NARCOTIC AND CONTROLLED DRUGS – RECORDS AND VARIANCES

POLICY

Narcotic and controlled drug security, accurate inventory counts, and the timely and accurate completion of narcotic registers will be maintained at all times. Any unresolved inventory or record variances will be reported to the Program Manager or designated leader immediately, who will undertake the appropriate reporting and investigations in a timely manner.

In addition, Program Managers, Department Directors or designated leaders will undertake appropriate quality assurance audits to ensure staff and physician compliance with all aspects of narcotic control and documentation.

All narcotic and controlled drug transactions will be recorded electronically via the Automated Distribution Cabinet (ADC) or manually in the Daily Narcotic Record Sheet.

All narcotic and controlled drugs will be removed from the ADC or recorded in the Daily Narcotic Record Sheet under a specific patient.

Wastage of narcotic and controlled drugs will be documented and witnessed via the ADC or in the Daily Narcotic Record Sheet.

DEFINITIONS

Nurse – refers to Registered Nurse, Registered Psychiatric Nurse, Licensed Practical Nurse

PROCEDURE

1. All narcotic and controlled drug count discrepancies will be investigated, resolved and documented prior to end of each shift.

   FOR AREAS WITH ADC

2. A count verification (beginning count /"blind" count) of narcotic and controlled drugs is required prior to removing a dose from the ADC with the exception of OmniDispensers used by Anesthesia and oral bulk liquids

3. There is no countback /"blind" count for oral bulk liquids. Pharmacy applies pre-printed labels on the bottles for recording date, dose, balance and nurse initials for each dose removed. When volume variances higher than 10% are observed, the item should be inventoried. This will create a discrepancy to prompt follow up and resolution.

4. When a narcotic discrepancy is noted by the system, a Discrepancy Icon will appear. When the reason for discrepancy has been determined, resolve the discrepancy by correcting the count and explaining the variance.

   DISCREPANCY REPORT

5. A Discrepancy Report is printed at the end of each shift (06:00 and 18:00 HR) on each nursing unit, on designated printers. The report provides dates, times, and names of users who have unresolved discrepancies. The Charge Nurse or designate is responsible for following up and resolving the discrepancies.
RECONCILED WASTE REPORT
6. Partial doses should be wasted at the time of removing the medication from the ADC. A Reconciled Waste Report is printed at the end of each shift (06:00 and 18:00 HR) on each nursing unit, on designated printers. The report tracks unresolved partial doses and the Charge Nurse or delegate is responsible for ensuring that narcotic and controlled drugs are wasted and documented properly before the end of the shift.

CYCLE COUNT
7. A count of all narcotic and controlled drugs stored in an ADC is performed once a week by two nurses. Date and time is unit specific.

8. Narcotics and controlled drugs, not administered to the patient, which are unopened, non-contaminated and in the original packaging will be returned to the ADC return bin.

FOR AREAS WITH MANUAL DAILY NARCOTIC RECORD SHEETS
9. Nurse will record the expected count in the appropriate column of the record sheet and underneath that entry, the actual inventory count. Both, the discrepancy value and the inventory value, must be verified and counter-signed by a second nurse.

10. In areas where manual Daily Narcotic Records Sheets are used, wastage will be documented on the record sheet.

RESOLVING AND REPORTING NARCOTIC AND CONTROLLED DRUG DISCREPANCIES
11. Pharmacy will report missing narcotic and controlled drugs to the federal government (Health Canada) within 10 days of the loss.
   Procedures for resolving and reporting narcotic discrepancies are described in the diagram below.

REFERENCES
Lower Mainland Pharmacy Services – Narcotics and Controlled Drug Policies, October 2014...
LMPS Safe Automated Dispensing Cabinet Practice Guideline, August 2014
Resolving Narcotic Count Discrepancies

Narcotic discrepancy created and message appears on ADC screen

Discrepancy resolved during shift hours?

- NO
  - Discrepancy report is printed at the end of each shift on each nursing unit
  - Charge Nurse or delegate follows up on outstanding discrepancies

- YES
  - Explanation documented on ADC (message disappears)
  - Discrepancy resolved?
    - NO
      - Charge Nurse or delegate documents unresolvable discrepancies:
        - Enters PSLS
        - Enters explanation on ADC (i.e. drug is missing, PSLS filed) and message disappears
        - Notifies the Pharmacy Distribution Coordinator
    - YES
      - Explanation documented on ADC (message disappears)

Following up Unresolved Discrepancies

ADC report with outstanding discrepancies greater than 3 days is e-mailed to designated leader of each nursing unit

Discrepancy resolved?

- NO
  - ADC report with outstanding discrepancies greater than 7 days is e-mailed to Med Manager and Program Director/Manager
  - Message will show on the ADC screen only for 7 days; after 7 days contact Pharmacy Distribution Coordinator to resolve

- YES
  - Explanation documented on ADC (message disappears)
  - Med Manager:
    - Enters PSLS
    - Notifies the Pharmacy Distribution Coordinator

Charge Nurse or delegate documents unresolvable discrepancies:
- Enters PSLS
- Enters explanation on ADC (i.e. drug is missing, PSLS filed) and message disappears
- Notifies the Pharmacy Distribution Coordinator

Pharmacy Distribution Coordinator reports the missing narcotic to Health Canada within 10 days of the loss and notifies the Program Manager

Med Manager = Manager Clinical Analytics and Medication Safety Systems