

LAC+USC MEDICAL CENTER

DEPARTMENT OF NURSING SERVICES POLICY

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Subject: MANAGEMENT OF CONTROLLED SUBSTANCES		Original Issue Date: 08/91	Policy # 920
		Supersedes: 09/20	Effective Date: 07/22
Departments Consulted: Pharmacy	Reviewed & Approved by: Professional Practice Committee Pharmacy & Therapeutics Committee Nurse Executive Committee Attending Staff Association Executive Committee	Approved by: (signature on file) Nancy Blake Chief Nursing Officer	

PURPOSE

To describe the processes utilized for the management of controlled substances.

POLICY

Controlled substances are those having the potential for misuse or abuse. Authorized nursing staff will follow strict measures that have been outlined to ensure safe ordering and receiving practices, usage, and accurate documentation of controlled substances, in accordance with federal and state laws. There are five schedules of controlled substances with Schedule I substances having the highest potential for abuse.

RESPONSIBILITY / PROCEDURE

Controlled substances must be accounted for and secured at all times.

Controlled substances are signed out and administered by the following authorized person(s) only:

- Registered Nurses
 - Licensed Vocational Nurses
 - Nursing Students (under the supervision of an Instructor)—except in automated dispensing systems
 - Resident Providers, Fellows, and Staff Providers
- Nursing will coordinate a weekly controlled drug inventory on Wednesdays in areas with an automated dispensing machine (ADM).
 - The Registered Nurse in charge will verify that there are no unresolved discrepancies in the ADM prior to the change of each shift. If an unresolved discrepancy exists, the Registered Nurse in charge will ensure the discrepancy is resolved prior to the staff leaving the unit.
 - The Nurse Manager / designee shall review the controlled substance discrepancies routinely for suspicious activity.
 - Controlled substances must be ordered from the Pharmacy and may not be borrowed from another unit.

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Narcotic Patches

- When a Schedule II narcotic patch is applied to the patient, the full dose and location will be recorded in the electronic health record (EHR). If the patch is removed before the completion of the order, no adjustment to the amount of dose will be recorded.
- The nurse will be tasked to document the addition and removal of the patch.
- If the patch is unwrapped, seal broken, altered, cut, or damaged in any way do not apply to patient. In such a case, a *Loss of Controlled Drug Reporting Form* must be completed, and properly witnessed. A Lost Narcotic number must be obtained from Pharmacy and recorded on the form. The unwrapped and unused patch will properly be discarded in a pharmaceutical waste container.
- Whenever a Schedule II narcotic patch is discarded, it must be folded in half, with the adhesive surfaces of each half touching each other. This folded patch is placed in a pharmaceutical waste container.

Controlled Substance Waste

All controlled substances must be accounted for and documented including any discarded portions.

- A Licensed Staff who is authorized to administer controlled substances is required to witness all wastage of controlled substances
- In areas without an ADM, the person witnessing the discard must sign the *S-Form* as soon as possible after the controlled substance has been wasted
- If waste documentation is an error or not feasible to be done in the ADM system, a follow-up documentation must be completed in the EHR. This documentation must be done by the person who wastes the controlled medication and the person who witnessed the wastage.
- If it is a 100% waste, obtain a Lost Narcotic Control Number from Pharmacy. The nurse must complete the *Loss of Controlled Drug Reporting Form* and submit to Pharmacy
- A single controlled substance may not be used for more than one patient or for the same patient at a different time.

Continuous IV Sedation/Narcotics

The administration of the following medications must utilize port free IV tubing (Exception: NICU/Pediatrics):

- Ketamine
- Midazolam

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- Morphine
- Fentanyl
- Patient Controlled Analgesia (PCA)

Disposal of IV Sedation / Narcotics

- The proper disposal of all narcotics must be witnessed by another licensed staff and documented in the EHR / ADM.
- Narcotics in the form of a tablet, must be discarded so that they are nonidentifiable, non-retrievable and wasted in the pharmaceutical waste container.
- Narcotics from vials or syringes must be nonidentifiable and non-retrievable and first emptied or squirted into the pharmaceutical waste container. The vial or syringe is then discarded in the pharmaceutical waste container.
- Document the disposal of IV sedation/ narcotics in accordance with “Documentation standards”

Narcotic Patch

- A narcotic patch must be folded in half, with the adhesive surfaces of each half touching each other and disposed of in the pharmaceutical waste container.

Discharge Home with a Fentanyl Patch

Patients who are prescribed fentanyl patch(es) while hospitalized may be discharged with applied patch(es). The following education must be provided:

- Education on fentanyl patch
- Next scheduled, removal of old patch and placement of new patch
- Rotating of sites
- The avoidance of heat to patch
- The disposal of patch
- Document patient education in accordance with “Documentation standards”

Investigation of a Potential Violation of Controlled Substances

When there is reason to question the use of a controlled substance, the investigation procedure shall be initiated.

- All controlled substances, which are suspected of not being administered to the patient or appropriately wasted, shall be investigated. The Nurse Manager/designee and Pharmacy will include a review of the automated system reports and patient documentation.

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- The nursing unit employee reports to the Nurse Manager/Supervisor any potential violation of controlled substances at the time observed and forwards a written report to the area nursing office prior to the end of shift.
- The Nurse Manager/Supervisor reports a potential violation to the Los Angeles Sheriffs Department immediately and to the Pharmacy Audit Control during their regular business hours (0700-1530, Monday-Friday).

AREAS WITHOUT AN AUTOMATED DISPENSING MACHINE

Requisitioning Controlled Substances:

- Only licensed county facility nurses may requisition controlled substances from Pharmacy.
- A controlled drug order is requested by the provider and submitted on a *DEA Controlled Substances Requisition, S- form #746* to Pharmacy.
- All controlled substances for an outpatient or discharged patient will require the provider to write a prescription on a tamper-resistant individualized prescription blank.

Pick Up of Controlled Substances from Pharmacy for Administration for Inpatient Use or Clinic Visit

- A licensed nurse with identification badge must pick up all controlled substances.

Recording Controlled Substances Administration

- The authorized staff records administration of controlled substances on the inpatient’s MAR or the task list in the Ambulatory care clinic documentation.

Recording Controlled Substance Discard – Continuous Drip or PCA Pump

- At the time of discard, the licensed staff discarding the drug will document the waste in the EHR.

REPORTING LOST OR MISSING CONTROLLED SUBSTANCES

RNs and authorized LVNs must report lost or missing controlled substances. Loss of controlled drug dose may result from accidental spilling or dropping, error in packaging, refusal by patient to take drug or cancellation of the order. Missing controlled substances are those whose loss cannot be explained.

- Complete a *Loss of Controlled Drug Reporting Form #H134* for lost or missing controlled substances

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- Call Pharmacy for lost narcotic number x97641
- Give completed form to Nurse Manager/designee
- Nurse Manager/designee submits completed form to the Administrative Nursing Office

REVISION DATES

92, 93, 94, 95, 96, 98, 04/00, 12/01, 03/02, 08/03, 12/03, 06/04, 03/05, 10/05, 03/09, 7/11, 01/14, 01/17, 09/19, 9/20, 07/22