

Dos and Don'ts With Patches

Updated November 2024

For specifics on patch appearance, delivery system, and adherence management, see our chart, *Characteristics of Transdermal Patches* ([US subscribers](#); [Canadian subscribers](#)).

Application

- Wash hands before AND after applying patches.^{1,8}
- Remove the old patch BEFORE applying a new one.¹⁰
- Open packaging carefully (without scissors if possible) to avoid accidentally cutting the patch.⁸
- Avoid touching the sticky side of the patch.⁸
- Check product labeling for recommended **areas to use** and **areas to avoid**.¹
- Apply patches to clean, dry, hairless, nonirritated, intact skin.^{1,8} Avoid areas where tight clothing can loosen or rub the patch off (e.g., waistline).⁸
- The patch cover, if supplied, goes on over the patch (e.g., clonidine [US only]).¹⁰
- For patients with altered mental status, consider applying patches where self-removal is difficult (e.g., upper back).¹¹

Safety

- Avoid heat sources (e.g., electric blankets, heating pads, hot tubs, saunas, heated water beds). This can increase drug delivery and cause toxicity.¹
- Remove patches **before MRI** unless safety is documented; patch metal content may not be obvious, or unknown even to the manufacturer.^{4,5}
- Keep patches out of reach of kids and pets—even used patches.
- Fold patches in half (sticky sides together) to prepare for disposal.
- Ask about patches during medication reconciliation.^a

Skin Irritation

- Encourage application site rotation to avoid repeated exposure to the same area.¹
- Consider recommending a topical corticosteroid to help reduce irritation associated with transdermal patches (e.g., hydrocortisone 1% cream).¹

Disposal

- In Canada (in the US, if possible), recommend authorized collection or disposal sites (e.g., drug take-back programs, pharmacies).^{2,3,7}
- In the US, most patches can be thrown in the trash. Some patches should be flushed down the toilet (e.g., controlled substances).^{6,b}

Cutting Patches

- Most manufacturers do NOT recommend cutting patches.⁹ A few patches may be approved to be cut (e.g., *Qutenza* [US], *Lidoderm* [US]).⁹
- If exact dosing is critical (e.g., buprenorphine, contraceptives, fentanyl, methylphenidate), cutting the patch is not advised.⁹
- Never cut **reservoir-based patches** due to potential for “dose dumping.”^{1,9}
- Some **matrix-based patches** may be able to be cut to deliver a lower dose, in theory.⁹

Abbreviations

 EHR = electronic health record; MRI = magnetic resonance imaging.

a. Medication reconciliation considerations:

- During medication histories, ask specifically if the patient wears a patch.¹⁰ Clarify patch **strength**, **when** and **where** any currently applied patch was placed, and **application frequency** (how often patches are changed and any patch-free periods [e.g., nitroglycerin]).¹⁰
- If the timing of the patch application is not clear, consider replacing the patch with a new one, rotating sites.¹⁰

b. FDA flushing guidance: <https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines#FlushList>).

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