

# CONTROLLED DRUGS MANAGEMENT

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# Ordering, transport and receipt

- Only registered nurses whose signature is held by pharmacy can order ward stock CDs
- Signature list updated every 12 months
- When ordering include:
  - Trust name, ward name
  - Name of medication, strength and quantity
  - Signature of person ordering and printed name
  - Date of order
- Only one medication per sheet
- Any LHCH staff with valid ID badge can collect from pharmacy
- Authorized receiver must receive CDs on ward, inspect all items, sign receipt section on order sheet and sign in the register immediately.

# Ordering, transport and receipt cont.

- Outside of pharmacy opening hours CDs can be issued to a patient on another ward with the on-call pharmacist's authorisation:
  - Sign out of supplying ward's CD book to named patient and ward to be supplied
  - **One dose only** to be supplied and nurses in charge of both wards must sign both registers
  - Ward to be supplied must enter receipt of CD to their stock CD register prior to signing out to their patient
  - Must also state that transfer was **authorized by on-call pharmacist.**
  - The CD registers of both the supplying ward and receiving ward must be signed by the nurse in charge of both wards.

# Ordering, transport and receipt cont.

- When receiving ward stock CDs enter in appropriate CD book:
  - Quantity received
  - The date and time
  - **Serial Number of the requisition**
  - “Received from Pharmacy”
  - Signature and countersignature of witness confirming correct balance in register
  - New stock level
  - Also sign received by section in the CD ordering book

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NAME, FORM OF PREPARATION AND STRENGTH: OXYCODONE 10mg M/R TABLETS

AMOUNT(S) OBTAINED			AMOUNT(S) ADMINISTERED				Witnessed by (Signature)	STOCK BALANCE	
Amount	Date Received	Serial No. of Requisition	Date	Time	Patient's Name	Amount given			Given by (Signature)
			Carried forward from page number OLD BOOK, Pg 16					Balance on transfer	
			10/10/15	15:30	Transferred from old book		Sign 1	Sign 2	31
			11/10/15	08:15	PATIENT AB (10mg) 1		Sign 1	Sign 2	30
56	13/10/15	521:01	13/10/15	12:30	RECEIVED FROM PHARMACY		Sign 1	Sign 2	86
			15/10/15	10:00	PATIENT BC	1	Sign 1	Sign 2	85 <sup>+</sup> 86
* Error			16/10/15	01:10	PATIENT CD - ELM WARD	1	Sign 1	Sign 2	85
1	17/10/15		17/10/15	03:15	RECEIVED FROM ORK WARD - AUTHORISED BY ON-CALL PHARMACIST		Sign 1	Sign 2	86 [85] <sup>+</sup>

≠ CALCULATION ERROR

# Administration

- Entry made each time dose is administered, including:
  - Date and time
  - Patient name
  - Amount given
  - Signature of staff administering
  - Signature of witness to the administration
  - Balance (should be countersigned as well)
  - If a dose is wasted (e.g. liquid measured then refused) then the dose should be destroyed by emptying into a sharps bin which is then labelled as mixed pharmaceutical waste/sharps. Authorised member of the ward staff must witness the destruction and document it in the CD register and countersign.
  - Liquid doses must be measured out using and appropriate oral syringe and quill or bottle adaptor.

# Patient's own CDs



- Patient's own Controlled Drugs must be entered into the Patient's own CD register and kept in CD cupboard
- Use one page per patient, per drug
- When patient is transferred to another ward ward staff must contact a pharmacist to arrange the transfer of the whole stock of patient's own controlled drugs. The CD needs to be signed out of the Patient's own register, stating:
  - **Date and time**
  - **The quantity given to the patient**
  - **Two signatures**
  - **The final balance (e.g. "Nil").**
  - If a patient is transferred to another location and requires dose of own controlled(because stock is not available and there would be a delay in obtaining ward stock e.g out of hours)then normal ward-to-ward process for transfer/administer of single dose must be followed.

# Record keeping



- Any errors are to be bracketed and endorsed “error”, signed and as good practice countersigned by a witness.
- Corrections must be made by way of marginal notes or footnotes which must be dated.
- **No cancellation, obliteration or alteration of any entry may be made**
- Every entry to be made in indelible ink.
- Blank lines should not be left between entries.
- All registers kept for 2 years from date of last entry.

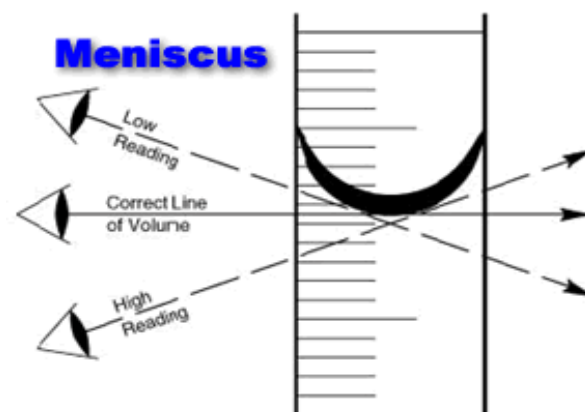
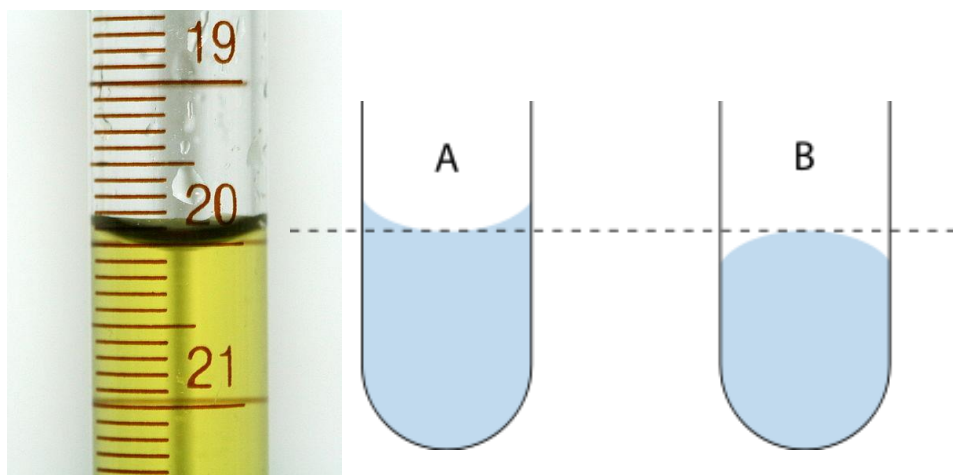
# Daily stock check



- For stock checks, each CD should be checked against register and countersigned by another authorised staff member.
- Checks to be done at least every 24 hours.
- Liquid balance can be checked by sight (on majority of occasions. However at the WEEKLY check, when the individual pages are to be annotated, all liquid controlled drugs must be measured.
  - Date and time of check
  - Words: “balance check completed and all correct” or details of any discrepancy noted
  - Signatures of 2 staff members conducting the check
- **Patient’s own CD register pages need to be checked** to ensure that:
  - “What’s in the CD cupboard is in the register” **and**
  - “What’s in the register is in the CD cupboard”An entry made using one page in the back of the CD register stating that balance of ALL controlled drugs have been checked.

# Stock check of liquid CDs

- Once a week (Sundays), to coincide with the weekly liquid CD balance check, documentation that the check has taken place must be written on each page of the CD register instead of using the back of the register. Liquids must be measured using syringe/conical flask
- Write in the book “balance checked and measurement completed and all correct”.



# CD discrepancies

- Any discrepancies must be fully investigated
- On discovery of a discrepancy:
  - Recount balance again and by another individual
  - Recheck all entries have been made
  - Recheck all calculations are correct
- If discrepancy remains escalate to Nurse in Charge and then further to Ward Manager.
- If the discrepancy cannot be resolved by Nurse in Charge or Manager they needs to inform Pharmacy (message can be left on the answer phone) and complete Datix.

# CD discrepancies - liquids

- For liquid CDs a 10% or less differential is considered acceptable.
- The 10% calculation can only apply when 10 or more doses have been taken from the same bottle.
- Document **any** discrepancy in **the back of CD register where CD stock check Checks are documented** and inform pharmacy on extension 1144.

**UNDER NO CIRCUMSTANCES CAN THE BALANCE IN THE CD REGISTER BE  
CORRECTED BY NURSING STAFF.  
ONLY PHARMACISTS ARE AUTHORISED TO DO THIS.**

# Destruction/return of CDs



- All out of date CDs are to be returned to pharmacy for destruction
- Partly used vials, epidurals or PCA bags greater than 50ml should be destroyed using the DOOP kit before disposing into a sharps bin
- If a dose is wasted, destroy by emptying into sharps bin (unless more than 50ml of liquid) as stated above
- Destruction of CDs at ward level are to be witnessed by another authorised nurse, pharmacist or doctor
- Entry of destruction made in register and signed by both parties witnessing the destruction

# Destruction/return of CDs

- If the medicines are not to be kept on the ward, either:
  - If the patient or their representative agrees, medicines should be returned to pharmacy by pharmacist
  - If the patient wishes, the medicine may be returned home via an identified adult. Responsibility for security is given to that adult. If the medicine is unsafe/inappropriate for use then the patient/relative should be advised and encouraged to send them to pharmacy for destruction
- Patient's own CDs to be returned to pharmacy (e.g. not issued to patient on discharge) must returned by a pharmacist
  - Notice given to pharmacy for its removal
  - Item booked out of CD register and new balance written against it
  - Must be done in the presence of a nurse and countersigned by both the pharmacist and the nurse

## CDs which should be destroyed at ward level

- Individual doses that are prepared and not administered (state the reason why not administered). If quantity more than 50ml then use DOOP kit.
- The remains of part doses e.g. 25mg from a 50mg ampule. This should be documented in a register as '25mg given, 25mg wasted'.
- Fentanyl and buprenorphine patches which have been applied to the patient should be disposed of by folding the patches with the adhesive side together and then place them into a sharps bin.
- Epidurals or PCA bags that have been attached to the patient (if more than 50ml use DOOP kit).

# Illicit/unknown substances



- If a illicit/unknown substance is found on hospital premise or on a patient on admission:
  - Pharmacist can take possession of the substance for the purpose of destruction or for handing it over to the police
  - If found on a patient the pharmacist must be informed. The patient's confidentiality should be maintained and the police be called in on the understanding that there will be no identification of the source
  - Where extreme quantities are found, the pharmacy manager and senior hospital manager, legal team and clinicians must be informed
  - If a patient does not give authority for the removal and destruction of the drug, the hospital may be required to call in the police