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# **Acacium Group**

## **Topical & Transdermal Application of Medicines**

**Procedure Reference | SOP MEDS 11**

**Version | V4.0**

<b>Procedure Name</b>	Topical & Transdermal Application of Medicines
<b>Purpose of Document</b>	To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to the application of topical medications
<b>Target Audience</b>	All Nurses & appropriately trained carers
<b>Version</b>	V4.0
<b>Author</b>	Karen Matthews-Shard
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<b>Equality Impact Assessment (EIA) Form</b>	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
<b>About Acacium Group</b>	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page	KNF/VM
V1	Apr 2018	Updated front sheet to include new review frequency date	KMS/VM
V2	Sep 2019	3 yearly review and implementation of new template	Clinical Advisory Group
V2.1	Apr 2020	Updated to new Template	CC
V2.2	Oct 2020	Updated re rebrand	CC
V3	Aug 2022	3 Yearly Review	Clinical Advisory Group
V4	Jan 2024	Rebrand	Clinical Advisory Group

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## 1. Introduction

Medicines are absorbed in many ways and the route of treatment will depend on the condition being treated and the most effective route.

This Standard Operating Procedure covers the application of what is known as topical or local medicines. These are medicines that are delivered either to the skin by the use of lotions, creams, ointments, gels, emollients or patches.

## 2. Aim

To administer the relevant medication in a safe and effective manner as prescribed.

The six rights: Prior to administering any medications it is important to consider the six rights:

- Right drug
- Right time
- Right dose
- Right route
- Right client
- Right to refuse

As well as the six rights it is also important to consider the right position and the right documentation.

## 3. Who needs to be aware of this procedure

Acacium Group Workers who have received appropriate training and assessed as competent may administer these medications, according to prescription and Acacium Group Medicines Management policy.

## 4. Storage of medicines

Store away from direct sunlight and sources of heat. Medications should be stored according to manufacturer's instructions. Some medicines applied to the skin are to be disposed of, a month after opening, refer to the patient information leaflet for more details. The date of opening should be written on the container and the medicine disposed of, if it has not been completed within a month from opening.

## 5. Contraindications

Before administering medications, the information leaflet within the medicines packaging must be checked to ensure that administering the relevant medication will not cause harm to the Client and the person administering it. Check for allergies and wear gloves.

If there are any concerns these should be discussed with the Senior Clinician/Line Manager who will contact the Client's GP.

The person administering must also note whether the Client has any allergies to any of the contents of the medicines. If yes, administration should not go ahead until it has been checked with the GP whether it would be safe to do so.

## 6. Hazards/complications

The same precautions as in section 4 apply to understanding the hazards and complications. Acacium Group Workers need to be aware that they have a duty to explain any potential complications as part of obtaining valid consent.

## 7. Consent

Please read Acacium Group policy on consent thoroughly and ensure valid consent has been gained.

## 8. Client and relatives/carers involvement

The Client may wish to undertake the local application of medicines themselves or ask their relatives or carers to do so. Acacium Group Workers should assist with this wherever this is practical, safe and effective to do so.

## 9. Client information

As part of obtaining valid consent, the risks, benefits and alternatives to treatment will have been discussed.

The procedure must be explained fully in order to gain full cooperation with the procedure.

Client's and their family or carers must be given information about the potential complications and also advised what they may do to help minimise the complications if they occur. Contact details and actions to be taken in case of emergency should also be given.

## 10. Equipment for application of creams, ointments, gels, lotions and emollients

- Clean non-sterile gloves
- Sterile topical swabs if available
- Applicators
- Prescribed medication
- Prescription Chart
- Nursing notes and care plan
- Waste disposal facilities

## 11. Equipment for application of transdermal (skin) patches

- Hand washing equipment
- Prescribed skin patch
- Hair clipper (if required)
- Prescription Chart
- Nursing notes and care plan
- Waste disposal facilities

## 12. Procedure - Topical administration of creams, ointments, gels, lotions or emollients

Action		Rationale
1.	Explain and discuss the procedure with the Client.	To ensure that the Client understands the procedure and gives his/her valid consent (Griffith & Jordan 2003; NMC 2006; NMC 2008).
2.	Check the Client's prescription chart and check you have the right medication for administration. Check the expiry date, route, dose, time, right Client, validity of prescriber's signature and the last time the medicine was given. Check the Client has no allergies to any of the contents of the medication.	To ensure that the patient is given the correct drug and dose (NMC 2008).
3.	Close room door or curtains if appropriate.	To ensure privacy and dignity.
4.	Wash hands and dry and put on non-sterile gloves.	To protect the Client and Acacium Group Worker from risk of infection or sensitising to the medication.
5.	Assist the Client into the required position.	To allow access to the affected area of skin, ears, eye(s) or nose.
6.	Use aseptic technique if the skin is broken.	To prevent local or systemic infection (DH 2007).
7.	If the medication is to be rubbed into the skin, the wearing of non-sterile gloves will be necessary for the application of topical medications.	To minimise the risk of cross-infection. To protect the nurse (DH 2007).
8.	If the preparation causes staining, advise the Client of this.	To ensure that adequate precautions are taken beforehand and to prevent unwanted stains (NMC 2008).
9.	Record the administration on appropriate charts.	To maintain accurate records, provide a point of reference in the event of any queries and prevent any duplication of treatment. (NMC 2005; NMC 2008; NPSA 2007).

## 13. Procedure - Application of transdermal patch

Action		Rationale
1.	Explain and discuss the procedure with the Client.	To ensure that the Client understands the procedure and gives his/her valid consent. (Griffith & Jordan 2003; NMC 2006; NMC 2008).
2.	Check the Client's prescription chart and check you have the right medication for administration to the correct Client. Check the expiry date, route, dose, right time, validity of prescriber's	To ensure that the patient is given the correct drug and dose. (NMC 2008)

	signature and the last time the medicine was given. Check the Client has no allergies to any of the contents of the medication.	
3.	Close room door or curtains if appropriate.	To ensure privacy and dignity.
4.	Wash hands and dry.	To protect the Client and Acacium Group Worker from risk of infection.
5.	Assist the Client into the required position.	To allow access to the affected area of skin, ears, eye(s) or nose.
6.	Put on gloves, remove previously used skin patch (if appropriate). Keep a mental note where it was.  Fold removed patch in half being careful not to touch the inside of the patch and dispose appropriately. Disposal of used patches should be within the normal household waste wherever possible stick the patch to a piece of material such as paper, cardboard.	To prepare for the application of subsequent skin patch.  To safely dispose of removed patch.
7.	Clip any hair if too long but do not shave.	To promote the adhesiveness of the patch. Shaving may irritate the skin.
8.	Clean the skin with clear water only. Dry by patting thoroughly.	To clean the skin of previous adhesive pouch and promote a good stick with the next one. Soap should not be used in order to minimise irritation to the skin. The skin must be patted dry rather than rubbed for the same reason. Avoid placing the patch on exactly the same area repeatedly to reduce the risk of skin irritation.
9.	Remove the sticky pad cover from the new patch. Do not touch the sticky part of the patch.	Ready for application. Touching the sticky patch may remove some of the medication and the stickiness.
10.	Immediately apply the sticky side of the patch directly to the skin. This can be anywhere on the chest, back or upper arm but refer to the patient information leaflet/SPC for further information. Make sure that it not in the same place i.e. rotate the application site.	Apply immediately to prevent contamination.
11.	Press the patch firmly on the skin for approximately thirty seconds.	To ensure optimum adhesiveness.
12.	After putting on the patch, write the current date and time on the label (if provided), then stick the label on the patch.	Labels will be provided if it is a controlled drug. It is best practice to do this with all skin patches so it confirms the date and time of application.
13.	Record the administration on appropriate charts. Document what part of the body it has	To maintain accurate records, provide a point of reference in the event of any queries and

	been placed on.	prevent any duplication of treatment. (NMC 2005; NMC 2008; NPSA 2007).
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## 14. Associated Policies / SOPs

### Policies

CLIN 03 Medicines Management Policy  
CLIN 06 Consent Policy

### SOPs

SOP Meds 01 Controlled Drugs  
SOP Meds 02 Oral Administration  
SOP Meds 03 Rectal Administration  
SOP Meds 04 Subcutaneous Administration of Medicines  
SOP Meds 05 Administration via Gastrostomy and Jejunostomy Tubes (PEG, PEJ and JEJ)  
SOP Meds 06 Intramuscular Injection Administration  
SOP Meds 07 Peripheral Intravenous Administration  
SOP Meds 08 Administration via Central Line (Hickman, PIC and Porta Cath)  
SOP Meds 09 Removal of Medicines from Client's Home  
SOP Meds 10 Vaginal Administration  
SOP Meds 12 Administering Ear Drops  
SOP Meds 13 Administration of Eye Drops or Ointments  
SOP Meds 16 Buccal or Sublingual Administration of Medicines  
SOP Meds 17 Administration of Medication via a Metered Dose Inhalers  
SOP Meds 18 Administration of Epi-pen, Anapen and Emerade  
SOP Meds 19 Self Administration of Medicines  
SOP Meds 20 Oxygen Therapy: Adult and Child

## 15. References

- Griffith & Jordan 2003, NMC2013, NMC 2015
- NMC 2018 Guidelines for records and record keeping
- Professional Guidance on the safe & secure handling of medicines RPS 2018
- Nice Guidance cg139. Healthcare- associated infections: prevention and control in primary and community care and ref to The Royal Marsden
- 'Health and Social Care Act 2012: code of practice on the prevention and control of infections'
- The Royal Marsden 2015 Manual of Clinical Nursing procedures 9th Edition

## Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group