Policies and procedures are guidelines and are not a substitute for the exercise of individual judgment. If you are reading a printed copy of this policy, make sure it is the most current by checking the on-line version.

**TITLE**
CLIN_022  NARCOTICS AND CONTROLLED SUBSTANCES

**APPLICABILITY**
EDWARD HOSPITAL

**POLICY STATEMENT(S)**
Controlled substances in Schedule II - V are stored in Pyxis in individual drawers separate from other medications. A perpetual inventory is maintained utilizing the “blind count” feature on the Pyxis station. Controlled substance administration and wasting of controlled substances are recorded. Physicians and nurses can administer and record controlled substances. Nurses and approved Edward clinicians including physicians and pharmacists can waste and witness wastage of controlled substances. Controlled substances which are not stored in Pyxis are kept in a locked security system. Any potential controlled substance discrepancy is investigated.

**DEFINITION(S)**
Wasting: the disposal of unused portions of controlled substances.

**PROCEDURE**

I. PYXIS PROCEDURE
A. PROCURING CONTROLLED SUBSTANCES:
   1. Controlled substances are delivered by Pharmacy personnel to the Pyxis MedStation on the unit.
   2. Pharmacy personnel will add the inventory to the Pyxis MedStation utilizing the blind count feature to verify the initial inventory.
B. CONTROLLED SUBSTANCE COUNTS:
   1. Controlled substance counts are completed as designated by unit protocol at least once every week.
   2. The controlled substance count is performed by two nurses or a nurse and an Edward approved clinician.
   3. One nurse performs a visual hands-on count of the controlled substances, while another nurse witnesses and documents the count in Pyxis.
   4. The electronic sign-on of individuals logged on to Pyxis is considered their legal signature. It is important that users exit the MedStation prior to walking away so as to avoid another staff member removing medications under the first user’s electronic signature.
   5. Access to Pyxis is controlled by the Pharmacy.
      - The Nursing Supervisor and other specified Nurse Management team members are given the capability to assign temporary access and passwords for staff.
   6. At time of discovery, any discrepancy in the controlled substance count is investigated at the unit level.
C. WASTING CONTROLLED SUBSTANCES:
   When a portion or all of a controlled substance is wasted, the amount wasted is witnessed by two nurses or a nurse and an Edward approved clinician and documented in Pyxis as soon as possible. If the medication cannot be wasted in Pyxis, for example, the patient was admitted with a fentanyl patch from home, the
nurse must document the waste in the progress notes, plan of care, including the name of the witness in the note. If the nurse is unable to waste the medication in Pyxis because the patient has been discharged for more than one hour, the nurse must waste the medication with a witness and complete a Safety Event report, including the name of the witness in the report.

1. **Controlled Substance Infusion**: Wasting of controlled substance infusions are performed via Pyxis. The nurse and witness estimates the volume of solution left and records the amount given and wasted.

2. **Fentanyl patches**: The handling of a disposed patch is documented on the Pyxis MedStation as wasting with the signature of the nurse along with the co-signature of a witness. The waste is recorded at the Pyxis MedStation in terms of “hours” the patch was on the patient. For example, if a patch was in place for the full 72 hours then the waste is recorded as 72 hours given, and 0 hours wasted. The patch is disposed of by folding the patch in half then flushing the patch down the toilet. The disposal (flushing of a patch) is documented with the signature of the nurse along with the co-signature of a witness. This is done for all inpatients when:
   a. Changing an old patch for a new one;
   b. The order for the patch has been discontinued;
   c. Immediately following the death of the patient, except in coroner’s cases;
   d. Upon admission, existing Fentanyl patches are removed and a new Fentanyl patch should be applied as ordered by the physician.

3. **Fentanyl Transmucosal**: This product typically is consumed within a 15 minute timeframe. If any remaining product is left on the stick the nurse wastes the remainder with a witness present. To waste the remaining product, the nurse runs it under hot water until the product is gone. The waste is then recorded in Pyxis. The nurse and witness will make their best estimate of the amount given and subsequent waste. The stick handle is thrown away in the trash out of the reach of children.

D. **REMOVING CONTROLLED SUBSTANCES ON OVERRIDE**
   1. Controlled substances removed on override are restricted to those instances in which a STAT dose is required, and the order has not been profiled by Pharmacy.

II. **MANUAL PROCEDURE**

A. **PROCURING CONTROLLED SUBSTANCES**
   1. Controlled substances are delivered by Pharmacy personnel either via personal delivery or secure transaction from the tube system to a nurse on the unit for timely administration.

B. **PCA/PCEA KEYS**
   1. The PCA/PCEA keys are kept in the Pyxis cabinet.
   2. In areas of high PCA and PCEA usage such as Labor and Delivery, and Post Anesthesia Care Unit (PACU), the nurse may have the keys in their possession. The keys cannot be carried outside of the hospital and are returned to Pyxis at the end of their shift.
   3. Anesthesiologists may have keys in their possession and are responsible for maintaining the security of the PCA key.
   4. If the narcotic keys are taken home by an off going nurse, they are to be returned to the proper nursing unit as soon as this is discovered. Any evidence that this is a pattern may result in appropriate disciplinary action.
   5. The charge nurse will verify that all keys are accounted for at shift change. If narcotic keys cannot be accounted for, the charge nurse will notify Public Safety immediately along with the Unit Director or Patient Services Coordinator. Public
Safety, in conjunction with the Unit Director, Clinical Leader or Patient Services Coordinator will search the unit and staff, as appropriate, to locate the keys.

a. If a PCA/PCEA key is necessary for patient care, the charge nurse goes to Pharmacy to requisition a PCA/PCEA key.
b. The charge nurse signs for receipt of the PCA/PCEA key.
c. Pharmacy sends a copy of the receipt form to the department Director.

C. SIGNING OUT CONTROLLED SUBSTANCES
1. Controlled substances are signed out on the Record of Controlled Substances Disposition form before being administered to patients.
2. The nurse documents the amount of drug administered and wasted on the record.

D. ADMINISTRATION/WASTING AND DOCUMENTATION OF CONTROLLED SUBSTANCES
1. Administer the medication according to CLIN_258 MEDICATION ADMINISTRATION.
2. When a portion or all of the controlled substance is wasted, the amount wasted is witnessed by two nurses or physicians and documented on the Record of Controlled Substance Disposition in a timely fashion.

CROSS REFERENCE(S)
GENL_016, Investigations of Theft (including drugs) on or from Edward Premises
CLIN_109, Medication Order Processing, Administration, and Storage
CLIN_130, Coroner's Cases
CLIN_258, Medication Administration