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Owner: Linda Ator: RN/DON CAH
Policy Area: Pharmacy - Patient/Resident Care
References: C-0276

Controlled Substances - Distribution and Accountability

PURPOSE:

- Controlled drugs shall be distributed, administered and accounted for in accordance with state and federal laws, rules and regulations. Controlled drugs include:
 - Drugs listed in current Federal drug abuse prevention and control acts
 - Drugs designated by regulations of Montana

RESPONSIBILITIES:

- Pharmacy Staff, Nursing, Medical Staff

POLICY:

- It is the policy of Sheridan Memorial Hospital Association (SMHA) that all controlled substances are under the control of the Pharmacist in Charge (PIC). Policies and procedures will be developed to cover the handling of all controlled substances in the facility. The controlled substances distribution system will provide an audit trail for controlled substances from the time they are received into the pharmacy to the time of use. Automated dispensing units will be stocked by pharmacy personnel on a regular basis. All controlled substances-stocking records will be kept electronically in the pharmacy. A perpetual daily pharmacy inventory will be kept on all controlled substances with an actual physical inventory performed at least monthly.

PROCEDURE:

1. REGISTRATION:

- SMHA will hold current registration with the Drug Enforcement Administration (DEA).

2. PROCUREMENT:

- Ordering, record-keeping, handling, dispensing, checking and inventory follow all applicable Federal and Montana laws
- Schedule II drugs will be ordered using a DEA form 222 or CSOS. The PIC must sign the form. Once signed, the blue copy will be kept in the pharmacy pending the arrival of the ordered medication. The original and remaining copies will be sent to the vendor. Upon arrival of order, the quantity of

medication received will be indicated on the blue copy and entered into the perpetual inventory by a designated staff member.

3. STORAGE:

- a. Controlled substance storage areas without automated dispensing units are securely locked. All controlled substances must be double locked when left unattended. All compartments in the automated dispensing cabinet will be kept closed when not being accessed.

4. DISTRIBUTION- AUTOMATED DISPENSING CABINETS:

- a. Pharmacy personnel will stock all controlled substances into the automated dispensing unit. Each dose administered to a patient/resident will be electronically documented through the automated cabinet.
- b. The PIC or designated staff member will determine what medications require stocking in the automated dispensing units. A designated staff member will then stock the automated dispensing unit.
- c. A designated staff member and the Critical Access Hospital/Director of Nursing (CAH/DON) will review a printout monthly of controlled substances dispensed from the pharmacy and compare that to the list of medications entered into the floor automated dispensing units. This will be submitted to the PIC for review.
- d. Narcotic usage (administered and wasted) will be documented through the automated dispensing Unit. See procedure for "Wasting and Returning Medications."
- e. Any discrepancies involving controlled drugs will be investigated and resolved through the automated dispensing unit at the time the discrepancy is discovered. See procedure for "Daily Narcotic Count/Equipment Check Record." Nursing floor staff must settle all discrepancies before shift's end.
- f. All dispensing and restocking records can be generated electronically.

5. DISTRIBUTION- NON-AUTOMATED DISPENSING CABINETS:

- a. All floor stock controlled substances will be issued with an accompanying sign-out sheet. Refills will be issued only upon the PIC or designated staff member receiving the completed sign-out sheet. A person authorized to administer them will sign for all controlled substances. These substances and sheets are included in the change of shift count. See procedure for "Daily Narcotic Count/Equipment Check Record."
- b. When a medication is restocked before previously issued doses have been used; all remaining doses must be accounted for.
- c. Nursing Unit Inventories
 - i. All discrepancies must be thoroughly investigated and records corrected before the staff leaves the floor.
 - ii. If a discrepancy cannot be accounted for, the PIC or designated staff member and the CAH DON must be contacted immediately and an Incident Form completed.

6. PHARMACY INVENTORY:

- a. A perpetual inventory of all Schedule II thru V medications will be kept of drugs stored in the pharmacy. If a discrepancy cannot be resolved, it is documented and submitted to the DEA annually.

If theft or diversion is suspected, the PIC should be notified and the loss must be report to the DEA via Form 106.

- b. A biennial inventory of all scheduled medications will be conducted in accordance with federal law. Next inventory is due May 1, 2017.

All revision dates:

5/26/2016

Attachments:

No Attachments

Approval Signatures

Approver	Date
Kathy Tangedal: RN/Director of Quality	5/26/2016
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