Sicherheit im Umgang mit Pflastern (TTS) –

Entwickeln eines Wechsel-Plans mit bis

zu 28 unterschiedlichen Körperstellen

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Abstract

Background

«Transdermal therapeutic system» (TTS) refers to patches that allow the transdermal delivery of drugs by application to the skin. TTS are complex drugs in the daily work of Spitex-employees because they require their own documentation. In October 2015, «Scheme for Transdermal patches» was introduced as a separate documentation sheet in the home care. This sheet ensures the safety of the patch-change. It remained unclear whether the security was better with or without the scheme.

Objective

The Spitex «scheme for Transdermal patches» should be analyzed and optimized and a new selfexplanatory scheme with at least 14 skin sites should be developed and validated. Training materials for the introduction of the new scheme is to be developed.

Methods

The actual-status was raised using the analysis from the Spitex-scheme in application and through surveys and questioning. Wishes for a patch-change-plan (target-state) were established with a survey. The «Regenbogenplan» (patch-change-plan) has been validated by a face validity in Spitex Basel. A training video and a leaflet were developed.

Results

For Spitex-employees a patch-change-plan is helpful (Survey: 20 yes; 90.9%). Some knowledge gaps in using TTS is present, such as whether the exact time has to be considered when changing (survey: 6 correctly; 27.3%). Requests for a patch-change-plan concern a graphical representation and instruction + documentation in a document. Spitex-scheme in application showed 5.3% empty mandatory fields and 11 (9.8%) non-documented days. The «Regenbogenplan» was correctly completed (Survey: 15 correctly, 95.2%; QBK: 5 correctly, 100%, ERFA: 15 correctly, 95.2%) without any further information. By using the training video in which the handling of TTS and the use of the «Regenbogenplan» is explained, the majority of the participants were able to run a TTS exchange accurately and well documented in the «Regenbogenplan» (Speed feedback: 25 yes; 92.6%).

Conclusion

The Spitex-scheme has been optimized. The «Regenbogenplan» was developed with safety giving elements. It seems to be easily understood and it could be used in nursing. Using the leaflet and the video should facilitate the introduction, and the lack of knowledge of Spitex-employees in the use of TTS should be filled.