

Controlled and Recorded Drug Policies

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Policy/Purpose

The management of controlled and recorded drugs will be undertaken in a manner that minimises the risk of harm for the patient, risk management for CDHB staff and contractors, and complies with legislative requirements.

Scope

All CDHB Hospital Sites (see Rural Health specific policies)
CDHB Nurses/Midwives/Designated Anaesthetic Technicians and other designated Staff/Approved Persons/Medical Officers and Prescribers/Medical Radiation Therapists (MRTs)/Pharmacists/Pharmacy Technicians
Delivery of drugs scope only
Pharmacy assistants, Security staff

Definitions

Controlled Drug

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Any substance, preparation, mixture or article specified in the First and Second Schedules to the Misuse of Drugs Act 1975 and its Amendments.

Recorded Drug

Any drug controlled under the Third Schedule to the Misuse of Drugs Act.

Associated documents

Patient Drug Treatment Chart (QMR0004)
Quality Event Reporting Form (Ref. 1077) or Electronic Reporting System
Controlled Drug Register (Black)
Recorded Drug Register (Blue)
Controlled Drug Order Form/Recorded Drug Order Form
Ministry of Health Controlled Drug Prescription Forms (Ref H572)
CDHB Preferred Medicines List ([Pink Book](#))
[Prescribing, Supply and Administration of Methadone and Buprenorphine/Naloxone \(Suboxone™\)](#), Fluid and Medication Management
Area Specific Controlled Drug Order Form
Security Log Book
[After hours transportation of medications between facilities](#), CDHB Fluid and Medication Management

Ordering of Controlled or Recorded Drugs

Christchurch Campus (except Emergency Department)

Allocated Delivery Days

Each area has a scheduled deliver day as specified on the Area Specific Controlled Drug Order Form

For Same Day Delivery on allocated delivery day

Requests to arrive in Pharmacy before 1000 hours.

Next Routine Delivery Day

Requests received after 1000 hours will be delivered on the next routine delivery day

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Urgent Orders after 1000 hours weekdays or on Saturdays or Statutory Holidays that Pharmacy is open (0900-1200 hours)

If urgent orders (same day) are required weekdays after 1000 hours or on Saturdays or Statutory Holidays, a Registered Nurse must:

Fax order to Pharmacy filling in "urgent box"

Ring Pharmacy to alert them

Pharmacy will call ward when order is ready:

Registered/Enrolled Nurse (carrying personal hospital ID) collects blue satchel and signs the receipt of delivery/collection book

Note that on Saturdays & Statutory Holidays there is only a skeleton staff available in Pharmacy, so ordering on these days should be kept to true urgent situations only

Emergency Department

Requests to be faxed to Pharmacy by 1000 hours on allocated day for collection the following day.

The Princess Margaret Hospital

Routine orders

Requests to be sent by 1530 hours. Deliveries will be made by the orderlies at the next standard delivery time.

Urgent orders

Fax order indicating it is needed urgently, Ward nursing staff will be called to collect the order from Pharmacy when it is ready.

Burwood Hospital

Routine orders

Requests to arrive in Pharmacy before 1200 hours on Mondays and Thursdays. Deliveries are made by the pharmacist or pharmacy technician to areas on Tuesdays and Fridays.

Urgent orders

Fax request to Pharmacy indicating it is needed urgently. Ward nursing staff will be called to collect the order from Pharmacy when it is ready

Ashburton Hospital

Pharmacy staff check Controlled Drug Register weekly and ascertain needs and replenish **stock as required.**

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Hillmorton Hospital

Fax requests to Pharmacy before 1200 hours Monday to Friday.
Recorded Drug deliveries are sent out at 1215 and 1600 hours daily.
Pharmacy staff will deliver Controlled Drugs.

Urgent orders (New admissions and chartings)

Contact Pharmacy on phone 33969.

Receipt and Checking in of Controlled or Recorded Drugs

Collecting Drugs from Pharmacy

RN/RM/RMO and all EN's are permitted to collect recorded or controlled drugs from pharmacy

Approved staff can collect if authorised as per their local policy – pharmacy must be informed of the variation to practice.

Receipt in the Ward/Unit area

Staff delivering the controlled/recorded drugs must find an appropriate staff member to take receipt of the sealed satchel containing the drugs/prescription pads

The staff member receiving the satchel is to sign their name and document their personal ID number on the security log to acknowledge receipt of drugs

The satchel containing controlled and/or recorded drugs should never be left unattended, promptly find a colleague and initiate the process of signing in to the register and safe.

When checking Controlled /Recorded Drugs or Controlled Drug Prescriptions received from Pharmacy into the ward/unit/department safe, two appropriate staff (one being a Registered nurse/Midwife/ EN with a second RN/M/ EN or approved person) must

- Check items and quantities match packing slip
- Check the sealed containers are intact. (Broken packs may be sent occasionally). Quantities will be indicated on boxes and have "Broken Pack" stickers on them.
- Document in the register the receipt of the drugs "From Pharmacy - "In" and "Balance"
- Confirm that the balance is correct
- For any unsealed containers, document this in the register.
 - Recount and reseal the container if the count is correct.
 - Date and sign the sealed container to indicate correct amount.

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- If count is incorrect, complete an incident form and notify CNM/NIC and a Duty Nurse Manager out of hours

Please note: Refer to local policy for areas who do not have registered staff available to check in drugs/prescription pads

Receipt of Controlled Drug Prescription Pads

When checking Controlled Drug prescription pads received from Pharmacy into the ward/unit/department safe, two appropriate staff (one being a Registered nurse/Midwife/ EN (preferred practice) with a second RN/M/ EN or approved person) must

- Check items and quantities match packing slip
- Document in the register in the name column the receipt of the prescription pads with the first and last prescription numbers.
- Document the number of prescriptions received in the "In" column
- Calculate the balance in the "Balance" column
- Confirm that the balance is correct
- If count is incorrect, complete an incident form and notify CNM/NIC and a Duty Nurse Manager out of hours

Please note: See local policy for areas who do not have registered staff available to check in drugs/prescription pads

Storage

Controlled Drugs Storage

- Controlled Drugs will be stored in a locked safe/compartment constructed of metal or concrete or both. This safe must be secured to or form part of the building.
- All transactions with Controlled drugs must be recorded in the Controlled Drug Register

Controlled Drug Prescription Forms Storage

- Controlled Drug Prescription Forms will be stored in a locked safe/compartment constructed of metal or concrete or both. This safe must be secured to or form part of the building.
- Areas that do not have a controlled drug safe will store controlled drug prescription forms in a secure locked area.

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- All transactions with Controlled drugs and Controlled drug prescription forms must be recorded in the Controlled Drug Register

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Recorded Drugs

- Recorded Drugs are to be kept in a locked cupboard/compartiment.
- Recorded Drugs (all or some) may be required to be recorded in a Recorded Drug Register (see below)

Please Note: There is an expectation that 2 staff members will always be present when a Controlled Drug safe is accessed

Variations to storage and recording in registers of Controlled and Recorded Drugs

The below listed drugs must be stored in a Controlled Drug safe and have 2 staff to complete the Drug register

- Codeine based drugs i.e. codeine and dihydrocodeine
- Ketamine
- Tramadol
- Buprenorphine with Naloxone (Suboxone™)

Register Requirements

- All transactions with Controlled drugs and Controlled drug prescription forms must be recorded in the Controlled Drug Register

When taking drugs out of the cupboard

- Recorded Drugs require one signature in the Recorded drug book
- Controlled Drugs require two signatures in the Controlled drug book
- When a Controlled Drug Register is full on the ward/unit/department, all quantities must be checked and double signed out of the old register, zeroing the balance, and then double signed into the new register. The old register is 'closed' and sent to pharmacy.
- Controlled Drug Registers must be retained for a period of four years following the last date of entry.
- When a Recorded Drug Register is full, all quantities must be checked and double signed out of the old register, zeroing the balance, then double signed into the new register and the

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register is retained in the area for one year to facilitate investigations, trends and audits of issues.

Issuing controlled drug prescription requirements in register

- When issuing prescriptions' record the number found on the top of the prescription and the patient's name
- Prescription numbers should be accounted for within the Weekly Physical Check and QSA (or daily where local policy requires)
- Any waste should be documented accordingly in the register (refer to Appendix 1: Controlled Drug Prescription Documentation Sample) and must be shredded before discarding.

Documentation requirements within the Registers

- All entries must be printed legibly and indelibly i.e. using permanent ink (no patient labels are to be used)
- Documentation in the Registers should include all drugs received, administered, destroyed or returned.
- Entries in the registers must not be obliterated, cancelled or altered i.e. use an asterisk and record the amendment on the next available line, do not cross out entries or use white out to ensure full traceability.
- When documenting quantities of drugs/elixirs administered (out column), write the whole numbers in full words, e.g. one, if practicable. Use numerals if documenting larger amounts e.g. stock items in and out from pharmacy or with drug counts or fractions of a dose e.g. 0.5 mL
- Any expired or obsolete drugs must be documented and countersigned out of the Register by two approved or authorised personnel (at TPMH and Specialist Mental Health Services one must be a Pharmacist) and physically returned to Pharmacy for destruction
- Each inscription in the Controlled or Recorded Drug Register must include the following:
 - Details of the drug: name, strength and form (tablet/injection, etc.).
 - Patient's full name (and ID number if name similarity present).
 - Date and time of administration/destruction/receipt of stock.
 - Name of prescriber(not required when receipting/ destroying/ moving drugs)
 - Signature of person administering the drug.

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- Signature of witness (wastage/receipt of stock/controlled drug administration)
- Quantity administered/wasted/stock received.
- The balance remaining.

Please Note: The prescribers name must be legible on the drug chart for the administration of controlled drugs to occur. If illegible do not proceed with administration - contact the medical team, another prescriber for re prescribing.

- Staff carrying out any check must also sign off on the completeness of the transaction. No member of staff should sign an incomplete record.
- 2 signatures are required for Controlled Drugs or drugs treated as controlled drugs within the division/area
- 1 signature is required for Recorded Drugs within the register apart from recorded drugs identified above that are stored as controlled drugs

Patient's Own Controlled or Recorded Medication

Each area must have a dedicated Drug Register to record patients own supply of controlled and recorded drugs brought with them into hospital.

This register will be labelled 'Patients own Medication'.

Each drug name, form and strength must have a separate page.

Multiple patients with the same drug, form and strength will be on the same page.

New Standard: Patient own drugs should be stored in a bag, labelled with the patients name, date, the contents, count and the two approved staff signatures across the tape sealing the bag, verifying the correct count when bag was sealed.

Document if in a blister pack, dosette box, etc.

These drugs must be stored and recorded as per requirements identified above.

Please Note:

Controlled or Recorded Drugs must not be returned to patients who:

- Have been discontinued from that medication during their admission

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- Are considered at risk of overdose (e.g. PSE patients or confused patients - to be decided on a case-by-case basis)

These patients must be assessed by appropriate personnel on the ward or the unit Pharmacist to determine a safe and suitable dispensing system.

These drugs (and those belonging to deceased patients), with the appropriate transaction documented in the register by two approved persons, and sent to Pharmacy for destruction (at TPMH and Specialist Mental Health Services one must be a Pharmacist).

In SMHS if patients own Controlled or Recorded Drugs are to be removed from the safe by the pharmacist, the Registered/Enrolled nurses will inform the allocated ward pharmacist by email or phone of the controlled and recorded drugs for removal within 72 hours.

Restriction Orders

It is an offence to supply drugs to a person who is subject to a Restriction Order, except for drugs specified in the Restriction Order by specified Prescribers through the specified Pharmacy.

All patients on a Restriction Order will be on the Restricted People List published quarterly. Contact the relevant Medicines Control Office for details on specific patients (0800 163 060)

Sample Signature Books and Lists

A sample signature book is to be kept by the Manager of each clinical area for enabling staff identification.

Managers are responsible for ensuring

- Current regular staff complete an entry in the book
- The book is updated with the employment termination or transfer date of any regular employee
- Any new regular staff are requested to complete an entry on employment or transfer from another area in the CDHB

The entries must

- Include the date of entry,
- a specimen signature and initials
- and printed name
- Date of termination of employment or transfer in or out of area

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- Where there is a visiting approved person accessing the CD and RD cupboard they must complete the back of the register signature sample list
- Pool Staff have a separate sample signature book kept by their Manager
- Further sample signature list templates can be obtained from Pharmacy and further Sample Signature books from the Nursing Directors office

QSA and Drug Counts for Controlled Drugs /Prescription pads and other drugs stored in the CD cupboard

All Quantity Stock Accounts (QSAs) and Weekly Drug Counts including patients own medications will be documented in red and signed by 2 designated persons

Quantity Stock Accounts (QSA) – performed with the weekly drug check

Definition

A quantity stock account is used to reconcile the inward and outward transactions with the stock balance. The preceding weekly drug check balance plus any inward transactions minus any outward transactions should equal the balance on hand showing in the register. This is then confirmed by a physical check of the balance on hand (recorded on a separate line).

- A QSA is required on all controlled drugs and/or drugs stored in the Controlled Drug Cupboard
- A Quantity Stock Account will be performed immediately prior to the weekly physical drug check, each recorded on separate lines.
- Regulations state a QSA must be performed on **the 30th June and 31st December** each year - use these dates to perform the QSA and weekly drug check on these particular weeks.
- Refer to sample template for documentation requirements (see *Appendix 1: Controlled Drug Prescription Documentation Sample*)

Weekly Drug Checks (WDC) – performed after the QSA

- The weekly drug check must be performed on all controlled and recorded drugs held in the controlled drug cupboard once the QSA is completed as above

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- Weekly drug check must include a physical measurement of all controlled drug elixirs/liquids.
- Please Note: Measuring of any liquids is to be performed with a drug measuring funnel (Oracle no. 146260)
- Any difference between the QSA and the WDC will be recorded/amended on the next line in the register and an Incident Report completed
- With Liquids report any difference between the QSA and WDC of 5% (e.g with a 200mL bottle this is 10mLs)
- Weekly checks are to be performed on the same day of each week
- See Divisional Monitoring section below for specific weekly checking requirements within divisions

Appropriate Personnel to undertake QSA/Weekly Drug Checks

Nurse Manager, Charge Nurse Manager (CNM)/Charge Midwife Manager (CMM), Designated Nurse-in-Charge (NIC)/Midwife-in-Charge, Clinical Nurse Educator (CNE), Clinical Nurse Specialist (CNS)/Duty Nurse Manager (DNM) or as designated.

With

An authorised staff member who does not routinely access drugs from the safe e.g. Designated Anaesthetic Technician CNS/NE/CNC, or Pharmacist of the area.

Specific/additional Divisional Monitoring of Controlled Drugs/Recorded Drugs – Shift, daily counts and variances with divisions

- In the Medical Surgical division security cameras may be in use and testing of controlled drug elixirs occurs on a random basis
- Shift checks are performed in Specialist Mental Health Services on controlled and recorded medication
- Shift checks are also performed on the Christchurch Campus in the Emergency Department, Gastroenterology Day Unit and Cardiology Day Unit, in the appropriate register, with daily checks performed in Theatres.
- A visual check/measure of controlled drug elixirs/liquids will be performed at these daily/shift checks
- If there is an obvious difference between the visual check and the documented amount of elixirs, perform a physical measure. If the difference is more than 5% complete an incident report

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- Daily Drug counts in the Medical Surgical Division may be deemed necessary where misappropriation has occurred in an area. The commencement and/or review of the requirement of daily drug checks will be agreed upon by the Director of Nursing.
- Ashburton and Burwood do not record or monitor recorded drugs (apart from those treated as controlled drugs)

Appropriate Personnel to undertake Daily/Shift Drug Checks – where deemed necessary

- Registered Nurse/Midwife

With another

- Registered Nurse/Midwife/Designated Anaesthetic Technician/Other Person

Incorrect Counts, Amendments, Errors and Discards

Incorrect Counts (see end of document for sample)

- Confirm that you have the correct drug, form & strength
- Re-count
- Alert NIC/CNM/CMM/DNM
- Attempt to reconcile the counts as soon as possible
- Document error and correct count in Register if possible
- Notify Pharmacy Manager as soon as possible of any unresolved incidents
- Complete an Incident Form for unaccounted for drugs
- With elixirs/liquids when performing a weekly physical drug check or at the end of a bottle, report any discrepancies with the amount if it is over or under by more than 5% (e.g. 200 mL bottle that is 10 mL)

Errors/Amendments (see end of document for sample)

- All errors /mistakes/or amendments in the registers must be marked with an (*) on the line where the error was made or began
- 1st error on a page marked (*), second entry on the same page marked (**) etc
- Document the error/mistake/correction on the next available line using the (*) reference
- Entries in the registers must not be obliterated, cancelled or altered

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Discarding Unused Drugs

- Pertains to drugs signed out of a drug register and not administered or incremental doses where the total dose was not used
- Document any discard of these drugs in the appropriate Drug register
- Documentation will occur on the next available line for that drug, adding the date, the name of the patient it was prepared for, the amount discarded, and have two appropriate staff/approved persons sign they have witnessed the discarding of the drug (see Register sample 1.6). The balance will remain the same.
- With incremental dosing, the person who drew up the medication must administer the medication. Therefore unused medication in the incremental dosing syringe must be discarded at the end of the administrators shift.

Returning stock to pharmacy (by Pharmacy or RN/RM staff)

- Refer to Patient's Own Controlled or Recorded Medication section when returning patients own drugs to pharmacy
- Stock and patient own drugs must be returned to pharmacy in a sealed bag with the details of the drug, dose, count and the 2 signatures of the staff who completed the register documentation, on the form provided for this purpose. The signature of the two staff must also be added across the seal on the bag.

Measurement and Evaluation

Evaluation will occur in the pharmacies/wards and any issues reported to the Pharmacy Manager

Incident management system

Pharmacy audits

Divisional CD auditing compliance programme – CDHB tool

Canterbury and West Coast IV Link Clinical Practice Observations Programme

References

Misuse of Drugs Act, 1975 and its Amendments, 1981

Misuse of Drugs Regulations, 1977 and Amendments

Hospitals Regulations, 1933

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Health Practitioner's Competence Assurance Act, 2003
Health Act, 1956
Guidelines for Nurses on the Administration of Medicines (NZNO 2007)
Health and Disability Sector Standards (Standards NZ, NZS8134:2008)
MOH external audit recommendations 2010
CDHB Internal Organisational risk audit recommendations 2015

Policy Owner	Head of Pharmacy Services
Policy Authoriser	Executive Director of Nursing and Chief Medical Officer
Date of Authorisation	15 December 2015

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Controlled Drug Documentation Sample – QSA, Weekly Check, Errors, Page heading

	A	B	C	D	E	F	G	H	I
1			Pethidine Injection		Strength		100mg/2ml		
2	Date (in full)	Name and address of person from whom received; or Name of patient; or Name and address of person supplied; or From which or into which made; or Declaration of physical stocktaking	Prescription No. or Reference No. or Time	In	Out	Balance	Name of Authority	issued, dispensed, or administered by (Surname and initials)	Initials of person making entry or checking balance
3	2/02/2007	Carried forward				10			
4	2/02/2007	John Smith	21:30		one	9	O Murphy	M Hands	B Pebbles
5	2/02/2007	Daily Drug Check	22:40			9		M Hands	B Pebbles
6	3/02/2007	Michael Short	17:30		one	8	O Murphy	G Small	M Hands
7	3/02/2007	5mg discarded from Michael Short	18:00					G Small	B Pebbles
8	3/02/2007	Kylie Bailey	22:00		one	7.5	Gallagher	B Pebbles	M Hands
9	3/02/2007	<i>*Error in subtraction, should be 7 not 7.5 amps</i>	22:40			7		B Pebbles	M Hands
10	3/02/2007	Daily Drug Check	22:40			7		B Pebbles	M Hands
11	4/02/2007	From Pharmacy	11:30	ten		17		G Rigby	M Hands
12	4/02/2007	Amie Caulder	13:00		one	16	Fitzpatrick	M Hands	G Small
13	4/02/2007	Quantity Stock Account	15:30	10 + 10	4	16		S Burke	K Tyler
14	4/02/2007	Weekly Drug Check	15:30			16		S Burke	K Tyler
15	5/02/2007	Barbara Green	8:30		one	15	O Murphy	T Hider	M Nicholas
16	5/02/2007	Daily Drug Check	22:40			15		G Small	B Pebbles
17	6/02/2007	Daily Drug Check				15		B Pebbles	M Hands
18	7/02/2007	Daily Drug Check				15		B Pebbles	M Hands
19	8/02/2007	Daily Drug Check	22:40		Total In	15		B Pebbles	M Hands
20	9/02/2007	Daily Drug Check	22:40		Total Out	15		G Small	B Pebbles
21	10/02/2007	Daily Drug Check	22:40			15		B Pebbles	M Hands
22	11/02/2007	From Pharmacy	11:30	ten		25		B Pebbles	G Rigby
23	11/02/2007	Quantity Stock Account	15:30	16 + 10	1	25		S Burke	K Tyler
24	11/02/2007	Weekly Drug Check	15:30			25		S Burke	K Tyler
25	Previous QSA Balance plus Total In minus Total Out (Check this with the physical stock held) = Current Quantity Stock Acct								

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Controlled Drug Prescription Documentation Sample

	A	B	C	D	E	F	G	H	I	J
1	Controlled Drug Prescription Documentation Sample									
2	Date (in full)	Name and address of person from whom received: or Name of patient; or Name and address of person supplied; or From which or into which made; or Declaration of physical stocktaking		In	Out	Balance	Name of Authority	issued, dispensed, or administered by (Surname and initials)	Initials of person making entry or balance	
3	19/09/2011	Carried forward 4933729 to 30	14:30			2		A Nurse	B Pebbles	Prescriber signs out prescription with nurse
4	19/09/2011	From Pharmacy 4933941 to 50	14:30	10		12		G Small	M Hands	
5	20/09/2011	John Smith 4933729	16:00		one	11	R Gallagher	M Hands	R Gallaghe	
6	21/09/2011	Michael Short 4933730	17:30		one	10	O Murphy	G Small	O Murphy	
7	21/09/2011	Prescription no. 4933730 destroyed	17:45			10	O Murphy	G Small	O Murphy	
8	21/09/2011	Michael Short 4933941	17:45		one	9	O Murphy	G Small	O Murphy	
9	22/09/2011	Quantity Stock Account	15:30	10 +2	3	9		S Burke	K Tyler	
10	22/09/2011	Weekly Drug Check 4933942 to 50	15:30			9		S Burke	K Tyler	
11	29/09/2011	Quantity Stock Account	13:30	9	0	9		S Burke	K Tyler	
12	29/09/2011	Weekly Drug Check 4933942 to 50	13:30			9		S Burke	K Tyler	
13	Ensure with any transaction and with the weekly check the prescription numbers are recorded as above									

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