



Capital Health

MEDICATION MANUAL

Policy & Procedure

TITLE: Narcotics and Controlled Drugs	NUMBER: MM 35-001
Effective Date: September 2015	Page Page 1 of 15
Applies To: Holders of Medication Manual	

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GENERAL POLICY

1. All narcotics and controlled drugs are to be handled according to the Controlled Drugs and Substances Act and as outlined in this and applicable Capital Health narcotic policies.
2. Benzodiazepines are normally excluded from the controls necessary for narcotic and controlled drugs.
 - 2.1. Any patient care area may add benzodiazepines to the list of drugs to be handled in the same manner as narcotic and controlled drugs.
 - 2.2. Patient care areas that have Automated Dispensing Cabinets (Pyxis®) handle benzodiazepines in the same manner as narcotic and controlled drugs.
3. Narcotic and controlled drugs are to be stored in double-locked cupboard/medication cart at all times. Both locks are to be engaged at all times when not in direct use.
4. All documentation in patient care areas is to be recorded on the Capital Health Narcotics and Controlled Drugs Record.
5. When the Pharmacy Department is closed, narcotic and controlled drugs may be transferred from one nursing unit narcotic cupboard to another nursing unit narcotic cupboard, or from one narcotic cupboard on a nursing unit to another narcotic cupboard on the same nursing unit.
6. All completed *Capital Health Narcotics and Controlled Drugs Record Forms* are to be reviewed by the Health Services Manager or Delegate (RN, LPN or clerk) for completeness, accuracy and resolution of discrepancies before being picked up by pharmacy.
7. Narcotics and controlled drugs are to be ordered, received and returned to Pharmacy using the Narcotic and Controlled Drug Order/Return Record form.
Exception – Facilities that have no Pharmacy Department on Site
8. Paramedics and Physician Assistants at the Offender Health Unit Burnside and Dartmouth General Hospital Emergency Department are authorized to handle narcotic and controlled drugs as outlined in this policy with the exception of Methadone.
9. Cardiac Sonographers are authorized to requisition and receive narcotics.
10. Anaesthesia Assistants working in the 2B Ophthalmology Local Procedure Room - refer to MM 35-008 *Documentation and Administration of Narcotics by Anaesthesia Assistants* for roles and responsibilities related to the handling of narcotics and controlled drugs.
11. Storage and/or administration of patient's own narcotic and controlled drugs is strictly prohibited except as identified in *MM 05-030 Patient's Own Medications (Inpatient Care)*.
12. The practice of pre-drawing narcotic syringes is restricted to critical care areas in Capital Health (ICUs, Emergency Departments, PACUs, IMCUs and the Burn Unit). Pre-drawn narcotic syringes are to be attended to or housed in a locked drawer or cabinet.

13. Narcotics in the form of an infusion are documented in such a way as to maintain accurate control and accountability.
14. Units that have an automated dispensing cabinet will refer to Pyxis policy (pending) for specific procedures related to the use of Pyxis. All other policies and procedures outlined in this policy are applicable.

DEFINITIONS

- Controlled substances:** All substances listed in Schedules 1-1V of the Controlled Drugs and Substances Act (<http://laws.justice.gc.ca/>). This includes Narcotics, Controlled Drugs, Cannabis Preparations and Benzodiazepines. **Note:** See [policy statement # 2](#) re: policy exclusion for Benzodiazepines.
- Double Locked:** A cabinet that has a double-door/double lock or single door/double lock combination.
- Attended to:** To look after, to be present at or with, to pay attention to; and/or to take charge of and monitor the location of the said object.
- Large Unresolved Discrepancy:**
- Loss of greater than 5 tablets;
 - Loss of a complete blister pack;
 - Loss of more than 2 vials or ampoules or loss of any single vial or ampoule in OHU;
 - Large volume of oral liquid greater than 20mL; and
 - ♦ Any methadone loss.

STORAGE AND SECURITY POLICY

1. Storage

- 1.1. The Narcotic cupboard is to be separate and/or locked independent of other cupboards with a separate key(s) and is to be securely attached to the wall or counter. No other key in the medication room can open the narcotic cupboard.
- 1.2. The cupboard is to contain only narcotic and controlled drugs (and benzodiazepines where determined by the patient care area).

2. Security

- 2.1. A nurse is to carry the narcotic keys at all times.
- 2.2. A cupboard or medication cart storing narcotics and controlled drugs is to be attended by a nurse when in use.
- 2.3. Nursing units that have multiple narcotic keys are to count the narcotic keys with the narcotic count and record the count on the Capital Health Narcotics and Controlled Drugs Record.

PROCEDURE

1. Storage

- 1.1. Store oral solid dosage forms separately from injectables.
- 1.2. Store Long Acting products on a separate shelf or separate bin from Regular Release products,
 - 1.2.2 If space does not allow a separate shelf or bin, organize all Long Acting products together and Regular Release products together.

2. Security

- 2.1. If keys are lost or taken home, notify security or maintenance (see [Appendix A](#)) as soon as possible or on the next business day to change the locks.
 - 2.1.1. Log an event in the Patient Safety Reporting System (PSRS),
 - 2.1.2. Perform a drug count.
- 2.2. Clinics/Labs and nursing units which close at the end of the day return the keys to Security.

ADMINISTRATION and DOCUMENTATION PROCEDURE

1. The nurse enters the following information on the *Capital Health Narcotics and Controlled Drugs Record*:
 - 1.1. date
 - 1.2. time
 - 1.3. patient's name
 - 1.4. patient's medical record number (MRN)
 - 1.5. dose/wastage
 - 1.6. adjusted balance of drug
 - 1.7. signature of nurse administering the drug
2. **Narcotic Oral Liquid**
 - 2.1 The use of oral syringe adapters is required when removing oral liquids.
 - 2.2 For the following situations, ensure there is a witness and signatures:
 - 2.2.1 When the balance on the administration record reads zero, destroy any remaining narcotic liquid and sign off on the record as 'overfill'.
 - 2.2.2 When the narcotic liquid bottle is empty, and the administration record contains a balance, sign off the balance as "wastage due to measuring".
 - 2.2.3 When there is an insufficient amount in the bottle for a full dose, discard the balance remaining and take the new dose from a new bottle. Document "end of bottle wastage". (Refer to [Wastage and Disposal](#) section)
- 3 **Narcotic Infusions**
 - 3.1 Count narcotic infusion bags, PCA cassettes, and CADD pump cassettes by the number of bags/cassettes, **not** by the doses.
- 4 **Drug count**
 - 4.1 Two nurses count and verify all narcotics and controlled drugs at each nursing shift change (a minimum of twice per 24 hours).

- 4.2 In the case of units (clinics/labs) where there is not a shift change, two nurses complete and verify the count once a day.
 - 4.2.1 In situations where only one nurse is present, the nurse completes the count and another staff member (physician, technician, etc.) verifies.
 - 4.2.2 If the area has been accessed after hours (i.e. call back), complete and verify a drug count upon the area opening in the morning.
- 4.3 Enter shift counts in red on the *Narcotics and Controlled Drugs Record* indicating:
 - 4.3.1 date
 - 4.3.2 time
 - 4.3.3 "shift count"
 - 4.3.4 actual balance (never carry false balances forward) *Refer to Discrepancies, Narcotics and Controlled Drugs policy MM 35-004*
 - 4.3.5 signature of two nurses performing the count

TRANSFER OF NARCOTIC AND CONTROLLED DRUGS BETWEEN NURSING UNITS PROCEDURE

1. A nurse from the transferring out nursing unit records the transaction on their *Capital Health Narcotics and Controlled Drugs Record* form, indicating the date, time, location of the borrowing unit, quantity of drug loaned and the adjusted balance.
2. A nurse from the transferring in nursing unit records the transaction on their *Capital Health Narcotics and Controlled Drugs Record* form, indicating the date, time, location of the lending unit, quantity of drug borrowed and the adjusted balance.
3. When the transfer involves an infusion already running:
 - 3.1. The nurse from the transferring out unit documents the amount to be infused on the MAR or flow sheet as appropriate.
 - 3.2. The nurse from the transferring in unit confirms the amount to be infused.
 - 3.3. Do not enter the infusion on the Narcotic and Controlled Drug Record.
4. Nurses from both transferring areas sign as witness on the record sheets of each other's unit.

DRUG RECORDS PROCEDURE

1. The Health Service Manager/Delegate (RN, LPN or clerk) reviews completed Narcotics and Controlled Drugs record forms to ensure full and appropriate completion, and signs off the *Capital Health Narcotics and Controlled Drugs Record*.
 - 1.1 Retain completed and signed records on the nursing unit to be picked up by Pharmacy at least once every two weeks.
2. Pharmacy reviews the completed *Narcotics and Controlled Drugs Record* forms for completeness and discrepancies and returns incomplete forms to the Health Service Manager for appropriate follow-up and completion.

3. Start a new *Capital Health Narcotics and Controlled Drugs Record* form on the first day of each month and number sequentially starting at number 1.
4. Retain at least the last two completed *Capital Health Narcotics and Controlled Drugs Record* forms on the unit at all times for picking up narcotics from Pharmacy.

ORDERING, RECEIPT AND RETURN TO/FROM PHARMACY PROCEDURE

1. A nurse orders/returns Narcotics and Controlled Drugs using the *Capital Health Narcotics and Controlled Drugs Order/Return Record*.
 - 1.1. When ordering a **non-stock** narcotic or controlled drug, record the patient name and hospital unit number next to the quantity requested on the *Capital Health Narcotics and Controlled Drugs Order/Return Record* to allow the pharmacist or technician to verify prior to dispensing.
 - 1.2. When the non-stock narcotic and controlled drug is discontinued, return to pharmacy on the next delivery day.
2. When issuing a narcotic or controlled drug to a nurse, the pharmacy technician or pharmacist records the following on the nursing unit's current *Narcotics and Controlled Drugs Record*:
 - date
 - received from Pharmacy
 - time
 - issue number
 - quantity delivered under the name of the drug
 - signature of technician/pharmacist and nurse
3. The nurse receiving the narcotic verifies the drug name and quantities of narcotics and controlled drugs received with the technician present. The nurse signs the *Capital Health Narcotics and Controlled Drugs Record* (1st initial and surname) and the *Capital Health Narcotics and Controlled Drugs Order/Return Record*.
4. The nurse enters and signs in red on the next line of the *Capital Health Narcotics and Controlled Drugs Record*, the new balance of the drugs received from Pharmacy.
 - 4.1. Draw a line through the blocks where no drugs were received.
 - 4.2. Upon receipt, immediately lock narcotics/controlled drugs in the narcotic cupboard.
5. A nurse indicates the drugs to be returned on the *Capital Health Narcotics and Controlled Drugs Record* and the *Capital Health Narcotics and Controlled Drugs Order/Return Record*. A nurse and a pharmacy technician together sign off these drugs in **red** on the *Capital Health Narcotics and Controlled Drugs Record*. The nurse records a new balance subtraction (in red) on the next line as per Procedure #4.
6. The nurse ensures that the requisition arrives in Pharmacy before 0930 hours on the assigned delivery day in order for Pharmacy to deliver.

7. On non-delivery days or in the evenings, a nurse who presents a valid Capital Health ID card and the last two *Capital Health Narcotics and Controlled Drugs Record* sheets picks up orders in Pharmacy.
 - 7.1. The nurse brings the nursing unit's current *Capital Health Narcotics and Controlled Drugs Order/Return Record* for issue entry by Pharmacy.
8. Nursing units temporarily closing for longer than five (5) days:
 - 8.1. Two nurses count and verify all narcotics and controlled drugs
 - 8.2. Return narcotics and controlled drugs and the *Capital Health Narcotics and Controlled Drugs Record* to Pharmacy.

PATIENT'S OWN NARCOTIC AND CONTROLLED DRUGS

1. The use of patient's own narcotic and controlled drugs is prohibited except as identified in policy MM 05-030 *Patient's Own Medication*.

PROCEDURE

1. When the use of patient's own medication (POM) is identified:
 - 1.1. The nurse records the following information on the *Capital Health Narcotics and Controlled Drugs Record*:
 - Date
 - Time
 - Patient's name and "POM" supply
 - Quantity received
 - 1.2. Two nurses count and sign the *Capital Health Narcotics and Controlled Drugs Record*.
 - 1.3. The nurse follows routine documentation and administration procedures.
 - 1.4. When the patient is discharged, two nurses count the remaining POM supply and return to the patient.
 - 1.5. The patient (or delegate) signs for the returned narcotics and controlled drugs using the *Narcotic and Controlled Drug Chain of Signatures* form.
 - 1.6. If the patient no longer requires the POM supply, the nurse indicates the drugs to be returned on the *Capital Health Narcotics and Controlled Drugs Record* and *Capital Health Narcotics and Controlled Drugs Order/Return Record*.
 - 1.6.1. A nurse and a pharmacy technician together sign off these drugs in **red** on the *Capital Health Narcotics and Controlled Drugs Record*.

- 1.6.2. The nurse records a zero balance (in red) on the next line.
- 1.7. The pharmacy technician returns the supply to pharmacy and documents in the kardex. Pharmacy retains the supply in the narcotic vault for 30 days.
- 1.8. After 30 days, pharmacy:
 - 1.8.1. removes the POM supply from the count on the paper kardex
 - 1.8.2. prepares for destruction as per normal Health Canada regulations
 - 1.8.3. keeps the supply in vault until destruction procedures are underway.
2. **When the use of patient's own narcotic and controlled drugs is not required**, a family member or substitute decision maker is asked to take the patient's own narcotic and controlled drugs home. When patient's own narcotic and controlled drugs cannot be returned home and must be stored on the nursing unit:
 - 2.1. The nurse and patient (or delegate) counts and signs the *Narcotic and Controlled Drug Chain of Signatures* form.
 - 2.2. Two nurses document on the unit-specific patient assessment form and lock the patient's own narcotic and controlled drugs in the narcotic cupboard with the *Narcotic and Controlled Drug Chain of Signatures* form.
 - 2.3. When the patient is discharged, two nurses count the POM supply and return to the patient.
 - 2.4. The patient (or delegate) signs for the returned narcotics and controlled drugs on the *Narcotic and Controlled Drug Chain of Signatures* form. The *Narcotic and Controlled Drug Chain of Signatures* form is returned to pharmacy.
 - 2.5. If the patient no longer requires the POM supply, the nurse indicates the drugs to be returned on the *Capital Health Narcotics and Controlled Drugs Order/Return Record*. A nurse and a pharmacy technician together count and sign the *Narcotic and Controlled Drug Chain of Signatures* form.
 - 2.6. Two nurses document on the unit-specific patient assessment that the POM supply was returned to pharmacy.
 - 2.7. The pharmacy technician returns the supply and *Narcotic and Controlled Drug Chain of Signatures* form to pharmacy and documents in the kardex. Pharmacy retains the supply and form in the narcotic vault for 30 days.
 - 2.8. After 30 days, pharmacy:
 - 2.8.1. removes the POM supply from the count on the paper kardex
 - 2.8.2. prepares for destruction as per normal Health Canada regulations
 - 2.8.3. keeps the supply in vault until destruction procedures are underway

3. When patient's own narcotic and controlled drugs are returned by security for destruction:
 - 3.1. Security and pharmacy staff complete and sign the *Narcotic and Controlled Drug Chain of Signatures* form.
 - 3.2. The pharmacy technician returns the supply and *Narcotic and Controlled Drug Chain of Signatures* form to the vault and documents in the kardex. Pharmacy retains the supply and form in the narcotic vault for 30 days.
 - 3.3. After 30 days, pharmacy:
 - 3.3.1. removes the POM supply from the count on the paper kardex
 - 3.3.2. prepares for destruction as per normal Health Canada regulations
 - 3.3.3. keeps the supply in vault until destruction procedures are underway
4. If a patient requests their own narcotic and controlled drugs from pharmacy within the 30 days, the pharmacy technician and patient (or delegate) counts and signs for the returned narcotics and controlled drugs *Narcotic and Controlled Drug Chain of Signatures* form.

PRE-DRAWN SYRINGES POLICY

1. Pre-drawn narcotic syringes may be used to provide a narcotic to patients in a time efficient manner.
2. Pre-drawn syringes are to be attended to or housed in a locked drawer or cabinet.
3. This policy applies **only** to critical care areas in Capital Health (ICUs, Emergency Departments, PACUs, IMCUs and the burn unit).

PROCEDURE

1. Sign out narcotics as per policy.
2. Two registered nurses witness the preparation of the narcotic syringe.
3. Attach a medication label with the patient's full name, date, time, drug, concentration and names of nurses who prepared the medication.
4. Two registered nurses witness the destruction of discarded medication. Discard any remaining medication at the end of each shift or if the patient is transferred or discharged, or if the medication is discontinued beforehand.

DOCUMENTATION FOR NARCOTICS AND CONTROLLED DRUGS INFUSIONS (Epidural Bags, PCA Cassettes, and CADD Pump Cassettes)

PROCEDURE

1. Ordering, Receipt, and Return

1.1. Narcotic infusions are ordered, received and returned to Pharmacy in the same manner as all narcotics as per CH policy & procedure MM 35-001 Narcotics and Controlled Drugs (Refer to section 'Ordering, Receipt and Return to/from Pharmacy')

2. Administration and Documentation

2.1. The registered nurse enters the following information on the Narcotic and Controlled Drug Record:

- date
- time
- patient's name
- patient's medical record number (MRN)
- dose
- adjusted balance of drug (i.e. # of bags remaining)
- signature of registered nurse administering the drug.

2.2. When a patient is transferred from another area with an infusion already running, the transferring nurse documents the amount to be infused on the MAR or flow sheet as appropriate; the receiving nurse confirms the amount to be infused. The infusion is not entered on *the Narcotic and Controlled Drug Record*.

3. Wastage

3.1. In the event of breakage, contamination, wastage and doses refused by the patient before the medication is hung, or wastage occurring after the medication is hung, two registered nurses dispose of the narcotic infusion bag, record it as wastage on the Narcotic and Controlled Drug Record and sign the Narcotic and Controlled Drug Record.

Note: In areas where only one RN is available, an LPN may witness and sign the disposal.

4. Shift Count

4.1. Count the unused narcotic infusion bags, PCA cassettes and CADD pump cassettes remaining in the cupboard; count by the number of bags/cassettes not by the dose (mg).

WASTAGE and DISPOSAL

PROCEDURE

1. Do not empty any narcotics into the sink; do not leave narcotics in the pharmacy returns bin.
2. Dispose of all breakage, contamination, wastage and doses refused by the patient in the presence of two nurses.
 - 2.1. Dispose syringes or amps/vials, oral solid dosage forms and patches containing narcotics or controlled substances in the sharps container. Witnesses observe the amount wasted (including disposal)
 - 2.2. Empty (pour) IV solutions containing narcotics or controlled substances and oral liquids into an Rx labelled white disposal bucket found in the medication room.
 - 2.2.1. Remove the cap from the lid of the disposal container.
 - 2.2.2. Pour remainder of infusion into the bucket
 - 2.2.3. Add ½ cup of kitty litter (taking care to minimize the spread of dust particles)
 - 2.2.4. Replace the cap
 - 2.2.5. Call housekeeping for removal when container is ¾ full.
 - 2.3. Witnesses calculate/estimate the amount wasted and observe the actual disposal.

Note: Refer to [Appendix B](#) for information for ordering disposal containers and kitty litter
3. When a Narcotic or Controlled Drug infusion is discontinued, ensure that any remaining solution has a witnessed destruction. Record this destruction in millilitres on the *Capital Health Narcotics and Controlled Drugs Record*. Make no adjustment to the balance as a result of recording this destruction.
4. When a Narcotic or Controlled Drug patch is removed from a patient, ensure that the patch has a witnessed destruction. Record this destruction on the *Capital Health Narcotics and Controlled Drugs Record*. Make no adjustment to the balance as a result of recording this destruction.

PASS MEDS

1. Refer to MM 05-035 *Medication Supplies during Episodic Care, Transfers, Passes and Discharges*

DISCREPANCIES

POLICY

1. All unresolved discrepancies/losses are reported immediately to the Pharmacy Department dispensary and through the Patient Safety Reporting System. Refer to CH 30-035 *Patient Safety Reporting System*.
2. In the event of **large unresolved discrepancies/losses** (refer to [Definitions](#)) staff will **immediately** notify the Health Services Manager or Delegate, and/or the

Administrative Coordinator or Administration-on-call. The Health Services Manager or the Administrative Coordinator will **immediately** notify the Health Services Director, Risk Management, Pharmacy and Security. Risk Management will take the lead in the investigation.

3. Capital Health Security Services may conduct a search of the area/unit under the authorization and direction of Risk Management. In the event of a large unresolved loss affecting the Offender Health Units (OHU), staff will notify Correctional Services Officer in Charge (OIC) Captain on duty in the event that the loss may affect offender health and safety.

Exception to Policy: Paramedic staff and Physician Assistants are authorized to fulfill this role at the Offender Health Unit (OHU).

PROCEDURE

1. Do not carry an incorrect balance forward. Record the actual balance and note as "Corrected Balance"; ensure two nurses sign.
2. Inform the Health Service Manager/Delegate of the discrepancy; the Health Service Manager/Delegate initiates an investigation including:
 - 2.1. Double counting *all* narcotic and controlled drugs.
 - 2.2. Checking addition and subtraction of the missing medication on the *Capital Health Narcotics and Controlled Drug Record*.
 - 2.3. Verifying against the patient(s) health record that the proper dose of the missing medication was administered.
3. When missing items cannot be found, Pharmacy further investigates and, within 10 days, files a report with the Office of Controlled Substances - Compliance, Monitoring and Liaison Division and copies this report to Risk Management.
4. Risk Management, Pharmacy and the Health Service Director and Manager investigate further all large unresolved discrepancies immediately.

RELATED DOCUMENTS

Policies

- | | |
|-----------|--|
| MM 35-020 | Narcotic Procurement – Twin Oaks and Musquodoboit Valley |
| MM 35-008 | Documentation and Administration of Narcotics by Anaesthesia Assistants |
| MM 35-009 | Methadone, Prescribing & Administering to In-Patients |
| MM 05-035 | Medication Supplies during Episodic Care, Transfers, Passes and Discharges |
| CH 30-035 | Patient Safety Reporting System |

Forms

Narcotic and Controlled Drug Chain of Signatures form.

Appendices

[Appendix A](#) - Site Specific Contact Information When Keys are Lost or Taken Home

[Appendix B](#) – Ordering Information – Disposal Containers and Kitty Litter

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[Version History](#)

APPENDIX A

Site Specific Contact Information When Keys are Lost or Taken Home

Site	Contact Information
QEII	Security
Hants	Maintenance
DGH	Security
NSH	Security
ECFH/OHM	Corrections
Cobequid	Health Services Manager
Trifacilites	Maintenance

Appendix B

Order disposal containers and kitty litter through stores:

- Disposal containers - stock number 165743
- Kitty litter 7 kg unscented – stock number 166150

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
	January 2016; Add some clarification statements, and incorporated other related policies; no practice changes
	March 2016 - Discrepancies - Procedure #1; changed from 2 RNs to 2 nurses