

POLICY MANUAL

Subject: Controlled Substances

Effective Date: 11/20/90

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Review Dates: 4/96, 12/02DF, 07/08 DT
02/11 NC, 04/12 NC, 02/14 NC, 3/15 NC

Revision Dates: 1/22/94 CS, 4/96 WA
9/99 CSF, 6/05 JL, 07/07 JH, 01/10 NC,
5/11 NC/CSF

POLICY:

Cumberland Heights contracts with a pharmacy to provide its pharmaceutical services, including the dispensing of controlled substances for all patients. The contract pharmacy maintains a medication control system in conformance with Federal and State of Tennessee laws and regulations. Cumberland Heights' Professional Associate physicians and Cumberland Heights' licensed nursing staff members also follow the structure of the medication control system, including, but not limited to, prescribing, ordering, receiving, maintaining inventory control, administering, and disposing of controlled substances in accordance with all federal and state laws and regulations.

DEFINITIONS:

- A. *Controlled Substances* - any drug or chemical substance regulated under the Comprehensive Drug Abuse Prevention and Control Act (commonly known as the Controlled Substance Act) of 1970, which is incorporated herein by reference. Controlled substances are categorized into one of five schedules. Drugs commonly covered under this act include narcotics, stimulants, depressants and hallucinogens.
- B. *Floor Stock Controlled Substances* – controlled substances that are commonly prescribed by CHPA physicians and administered by CH licensed nursing staff to patients. These controlled substances are stored in the Nursing Station Medication Room under double lock and key.

PROCEDURE

Floor Stock Controlled Substances

1. The Chief Medical Officer, in consultation with the other prescribing physicians, determines the specific medications and dosage strengths of controlled substances that will be maintained as floor stock.
2. Controlled substances are re-ordered by the Medication Room nurse when the quantity of the medication is approximately 30 to 35 in order to maintain an adequate supply of medication for patient use.
 - A. The Medication Room nurse adds the needed medication to the Pharmacy Order Sheet.
 - B. The Pharmacy Order Sheet is faxed to the contract pharmacy.
3. Controlled substances are delivered, along with other ordered medications, by the contract pharmacy courier to the Medication Room nurse.
4. The Medication Room nurse verifies the accuracy of the delivery as follows:
 - A. The Medication Room nurse checks the Pharmacy Delivery sheet for pharmacy technician's signature. If no such signature is present, the nursing supervisor or designee is notified and the pharmacy is contacted to remedy the error. **Nurses should not accept a Pharmacy Delivery sheet for verification without the signature of a pharmacy technician.**
 - B. The Medication Room nurse then checks the Pharmacy Order Sheet, matching each individual item (e.g. name, dosage, quantity) to the Pharmacy Delivery sheet and the actual items delivered. Any variances should be accounted for by a form Medication "Not Sent" form which gives the specific reason for the variance. If there is any question about this, the Medication Room nurse notifies the nursing supervisor or designee and the pharmacy is contacted to remedy the issue.
 - C. The Medication Room nurse initials each medication on the Pharmacy Delivery sheet, including controlled substances, adding the date/time and full signature in the designated space at the bottom of the form.
 - D. For a controlled substance, the Medication Room nurse and another licensed nurse also checks the pharmacy Medication Delivery Sheet for a pharmacy technician's signature. They then match the information on the Medication Delivery Sheet with the Pharmacy Order sheet and the actual medication, dosage, and quantity delivered. If all is correct, both licensed people document the date/time and sign the sheet.
 - E. The original Medication Delivery Sheet is faxed to the pharmacy and then given to the Pharmacy courier. The yellow copy is forwarded to the Director of Nursing.
 - F. The additional quantity of the controlled substance is then added to the floor stock controlled substances and this is documented on the Floor Stock Controlled Substance Inventory sheet by the Medication Room nurse who writes the actual quantity received and initials the sheet. A second licensed nurse witnesses this and initials the inventory sheet as well.
 - G. The medication is then counted every shift.
 - H. Individual doses are signed out to the appropriate patient, documenting the date/time of administration, and signed by the administering nurse.

Floor Stock Controlled Substances

1. If the physician prescribes a controlled substance that is not one of the Floor Stock Controlled Substances, the physician will write an individual prescription.
 - A. If the prescription is for a Schedule II controlled substance, the Medication Room nurse will call the pharmacy to tell them that a Schedule II medication has been ordered. The pharmacy courier will pick up the actual written prescription and take it to the pharmacy. This is received in the pharmacy before the medication is dispensed.
 - B. If the prescription is for a lower Schedule drug, the written prescription may be faxed to the pharmacy.
 - C. All other aspects of the ordering process are as outlined in item #1, Floor Stock Controlled Substances.
2. Receipt of the controlled substances is as outlined in Item #3 and #4, Floor Stock Controlled Substances with the exception of 4-F and-G.
3. Non-stock controlled substances for individual patients should be accompanied by an individual disposition (e.g. sign-out) record. That disposition record is added to the Controlled Substance Inventory sheet by the Medication Room nurse and a licensed nurse witness, both of whom documents the addition and initials it on the inventory sheet.
4. Non-floor stock controlled substances for individual patients are then counted every shift like Floor Stock Controlled Substances.
5. Individual administration of each dose is documented on the Disposition record by the administering nurse.

Accountability

1. A continuous inventory is kept by the pharmacist on all dispensed controlled substances in the Cumberland Heights Medication Room. Physical inventories are performed and documented monthly on all Floor Stock Controlled Substances by a licensed pharmacy employee of the contract pharmacy.
2. Physicians are accountable for their prescribing practices.
3. Licensed nurses are accountable for the inventory and administration of controlled substances in the Floor Stock, as well as for the non-stock controlled substances prescribed for individual patients:
 - A. The "narcotic keys" to the double locked controlled substance cabinet in the Medication Room are carried by the designated licensed staff member(s) at all times.
 - B. Individual doses of controlled substances are signed out via the appropriate disposition sheet at the time of administration.
 - C. The inventory of floor stock and non-floor stock medications is checked for accuracy at the beginning/end of each shift. Both the on-coming nursing and the off-going nurse count these medications together and verify that the count is accurate via their signatures on the Controlled Substances Inventory sheet.
 - D. If the count is incorrect, nurses must stay on the premises until the count is corrected or until the Director of Nursing authorizes staff members to leave.
 - E. The Chief Medical Officer, the Associate Executive Director, and the Quality Management Director are notified the next business day of any incorrect counts.

Disposition of Controlled Substances

1. If a person brings a controlled substance with them to their initial assessment, the nurse will check with the physician as to disposition. With physician approval the nurse may:
 - A. Send the medication home with family if present;
 - B. Obtain the person's signature on the Prohibited Items Medication section and destroy the medication (via the Destruction of Medication policy requiring two licensed nurses to witness, via their signature, the destruction of the medication);
 - C. If the person is admitted and refuses to allow the medication to be destroyed, the nurse may take the medication to the Medication Room where it is counted by two licensed nurses, documented on the Prohibited Items Medication section, sealed in a tamper proof bag, and stored under double lock in the Medication Room until the person agrees to the destruction or is discharged. In this case, the Admitting Nurse notifies the physician and the clinical program director of the patient's refusal to allow the medication to be destroyed.
2. If a controlled substance must be destroyed:
 - A. Two licensed nurses must be present;
 - B. The destruction is documented on the Medication Destruction Record with signatures of both; and
 - C. The completed form is forwarded to the Director of Nursing.
3. If a patient is to be discharged home with a controlled substance:
 - A. A physician's order must be obtained for any controlled substances that are to be sent home with a patient;
 - B. Prior to discharge, two licensed nurses must count the medication and document the disposition of the medication and quantity of medication on the Controlled Substance Disposition (e.g. sign-out) sheet. (For example, if seven pills are being sent home, documentation should clearly detail the disposition of all seven pills). Documentation should include the date, time, and two signatures of the licensed nurses.
 - C. In addition, the discharging nurse should document the medication, dosage, frequency, and quantity sent home on the Medical Discharge Record in the Electronic Medical Record (EMR) including documentation that the patient was instructed on its use.

Note: If the patient's medication is being returned and the patient is NOT to continue on the medication, this also should be documented as well as the need for the patient to avoid any mood-altering medication without a physician's consultation.