

Controlled Substances In-Service

Documentation

- ✓ Controlled substances must be signed into the narcotic book immediately upon receipt from the pharmacy. TIP: **Check the count before accepting from the delivery driver for all controlled substances, including the ER narcotic kit.**
- ✓ Ensure that the pharmacy label drug name, strength, and directions match what is written in the narcotic book and the MAR.
- ✓ Complete documentation in the narcotic book prior to administering controlled substances to the resident. Check the count with each administration to ensure accuracy. Initial the MAR after administering the medication.
- ✓ **Ensure that all PRN documentation is completed on the MAR and in the nursing notes after administration of PRN narcotics.**
- ✓ **Wasting:** When breakage or wastage of all or a partial dose of a controlled substance not in its original sealed package and/or not administered to a patient occurs, the amount administered and the amount wasted shall be recorded by the licensed person who wasted the controlled substance and verified by the signature of another licensed person who observed the wastage and how it was wasted. Controlled substances shall be wasted in such a manner that such substances are rendered unusable.
- ✓ Send original written narcotic prescriptions from hospital or those written by the physician and left at the facility to the pharmacy with the delivery driver.

Counting

- ✓ All controlled substances, including the ER narcotic kit and medications in the refrigerator, must be counted at each shift change. **Both the oncoming and outgoing nurse should look at the card and the narcotic book to ensure accuracy.** Do not rely on one nurse to call out numbers and the other to review the narcotic book. Don't forget ER supply in the refrigerator!
- ✓ In addition to shift change, if a nurse must leave the cart keys with another nurse for any reason, a narcotic count should be completed upon return.
- ✓ If a resident goes out on leave during a scheduled med pass, the resident must have a physician order to take medications with him or her. If more than one dose is required, I

recommend sending the whole medication card with the resident.

- Nurse should count medications with resident or responsible party. **Nurse and resident/responsible party must sign** to verify count before leaving and upon return.
- ✓ Liquid controlled medications are often dispensed in multi-dose containers which indicate approximate volume. The containers may also be opaque to protect the medication from light. It should be noted that absolute accuracy in tracking volume and use of liquid controlled medications may not be possible.
 - The actual volume in these containers may be slightly over or under the manufacturer's stated volume depending on the shape and material of the container and the formulation of the medication such as thick liquid suspensions.
 - The general standard of practice for documenting usage of liquid controlled medications is to record the starting volume from the label, record each dose administered, subtract the dose administered from the previously recorded volume, and record the remaining amount.
 - Any observed discrepancy between the recorded amount and what appears to be remaining in the container should be reported according to facility policy.
 - Manufacturer's instructions may list the estimated volume variance (e.g., 30 mL plus or minus 2.5 mL).
- ✓ For liquid controlled medications, **signs of diversion** may include:
 1. an observable discrepancy between the written balances of remaining medication compared to the remaining amount in the bottle upon visual inspection;
 2. changes in the viscosity or color of the medication;
 3. reports of spills;
 4. statements from a resident that the medication is not working.

ER Narcotic Box

- ✓ A courier box with a red seal is used to transport the narcotic ER box from the pharmacy to the facility. **Check the contents and count each controlled substance before accepting from the delivery driver.**
- ✓ When the Prescriber authorizes a controlled substance to be given to a Resident and there is an urgent need for the medication, it may be obtained from the narcotic ER box provided by pharmacy.

- ✓ Usage 'Charge Slips' are provided with the narcotic ER kit and must be filled out completely. All of the information requested on the slip is essential to ensure proper billing for the facility or resident and helps to avoid confusion for both pharmacy and facility staff. The charge slips are a duplicate carbon so that the facility can retain one copy and the other can be sent back to pharmacy.
 - Charge slips should be sent to the pharmacy within **72 hours** of dispensing. The physician must provide a hard copy prescription to the pharmacy within 7 days.
- ✓ When the facility is ready for a new narcotic ER kit replacement, the nurse will need to contact pharmacy either by phone or fax to make the request.
 - The delivery driver that brings the new replacement kit will accept the old kit and place it in the courier box along with corresponding charge slips and completed Exchange Sheet and then seal the courier box with a yellow seal to indicate that it has been breached.
- ✓ Special note: If a dose is missing and there is no corresponding charge slip provided, **the facility will be charged for the missing dose**. This is why the initial count upon receiving the narcotic ER kit is so important.

Storage

- ✓ Schedule II, III, IV, and V medications must be stored in a separate area under double lock or in the Medication Cart under a double lock.
 - The access system to controlled medications is not the same as the system giving access to other medications. If a key system is used, the medication nurse on duty maintains possession of the key to controlled medication storage areas.
 - Back-up keys to all medication storage areas, including those for controlled medications, should be kept by the director of nursing.
- ✓ Controlled substances that need refrigeration must also be kept under double lock in a permanently affixed storage area in the refrigerator. **Only one nurse may have access to the lock box at any given time**. These medications should be counted at each shift change along with the medications in the cart.

Returns

- ✓ All controlled substances no longer usable because of resident death, expired dating or are unwanted, shall be delivered in person or by registered mail or by another means of shipment to allow for tracking from shipping point to destination with return receipt to:
 - Pharmacy Services and Drug Control, Arkansas Department of Health, 4815 West Markham, Slot 25, Little Rock, Arkansas 72205-3867 accompanied by all

completed copies of Report of Drugs Surrendered (Form PhA:DC-1) furnished by the Department of Health.

- ✓ Each controlled substance item submitted for destruction by LTCFs shall be submitted **at least quarterly** and each time there is a change in the licensed person responsible for discontinued or unwanted controlled substances.
- ✓ In LTCFs all unwanted or discontinued controlled substances shall be entered on Surrender Form PhA:DC-1 at the time of transfer to the secured storage area.
 - PhA:DC-1 requires the signature of two licensed persons verifying this transfer.
 - Form PhA:DC-1 shall be securely and separately stored apart from all unwanted or discontinued controlled substances.
 - Accountability of discontinued controlled substances rests with the licensed person receiving the discontinued controlled substances until they are submitted to Pharmacy Services and Drug Control for destruction.
- ✓ Controlled substances cannot be transferred to a family member upon the death of a patient. They must be surrendered to the Health Department. However, if a resident transfers to another facility or goes home, the medication may be released with the resident with a written order from the physician.

Fentanyl Patches

- ✓ When applying a Fentanyl Patch, place in 1 of 4 locations: Chest, Back, Flank, Arm. Area should be clean and hair free. The placement area should be determined by the individual resident and their circumstances. **Document placement on the MAR.**
- ✓ Each time a new patch is applied it should be in a different area than the previous one. Do not apply to irritated or broken skin.
 1. The area should be cleaned with water only. Alcohol or soaps may affect the absorption rate of the drug through the skin.
 2. When applying the patch, press firmly in place for 30 seconds. Make sure the edges are secure.
- ✓ Do not remove the patch from the protective pouch until you are ready to apply. **Sign it out of the Narc book immediately.**
- ✓ Date and initial the patch when placed on the resident. This leaves no doubt when a patch was applied AND it makes it easier to spot on the skin or if it happens to fall off.
- ✓ If the patch is not sticking well, you may tape the edges with first aid tape or other covering with written order from the physician, or as Policy and Procedure states.

- ✓ If the patch falls off, a new patch should be placed. The 72 hour schedule will then start from the new patch placement.
 1. Abrupt discontinuation of Fentanyl therapy can cause serious withdrawal symptoms. (Nausea, vomiting, shivering, anxiety)
 2. If a patch falls off, a search should be done to locate it. Notify the Nursing Supervisor immediately.
- ✓ When removing a patch, 2 nurses must be present to witness the patch destruction. The patch is to be immediately folded in half and placed in a Sharps container with BOTH nurses witnessing. **Then both nurses sign the narcotic book to testify that the patch was disposed of properly.**
- ✓ The patch placement should be noted on the MAR on every shift, and I recommend both nurses verifying the patch and signing off when counting the Narcotics between shifts.

Reporting

- ✓ Any discrepancy in the narcotic count must be reported to the director of nursing immediately.
- ✓ The director or designee investigates and makes every reasonable effort to reconcile all reported discrepancies.
 1. The director of nursing documents irreconcilable discrepancies in a report to the administrator.
 2. If a major discrepancy or a pattern of discrepancies occurs or if there is apparent criminal activity, the director of nursing notifies the administrator and consultant pharmacist immediately.
 3. The administrator, the consultant pharmacist, and/or the director of nursing determine whether other action(s) are needed, e.g., notification of police or other enforcement personnel, notification of family, etc.
- ✓ Long-term care facilities (LTCFs) that discover any suspected loss, theft and/or diversion of any controlled substance shall **immediately notify Pharmacy Services and Drug Control of the Arkansas Department of Health by phone or fax.** In addition, LTCFs shall file Arkansas Department of Health **theft and loss report form PHA-21** with Pharmacy Services and Drug Control of the Arkansas Department of Health.
 1. Complete the Report of Loss of Controlled Substances Form for Non-DEA Registrants (available at www.healthy.arkansas.gov),
 2. **DMS 762** "Facility Investigation Report for Resident Abuse, Neglect, Misappropriation of Property and

3. Exploitation of Residents in Long-Term Care Facilities”, and **DMS 7734** “OLTC Incident and Accident Report”.
- There is a Completion Guidance Tool for DMS 762 under “Forms” on the website as well.

A list of controlled substances is available at www.healthy.arkansas.gov under Pharmacy Services and Drug Control