



<b>TITLE:</b>	<b>Narcotic, Controlled Drugs and Targeted Substances-Patient Care Areas</b>		
<b>Manual/Policy#:</b>	PCS II-M-11	<b>Division:</b>	AGH
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<b>Last Date Reviewed:</b>	November 2019	<b>Cross Reference(s):</b>	<ul style="list-style-type: none"> <li>• PCS II-M-8 High Alert Medication Management Policy</li> <li>• PCS II-M-13 Medication Administration Policy</li> </ul>

**1. POLICY STATEMENT:**

Narcotic and Controlled Drugs and Targeted Substances (NCDTS) shall be handled and controlled on Patient Care Units according to Federal regulation and the *“Guidelines for the Secure Distribution of Narcotics and Controlled Drugs in Hospitals”*.

Registered Nurses (RN) and Registered Practical Nurses (RPN) employed by the hospital and Physicians with Anaesthetic Privileges are professionally and legally responsible for the safe and secure management and administration of all NCDTS for which they assume responsibility and for the completeness and accuracy of records detailing their storage, administration and wastage.

**2. SCOPE:**

This policy applies to all nursing and pharmacy staff, physicians and midwives at the Almonte General Hospital.

**3. GUIDING PRINCIPLES:**

N/A

**4. DEFINITIONS:**

**ADU:** Automated Dispensing Unit

**AUTHORIZED PERSONNEL:** Nurses employed by the hospital, regulated health professionals designated by the hospital to perform the count, and pharmacy personnel employed by the hospital performing inventory and audit procedures.

**NARCOTIC, CONTROLLED DRUGS AND TARGETED SUBSTANCES:** *Drugs listed at the following link:*

[HTTP://LAWS-LOIS.JUSTICE.GC.CA/ENG/ACTS/C-38.8/PAGE-12.HTML#H-28](http://LAWS-LOIS.JUSTICE.GC.CA/ENG/ACTS/C-38.8/PAGE-12.HTML#H-28)

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**NARCOTIC AND CONTROLLED DRUG RECORD:** Unit based record detailing the inventory, administration, and any wastage of narcotic and controlled drugs.

**REGULATED HEALTH PROFESSIONAL:** A member of a regulated health profession with a current or temporary certificate or license, employed by Almonte General Hospital (e.g. radiology technologist, pharmacist, pharmacy technician, respiratory therapist, RN, RPN).

## 5. PROCEDURE:

### 5.1 SECURITY

- a) All NCDTS are stored in locked cupboards, drawers, medication refrigerators and/or ADU's in designated areas. *Exception: small quantities required in emergency situations may be stored in tamper evident Emergency Drug Locations. All documentation is still required but may be done following resolution of the Emergency Situation.*
- b) The narcotic cupboard/drawer remains locked at all times except during issuing, receiving, or counting of drugs.
- c) Narcotic cupboards must only contain medication and secure key storage.
- d) Keys or codes are required to access the narcotic cupboard. Only one authorized person will access the narcotic cupboard/drawer at a time. Once the transaction is complete, the door/drawer must be closed before another user can access the cupboard/drawer.
- e) If the unit has narcotic keys they must be carried at all times (except OR/RR) by a Nurse.
- f) ADU's require a password, username or biometric scan to access medication.
- g) If using an ADU, the user must perform the logout process.
- h) A narcotic count is required whenever there has been a question about the security of the medications. (See Section 3, End of Shift Count/Verification).
- i) A student nurse or any other unauthorized personnel (eg. Clinical instructors), under the direct supervision of a nurse employed by the hospital, may have access to the narcotic cupboard or ADU. Access codes are NOT to be shared with these users. The direct supervisor must access the cupboard/drawer or cabinet and take full responsibility for any NCDTS removed.
- j) Keys kept in the narcotic cupboard/drawer must be signed in/out and counted.

### 5.2 ORDERING AND RECEIVING

- a) Pharmacy delivers supplies according to an established schedule or as required.
- b) Each unit keeps a supply of narcotics, which is restocked by pharmacy. The supply is determined by a pharmacist in consultation with the nurse manager of the unit and is based on the utilization and clinical needs of the patients on the unit.
- c) High Potency Narcotics are only supplied to Patient Care Units as outlined in the High Alert Medication Management Policy and Procedure PCS II-M-8
- d) At the time of delivery the pharmacy staff member records in red ink: the date, "from pharmacy", name of drug, strength and quantity and adjusts the balance of stock on unit. The nurse receiving the medication and the pharmacy staff member verify the actual count and both sign the Narcotic and Controlled Drug count and Administration Record.

### 5.3 COUNT / VERIFICATION

- a) Two nurses (RN or RPN) are required to count the entire supply of NCDTS at the change of each shift; one nurse from the shift leaving and one nurse from the oncoming shift.

**Note:** If there is one nurse leaving and no nurse coming on for a new shift, the count must be done with the nurse leaving and one nurse staying (e.g. D12 or N12). The only exception to this is in the OR and the RR.

In the RR two nurses, count the drugs each day when the RR opens and again at the end of the day. In the OR two nurses or one nurse and the anesthetist perform the count. The two health professionals completing the count sign on the "Narcotic and Controlled Drug Record" in **RED** ink verifying the completeness of the record and accuracy of the count. In the OR, at the time of the count, responsibility and accountability for security and documentation of NCDTS is transferred to the anesthetist, when the count is completed at the end of the day this responsibility is transferred back to the Nursing Staff. When the OR/RR are closed the key is kept in the ER ADU for the main OR or OBS narcotic drawer for the OBS OR and signed for on the ER or OBS "Narcotic and Controlled Drug Record". In the event of an urgent situation that would compromise patient care the opening count may be omitted.

- b) Perform a narcotic count each time a nurse leaves a shift. All staff must remain on the unit until the count is complete.
- c) Visual inspection of all narcotic stock (vials/ampoules/tablets etc.) is required during the narcotic count.
- d) Enter the count in red ink in the Narcotic and Controlled Drug Record immediately following the last entry. Both health professionals sign the count.
- e) Ensure there are no discrepancies in the count or specific alert identified by the ADU and that all entries are complete for the preceding shift (including signature of witness to wastage). If a discrepancy is identified, refer to Section 4 on Discrepancies.
- f) In areas closing for the night/weekend two health professionals count before leaving and again when the unit is next opened to verify that the count remains correct.
- g) ADU inventory count verification must be performed on a weekly basis by a pharmacy staff member and a nursing staff member.

### 5.4 DISCREPANCIES

- a) Try to determine the cause of the discrepancy by:
- Checking the accuracy of each entry
  - Checking that all doses administered have been recorded
- b) Complete a discrepancy report and notify the Manager or his/her delegate and the Pharmacist. The Manager or delegate and a Pharmacist will investigate all unresolved discrepancies.

- c) On evenings, nights, and weekends, notify the Charge Nurse. In the event of a significant loss (eg. 5 doses or more) the Charge Nurse will notify the Pharmacist On Call.
- d) Once investigation is complete the Pharmacist will attach the original completed discrepancy report to the “Narcotic and Controlled Drug Count and Administration Record”.
- e) A copy of the Discrepancy Report will be kept in the Pharmacy Department and the Manager of Pharmacy Services will annually review the Discrepancy Reports and prepare a Summary Report.
- f) All unresolved discrepancies which may represent loss or theft must be reported to the Office of Controlled Substances within 10 days of discovery.

### **5.5 ALERT**

- a) Any suspected diversion of narcotics, controlled drugs or targeted substances must be reported to the manager/delegate and pharmacist followed by an investigation.

### **5.6 NARCOTIC INFUSION BAGS, CASSETTES AND SYRINGES**

- a) All narcotic or controlled drug infusions will be administered with an infusion pump
- b) The pharmacy staff member enters the strength and quantity of bags, cassettes, or syringes into the Narcotic and Controlled Drug Record.
- c) The nurse receiving the medications verifies the correctness of the entry and co-signs the Narcotic and Controlled Drug Record with the pharmacy staff member.
- d) Count the bags, cassettes and syringes with the rest of the Narcotic and Controlled Drugs.
- e) Ensure that there is a sufficient supply of required infusions available for the next shift(s).
- f) Verify expiry dates.
- g) Enter admissions, transfers, and returns to pharmacy in the Narcotic and Controlled Drug Record in the same manner as all other Narcotics and Controlled Drugs (see Section 4 - Documentation).
- h) When the infusion is finished, discontinued, or it is necessary to discard a portion of the infusion, enter the amount of narcotic used, and the amount of narcotic wasted in the Narcotic and Controlled Drug Record beside the patients name or “0” in the “Amount Wasted” column. Have a second nurse witness wasting the medication and both nurses must sign in the “Witnessed By” column.
- i) If there is no previous entry for this patient on the Narcotic and Controlled Drug Record (i.e. the infusion was started on another unit), initiate an entry on the record and document the wastage following the usual process.
- j) If a patient is transferred to another unit with an infusion, verify the amount of narcotic remaining in the bag (inside the pump) and document on the appropriate flowsheet. If there appears to be a discrepancy, complete a PRIMS report and notify the Manager.

- k) If an infusion is unused, keep it on the unit until the next visit by the pharmacy technician. The technician will sign the medication out of the Narcotic and Controlled Drug Record and a nurse co-signs the entry.

### 5.7 PATIENTS OWN NARCOTIC & CONTROLLED DRUGS

- a) When narcotic or controlled drugs are brought into the hospital by a patient and there is no family member available to take them home, they must be stored in the locked narcotic cupboard.
- b) If the patient is to continue using the medication, contact the physician to determine if the patient will use their own supply of medication. Unless the medication is non-formulary, in most cases the patient will use the hospital supply. If the patient is to use her/his own supply, record doses administered and wasted in the usual manner.
- c) If the medications cannot be returned home and must be stored, place the narcotics in an envelope and label it with the patient's name, the medication name, strength, and amount/volume. Seal the envelope. On the seal, the Nurse enters his/her signature, the date and time.
- d) Enter the medication in the Narcotic and Controlled Drug Record. On the row for recording entries, enter the date, time and write, "brought in by \_\_\_\_\_ (patient's name)" in red ink. The nurse enters their signature following the usual process.
- e) When the patient comes in with a narcotic cassette that is infusing, enter the partial cassette on a separate row in the Narcotic and Controlled Drug Record. Enter the date, time, patient's name, and write, "infusing on admission". Place a check mark in the correct column.
- f) When the patient is discharged, return the medication to the patient unless the patient will no longer be using the medication. In this case, with a witness present, seek consent from the patient to have the medication sent to pharmacy for disposal. Document returning the medication, or the patient's consent/refusal to have the medications disposed of, the name of the witness, and any specific physician's instructions.

### 5.8 WASTAGE AND DISPOSAL

- a) Complete the Narcotic and Controlled Drug Record, noting the amount administered, the amount discarded, and have a witness sign the entry or if ADU verify witness waste by entering biometrics or user name and password.
- b) Partial doses must be wasted. A second nurse witnesses the wastage and co-signs the Narcotic and Controlled Drug Record or ADU verification.
- c) Enter the reason for wasting the medication on the entry row opposite the patient's name (e.g. "accidentally damaged", "broken", "dose not administered", or "patient refused" etc.).
- d) If two or more ampoules/vials are broken, notify pharmacy.

- e) If the narcotic is returned unused following a dose given for administration (eg. patient transport)– it must be wasted and recorded in the narcotic record book and cosigned (according to wastage procedure).
- f) Bulk wastage, expired drugs, or breakage of more than two ampoules/vials must be returned to pharmacy for wastage. Place the medication in an envelope.
  - i) Write the date, unit, drug, strength, format (e.g. Tabs etc.),
  - ii) Write the number of doses and reason for wastage.
  - iii) Sign and have a second nurse co-sign the envelope and the Narcotic and Controlled Drug Record.
  - iv) Seal the envelope and place it in the locked narcotic cupboard.
- g) **Transdermal patches:** Once the patch has been removed from the patient, it should be folded in half so that the adhesive backing is folded together and adheres to itself. The patch should then be disposed of in a pharmaceutical waste container. Patch removal must be documented on the patient's MAR.

### 5.9 EMERGENCY/OFF HOURS PROCUREMENT

If pharmacy is closed and an urgently required medication is available on another unit, it may be procured from the other unit.

- a) Obtain permission from the assigned Team Leader on both units.
- b) Take the unit-specific Narcotic and Controlled Drug Record to the ward which has the medication.
- c) On the issuing unit's Narcotic and Controlled Drug Record, complete the following:
  - i) enter the date and time
  - ii) write "Transferred to \_\_\_\_\_ (unit's name)" in the column for the patient's name
  - iii) record the name of drug, strength and quantity and adjust the balance of stock on unit
  - iv) verify the balance, both nurses sign, the nurse taking the medication, and the signature of a second nurse from the issuing unit as a witness to the transaction.
- d) In red ink on the receiving unit's Narcotic and Controlled Drug Record, complete the following:
  - i) enter the date and time
  - ii) write "Transferred from \_\_\_\_\_ (unit's name)" in the column for the patient's name
  - iii) enter the amount being added in the correct medication column
  - iv) the signature of the nurse taking the medication, and the signature of a second nurse from the issuing unit as a witness to the transaction.

### 5.10 WEEKEND PASS / LEAVE OF ABSENCE (LOA)

- a) Complete Physician Order is required meeting all legislative requirements for pharmacy to fill a narcotic for a weekend pass or LOA.
  - i) The supply is delivered to the unit and entered in the Narcotic and Controlled Drug Record.
  - ii) The entry is written in a column for non-ward stock narcotics and labeled “weekend pass medications for \_\_\_\_\_ (patient’s name) (otherwise added to existing ward stock).
  - iii) The total number of tablets is then entered into this column.
  - iv) The nurse receiving the medications and the pharmacy technician delivering the drugs sign the entry.
  - v) The medication is stored in the locked drawer until the patient is leaving the hospital.
  - vi) When the patient leaves on his/her pass, give the patient the medication and complete the entry in the Narcotic and Controlled Drug Record; reduce the count accordingly.
  - vii) When the patient returns to the hospital, record any returned NCDTS in the Narcotic and Controlled Drug Record and lock the medication in the narcotic cupboard.

### 5.11 CLOSED UNITS

- a) Long Term (Greater than One Week)
  - i) Return all medications in the locked narcotic cupboards to Pharmacy.
  - ii) Contact pharmacy to make the necessary arrangements

### 5.12 DOCUMENTATION

- a) Enter all narcotic cupboard transactions in the Daily Narcotic and Controlled Drug Record. This includes (but is not limited to):
  - i) Access for receipt and/or distribution of narcotics and controlled drugs.
  - ii) Access for narcotic count at the end of shifts.
  - iii) Access for storage of patient narcotics/storage of narcotics to be returned to pharmacy etc.
  - iv) All access to the narcotic cupboard must be recorded even if no medications are added or removed.
- b) Use red ink for all additions and counts in the Daily Narcotic and Controlled Drug Record. Use blue or black ink for all entries for administering medication to a patient or for transfers to another unit . Do not use white out or pencil.
- c) When medication is removed from the Narcotic Cupboard, complete the Narcotic and Controlled Drug Record.
- d) Upon removal from the narcotic cupboard, ensure the medication has not expired.
- e) When medication is administered to a patient, enter the following in the Narcotic and Controlled Drug Record :

- i) date and time of administration
  - ii) first and last name of the patient
  - iii) ordering physician's first and last name
  - iv) dose administered
  - v) amount of remaining inventory
  - vi) signature of the nurse or practitioner administering the medication.
- f) When medication is not required and is returned to pharmacy, the pharmacy technician will enter "Returned to Pharmacy". The nurse witnessing the return co-signs the entry. In all cases, confirm that the inventory count is correct.
- g) When the Narcotic and Controlled Drug Record is complete, transfer the counts from the completed page to a new page (next page/new sheet).
- h) Stroke out an error with a single line and initial the error.
- i) Entries made on the Narcotic and Controlled Drug Record by nursing students, and instructors must be co-signed by an AGH nurse.
- j) Complete all sections of the appropriate Narcotic and Controlled Drug Record.
- k) Nurse Managers are to review all Narcotic and Controlled Drug Record sheets prior to returning to pharmacy to identify unusual activity/diversion and to ensure completeness.
- l) Narcotic and Controlled Drug Record sheets should be left for Pharmacy pick-up at least monthly.
- m) Document all medications as per the Charting Procedure: Medication Administration Policy PCS II-M-13

## 6. REFERENCES

Controlled Drugs and Substances Act of Canada, 1996, Chapter 19.  
[Http://www.napra.ca/pdfs/fedleg/cdsa.pdf](http://www.napra.ca/pdfs/fedleg/cdsa.pdf)

Guidelines for the Secure Distribution of Narcotic and Controlled Drugs in Hospitals, Bureau of Dangerous Drugs, Health Canada, 1990

College of Nurses of Ontario, Medication Standard, (2015)

NARCOTIC, CONTROLLED DRUGS & TARGETED SUBSTANCES (NCDTS) (August 2015)  
Queensway-Carleton Hospital, Ottawa, Ontario

Controlled Drugs and substances in Hospitals and Healthcare Facilities: Guidelines on Secure Management and Diversion Prevention, Canadian Society of Hospital Pharmacists, 2019

## 7. APPENDICES:

N/A

## Evaluation

This policy will be reviewed every 3 years.