

Patient:

Bed No:

LOCATION RECORD OF PRESCRIBED MEDICATION VIA TRANS-DERMAL PATCHES

All patches should be checked by nursing staff twice daily to ensure that they remain correctly in position. Please keep a record of these checks in the boxes below.

Date:

Type of patch:

Location of Patch(es) on Application:	AM checked by: (signature and time)	PM checked by: (signature and time)

Date:

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