



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF NURSING

ADMINISTRATIVE

POLICY AND PROCEDURE

SUBJECT: CONTROLLED SUBSTANCE SECURITY
AND ADMINISTRATION

Policy No.: A460
Effective Date: 03/1991
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Purpose of Procedure: To assure safety in the ordering, securing, administering, and controlling of controlled substances.

Performed By: RN, LVN

Policy Statements:

1. By the end of orientation, all newly employed RNs and LVNs will demonstrate competency in securing, handling, and administration of controlled substances.
2. Improper use or suspicion of improper use of controlled substances will be reported immediately to the Nurse Manager or Administrative Nursing Supervisor, the Clinical Nursing Director, the Controlled Substance Pharmacist, the Safety Police, and Hospital Administration.
3. Patient orders for controlled substances are entered in the electronic health record for pharmacy to process.
4. All controlled substances will be kept in the automated medication dispensing system in the inpatient area and designated locked medication cabinet in the outpatient setting. All refrigerated controlled substances will be kept in a locked cabinet/box in the medication refrigerator in an identified location.
5. There are no narcotic medications stored in the outpatient setting. Specialty controlled medications are secured in the medication cabinets identified in each clinic area.

Policy Guidelines:

A. SECURING

1. The Narcotic Key
 - a. The key for refrigerated controlled substances is located in a cubie within the automated medication dispensing system.
 - b. Only licensed nurse/pharmacy staff with access to the automated medication dispensing system may retrieve the key from the system.
 - c. After removal of the controlled substance from the refrigerated location, the key is to be returned to the designated cubie in the medication dispensing system.
 - d. In the event that the key is not returned to the system, staff is to contact the Nurse Manager/designee for an immediate report of the last individual who removed the key from the system.
 - e. If the key is lost or leaves the facility:
 - 1) The controlled substance cabinet/box lock will be changed and re-keyed as soon as possible. Until the lock is re-keyed controlled substances must be obtained through the guidance of Pharmacist.
 - 2) The Nurse Manager, Administrative Nursing Supervisor, or Clinical Director will be notified immediately.
 - 3) An Event Notification will be completed.

2. Unit Storage:
 - a. All controlled substances will be kept in the automated medication dispensing system/refrigerated location on the patient unit, anesthesia area and designated locked medication cabinet in the outpatient setting.

B. ADMINISTRATION:

1. Prior to administering a controlled substance:
 - a. Verify that the count is correct for the respective controlled substance in the automated medication dispensing system.
 - b. Discard controlled substances left over from computing fractional dosages in tablet or ampule form in the Pharmaceutical Waste container.
Key Point: The discard must be verified/witnessed by one other licensed nurse.
2. Follow the 8 rights of medication administration (Nursing Policy C152: Medication management Guideline).
3. A broken, contaminated, or refused tablet, ampule, tubex, or capsule must be:
 - a. Discarded in the "Pharmaceutical Waste" container.
 - b. Documented as follows: appropriate waste "reason(s)" is to be selected from the list via the automated medication dispensing system. The wasted substance must be verified and witnessed by another licensed nurse.
Key Point: The explanation "wasted" is not acceptable.

C. CONTROLLING:

1. Controlled Substance Count:
 - a. All controlled substances will be counted weekly between the Day and Night shifts at the change of shift by a licensed nurse leaving the shift and a licensed nurse coming on duty.
 - b. Controlled substances in the Pre-operative area and Post recovery area will be counted by two licensed nurses every Monday morning.
 - c. No licensed nurse during the shift may leave the unit until all the controlled substances count are correct, corrective action is completed when appropriate and given authorization by the Nurse Manager/Designee to leave.
 - d. For outpatient setting, log patient information on the medication log for usage. Update the controlled substance count after each use. Controlled medications are to be maintained under approved PAR level. When ordering controlled substance renewal, the clinic nurse will submit a copy of the medication log for patient use.
2. Controlled substances inside the Code Blue/Rapid response kit will be replaced by pharmacy once the seal is broken.
3. Borrowing Controlled Substances:

The License staff will perform the following to remove a controlled substance that the automated medication dispensing system does not have (e.g. not part of the inventory or out of stock):

 - **Global Search** to locate which automated medication dispensing system has the controlled substance in stock
 - Go to the unit that has controlled substance in stock and perform a '**Facility Search**' to search for their patient's profile, then remove necessary controlled substance under that patient's profile
 - If the controlled substance is not in stock in any of the automated medication dispensing system, contact the pharmacy.

***Note:** Medication (including controlled substances) can be retrieved for the duration of the 'Assigned Access' or 'Visitor Access' (total 17 hours)

4. Discrepancies:
- a. Any discrepancies identified by the Pharmacy or the automated medication dispensing system must be resolved prior to the end of the shift receiving notification.
Discrepancies include, but are not limited to:
 - Incorrect count (over/under)
 - Incorrect dosage
 - Omissions
 - Unknown or suspicious patient name
 - Suspected improper use of controlled substances
 - b. No licensed nurse who was on duty during the shift may leave until the count is correct or corrective action is taken when appropriate and given authorization by Nurse Manager/Designee to leave.
 - c. If nursing staff is unable to resolve a discrepancy:
 - 1) The Supervising Staff Nurse /Relief Charge Nurse, Nurse Manager, Administrative Nursing Supervisor, and/or Clinical Director are to be notified immediately.
 - 2) A report via the event reporting system must be completed.
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References: Pharmacy Manual Policy and Procedure, 3.13.0 Pharmacy Policy and Procedure
Nursing Policy C152: Medication Management Guideline.

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