



Management of Controlled Substance

Ambulatory Care

UI Internal Audit Education
Responses/Fall 2009



Management of Controlled Substances

- There have been several changes made to the policies relating to the Management of Controlled Substances including:
 - Storage
 - Inventory
 - Key control



Storage of Controlled Substances

- Controlled Substances (CS) can be stored in:
 - Keyed Cabinets as follows:
 - Schedule I and II drugs must be stored in appropriate storage locations, behind two locks that are keyed differently (double-lock security system)
 - Schedule III and IV controlled substances may be stored as above or in a single-locked storage area
- Mobile carts should **not** be used for storage



Storage of Controlled Substances

- Refrigeration

Controlled substances which require refrigeration must be securely stored in a locked drawer or box within the refrigerator, a locked refrigerator, a refrigerator within a locked room, or a controlled substances cabinet (this option is acceptable only for selected controlled substances which are stored on the patient care unit for a short period of time)

Keys

- Keys to controlled substance cabinets will be stored in centralized areas
- Do not remove keys from patient care areas
- Report lost or missing keys to a manager immediately



Missing Keys

- **Report lost or missing keys to a manager immediately**
 - Call staff member responsible for the missing key and it will be brought back to the area immediately
 - Immediately report unresolved missing key discrepancy to the nurse manager **and** the pharmacy



Controlled Substance Discrepancy/Disposition Form

- 127-T form
 - Template is modifiable to be specific for your area (via nurse manager) and is printable off the Point
 - A 127-T will be kept for each controlled substance control cabinet
 - Use for delivery verification, audits, returns and discrepancy documentation

Forms to Pharmacy Daily



Controlled substance nursing audit

- Ambulatory Clinical areas will complete the controlled substance nursing **audit twice daily**: as soon as possible after the opening of the clinic and once at the closing of the clinic
- Additionally, **after each after-hours procedure**, a post-procedure controlled substance inventory will be performed



Controlled Substance Discrepancies

- Must be resolved **before** the outgoing shift goes off duty (requires a witness)
- The RN responsible for controlled substances must notify Pharmacy and document the discrepancy on the 127-T Controlled Substance Disposition Record form
- If the discrepancy can't be resolved, the discovering RN must fill out a Patient Safety Net (PSN) online report documenting the discrepancy



Significant Discrepancies

- Significant discrepancy:
 - Equal or >10 injectable or topical patch units
 - Equal or >25 oral units
- Report to NM, NS and Pharmacy Mgr right away
 - 1700 Friday until 0700 Monday: Report Monday morning
 - Add to 127-T form
- If significant discrepancy is resolved report to the NM, NS, and Pharmacy Mgr within 14 days



Unresolved Discrepancy

- For **any unresolved** discrepancy, a Patient Safety Net (PSN) needs to be completed.
- PSN needs to be completed by the RN who discovered the discrepancy
- This is for **any unresolved** discrepancy, not just significant ones



Patient Safety Net (PSN): Discrepancy Documentation

Open the PSN icon on your desktop

1. Choose “Other”
2. Questions 2-7 will be skipped as they are not applicable
3. Choose your unit
4. Not applicable
5. Enter the event date/time the discrepancy occurred
6. Choose I “Narcotic Discrepancy”



PSN Discrepancy Report Cont.

7. Describe the event and include:

- Drug name
- Strength
- Dosage form
- Amount
- Date loss identified
- Person Identifying
- Steps Taken

8. Harm score: Choose A “Unsafe conditions”

9. Staff Providing care: Enter the RN who discovered the discrepancy



PSN Discrepancy Report Cont.

10. Enter who was notified

11. Reporter's Role (The PSN should be completed by the RN that discovered the discrepancy)

13. Enter the person submitting the report's info including phone or pager #

Don't forget to notify the people you marked as notified on your PSN

Wasting

- Waste down the sink with a witness and document on the 127-T form
 - Witness only if directly visualized the waste
- **Never** dispose of controlled substances in sharps containers or in the trash
- Return large amounts to Pharmacy for disposal through the pharmacy technician and document on the 127-T form



Returning Excess, Discontinued or Expired Controlled Substances (CS) to Pharmacy

- Give CS to the pharmacy technician delivering CS to the area
- Do **NOT** use drug basket or courier
- Quantity must be noted on 127-T signed by:
 - RN Responsible for Controlled Substances
 - Pharmacy technician
- The reason for the return should be noted on a separate line



Addressing Non-Pyxis Controlled Substance Lock Issues

WEEKDAYS 0800 – 2300:

- Exterior Lock Problems:
Call the maintenance help-line (dial 800 from any in-house phone). If it is an urgent issue, convey that to the help-line operator
- Interior (2nd lock) Lock Problems:
Contact the pharmacy area that provides service to the unit during the hours in which the lock problem has occurred



Addressing Non-Pyxis Controlled Substance Lock Issues

After Hours (2300-0800 M-F, F 2300-0759 M and 24/7 on holidays):

- Contact the appropriate Nursing Supervisor (NS) with exterior or interior lock issues
- If an exterior lock issue, the Nursing Supervisor will have Safety and Security call in the hospital locksmith



References

- For more information, please see the following nursing policies:
 - Controlled Substances, Schedule II-IV Policy N-08.150
 - Storage of Medications Outside the Pharmacy MM.2B-2
 - Policies are available online on the Point



Assessment

Click on the [ICON](#) link below and answer the question to record your participation

ICON