
	Patch:	Date:	Signed:		Date:	Signed:
	Applied:			Daily check of patch in place on:		
	Daily check of patch in place on:					
			Removed:			
	Always remove old patch before applying a new patch. (Fold old patch in half (sticky sides together) and dispose of appropriately)					
	Patch:	Date:	Signed:		Date:	Signed:
	Applied:			Daily check of patch in place on:		
	Daily check of patch in place on:					
			Removed:			
	Always remove old patch before applying a new patch. (Fold old patch in half (sticky sides together) and dispose of appropriately)					
	Patch:	Date:	Signed:		Date:	Signed:
	Applied:			Daily check of patch in place on:		
	Daily check of patch in place on:					
			Removed:			
	Always remove old patch before applying a new patch. (Fold old patch in half (sticky sides together) and dispose of appropriately)					
	Patch:	Date:	Signed:		Date:	Signed:
	Applied:			Daily check of patch in place on:		
	Daily check of patch in place on:					
			Removed:			