



Administration & Management Of Controlled Drugs Procedure

Procedure Number
WCDHB-PM-0002

Version Nos:
7

1. Purpose

This Procedure is performed as a means of ensuring that Controlled Drugs are utilised and managed in accordance with the legislative requirements of the Medicines Act, Medicines Regulations, and the Misuse of Drugs Act.

2. Application

This Procedure is to be followed by all nursing staff throughout the West Coast District health Board (WCDHB).

3. Definitions

For the purposes of this Procedure:

Controlled Drug is taken to mean a medication that is defined as a controlled drug within the Misuse of Drugs Act 1975. It is also to include Tramadol Hydrochloride (Tramal).

4. Staff Authorised To Perform Procedure

This Procedure shall be performed by a:

- i) Registered nurse (RN)

5. Resources Required

This Procedure requires:

- i) Controlled Drugs register;
- ii) Controlled Drugs cabinet.

6. Process

1.00 Storage Of Controlled Drugs

1.01 All Controlled Drugs must be kept in a locked Controlled Drugs cabinet. Prescription forms for Controlled Drugs are also to be kept in the Controlled Drugs cabinet and recorded in the Controlled Drug register.

1.02 It is the responsibility of every nurse to ensure the Controlled Drugs cabinet is kept locked at all times.

1.03 Registered Nurses are responsible for the safe custody and availability of the Controlled Drugs cabinet at all times

2.00 Registering And Recording Of Controlled Drugs

2.01 The Nurse-In-Charge of each Ward is responsible for maintaining a Controlled Drug register for that Ward.



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- 2.02 A separate page of the Controlled Drug register is to be used for each drug and each strength of the drug.
- 2.03 Each entry for the *administration* of a Controlled Drug in the register must be signed by two (2) Registered nurses or 1 Registered nurse and 1 Pharmacist: the nurse who administered the Controlled Drug and the nurse or pharmacist who supervised and checked the administration of the Controlled Drug. The time of administration and the name of the prescriber must also be recorded in the Controlled Drug register. These entries into the Controlled Drug register are to be made with either blue or black ink.
- Note:** For each entry into the Controlled Drugs register only use numerals (e.g.: 2) or numbers (eg: TWO) to indicate stock being written into or out of the register.
- 2.04 Each entry for the *transfer* of a Controlled Drug to another ward must be checked by two (2) Registered Nurse or 1 Registered Nurse and 1 Pharmacist. These entries into the Controlled Drug register are to be made with either blue or black ink.
- 2.05 Each entry for the *return* of a Controlled Drug to the Pharmacy must be checked by two (2) Registered Nurses or 1 Registered Nurse and 1 Pharmacist. These entries into the Controlled Drug register are to be made with either blue or black ink.
- 2.06 Each Controlled Drug that comes into the Ward must be entered into the Controlled Drug register and must include the requisition number. Each incoming entry into the Controlled Drug register must be checked by two (2) staff (one of whom must be a Registered Nurse). These entries into the Controlled Drug register are to be made with red ink.
- 2.07 Alterations must not be made to Controlled Drug register entries. Any mistakes are to be corrected by an asterisk or bracket entry which is also to be signed and dated. A margin or footnote entry can be made to describe the error. Do NOT cross off any entry in the Controlled Drug register.
- 2.08 Weekly Controlled Drug checks are to be completed for all Controlled Drugs in each Ward. This checking is to be undertaken by the Nurse-In-Charge and a Registered nurse who would not normally work in that area or a Pharmacist or Medical Officer who are to verify the Controlled Drug count is correct and both staff members are to sign the Controlled Drug register. A Quantity Stock Account and a Physical Stock Check must both be completed.
However, this may vary in areas that have a special dispensation.
- 3.00 Loss Of Controlled Drugs**
- 3.01 Any discrepancy in the Controlled Drug register must be reported to the Nurse-In-Charge of the Ward and an Accident/Incident Form completed.
- 3.02 The Head of Department is to investigate the discrepancy and attempts to determine the reason(s) for the discrepancy.



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- 3.03 If the discrepancy is tracked to a specific date/time and patient, the correct details are to be entered in the Controlled Drug register by the Head of Department as a corrected error and then missed entry. (see example on inside cover of the Controlled Drugs register)
- 3.04 The Head of Department is then to complete the Accident/Incident Form detailing that the discrepancy has been accounted for and then forward the Accident/Incident Form to the relevant persons.
- 3.05 If the cause of the discrepancy cannot be determined then the Head of Department is to inform the relevant General Manager, who is to make a decision as to whether the Police are to be notified.

4.00 Destruction Of Controlled Drugs

- 4.01 Any part-used or broken ampoules are to be destroyed by placing them into a Sharps Container in the presence of a Registered Nurse, and the destruction recorded in the Controlled Drug register with both Nurses signing the entry.
- 4.02 Any expired or unwanted Controlled Drug must be returned to the Pharmacy for destruction.
- 4.03 Any Controlled Drug being returned to the Pharmacy accompanied by a requisition form stating that the Controlled Drug is being returned. The return of the Controlled Drug must be recorded in the Controlled Drug register and be signed by the Registered Nurse returning the Controlled Drug and another Registered Nurse who is to check the Controlled Drug and the Controlled Drug register.

5.00 Inter-Hospital Transfers Of Controlled Drugs

- 5.01 All inter-hospital transfer of Controlled Drugs are to be recorded at the Hospital Pharmacy on a Transfer of Controlled Drugs Form. This record is to be used for auditing purposes.

6.00 Sample signature List

- 6.01 All wards must have a sample signature list of all staff who have written in the Controlled Drugs register. This should be placed in the Controlled Drugs Register and updated with all new staff

7. Precautions And Considerations

- ➔ All Controlled Drugs must be kept in a locked Controlled Drugs cabinet. Prescription forms for Controlled Drugs are also to be kept in the Controlled Drugs cabinet.
- ➔ The Nurse-In-Charge of each Ward is responsible for maintaining a Controlled Drug register for that Ward.
- ➔ All movements of Controlled Drug must be recorded in the Controlled Drug register.



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8. References

- Code of Health and Disability Services Consumers' Rights (1995)
- Health Act (1956)
- Hospitals Act (1957)
- Hospitals Regulations (1993)
- Medicines Act (1981)
- Medicines Regulations (1984)
- Misuse of Drug Regulations (1977)
- Misuse of Drugs Act (1975)
- New Zealand Nursing Council Code of Conduct for Nurses and Midwives (1995)
- Health Practitioners Competency Assurance ACT 2003

9. Related Documents

- WCDHB Administration of Medications by Students Procedure
- WCDHB Controlled Drugs Procedure
- WCDHB Emergency Orders and Verbal Orders Procedure
- WCDHB Medication Errors Procedure
- WCDHB Medication For On-Leave Patients Procedure
- WCDHB Medication Policy
- WCDHB Nurse Initiated Medication Procedure
- WCDHB Nursing Policy
- WCDHB Nursing Standards
- WCDHB Practice Development Programme
- WCDHB Refusal of Medications by Patients Procedures
- WCDHB Self-Medicating Patients
- WCDHB Storing and Labelling of Medications Procedure
- WCDHB Use of Traditional and Alternative Medications Procedure

10. Guidelines

Inclusion Of Tramadol Hydrochloride As Controlled Drug

At the November 2001 meeting of the WCDHB New Products Committee, it was resolved that Tramadol Hydrochloride (Tramal) was to be classified as a controlled drug throughout WCDHB. This was to ensure that the WCDHB Pharmacy could monitor its usage, as it is currently not a subsidised medication.



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