NHS Grampian Policy and Procedure For The Safe Management Of Controlled Drugs In Hospitals

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Signature: 

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Executive Sign-Off
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Signature: 

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Group/Individual responsible for this document: Controlled Drug Accountable Officer (CDAO) and Lead Pharmacists Controlled Drugs Team (CD team)

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<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Previous Revision Date</th>
<th>Summary of Changes (Descriptive summary of the changes made)</th>
<th>Changes Marked* (Identify page numbers and section heading )</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2016</td>
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</tr>
<tr>
<td></td>
<td></td>
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<td>Section 2</td>
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<td></td>
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</tr>
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<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Addition of returns information Dr Gray's Pharmacy.</td>
<td>Section 13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Addition of information regarding pass prescriptions.</td>
<td>Section 14</td>
</tr>
<tr>
<td>Revision Date</td>
<td>Previous Revision Date</td>
<td>Summary of Changes (Descriptive summary of the changes made)</td>
<td>Changes Marked* (Identify page numbers and section heading)</td>
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<td>----------------------------------------------------------</td>
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<tr>
<td></td>
<td></td>
<td>Information regarding measuring liquid CDs.</td>
<td>Section 17 / appendix 8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Addition of information regarding patient transferring with own CDs.</td>
<td>Section 23</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Updated information regarding management of patients with ORT.</td>
<td>Section 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Revision of theatre information.</td>
<td>Section 26</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Addition of summary handling requirements for commonly used CDs.</td>
<td>Appendix 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Addition of Reporting Incidents, Near Misses and Concerns Involving Controlled Drugs (CDs): A Guide for NHS Staff and Contractors.</td>
<td>Appendix 14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review of appendix and examples.</td>
<td>Appendix 1-14</td>
</tr>
</tbody>
</table>

* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.
# NHS Grampian Policy and Procedure For The Safe Management Of Controlled Drugs In Hospitals

## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Purpose</td>
<td>3</td>
</tr>
<tr>
<td>2. Scope</td>
<td>3</td>
</tr>
<tr>
<td>3. Background</td>
<td>3</td>
</tr>
<tr>
<td>4. General Principles</td>
<td>4</td>
</tr>
<tr>
<td>5. Roles And Responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>6. Storage Of Controlled Drugs</td>
<td>6</td>
</tr>
<tr>
<td>7. Key Security</td>
<td>6</td>
</tr>
<tr>
<td>8. Controlled Stationery</td>
<td>8</td>
</tr>
<tr>
<td>9. Ordering Controlled Drugs</td>
<td>11</td>
</tr>
<tr>
<td>10. Collection Of Controlled Drugs From Pharmacy</td>
<td>12</td>
</tr>
<tr>
<td>11. Receipt Of Controlled Drugs</td>
<td>13</td>
</tr>
<tr>
<td>12. Patient’s Own Controlled Drugs</td>
<td>14</td>
</tr>
<tr>
<td>13. Transfer Of Stock Controlled Drugs Between Wards/Departments</td>
<td>15</td>
</tr>
<tr>
<td>14. Returning Controlled Drugs To Pharmacy</td>
<td>16</td>
</tr>
<tr>
<td>15. Prescribing Controlled Drugs</td>
<td>17</td>
</tr>
<tr>
<td>16. Recording The Administration Of Controlled Drugs</td>
<td>20</td>
</tr>
<tr>
<td>17. Disposal Of Controlled Drugs At Ward Level</td>
<td>22</td>
</tr>
<tr>
<td>18. Liquid Controlled Drugs</td>
<td>24</td>
</tr>
<tr>
<td>19. Dealing With Discrepancies</td>
<td>24</td>
</tr>
<tr>
<td>20. Checks Of Controlled Drugs</td>
<td>25</td>
</tr>
<tr>
<td>21. Security/Suspected Loss Of Controlled Drugs</td>
<td>26</td>
</tr>
<tr>
<td>22. Reporting Incidents, Near Misses and Concerns Involving Controlled Drugs (CDs)</td>
<td>27</td>
</tr>
<tr>
<td>23. Patients Transferring Ward/Department</td>
<td>27</td>
</tr>
<tr>
<td>24. Transfer Of Patients To Other Clinical Areas With Controlled Drugs In the Process of Being Administered, e.g. Infusions/syringe drivers/Patient Controlled Analgesia (PCA)/epidurals</td>
<td>28</td>
</tr>
<tr>
<td>25. Admission And Discharge Of Patients Prescribed Opioid Replacement Therapy (ORT)</td>
<td>29</td>
</tr>
<tr>
<td>26. Theatres/Post Anaesthesia Care Units (PACU)</td>
<td>30</td>
</tr>
<tr>
<td>27. Local Variation To Guidelines</td>
<td>31</td>
</tr>
<tr>
<td>Appendix 1- Summary Of Handling Requirements For Commonly Used CDs For NHS Grampian Wards And Departments</td>
<td>32</td>
</tr>
</tbody>
</table>

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Review Date: December 2019

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1. Purpose

This policy document details the legal and good practice requirements for the management of Controlled Drugs (CDs) in all hospitals within NHS Grampian.

2. Scope

This policy covers ordering, storing, supplying, transporting, prescribing, administering, recording and safe disposal of CDs, whilst at the same time ensuring appropriate and convenient access for those patients that require them.

This document is relevant for all management and staff involved in the use or handling of CDs in hospitals within NHS Grampian.

It is recognised that there are specific issues regarding the handling and management of CDs within the theatre and Post Anaesthesia Care Unit (PACU)/Recovery environments. This has led to development of supplementary operating theatre and PACU guidance which detail local variations. NHS Grampian staff working in these areas must adhere to this policy and also follow the appropriate approved Controlled Drugs Supplementary Guidance.

This document is not applicable to primary care or GMED service who should refer to policies and standard operating procedures (SOPs) relevant to their area of practice.

This policy applies to Schedule 2 and 3 CDs. The storage, prescribing, diversion and abuse potential of lower Schedule CDs such as Schedule 4, e.g. diazepam, zopiclone and schedule 5, e.g. co-dydramol, dihydrocodeine must also be considered. These drugs are not stored in CD cabinets; however they must be stored securely in medicines cupboards with restricted access. The principles of this policy should be applied to all drugs with diversion and abuse potential.

3. Background

The overall legislative framework which applies to all Medicines is the Medicines Act 1968 and its associated legislation.

The Human Medicines Regulations 2012 are a result of the MHRA’s consolidation and review of UK legislation. They replace nearly all UK medicines legislation – most of the Medicines Act 1968 and over 200 statutory instruments.
Controlled Drugs (CDs) are additionally defined and governed by the Misuse of Drugs Act (MDA) 1971 and associated Regulations – principally the Misuse of Drugs Regulations (MDR) 2001 which fall within the remit of the Home Office.

The Health and Social Care Act was implemented in April 2012. This resulted in a review of the associated regulations and the introduction of the Controlled Drugs (Supervision of Management and Use) Regulations 2013 which came into force in April 2013. This included a statutory requirement for all NHS Boards to appoint a Controlled Drug Accountable Officer (CDAO) with specific responsibility for the safe management and use of CDs within their Health Board (3). Within NHS Grampian the Director of Pharmacy and Medicines Management is the CDAO. The CDAO has in turn appointed a Controlled Drugs Team (CD team) to assist with the operational functions of the CDAO. These functions include information sharing and co-operation between bodies, inspection, review and approval of SOPs, monitoring prescribing of CDs, assessment of CD incidents and sharing lessons learnt.

This policy is based on ‘Safer Management of Controlled Drugs – A Guide to Good Practice in Secondary Care (Scotland) CEL 7 (2008)(4)’. This document sets out how the legislation and best practice applies to the use and management of CDs in hospital settings to ensure the safe, appropriate and effective use and management of CDs.

Throughout this policy the terms ‘must’ and ‘should’ are used. The term ‘must’ relates to a legal requirement or a NHSG requirement. The term ‘should’ relates to recommendations of good practice.

4. General Principles

There are a number of overarching principles that are used to underpin the safe management of CDs. These principles include:

- Patients should have timely access to medicines prescribed for them, including any CDs.
- Organisations and individuals must comply with the current legal requirements and local guidelines for the management of CDs.
- CDs must be used and managed safely and securely.
- There must be a clear audit trail for the movement and use of CDs.

Staff must consider this policy relevant for any CDs stored in the CD cabinet and recorded in the Ward/Department Controlled Drug Record Book.

This policy must also be applied for any drug which is ordered using a Controlled Drug Order Book even where storage in CD cabinet and recording in the Controlled Drug Record Book are not mandatory, i.e. midazolam, tramadol and phenobarbital.

Within NHS Grampian (NHSG) some Schedule 3 CDs, e.g. temazepam and buprenorphine are treated in a stricter manner than legally required. This is NHS Grampian policy and must be adhered to. Refer to Appendix 1 - Summary Of Handling Requirements For Commonly Used CDs For NHS Grampian Wards And Departments.
5. Roles And Responsibilities

The registered nurse/midwife/Operating Department Practitioner (ODP) in charge of a ward/department/theatre is legally responsible for the CDs in the ward/department/theatre and is responsible for the safe and appropriate management and use of CDs in that area.

A registered nurse/midwife is one whose name appears on the Nursing and Midwifery Council Register (NMC). An ODP is registered and regulated by the Health and Care Professions Council Register (HCPC).

It is the responsibility of the registered nurse/midwife/ODP in charge of a ward/department or theatre to ensure all staff are aware of and follow this policy in relation to CDs. This should be supported by local SOPs describing how this policy is practically implemented in the ward/department. Refer to Appendix 2 – Sample Standard Operating Procedure (SOP) Template for Safe Management of Controlled Drugs (CDs) in Wards/Departments.

The registered nurse/midwife/ODP can delegate control of entry (i.e. key holding), ordering, receipt, stock checks, administration, and any other tasks involving CDs to another registered nurse/midwife/ODP. However the legal responsibility remains with the registered nurse/midwife/ODP in charge of the ward/department/theatre.

Two members of staff must be involved at every stage of the handling, selection, preparation and destruction of CDs in a ward/department. One of these persons must be a registered nurse/midwife/ODP.

The second person may be another registered nurse/midwife/ODP or a student nurse/student midwife. In certain situations, the second person may be a dentist, pharmacist/pharmacy technician or a doctor.

Both persons must be present during the process of selection, preparation, administration, destruction and recording.

Nursing auxiliaries/Health Care Support Workers (HCSW) are not routinely permitted to be involved in the handling of CDs. However NHSG has a local policy to allow appropriately trained nursing auxiliaries/HCSW to witness CD selection, preparation and administration in exceptional circumstances, e.g. in community hospitals when there is only one registered nurse/midwife on duty in the evening.

This must be discussed with the CDAO/CD team and Hospital Pharmacy Department who will consider if there is a need within the clinical area and provide the necessary training. Authorisation for this local variation must be obtained from the Director of Nursing and CDAO for individual wards/departments. Refer to Appendix 3 – Local Variation Regarding the Administration of Controlled Drugs Witnessed by Unregistered Health Care Support Workers.
6. Storage Of Controlled Drugs

CDs must be stored in an approved locked CD cabinet. The cabinet should conform to or exceed BS2881 or be approved by the CDAO/CD team, NHSG security and hospital pharmacy department. In wards/departments/theatres where there is not a 24 hour staff presence (e.g. outpatient clinics, day surgery units) a security cabinet which has been evaluated against the SOLD Secure standard SS304 should be used.


Hospital pharmacy departments should review CD storage and premises alarms with the CDAO/CD team and NHSG security to ensure this is appropriate.

The CD cabinet should be of a sufficient size to safely store ward/department/theatre stock CDs, patient’s own CDs and out of date stock, prior to return for destruction. There should be enough room to allow adequate segregation of CDs.

High strength CDs should be segregated from other CDs. Refer to Policy for Ordering, Storing and Returning High Strength Diamorphine, Morphine and Oxycodeone Injections in NHS Grampian: http://intranet.grampian.scot.nhs.uk/foi/files/NHSG_HDmorph.pdf

The CD cabinet must be kept locked when not in use. The lock must not be common to any other lock in the hospital.

Storage of midazolam, tramadol and phenobarbital in a CD cabinet and recording in the Controlled Drug Record Book are not legally required. Nor is it a requirement of NHSG policy. There may be areas that choose to store and record these drugs, particularly midazolam, in this manner. If it is department policy this should be documented in the department SOP and all staff must follow this process. These drugs must be ordered in the ward/department Controlled Drug Order Book.

Refer to Appendix 1 - Summary Of Handling Requirements For Commonly Used CDs For NHS Grampian Wards And Departments.

7. Key Security

The registered nurse/midwife/ODP in charge is responsible for the CD keys, and any duplicate keys.

The keys for the CD cabinet must be kept separate from other keys.

Key-holding may be delegated to other registered nurses/midwife/ODP but the legal responsibility remains with the registered nurse/midwife/ODP in charge of the ward/department/clinic.
The CD keys may be handed to an authorised member of the pharmacy staff for the purpose of stock checking, (i.e. the pharmacist or pharmacy technician responsible for stock control of medicines on the ward/department). The keys must be returned, immediately after the check, to the nurse in charge or key-holder as appropriate.

In circumstances where there are duplicate keys to CD cabinets these must be retained in a secure place with access restricted as for the in-use key. Records of access to duplicate keys must be maintained by the registered nurse/midwife/ODP in charge.

In departments where CDs are stored, but which do not have 24-hour supervisory cover (e.g. outpatient clinics, theatres), or during periods of short term closure, e.g. holiday weekend; arrangements for the safe-keeping of the key(s) to the CD cabinet out of working hours must be made. The advice of the nurse manager, clinical pharmacist, CD AO/CD Team, and security officer should be sought. For periods of prolonged closure CDs should not be left in wards/departments. Such circumstances should be discussed with CD AO/CD team.

Some devices used to administer CD medicines, for example McKinley T34 syringe pump box, are locked to avoid tampering with the device. The registered nurse/midwife/ODP who is caring for the patient should hold the key to such devices.

**Missing CD Keys/CD Locks**

If a key for the CD cabinet goes missing, it must be reported immediately to the registered nurse/midwife/ODP in charge. The registered nurse/midwife/ODP in charge must then ask all staff on duty to check if they have the keys on their person.

If the CD keys cannot be found then urgent efforts must be made to locate the keys, e.g. by contacting nursing staff who have just gone off duty and conducting a thorough search of the ward/department/theatre.

If the key remains missing (either assumed lost or with a member of staff unable to return it) then if a duplicate key is available it may be issued for use, this must be documented. The registered nurse/midwife/ODP in charge should carry out a full inventory check of the CDs.

If a duplicate key is not available and access to the CD cabinet is required the nurse in charge/ODP should contact facilities department to arrange for assistance to remove/replace the lock.

In all circumstances involving missing CD keys additional security precautions should be taken to restrict access to the area where the CD cabinet is located. This may include ensuring the treatment room area is locked. If a combination lock is in use changing the combination and restricting access to the minimum number of staff possible.

If the lock has to be replaced, the CD cabinet must not be left unsupervised during this process. This process should be discussed with the pharmacy department/CD AO/CD team to ensure suitable storage/supervision while work is in progress. A full
inventory check of CDs should be done before and after completion of the lock replacement.

For any incidents involving CD keys/locks a Datix report should be completed recording all relevant details and actions taken. The CDAO/CD team and NHSG security must be informed of the incident (CD team contact details Appendix 4).

If there is evidence or suspicion of criminal activity, CDAO/CD team, security and police must be informed, refer to section 21 Security/Suspected Loss of Controlled Drugs.

8. Controlled Stationery

The registered nurse/midwife/ODP in charge of a ward, department, or theatre is responsible for the requisitioning of CDs for use in that area. They must also ensure that all CD stationery used to order, return, or record use of CDs is stored securely and that access to the stationery is restricted to authorised staff.

The following are classified as controlled stationery:

- Ward/Department Controlled Drugs Record Book.
- Ward/Department Controlled Drug Order Book.

The Ward/Department Controlled Drugs Record Book and Order Book(s) must be kept in a secure place when not in use. The Order Book(s) should be stored in the CD cabinet wherever possible.

The loss or suspected loss of either book must be reported immediately to the registered nurse/midwife/ODP in charge of a ward, department or theatre, who is responsible for investigating and reporting the incident via Datix. The ward/department clinical pharmacist and CDAO/CD Team must be informed.

(a) Ward/Department Controlled Drugs Record Book.

See Appendix 5 for examples of Ward/Department Controlled Drug Record Book entries.

An entry of all CDs received by the ward/department/theatre must be made in the Ward/Department Controlled Drugs Record Book. A separate page must be allocated for each drug, formulation and strength. Modified-release preparations should also state the brand name to prevent confusion and minimise risk of error.

A description of each preparation and the page number must be recorded on the index page.

On reaching the last line of the Ward/Department Controlled Drugs Record Book page:

- The balance should be transferred to the next available page.
- The new page number should be noted at the bottom of the finished page and the index updated.
• The ‘from’ page number should be recorded at the top of the new page.
• This transfer **must** be witnessed.

If a mistake is made in the Controlled Drug Record Book:

• This should be bracketed and annotated with an asterisk (*).
• A corresponding asterisk (*) giving an explanation should be written at the bottom or side of the page, where space allows.
• This must be signed, witnessed and dated.
• Entries **must not** be scored out and correction fluid **must not** be used.
• The physical balance should be checked at this time. It is recommended, following an error, an entry be made confirming the running balance.

A ward or department may require more than one Ward/Department Controlled Drugs Record Book (e.g. one for stock drugs and one for patient’s own drugs). This requires consultation with and the agreement of the ward/department clinical pharmacist/pharmacy technician.

When the Controlled Drug Record Book is full:

• All CDs **must** be transferred to the new Controlled Drug Record Book at the same time.

• This may be carried out by a registered nurse/midwife/ODP. This transfer **must** be witnessed by a registered/student nurse/midwife/ODP or authorised member of staff, e.g. pharmacist/pharmacy technician.

• When transferring the physical balance and the Controlled Drug Record Book balance must be checked.

• The balance in the old Controlled Drug Record Book should be made ‘zero’ stating the date and the quantity transferred to the new Controlled Drug Record Book. This **must** be signed by both members of staff.

• Any part used pages in the old register should be ruled off.

• The new Controlled Drug Record Book should have an entry on the appropriately title page stating the balance that was transferred from the old record book. This **must** be signed by both members of staff.

• The front page of the old Controlled Drug Record Book should be dated to show when the drugs were transferred and the book closed.

• The front cover of the new Controlled Drug Record Book should be dated to shown when the book came into use

• The Ward/Department Controlled Drug Record Book must be stored securely for a minimum of 2 years from the date of closure.
(b) **Ward/Department Controlled Drugs Order Book.**

Refer to Appendix 6 for examples of Ward/Department Controlled Drug Orders.

The registered nurse/midwife/ODP in charge is responsible for the ordering of CDs for use in their area. They can delegate the task of preparing an order to another registered nurse/midwife/ODP however legal responsibility remains with the registered nurse/midwife/ODP in charge.

Pharmacy will request sample signatures for those staff authorised to order CDs for each ward/department. The registered nurse/midwife/ODP should inform pharmacy of changes to staff who may order CDs for their ward/department.

A pharmacist/pharmacy technician may prepare a ward CD order, however this must be signed by the registered nurse/midwife/ODP who is authorised to order CDs.

All orders for CDs **must** be written in the Ward/Department Controlled Drugs Order Book.

Each order consists of original (white) and duplicate copy (pink).

The white original is removed by the pharmacist/technician who supplies the drugs and is retained in the Pharmacy Department. The pink copy remains in the Ward/Department Controlled Drug Order Book.

It is essential that the carbon paper is positioned correctly between the two pages before an order is written. Staff must also check that the information has been clearly duplicated on the pink copy order.

A separate order **must** be used for each formulation and strength of drug ordered. Orders **must** be written in indelible ink. The order **must** contain the following:

- Ward/Department name/Hospital.

- The full name of the preparation in BLOCK LETTERS (modified-release preparations or patches should be specified by brand name).

- The form of the preparation, i.e. tablets, injection, oral solution (this is required even if only one form of the preparation is available).

- The strength in both words AND figures/including ampoule size if more than one is available.

- The quantity in both words AND figures. This must be expressed as the number of individual units (e.g. 28, twenty eight tablets) or as a volume of liquid (e.g. 100mLss one hundred mLs) to be supplied rather than ‘1 box’ or ‘1 bottle’.

- The signature AND printed name of the registered nurse/midwife/ODP his/her designation and the date.
Orders for CDs are subject to legal and local requirements and must be written in the above form. A CD cannot be supplied unless all the necessary information is given on the order. Failure to comply with the regulations will result in a delay in supplying the drugs.

If an order has been written incorrectly or is no longer required to be supplied to the ward/department, it must be cancelled. Two parallel lines should be drawn across the order, “cancelled” written between the lines and the cancellation signed by the nurse. Cancelled orders should not be torn out. The cancellation must appear on both the white original and the pink copy of the Ward/Department Controlled Drug Order Book.

On occasion it may be necessary for pharmacy staff to alter the quantity supplied, e.g. due to insufficient stock or to allow the supply of a part pack to minimise waste. Where this happens the quantity stated must be altered, signed, and dated by the member of pharmacy staff on both copies of the CD order.

A request for a new or replacement Ward/Department Controlled Drug Order Book must be made by the registered nurse/midwife/ODP in charge of the area. This should be a written request on a green pharmacy order form (code number ZEP 101A).

Only one Ward/Department Controlled Drug Order Book should be held on a ward at any one time, except when otherwise agreed locally with the Pharmacy Department to meet exceptional circumstances. In community hospitals distant from the supplying pharmacy and without a daily delivery, two Ward/Department Controlled Drugs Order Books are required since one may be in transit between the ward and the Pharmacy Department. No more than two books should be in use at any one time.

Completed Ward/Department Controlled Drugs Order Books must be stored securely on the ward for a minimum of 2 years since the last entry.

9. Ordering Controlled Drugs

All ward/departments should have a stock list of CDs to be held. This should reflect current and expected usage and should be agreed with the ward/department clinical pharmacist/ward pharmacy technician and registered nurse/midwife/ODP in charge. This list should be kept up-to-date and modified as required. Ordering of CDs should take into account the stock levels, current and predicted usage.

CD orders should be requested at the same time as the scheduled drug order, by sending the Ward/Department Controlled Drug Order Book in the locked drug box to the Pharmacy Department at Aberdeen Royal Infirmary (ARI).

If a CD is required out with the scheduled drug order days and there is a pharmacy department on site, the Ward/Department Controlled Drugs Order Book should be taken to the Pharmacy Department during normal working hours.
Where there is no pharmacy department on site the CD order (white form) should be faxed to the Pharmacy Department at ARI (01224 (5)54422). The ward/department should then phone the Pharmacy Department (01224 (5)53227) to confirm receipt of the faxed order.

Scanned and electronic transfer of a completed and signed Ward/Department Controlled Drugs Order via email may be considered as an alternative method to faxing. This must only be done via official and secure NHS email accounts and follow agreement with Senior Charge Nurses/Nurse Manager/ODP and pharmacy services.

Once faxed/scanned, the white copy of the order plus the fax confirmation sheet (where available) should be attached to the Ward/Department Controlled Drug Order Book and the order must be clearly marked "Confirmation of faxed/scanned order". The Ward/Department Controlled Drug Order Book must be sent to the Pharmacy Department in the drug box with the next routine drug order. This is required to ensure a robust audit trail and record of order and supply both at the ward/department and the supplying pharmacy.

Wards/departments should have in place a system to highlight expected orders and confirm receipt, e.g. record of when order was placed, when delivery is expected and acknowledged when received.

Pharmacy ARI must be informed of orders that have been placed and not received in the expected timescale. An investigation must be carried out as appropriate by the registered nurse/midwife/ODP in charge and pharmacy staff. The CDAO/CD team and NHSG security must be informed of any CD orders that remain unaccounted for and a Datix report completed.

10. Collection Of Controlled Drugs From Pharmacy

CD Orders - Collection By Hospital Staff

The "Accepted for Delivery" section on the Ward/Department Controlled Drug Order Book will only be filled in if a member of staff collects the CDs personally from the Pharmacy department.

The person collecting the CDs will be asked to show their NHS Grampian photographic identity badge. As student nurses do not have NHS Grampian photographic identity badge their name badge and student/photographic identity badge will be accepted. CDs will NOT be handed to staff not carrying appropriate identification and this may result in delay in supplying the drugs.

Staff sent to collect CDs should be prepared to check the drug, strength, form and quantity being supplied in relation to the order and sign for the receipt of the CDs. Containers of drugs with an intact manufacturer’s seal do not require to be opened to check the contents. Staff then take responsibility for the transfer of the CDs from the Pharmacy to the ward/department.
Prescriptions - Collection by Patient/Representatives

Patients or their representatives should be asked to provide evidence of identity when collecting prescriptions for CDs.

There is a requirement, for the person supplying the CD, to determine if the person collecting the medicine is the patient or their representative. The patient or their representative should be asked for evidence of their identity. Pharmacy staff may refuse to supply the medicine if they are not satisfied as to the identity of the individual.

The information regarding who collected out-patient CD prescriptions must be recorded in the pharmacy CD register. This must record:

- Whether the person who collected the drug was the patient, the patient’s representative or a healthcare professional acting on behalf of the patient.
- If the person who collected the drug was a healthcare professional, acting on behalf of a patient, that person’s name and work address, e.g. ward/department.
- If the person who collected the drug was the patient or their representative, whether evidence of identity was requested and whether evidence of identity was provided.

11. Receipt Of Controlled Drugs

Refer to Appendix 5 for examples of Controlled Drug Record Book entries.

As soon as CDs are received on a ward/department, the registered nurse/midwife/ODP in charge must check the drugs received against the quantity ordered and received. This must be done in the presence of a second person as detailed in section 5.

Wherever possible, the person who ordered the CDs should be different from the person receiving the CDs into stock. This separation of duties helps create a more thorough audit trail. This would also be applicable for other lower Schedule CDs, e.g. diazepam, dihydrocodeine which may be subject to diversion.

Containers of drugs with an intact manufacturer’s seal do not require to be opened to check the contents; unopened containers of liquids do not need to be measured.

If the quantity received is correct the "Received By" section in the Ward/Department Controlled Drugs Order Book must be signed by the registered nurse/midwife/ODP. This must be witnessed and signed by a second registered nurse/midwife/ODP or student nurse/midwife.

The drugs must then be recorded in the Ward/Department Controlled Drugs Record Book. The following details must be recorded on the appropriate page:

- Date of entry.
- The serial number of the requisition and the Ward/Department Controlled Drug Order Book number.
• Quantity received – this **must** be recorded in words not figures, e.g. ‘Ten’ rather than ‘10’.
• Signature of nurse/midwife/ODP making entry.
• Signature of witness.
• Balance in stock – this **must** be confirmed, independently, to be correct by checking the current stock holding.

12. **Patient's Own Controlled Drugs**

Refer to [Appendix 7](#) for examples of recording Patient’s Own Controlled Drugs.

All CDs brought into a ward/department by a patient **must** be retained on the ward/department until the patient is discharged. **CDs should not** be returned to the patient's relatives.

Staff **must** check patients’ own drugs to identify any CD items that require to be stored in the CD cabinet. This should include checking contents of any monitored dosage systems (MDS/dosettes).

All patients' CDs **must** be recorded in the Ward/Department Controlled Drug Record Book or where it exists in the Patient’s Own Controlled Drugs Record Book.

If a patient has a Monitored Dosage System, e.g. dosette box that contains CDs then this **must** be stored in the CD cabinet and recorded in the Ward/Department Controlled Drug Controlled Drug Record Book.

a) **If patients’ own CDs are to be used on the ward/department, they **must** be recorded on a separate page from the ward/department supply and all doses administered **must** be recorded following the usual procedure. An entry **must** be made in the index indicating on which page the patient’s own drugs are recorded, this should specify the patient’s name and the drug name, strength and form.

b) **If patients’ own CDs are not to be used for administration, they **must** be recorded on a page headed "Patient’s Own Controlled Drugs". **A line must be left blank under each entry to allow for an entry showing when the drugs were returned to the patient** or sent to Pharmacy for destruction with the appropriate documentation.

When patients are being discharged, if it is clinically appropriate, their CDs should be returned to them. This return **must** be clearly recorded in the Ward/Department Controlled Drug Record Book stating the date, time signed and witnessed.

If a patient’s own CDs are no longer required, patient consent should be obtained to authorise disposal and patients’ own medicine destruction form completed. These CDs should be returned to pharmacy for safe and appropriate disposal at the next opportunity. Refer to [section 14](#) and [Appendix 10](#).

An entry **must** be made in the Ward/Department Controlled Drugs Record Book stating the quantity of drugs returned, and the reason for return to pharmacy, e.g. out of date. This entry should be signed and dated by two registered nurses/midwives/ODPs.
When CD discharge/pass medicines are sent to the ward/department several hours/days before the patient is discharged/goes on pass, the medicines must be stored securely. The CDs should be stored in the CD cabinet and entered as patients own in the CD record book. These medicines should be clearly marked and be segregated from ward stock. When patients are being discharged the discharge/pass medicines should be given to them. This must be clearly recorded in the Ward/Department Controlled Drug Record Book stating the date, time signed and witnessed.

13. Transfer Of Stock Controlled Drugs Between Wards/Departments

Refer to Appendix 8 for examples of orders and CD Record Book entries.

Ward/departments/theatres should hold sufficient stocks to avoid the need to obtain supplies from other wards/departments when they cannot be obtained from the pharmacy service.

In exceptional circumstances, for patient treatment, it may be necessary to transfer CDs between ward/departments/theatres.

If such an occasion arises:

- The registered nurse/midwife/ODP from the ward/department requiring CDs must take the patient’s Prescription and Administration Record (PAR) and Ward/Department Controlled Drug Order Book to the ward/department they wish to obtain the CDs from. This is to verify which CD(s) are required.

- Two registered nurses/midwives/ODPs - one from each ward/department – must confirm the supplying ward has the appropriate drug/form and strength available.

- The registered nurse/midwife/ODP from the ward/department requiring the CDs must be write, sign and date a CD order for the drug detailing the strength, form and quantity to be supplied by the ward/department.

- If multiple CDs are required a separate CD order must be written for each drug/form/strength.

- The CD order(s) must state ‘supplied by (ward/department name) in exceptional circumstances’.

- An entry must be made in the Ward/Department Controlled Drugs Record Book of the supplying ward.

On the appropriate page for the drug, form and strength clearly stating the date, time and the amount of drug being transferred and to which ward/department.

The entry must record the CD order book/serial number(s).
This entry must also state ‘supplied to (ward/department) under exceptional circumstances’. Both members of staff must date and sign this entry.

- It is recommended that a full or part box should be transferred; not individual ampoules or strips of tablets. These should remain in the original box with the batch number, expiry date details and patient information leaflet. If there are circumstances where the transferring ward is also using the CD product and cannot supply a full or part box of the required strength, alternative strengths can be considered. Alternatively the transferring ward can supply sufficient for the required single dosage.

- The registered nurse/midwife/ODP from the ward/department supplying the CD(s) **must** sign and date the “Supplied by” section of the CD order(s).

- The registered nurse/midwife/ODP from the receiving ward/department **must** sign ‘accepted for delivery’ section of the order(s).

- The top (white) copy of the CD order **must** be retained securely by the ward/department supplying the drugs for a minimum of two years. It is recommended this is held securely at the back of the Controlled Drug Record Book.

- On return to the original ward/department, two registered nurses/midwives/ODPs from that ward/department **must** check the CDs order(s) and CD(s) received. This receipt must be documented in the Ward/Department Controlled Drugs Record Book, clearly stating the amount of drug(s) received, from which ward/department and the CD order book/serial number (book and serial number). Both members of staff must date and sign this entry.

Drugs that have been transferred between wards **must not** be replaced or returned from future orders. The receiving ward will now treat this as their ward stock.

For community hospitals there may be exceptional circumstances when transfer of CDs is required between hospital sites. It may be necessary to fax the CD order if delivery/collection is being coordinated. Community hospitals should have pharmacy approved SOPs detailing actions required in such cases and a clear audit trail must be evident.

Supply of CDs from hospitals to community staff for the immediate treatment of patients is an exceptional circumstance. Specialist guidance relating to this should be referred to –Obtaining Controlled Drugs in Primary Care – Supply routes in Exceptional Circumstances:


### 14. Returning Controlled Drugs To Pharmacy

Where a pharmacy is present on site, CDs which are no longer required on a ward/department or which have expired should be returned to the relevant pharmacy department during normal working hours. This **must** be done by arrangement with the pharmacy department or by returning under the supervision of a pharmacist or pharmacy technician. CDs returned under the supervision of a pharmacist **must** be sealed in a plastic bag labelled “Returned Controlled Drugs” and listed on a green
pharmacy order form (code number ZEP 101A) stating the ward/department area, the name of drug, form, strength, quantity and reason for return. Refer to Appendix 9 for examples.

For community hospitals, CDs which are no longer required on the ward or which have expired must be returned to the Pharmacy Distribution and Procurement Section at Aberdeen Royal Infirmary in the locked drug box, in a sealed bag labelled "Returned Controlled Drugs". The drugs must be listed on the green pharmacy order form (code number ZEP 101A). The Pharmacy Department at Aberdeen Royal Infirmary must be telephoned in advance to alert them that CDs are being returned in the ward pharmacy box (01224 553227 Ext: 53227).

Dr Gray’s pharmacy department can only accept CDs, from Dr Gray’s wards/departments, which were originally obtained from Dr Gray’s pharmacy department. CDs originally supplied by ARI pharmacy department, must be returned to ARI pharmacy department, following the process detailed above.

An entry must be made in the Ward/Department Controlled Drugs Record Book stating the quantity of drugs returned, and the reason for return to pharmacy, e.g. out of date. This entry should be signed and dated by two registered nurses/midwives/ODPs.

Returning Patients’ Own Controlled Drugs

Patient's own CDs no longer required by the patient should be returned for destruction to the relevant pharmacy department.

The same procedures should be followed as above except the drugs should be returned with a completed ‘Patients’ own medicines destruction form’ not a green pharmacy order form. Refer to Appendix 10 for examples.

In community hospitals and Roxburghe House patient’s own CDs, following agreement with pharmacy and CDAO team, may be destroyed at ward level. This must only be carried out by a pharmacy technician/pharmacist or CD inspector and witnessed by a member of registered nursing staff with documentation of any destruction in the Ward/Department Controlled Drug Record Book. Any destruction at ward level must ensure the CDs are rendered irretrievable. Appropriate disposal kits, e.g. Denkit are recommended for use.

15. Prescribing Controlled Drugs

Prescribing for Inpatients

The procedure for the prescribing of CDs in hospital is exactly the same as the prescribing of all other medicines. ‘Instructions for NHS Grampian Staff on the Inpatient Prescribing and Administration of Medicines using the NHS Grampian Prescription and Administration Record’, should be referred to and followed.

A CD can only be prescribed by a suitably qualified practitioner, e.g. doctor, dentist or independent non-medical prescriber, as per individual legislation, e.g. nurse/midwife/pharmacist and within their individual competency.
For ‘when required’ prescriptions, for example when prescribed for breakthrough pain a minimum time interval between doses should be stated, e.g. every six hours. The maximum total quantity that can be administered in 24 hours should also be specified.

CDs **must** never be prescribed by telephone.

In community hospitals where there is no doctor on site, a prescription for CDs may be faxed to the ward, e.g. using ‘NHS Grampian Prescription and Administration Record GMED/GP – Temporary Version’.

Such communication **must** only be sent to a fax machine located in a secure area to avoid the risk of compromising access to patient-identifiable information, in line with CEL 25 (2011). The fax **must** be retained in the patient’s notes. The original should be sent to the ward and retained in the patients notes as soon as possible.

It is the responsibility of medical staff to ensure the necessary clinical assessment has been carried out prior to making the decision to prescribe in this manner. Any communications must be clearly documented in the patient’s notes and nursing staff should confirm receipt of the faxed prescription. Any alterations to the original PAR e.g. medicines discontinuation should be clearly annotated and documented in the patient’s notes specifying the medical and nursing staff involved.

Scanned and electronic transfer of a completed and signed ‘NHS Grampian Prescription and Administration Record GMED/GP – Temporary Version’ via email may be considered as an alternative method of transferring patient-identifiable information. This must only be done via official and secure NHS email accounts, i.e. nhs.net and follow agreement with the registered nurse/midwife/ODP in charge and pharmacy services.

Appropriate medicines on the temporary sheet should be written onto the Prescription and Administration Record when a GP is next in the hospital.

**Prescribing for discharge patients/outpatients**

Prescriptions for patients who are leaving hospital **must** be written in accordance to the requirements of the Misuse of Drugs Regulations for a CD prescription.

Hospital discharge prescriptions usually supply sufficient drugs to cover a 14 day period. No more than 30 days’ supply of CDs should be given on a discharge prescription.

A prescription for a Schedule 2 or 3 CD **must** contain the following details:

- The patient’s full name, address and where appropriate age (legally required if under 12 years of age).
- The patient’s CHI number.
- The name and form of the drug, even if only one form exists.
- The strength of the preparation.
- The dose to be taken.
- The frequency of administration, in the case of ‘as required’ a minimum dose interval should be stated.
The total quantity of the preparation or the number of dose units to be supplied in both words and figures.

The prescription **must** be signed and dated by the prescriber and if prepared by someone other than the prescriber this should be a registered healthcare professional.

If an electronic Immediate Discharge Letter (eIDL) is being used to prescribe CDs this **must** be printed and signed. An electronic signature is not acceptable for prescriptions for CDs.

Pre-printed name and address labels should not be used on prescriptions; refer to **Appendix 11**, Sample Discharge Prescription.

For hospitals without a pharmacy on site, discharge prescriptions may be faxed/scanned, in advance, to ARI in order for them to be received in time for the discharge date. The original prescription, pharmacy copy **must** be sealed in an envelope addressed to ARI Dispensary and sent in the next available drug box.

**Prescriptions for Pass Patients**

If a patient is going to leave the hospital for a short agreed pass period it is necessary to ensure they have a suitably labelled supply of medicines, including CDs for this period of time. This may be done in several ways and will be dependent on the patient and the circumstances and should be agreed by the multidisciplinary team involved in the patients care.

If a patient has their own supply of CDs and the dose, strength and frequency remains the same these may be returned to the patient for the period of the pass. The full quantity of CDs should be returned to the patient. This **must** be signed out of the ward /Patient's Own Controlled Drug Record Book.

On return the patient’s own CDs **must** be checked and re-entered into the ward/department Patient's Own Controlled Drug Record Book as per **section 13**.

There may be circumstances where this is not considered appropriate for the patient, in such cases a small supply for the pass period may be supplied.

If a pass supply is required a pass prescription should be written, following the requirements above. This will be dispensed by the pharmacy dispensary. For hospitals without a pharmacy on site, pass prescriptions may be faxed/scanned, in advance, to ARI in order for them to be received in time for the discharge date. The original prescription, pharmacy copy **must** be sealed in an envelope addressed to ARI Dispensary and sent in the next available drug box.

When CD discharge/pass medicines are sent to the ward several hours/days before the patient leaves, the medicines **must** be stored securely. The CDs **must** be stored in the CD cabinet and entered as patient’s own in the CD record book. These medicines should be clearly marked, and be segregated from ward stock.
16. Recording The Administration Of Controlled Drugs

The NHS Grampian procedure for recording the administration of medicines applies equally to CDs. ‘Instructions for NHS Grampian Staff on the In-Patient Prescribing and Administration of Medicines using the NHS Grampian Prescription and Administration Record’, should be referred to and followed.

If there is any ambiguity in the prescription for a CD, medical staff must be contacted for clarification prior to administration.

Every step of the administration procedure must be carried out in the presence of the two members of staff. This includes the preparation of the CD to be administered, the CD being administered and the destruction of any surplus.

One of these persons must be a registered nurse/midwife/ODP. The second person may be another registered nurse/midwife/ODP or student nurse/midwife.

Nursing auxiliaries/Health Care Support Workers are not routinely permitted to be involved in the handling of CDs; however NHSG has a local policy to allow appropriately trained auxiliaries/Health Care Support Workers to witness CD selection in exceptional circumstances, e.g. in community hospitals when there is only one registered nurse/midwife on duty in the evening.

This must be discussed with the CDAO/CD team and Pharmacy Department who will consider if there is a need within the clinical area and provide the necessary training. Authorisation for this local variation must be obtained from the Director of Nursing and CDAO for individual wards/departments. Refer to Appendix 3.

Both staff should independently check the following details:

Before administering the drug:

- The drug name must be checked with the prescription.

- The dose that is requested must be checked in relation to safety for the patient and route of administration. Considering allergies, doses the patient previously received, increments of dose increase, concurrent medications. If there are any concerns this should be discussed with prescriber prior to administration.

- The route of administration must be confirmed to ensure selection of the appropriate drug and formulation.

- The most appropriate strength(s) of the drug available, to make up the prescribed dose, should be selected to minimise wastage, e.g. when selecting the strengths of injectables to make up a syringe driver for 60mg dose use 2 x 30mg if available rather than 1 x 100mg.

- The drug expiry date must be checked.

- If an injection or infusion is to be prepared the type and volume of infusion diluent must be confirmed along with the route and rate of administration.
• If a liquid is to be measured a suitable oral syringe/measure should be used. Refer to Appendix 8 for information of accurately measuring liquids.
• The packaging must not be discarded until patient bedside checks have been completed.

• The total quantity of the item (e.g. tablet, ampoule) in stock of the strength and formulation to be used must be counted.

• The amount of stock should be compared with the amount indicated in the last entry of the appropriate page of the Ward/Department Controlled Drugs Record Book. Refer to section 18 regarding how to deal with a discrepancy should this arise.

• The following details must be entered into the correct page of the Ward/Department Controlled Drug Order Book checking the name, formulation and strength:
  o Date.
  o Patient’s name.
  o Stock Balance following preparation of the dose to be administered.

Both members of staff should take to the patient:

• The prepared drug.
• The Prescription and Administration Record (PAR).
• The Ward/Department Controlled Drug Record Book.

The administration of the CD must be carried out with both persons present. Patient identity and checks should be performed independently by both persons.

In situations where the patient is in an isolation room the Controlled Drug Record Book can remain in the preparation room. This will reduce the risks of contamination.

After administering the drug, the Ward/Department Controlled Drug Record Book must be completed by entering:

• Dose of prescribed drug administered.
• Time drug given.
• Signatures of both persons involved.

Administration of the CD must also be recorded on the patient’s Prescription and Administration Record (PAR) as with other medicines. If the patient refuses the dose, or it is not given for another reason, this must be clearly recorded in the Ward/Department Controlled Drug Record Book and the PAR. Refer to section 17 for ‘Disposal of Controlled Drugs at Ward Level’.

If a mistake is made in the Controlled Drug Record Book this should be bracketed, annotated with an asterisk (*) and a corresponding asterisk (*) giving an explanation, signed, witnessed and dated at the bottom of the page. Entries must not be scored out and correction fluid must not be used. Refer to Appendix 5.

The physical balance should be checked at this time. It is recommended, following an error, an entry be made confirming the running balance.
17. Disposal Of Controlled Drugs At Ward Level

Refer to section 14 regarding returning CDs that are no longer required to pharmacy.

CDs must NEVER be disposed of at ward/department level by nursing/midwife/ODP staff apart from in the following circumstances:

   a) Disposal of Partly Used Ampoules. When the dose to be administered to a patient is less than the contents of the smallest available ampoule, the required dose should be drawn up and the remaining drug should be denatured by discharging it into a blue lidded bin labelled – medicinal waste products for yellow stream waste disposal.

   The amount discarded should be clearly recorded beside the entry in the Ward/Department Controlled Drugs Record Book. For example if diamorphine 2.5mg was prescribed but only 5mg preparation was available the record should show '2.5mg given and 2.5mg discarded'.

   b) Disposal of Half/Part Tablets. When the dose to be administered is not a complete tablet, e.g. temazepam 5mg dose and only temazepam 10mg tablets are available, the required dose should be prepared and the remaining part tablet crushed to render it irretrievable and then placed in a blue lidded bin labelled – medicinal waste for yellow stream waste disposal.

   A tablet crusher should be used which should then be rinsed with the washing placed into the blue lidded bin.

   If a tablet crusher is unavailable, complete a green pharmacy order sheet with the ward details and details of the drug name, strength, form, and quantity and arrange for secure return of the tablet(s) to pharmacy for safe destruction.

   The amount discarded should be clearly recorded beside the entry in the Ward/Department Controlled Drugs Record Book. For example ‘temazepam 5mg given and 5mg discarded’.

   Pharmacy should be contacted to obtain information regarding the appropriateness of halving tablets or other suitable alternatives.

   c) Doses Refused by Patients. Once removed from their original containers, drugs should be administered as soon as possible and must not be retained if refused.

   If the patient refuses a dose of a liquid CD preparation this should be denatured by discharging it into a blue lidded bin labelled – medicinal waste products for yellow stream waste disposal.

   If the patient refuses a solid dose CD preparation, e.g. tablet, this should be crushed to render it irretrievable and then placed in a blue lidded bin labelled – medicinal waste for yellow stream waste disposal.
A tablet crusher should be used which should then be rinsed with the washing placed into the blue lidded bin.

Concerta® XL tablets cannot be crushed, due to the robust nature of tablet core; these should be returned to pharmacy for destruction with a completed green pharmacy order sheet with the ward details and details of the drug name.

Capsules should be opened and the contents and shell placed in a blue lidded bin labelled – medicinal waste for yellow stream waste disposal. The entry in the Ward/Department Controlled Drugs Record Book should be marked "Patient Refused" and detail if disposed of in the ward or returned to pharmacy for destruction.

Doses refused by patients will need to be recorded in the appropriate section of the CD Record Book and also on the patient PAR.

d) Spills and Breakages, e.g. broken ampoules/bottles. Spillages should be cleaned up wearing gloves, with any paper towels used being placed into a blue lidded bin labelled – medicinal waste products for yellow stream waste disposal.

An entry to account for spills and breakages must be made in the Ward/Department Controlled Drugs Record Book and the balance corrected immediately. At the earliest opportunity the ward/department clinical pharmacist/pharmacy technician should be contacted and made aware of the incident and asked to countersign the entry in the Ward/Department Controlled Drug Record Book. The CD team should be informed of any spillages/breakages and a Datix report should be completed.

e) Syringe pumps/drivers/epidurals/infusions. If the contents are only partly used when removed from the patient the remaining contents must be denatured. This should be done by discharging this into a blue lidded bin labelled – medicinal waste for yellow stream waste disposal. Details regarding the volume disposed should be recorded on the appropriate prescription recording chart and in the patient’s notes; this should be signed by both staff involved in the destruction process. The strength and volume disposed can also be recorded in the Ward/Department Controlled Drug Record Book if there is no facility to record this on the prescription sheet.

Infusion lines should also be disposed of in the blue lidded bin labelled – medicinal waste for yellow stream waste disposal.

f) Patches. Used CD patches may still contain a small quantity of drug and therefore should be folded in half, adhesive side together. This renders the CD irretrievable. The patches should then be disposed of in a blue lidded bin labelled – medicinal waste for yellow stream waste disposal.

If a patch is removed early from a patient, these should be discarded as above. The removal should be recorded in the patient’s nursing/medical records and PAR.

Used patches should not be returned to the pharmacy department. Two members of staff must be involved in the disposal of CDs in a ward/department.
One of these persons must be a registered nurse/midwife/ODP. The second person may be another registered nurse/midwife/ODP or a student nurse/student midwife. In certain situations, the second person may be a doctor, dentist or pharmacist/pharmacy technician or in exceptional circumstances a trained health care support worker/auxiliary nurse. Refer to Appendix 3.

In all cases Pre-Gel must be used to stabilise volumes of fluid placed in to pharmaceutical waste bins, to render the CD irretrievable and to minimise the risk of spillage, refer to NHSG Waste Policy for further information. Pre-Gel must be added prior to adding the CD liquid into the pharmaceutical waste bin.

For situations other than those detailed above the ward/department clinical pharmacist or CD team should be contacted to check which procedure should be followed.

18. Liquid Controlled Drugs

a) Excess Liquids (overage) when the end of a bottle is reached according to the Ward/Department Controlled Drugs Record Book, any excess liquid must be measured. A suitable measure must be used, refer to Appendix 13, 14. Oral medicines cups are not suitable to be used to accurately measure. The stock balance must be adjusted accordingly and this entry signed and witnessed by two members of registered nursing/midwife/ODP staff. The excess must not be destroyed.

b) Shortage of Liquids when the end of a bottle is reached and there is a slight shortage, i.e. up to 5mL, two registered nurse/midwives/ODPs must make an entry to correct the balance. If there is a larger misbalance, the ward/department clinical pharmacist must be notified to investigate the misbalance, inform the CD team, and adjust the Ward/Department Controlled Drugs Record Book balance when authorised to do so by the CDAO/CD Team.

If there is not sufficient in a bottle for the necessary dose required for a patient a second bottle may be opened and both used to make up the necessary volume. The balance adjustment should be carried out prior to the dose being prepared.

When nursing/midwife/ODP staff are carrying out CD balance stock checks they need only estimate that the volume in the bottle is the same as the stock balance. The balance must be corrected each time a bottle is finished. See Appendix 8 for information on measuring.

When the pharmacist/pharmacy technician carries out their CD check, the balance should be measured and corrected as necessary.

19. Dealing With Discrepancies

If a member of staff becomes aware of a CD discrepancy he/she must ensure that it is reported to the registered nurse/midwife/ODP in change and investigated immediately as follows:

- Check arithmetic since last correct balance.
• Check all CD stocks with a second person (include date expired stock).
• Check other CD record book sections of same drug class for erroneous entries.
• Sense-check record book (correct pack sizes, patterns of entry for potential missing entries and unusual quantities).
• Check orders have all been entered.
• Check all CDs administered have been recorded.
• Check staff rota and contact all members of staff in ward/department during the relevant period to verify any supplies made that have not been entered.
• Check other areas the drugs may have been stored, e.g. injection cupboard.

Appendix 12 can be completed to aid this process.
If the discrepancy can be resolved at any of the above steps this must be documented. A bracket **must** be placed around the wrong entry, annotated with an asterisk (*) and a corresponding asterisk (*) giving an explanation, signed, witnessed and dated at the bottom of the page. No entries **must** be scored out, correction fluid **must** not be used. Refer to Appendix 5.

The physical balance should be checked at this time. It is recommended, following an error, an entry be made confirming the running balance.

Any discrepancy which cannot be resolved **must** be notified to the registered nurse/midwife/OPD in charge, the ward/department clinical pharmacist and to the CDAO/CD Team, contact details Appendix 4. Datix **must** be completed by the relevant ward staff for all incidents/near misses involving CDs. This should be done as soon as possible after discovery of the incident, recommended within 24 hours. Datix records should be updated as relevant to the investigation.

Adjustments to Ward/Department Controlled Drugs Record Book **must** not be done until authorised to do so by the ward/department clinical pharmacist who has discussed the incident and been given approval by the CDAO/CD team.

20. Checks Of Controlled Drugs

At the point of administration of CDs the stock balance of that individual preparation should be confirmed as correct and the balance recorded in the Ward/Department Controlled Drugs Record Book as detailed in section 16.

The stock balance of all CDs entered in the Ward/Department Controlled Drugs Record Book should be checked with the amounts in the cabinet with sufficient frequency to ensure that discrepancies can be identified in a timely way.

The frequency of such checks should be determined locally after a risk assessment has been carried out. This should be discussed and agreed by registered nurse in charge/ODP, ward/department clinical pharmacist and CDAO/CD team. There is an expectation that this should be at least weekly, ideally daily in most clinical areas. In particular areas, it may be necessary to make checks at even more frequent intervals to ensure discrepancies can be identified in a timely way, e.g. theatres, labour ward.

Checks of CDs must be carried out by a registered nurse/midwife/OPD, and second appropriate person, e.g. registered nurse/midwife/OPD or student nurse/midwife.
These checks must be recorded in the Ward/Department Controlled Drugs Record Book. The back page(s) should be used to record these checks. Refer to Appendix 13.

This record should include the date and time of the check, and should include wording such as “all balances checked and correct” and must be signed by both staff members carrying out the check.

The stock check should take account of the following:

- Checking of the balance in the Ward/Department Controlled Drugs Record Book against the contents of the CD cabinet, not the reverse, to ensure all balances are checked.
- It is not necessary to open intact packs with tamper evident seals for stock checking purposes.
- Stock Balances of liquid medicines should generally be checked by visual inspection. The balance must be confirmed to be correct/amended if required on completion of a bottle refer to section 18.

If a discrepancy is found it must be investigated without delay, refer to section 19.

A pharmacist/pharmacy technician/CD inspector and a designated registered nurse/midwife/ODP will also carry out regular external CD checks, usually on a four-monthly basis as determined by risk assessment. This check will be in addition to the ward checks. Registered nurse/midwife/ODP in charge must ensure they have staff available to participate in these external CD Checks.

21. Security/Suspected Loss Of Controlled Drugs

Theft of CDs is a serious criminal offence under the Medicines Act 1968, the Human Medicine Regulations 2012, the Misuse of Drugs Act 1971 and other legislation and will be dealt with accordingly by NHS Grampian’s CDAO/CD team, professional and regulatory bodies, NHSG security and Police Scotland.

A breach of security includes any deviation from the procedures that cause actual or potential loss or theft of medicines, e.g.

- Controlled Drugs are found to be missing.
- Controlled stationery is found to be missing.
- A key for the Controlled Drug cabinet is found to be missing.
- Patients own Controlled Drugs are found to be missing.
- An unauthorised person has access to Controlled Drugs or Controlled Drugs stationery.

Any person who discovers a breach of security is responsible for reporting it immediately to the registered nurse/midwife/ODP in charge. All investigations must be carried out in a discrete manner. The registered nurse/midwife/ODP in charge must take reasonable steps to establish if CDs are in fact missing, e.g. check administration records, cupboards not normally used for storage of CDs and pharmacy delivery records.
If the registered nurse/midwife/ODP is not satisfied that all medicines are accounted for, they must report suspicions to ward/department clinical pharmacist or pharmacy department immediately. The CDAO/CD Team must be informed.

Should the result of the preliminary review identify any evidence of actual theft, the CDAO/CD Team and NHSG security must be contacted immediately. They will advise on the requirements to contact the police. Any evidence should be retained pending a police investigation.

All staff have a responsibility to highlight concerns regarding the management and prescribing for CDs. Line management and the CDAO/CD team should be informed of any concerns. These will be treated in the strictest confidence and investigated as appropriate.

22. Reporting Incidents, Near Misses and Concerns Involving Controlled Drugs (CDs)

There is a requirement for the CDAO/CD team to be notified of all incidents and concerns involving CDs that arise within their organisation and in the premises of independent contractors. Receiving information on all CD incidents allows the CDAO to track trends and share these on an anonymous basis to prevent recurrence.


23. Patients Transferring Ward/Department

There will be patients who are transferred from one ward/department to another. It is necessary to ensure that when a patient is transferred their own CDs are transferred with them.

When a patient with their own CDs is transferred the following process should be followed. This should involve 2 registered nurses/midwives/ODPs or a registered nurse/midwife and student nurse/midwife in each ward area.

The transferring ward/department:

- The patient's own CDs should be checked to confirm the drug(s), form, strength and current balance.

- The registered nurse/midwife/ODP should, for each of the patient’s own controlled drugs, make an entry in the ward Patient's Own Controlled Drug Record Book stating the date, time and quantity transferred with the patient. The ward the patient is being transferred to should also be recorded and the balance changed to zero. This should be signed by both members of staff.

- The registered nurse/midwife/ODP should contact the receiving ward/department advising them the patient has their own supply of CDs and detailing the drugs and quantity being transferred.
This information should be documented on the PAR that will be transferred with the patient. This should be done in the Medicines/Care Issues section of the PAR detailing the drug name(s), strengths, form and quantities transferred and signed by 2 registered nurses/midwives/ODPs.

- The registered nurse/midwife/ODP should transfer the patient’s own CDs along with the patient to the receiving ward/department. This may be done in a green medicines bag. The patient’s own CDs must be handed to a trained nurse/midwife/ODP at the receiving ward/department who is responsible for accepting the patient. Patient’s own CDs must not be left with the patient or left unattended.

The receiving ward/department:

- The registered nurse/midwife or ODP should for each of the patients’ own controlled drugs make an entry in the Ward/Department’s Patient’s Own Controlled Drug Record Book stating the date, time and quantity transferred with the patient. The ward/department the patient has being transferred from should be recorded. This must be signed by both members of staff.

- The received quantities should be confirmed with the information documented on the PAR. This should be documented on the PAR.

- Any discrepancies should be highlighted to the transferring ward and investigated immediately.

Stock CDs should not routinely be transferred with patients. Refer to section 13 for information regarding transfer of stock CDs

24. Transfer Of Patients To Other Clinical Areas With Controlled Drugs In the Process of Being Administered, e.g. Infusions/syringe drivers/Patient Controlled Analgesia (PCA)/epidurals

When a patient is transferred to another clinical area with CDs such as infusions or syringe drivers in-situ the current administration and monitoring chart must be transferred with the patient.

- The registered nurse/midwife/ ODP in the clinical area the patient leaves must check the administration system and volume/quantity remaining and sign, documenting the date and time on the administration and monitoring chart to ensure that the record is accurate when the patient is handed over, and that the quantity remaining is correct.

- The registered nurse/midwife/ODP in the clinical area to which the patient is transferred must check the administration system and volume/quantity remaining and sign, documenting the date and time on the administration and monitoring chart to confirm that the record is accurate.

For patients transferred with a CD patch, e.g. fentanyl patch in-situ clear information regarding drug, strength, site of application, when applied and when required to be replaced must be transferred with the patient. This should be documented in the nursing notes or on the PAR.
25. Admission And Discharge Of Patients Prescribed Opioid Replacement Therapy (ORT)

On admission of patients currently prescribed an opioid replacement therapy (ORT) such as methadone or buprenorphine for opioid dependence, their prescriber and community pharmacy must be contacted in order that:

- The current dose of the prescribed medication can be confirmed.
- The date of dispensing of last supervised instalment or date of receipt of last instalment, if unsupervised, can be confirmed.
- The community pharmacy can be advised to temporarily suspend the patient’s prescription until further notice (this will limit the possibility of the patient receiving a double dose of their medication or someone else trying to collect medication, inappropriately on their behalf).
- The prescriber is aware of the patient’s admission to enable continuity of care.

Where the patient’s prescriber and/or community pharmacy cannot be contacted to confirm the dose and last supervision/dispensing of the prescription, the opioid substitute must not be prescribed. This advice is in place to minimise the risk of overdose. Instead, patients should be monitored for symptoms of withdrawal and managed accordingly. Prescribing for symptoms of withdrawal should be undertaken by clinicians with adequate experience in the prescribing for patients with opioid dependence.

For patients where there is uncertainty about recent compliance, it is important to exercise particular care in initiating/continuing opioid substitution treatment.

Where a patient brings their own supply of ORT with them during an admission it may be used if deemed appropriate. The supply should be validated with the dispensing community pharmacy with consideration given to the risk of any potential contamination.

Patient’s own methadone or buprenorphine brought into hospital must be recorded as per section 12.

Arrangements should be put in place to co-ordinate a supply of ORT for the patient at the point of discharge. Discharge planning should be undertaken at the earliest opportunity to ensure continuity of treatment and minimise the risk of double dosing.

- The prescriber and community pharmacy should be consulted to ensure that ongoing community prescribing and dispensing arrangements are in place. They should be informed of the date, time and quantity of last dose that has been administered to the patient and the details of any supply provided by the hospital.
- Patient’s own supply has been used or disposed of during admission
  1) The community based prescriber should be asked to arrange a new prescription to start the day after administration of the last inpatient dose.
  2) If this cannot be arranged a minimal quantity may be supplied on discharge to cover until the patient’s prescriber can arrange an ongoing supply. This must be co-ordinated with the prescriber.
• Patient’s own supply has been partly used.
  1) Patient’s own supply may be returned to the patient.
  2) The patient’s community based prescriber and community pharmacist should be made aware of quantity returned to the patient to allow for accurate calculation of the ongoing supply.

• Only ward stock has been used
  1) If the patient has not brought in any supply the prescriber and pharmacy should be made aware. Consideration should be given to supplies the patient may have at home.
  2) The community based prescriber should be asked to arrange a new prescription to start the day after administration of the last inpatient dose.
  3) If this cannot be arranged a minimal quantity may be supplied on discharge to cover until the patient’s prescriber can arrange an ongoing supply. This must be co-ordinated with the prescriber.
  4) Where there are concerns regarding validity or contamination of patient’s own supply, in the interests of patient safety it should not be returned to the patient. It should be disposed of appropriately, refer to section 13. Arrangements must be made to ensure continuity of supply as above.

• Discharge at weekends is not recommended for this patient group where prescribing and/or dispensing arrangements cannot be confirmed, as leaving the patient without their regular prescription can leave them vulnerable.

  Consideration must be given to any ORT the patient may still have at home when further supplies are being arranged.

  • If the prescribed dosage changes during the patient’s stay a new prescription will be required. The community pharmacy will be unable to dispense from any existing prescriptions and the community based prescriber will require time to arrange a new one. This should be agreed and in place prior to discharge.

Further information can be found:

26. Theatres/Post Anaesthesia Care Units (PACU)

It is recognised that there are specific issues regarding the handling and management of CDs within the theatre and Post Anaesthesia Care Unit (PACU)/Recovery environments. This has led to development of supplementary operating theatre and PACU guidance which detail local variations. NHS Grampian staff working in these areas must adhere to this policy and also follow the appropriate approved Controlled Drugs Supplementary Guidance.
27. Local Variation To Guidelines

Where there are local issues that fall outwith this policy, local agreements may be considered. Discussion and agreement from the CDAO/CD team and the NHSG Director of Nursing, Medical Director must be obtained for any local variations.

Any local variations must be in writing, signed by the relevant personnel, i.e. CDAO and Nursing/Medical Director. This should be filed with the ward copy of the Policy and Procedure For Acute Care And Community Hospitals In NHS Grampian On The Safe Management Of Controlled Drugs. A copy of the agreement must also be held by the CDAO/CD Team.
### Appendix 1 - Summary Of Handling Requirements For Commonly Used CDs For NHS Grampian Wards And Departments

<table>
<thead>
<tr>
<th>Drug</th>
<th>CD Schedule</th>
<th>Order on CD Order book?</th>
<th>Store in CD cabinet? * see below</th>
<th>CD Record Book entries required? *see below</th>
<th>Prescription writing requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfentanil</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Buprenorphine (all including Suboxone®)</td>
<td>3</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Co-codamol</td>
<td>5</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Codeine (except injection)</td>
<td>5</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Codeine injection 60mg/mL</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Co-dyramol</td>
<td>5</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Dexamfetamine</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Diamorphine (all)</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Diazepam</td>
<td>4</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Dihydrocodeine (oral)</td>
<td>5</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Fentanyl (all)</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Hydromorphone (all)</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Ketamine</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Lisdexamfetamine</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>4</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Methadone (all)</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Methylphenidate (all)</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Midazolam 10mg/2mL injection</td>
<td>3</td>
<td>YES</td>
<td>NO</td>
<td>A local decision may be made to store this in the CD cabinet</td>
<td>YES</td>
</tr>
<tr>
<td>Midazolam (injection, buccal)</td>
<td>3</td>
<td>YES</td>
<td>A local decision may be made to store this in the CD cabinet</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Morphine all - except Morphine Oral Solution 10mg /5mL and 500microgram/mL</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Morphine Oral Solution 10mg/5mL 500microgram/mL (RACH/AMH)</td>
<td>5</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Nitrazepam</td>
<td>4</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Oxycodone (all)</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Pethidine</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Phenobarbital</td>
<td>3</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Sativex</td>
<td>4</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Sodium Oxybate</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Temazepam</td>
<td>3</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Tapentadol</td>
<td>2</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Tramadol (all)</td>
<td>3</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Zaleplon</td>
<td>4</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Zolpidem</td>
<td>4</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Zopiclone</td>
<td>4</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

*Please note there may be wards/ departments in NHS Grampian where additional storage and recording is in place to be carried out in accordance with local agreed procedures.*
Appendix 2- Sample SOP Template For Safe management of CDs In Ward/Departments

This document is intended to demonstrate how Controlled Drugs are managed in a ward/department. This must be consistent with the 'NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals' 2016.

**DOCUMENT No:** (enter Doc No. and Version No.)

**STANDARD OPERATING PROCEDURE FOR: MANAGEMENT OF CDS**

(enter name of SOP here)

<table>
<thead>
<tr>
<th>Ward/Department: (enter name)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared By: (enter name(s)/ designation)</td>
<td></td>
</tr>
<tr>
<td>Approved By: (enter name/enter designation)</td>
<td></td>
</tr>
<tr>
<td>Issue Date:</td>
<td></td>
</tr>
<tr>
<td>Review Date: (usually 2yrs from issue)</td>
<td></td>
</tr>
</tbody>
</table>

1. **PURPOSE**

This document ensures that all legal and professional requirements relating to the use of Controlled Drugs are satisfied. There is a legal requirement for all areas of healthcare services that hold stocks of Controlled Drugs to have Standard Operating Procedures in place for their management and use. For full details see HDL (2007):12 and CEL (2007):14 [http://www.sehd.scot.nhs.uk/mels/CEL2007_14.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2007_14.pdf).

Guidance on procedures can be found in NHS Grampian Policy and Procedure For The Safe Management Of Controlled Drugs in Hospitals. This policy document provides guidance on the legislative changes and requirements to the management of Controlled Drugs in secondary care and community hospitals in NHS Grampian.

2. **SCOPE**

This Standard Operating Procedure covers all aspects of the management of Controlled Drugs within a ward/department. These procedures apply to all individuals working within this environment who deal with Controlled Drugs as part of their job role within Clinical Areas.

The left hand column describes the area of the SOP being addressed. The right hand column currently largely contains advice or an indication of the type of information (in bold) which should be entered in this section. In the majority of sections this right hand column should be updated with the relevant local information, describing the activity and its procedures applicable in the practice. In some cases this may be as the example but in other cases this may require more detailed local information, i.e. where a cupboard is located, who has the key, etc.
3. RESPONSIBLE PERSONS

<table>
<thead>
<tr>
<th>Accountable Officer (AO)</th>
<th>The Accountable Officer (AO)</th>
</tr>
</thead>
</table>
| A person nominated by the NHS Board to be responsible for a range of measures relating to the monitoring of the safe use and management of Controlled Drugs in accordance with Controlled Drugs Regulations. | Mr David Pfleger  
Tel. No:(01224 556348)  
Or Via Controlled Drug Team  
O1224 556601 or 556800  
or by email: grampian.cdteam@nhs.net |

<table>
<thead>
<tr>
<th>Responsible Person</th>
<th>(Enter Designation(s) of Responsible Person(s) within your Clinical Area)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Charge Nurse/Midwife/Operative Department Practitioner is responsible for Controlled Drugs management within the ward/department. This person is responsible for ensuring the information contained within the Standard Operating Procedure is accurate and complies with the Controlled Drugs Regulations as well as ensuring that the Standard Operating Procedure is implemented.</td>
<td></td>
</tr>
</tbody>
</table>

4. RESPONSIBILITIES

The following staff have been authorised to receive and handle Controlled Drugs and have access to safe storage facilities.  
(Enter Designation(s) of Authorised Staff)

5. OBTAINING STOCK SCHEDULE 2 AND 3 CONTROLLED DRUGS

<table>
<thead>
<tr>
<th>Controlled Drugs are ordered for specific use e.g. Ward Stock, Specific Patient Use (via Prescription).</th>
<th>(Specify Use)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled Drugs are ordered from the Hospital Pharmacy.</td>
<td>(Specify Location, e.g. ARI Pharmacy and normal and emergency ordering)</td>
</tr>
<tr>
<td>The following Staff may order Controlled Drugs.</td>
<td>(Specify Designation(s) of all Staff who may order Controlled Drugs)</td>
</tr>
<tr>
<td>The following process is in place to ensure safe ordering.</td>
<td>(Specify process including details of who signs, copies taken, storage of copies, reconciliation of received stock)</td>
</tr>
</tbody>
</table>
5.1. **Stock Controlled Drug Items**

The following minimum stock levels and order quantities are detailed below.

An agreed stock list should be reviewed annually.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulation</th>
<th>Strength</th>
<th>Minimum Stock Level</th>
<th>Order Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. **RECEIPT OF SCHEDULE 2 CONTROLLED DRUGS**

Controlled Drugs delivered should be given immediately to:  
*(Specify Designation(s) of Staff).*

Controlled Drugs are immediately stored in a locked Controlled Drug cabinet.  
*(Specify all locations and what process must be followed in the event of being unable to immediately access the correct CD cabinet)*

An entry made in the Controlled Drug Record Book by the recipient/witness on the day of receipt.  
*(Specify Designation(s) of staff who may add details to Controlled Drug Record Book)*

7. **SAFE STORAGE OF CONTROLLED DRUGS**

This applies to all Schedule 2 drugs, e.g. diamorphine, morphine, pethidine and certain Schedule 3 drugs, e.g. buprenorphine and temazepam. Within NHS Grampian some local stricter controls are in place for CDs, e.g. midazolam – such controls must be specified in the SOP.

All Controlled Drugs are stored in a locked receptacle, e.g. Controlled Drug Cabinet.  
*(Specify all locations)*

The Nominated Key Holder(s) is/are.  
*(Specify Designation(s) of all Person(s) Responsible)*
Keys for Controlled Drug storage facilities must themselves be securely stored, e.g. in a key cupboard with a combination lock or under personal control of an Authorised Staff Member. This must ensure that no Unauthorised Person is able to access them and they are stored securely while the premises are closed. Information on how and where a spare key is located and how access to this is controlled should be included

Out of Date Controlled Drug Stock procedure

The bound Controlled Drug Record Book should be stored safely and securely. It should be readily available to make an entry at the time of administration or receipt of supply.

### 8. SAFE STORAGE OF CONTROLLED STATIONERY

All stationery which can be used to order Controlled Drugs is stored securely and access is controlled. This includes CD Order Book, Pharmacy Order books, Discharge Prescriptions

The Nominated Key Holder(s) is are

Completed CD prescription forms/CD orders are delivered safely to pharmacy

Lost or stolen prescription/controlled stationery is reported as soon as loss/theft is discovered

### 9. COLLECTION AND DELIVERY OF CDS

The following process is in place when CDs are transported between ward/department and pharmacy

(Detail ward/department process including responsibilities, system and record keeping and how routine orders/prescriptions are delivered and arrangements for ad hoc/emergency orders)
10. STOCK CHECKS

<table>
<thead>
<tr>
<th>Physical checks of stock CDs are carried out regularly to ensure all stock is accounted for (i.e. reconciled with running balance and register).</th>
<th>(Detail ward/department process including frequency of checks and include information on how they are recorded)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any discrepancies are investigated fully.</td>
<td>(Detail process)</td>
</tr>
<tr>
<td>Unresolved discrepancies are reported to the person responsible for CDs in the clinical area immediately and then to AO/CD team and recorded on Datix system.</td>
<td>(Detail process including timescales)</td>
</tr>
</tbody>
</table>

11. PATIENT OWN CDS

<table>
<thead>
<tr>
<th>Patient own Controlled Drugs received on a ward should be given immediately to:</th>
<th>(Specify Designation(s) of Staff).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients own Controlled Drugs are immediately stored in a locked Controlled Drug cabinet.</td>
<td>(Specify all locations and what process must be followed in the event of being unable to immediately access the correct CD cabinet)</td>
</tr>
<tr>
<td>An entry made in the Controlled Drug Record Book by the recipient/witness on the day of receipt.</td>
<td>(Specify Designation(s) of staff who may add details to Controlled Drug Record Book)</td>
</tr>
<tr>
<td>Patient own CDs are returned to patient/ send for destruction, as appropriate, at the point of discharge</td>
<td>(Detail ward/department process)</td>
</tr>
<tr>
<td>An entry made in the Controlled Drug Record Book by the recipient/witness on the return to the patient</td>
<td>(Specify Designation(s) of staff who may add details to Controlled Drug Record Book)</td>
</tr>
<tr>
<td>Physical checks of patient own CDs are carried out regularly (i.e. reconciled with running balance and register.</td>
<td>(Detail ward/department process including frequency of checks and include information on how they are recorded)</td>
</tr>
<tr>
<td>Any discrepancies are investigated fully.</td>
<td>(Detail process.)</td>
</tr>
<tr>
<td>Unresolved discrepancies are reported to the person responsible for CDs for CDs in the ward/department immediately and then to AO/CD team and recorded on Datix</td>
<td>(Detail ward/department process including timescales.)</td>
</tr>
</tbody>
</table>
12. INCIDENTS AND CONCERNS INVOLVING CONTROLLED DRUGS

Incidents and concerns involving Controlled Drugs are reported to:

<table>
<thead>
<tr>
<th>Name of Responsible Person</th>
<th>Designation of Responsible Person</th>
<th>Timescale for Report all Incidents and Concerns involving Controlled Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr David Pfleger</td>
<td>Accountable Officer, NHS Grampian or (See Page 2 Item 3 for details)</td>
<td>Within 2 (two) working days. NB: The Accountable Officer will automatically be notified if ‘Controlled Drug(s) is added to the key word list under ‘Coding’ on the DATIX Reporting System.</td>
</tr>
</tbody>
</table>

13. DESTRUCTION AND DISPOSAL OF CONTROLLED DRUGS

Any stock Controlled Drugs past their expiry date of otherwise unsuitable for use must be returned to pharmacy for destruction. (if local destruction process with Authorised Witness include information).

Any patient’s own Controlled Drugs past their expiry date of otherwise unsuitable for use must be returned to pharmacy for destruction – patient consent required (if local destruction process with Authorised Witness include information).

(Detail process of return including paperwork)

(Detail process)
**14. TRAINING**

<table>
<thead>
<tr>
<th>Induction training is provided for all new members of staff who are involved in management and use of Controlled Drugs or Controlled Drugs stationery. Reading and signing up to SOP is a useful part of training.</th>
<th><em>(Detail ward/department process)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular updates are provided on management and use of Controlled Drugs or Controlled Drug Stationery to all staff who identify a training need or have been involved in a Controlled Drug related incident.</td>
<td><em>(Detail ward/department process and Timescales)</em></td>
</tr>
</tbody>
</table>

**APPENDIX I**

**Definitions**

<table>
<thead>
<tr>
<th><strong>Accountable Officer (AO):</strong></th>
<th>A person nominated by their designated body to be responsible for a range of measures relating to the monitoring of the safe use and management of Controlled Drugs in accordance with the Controlled Drugs Regulations.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Controlled Drugs (CDs):</strong></td>
<td>Those drugs in the Schedules of the Misuse of Drugs Act 2001 and subsequent regulations. See below for further information and examples.</td>
</tr>
<tr>
<td><strong>Authorised Witness (AW):</strong></td>
<td>A person who has signed authorisation from the Accountable Officer, to witness the destruction of Schedule 2 Controlled Drugs in certain locations.</td>
</tr>
<tr>
<td><strong>Stock Controlled Drugs (CDs):</strong></td>
<td>Controlled Drugs which have been ordered from Pharmacy for administration to patients in the Clinical Area.</td>
</tr>
<tr>
<td><strong>Patient Own Controlled Drug (CDS):</strong></td>
<td>Controlled Drugs which have previously been prescribed for a patient and brought into hospital at the time of admission. Some areas may have policies allowing use of patient own CDs. Clinical areas must have processes for the recording, use and disposal (if applicable) of CDs.</td>
</tr>
</tbody>
</table>
### STAFF READ BY SHEET AND TRAINING LOG

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>STANDARD OPERATING PROCEDURE FOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Reference Number:</td>
<td></td>
</tr>
<tr>
<td>Supersedes Document Number:</td>
<td></td>
</tr>
<tr>
<td>Document Issue Date:</td>
<td></td>
</tr>
<tr>
<td>Document Review Date:</td>
<td>(two years from date of Issue)</td>
</tr>
</tbody>
</table>

I have read and understood the Standard Operating Procedure relating to the Management of Controlled Drugs and undertaken any identified training.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Designation</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** This Read By Sheet and Training Log should not be destroyed. In the event of this Document being reviewed and or superseded, this read By Sheet and Training Log must be detached from this document and stored along with the updated document for a period of time as determined by Responsible Person(s) within the ward/department.
Appendix 3 - Local Variation Regarding The Administration Of Controlled Drugs Witnessing By Unregistered Health Care Support Workers

The Prescribing and Administration of Medicines in NHS Grampian must comply with the ‘Instructions for NHS Grampian Staff on the In-Patient Prescribing and Administration of Medicines using the NHS Grampian Prescription and Administration Record’.

Controlled Drugs (CDs) are also subject to the ‘NHS Grampian Policy and Procedure For The Safe Management Of Controlled Drugs in Hospitals’. This states two members of staff must be involved at every stage of the handling, selection, preparation and destruction of CDs in a ward/department. One of these persons must be a registered nurse/ midwife/ODP.

In circumstances where there is only one registered nurse/midwife/ODP on the hospital site, designated area the handling of CDs may be witnessed by an (unregistered) Health Care Support Worker (HCSW) who has received appropriate training. This must be agreed and approved, in writing, by the Director of Nursing and the Controlled Drug Accountable Officer (CDAO).

The HCSW is present only to witness the handling and administration of the CD. The registered nurse/midwife/ODP has the clinical responsibility for medicine selection and administration.

In such cases, the following procedure must be followed:

1. The registered nurse/midwife/ODP selects the appropriate CD from the CD Cabinet in the presence of the HCSW.
2. The registered nurse/midwife/ODP and HCSW check the drug, strength, expiry date and current balance of the CD against the balance in the appropriate section of the Ward/Department Controlled Drugs Record Book.
3. The registered nurse/midwife/ODP writes the date, time, and patient’s name in the appropriate page of the Ward/Department Controlled Drugs Record Book.
4. The registered nurse/midwife/ODP prepares and administers the CD with the HCSW witnessing these actions. The HCSW must also witness the destruction of any CD that is not required e.g. excess solution for injection.
5. The registered nurse/midwife/ODP completes the record book detailing the dose of CD administered, any destroyed, and adjusts the balance accordingly. The registered nurse/midwife/ODP signs the “Given by” section of the Ward/Department Controlled Drugs Record Book.
6. The HCSW then signs the “witnessed by” section of the Ward/Department Controlled Drugs Record Book, acknowledging the medication, strength, expiry date, and new balance of the selected product.
7. The registered nurse/midwife/ODP also signs the Patient’s Prescription and Administration Record (PAR) detailing the medication has been administered. The HCSW does not sign the PAR.

WEEKLY CONTROLLED DRUG CHECKS MUST BE CARRIED OUT BY TWO REGISTERED NURSE/MIDWIVES/ODPs.

Ward/Department Area: ________________________ Hospital: ________________________

Signed: ________________________ Date: ________________________

Director of Nursing Services

Signed: ________________________ Date: ________________________

Controlled Drug Accountable Officer
**Appendix 4: NHS Grampian Controlled Drugs Team**

<table>
<thead>
<tr>
<th>Role</th>
<th>Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHSG Controlled Drug Accountable Officer (CDAO)</td>
<td>Tel: (01224) 556527: Ext 56527</td>
</tr>
<tr>
<td></td>
<td>CD Team Fax number : (01224) 661658</td>
</tr>
<tr>
<td>Lead pharmacists /CD Inspector</td>
<td>Tel: (01224) 556601: Ext 56601</td>
</tr>
<tr>
<td>Controlled Drugs Team</td>
<td><a href="mailto:grampian.cdteam@nhs.net">grampian.cdteam@nhs.net</a></td>
</tr>
</tbody>
</table>
## Appendix 5i: Sample Ward/Department Controlled Drug Record Book Index Page

### INDEX

<table>
<thead>
<tr>
<th>Name of Preparation</th>
<th>Page Nos.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORPHINE SULPHATE TABLETS 10mg (SINNEDOL)</td>
<td>1, 8, 9</td>
</tr>
<tr>
<td>MORPHINE SULPHATE MODIFIED RELEASE TABLETS 10mg (MST)</td>
<td>8, 9</td>
</tr>
<tr>
<td>MORPHINE SULPHATE MODIFIED RELEASE TABLETS 30mg (MST)</td>
<td>12</td>
</tr>
<tr>
<td>MORPHINE SULPHATE INJECTION 10mg</td>
<td>15</td>
</tr>
<tr>
<td>SHOARTEC - OXYCODONE IMMEDIATE RELEASE CAPSULES 30mg</td>
<td>17</td>
</tr>
<tr>
<td>LONGARC - OXYCODONE MODIFIED RELEASE TABLETS 10mg</td>
<td>19</td>
</tr>
<tr>
<td>LONGARC - OXYCODONE MODIFIED RELEASE TABLETS 20mg</td>
<td>26, 27, 28</td>
</tr>
<tr>
<td>PENTAMED PATCHES 25MACROGRAMS MR (DUROCRIST-DTRAN)</td>
<td>38, 94, 98</td>
</tr>
</tbody>
</table>

**Weekly Balance Checks**
### Appendix 5ii: Sample Ward/Department Controlled Drug Record Book Page

#### Record of administration of CD

<table>
<thead>
<tr>
<th>Name, Form of Preparation and Strength</th>
<th>AMOUNT[S] ADMINISTERED</th>
<th>AMOUNT[S] OBTAINED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORPHINE SULPHATE MODIFIED RELEASE 10mg TABLETS</td>
<td>(MST)</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Patient’s Name</th>
<th>Amount given</th>
<th>Given by (Signature)</th>
<th>Witnessed by (Signature)</th>
<th>STOCK BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/9/09</td>
<td>14:20</td>
<td>TRANSMITTED FROM PAGE 4</td>
<td>10mg</td>
<td>BONES TURKER CSMART</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>5/9/09</td>
<td>20:00</td>
<td>JOHN SMITH</td>
<td>10mg</td>
<td>BONES TURKER CSMART</td>
<td>74</td>
<td></td>
</tr>
<tr>
<td>6/9/09</td>
<td>06:10</td>
<td>JOHN SMITH</td>
<td>10mg</td>
<td>BONES TURKER CSMART</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>4/11/09</td>
<td>13:30</td>
<td>BALANCE CHECKED AND CORRECT</td>
<td>20mg</td>
<td>BONES CSMART</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>3/11/09</td>
<td>00:00</td>
<td>D6 TABLETS RETURNED TO PHARMACY FORREAT BONES CSMART</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30/10/09</td>
<td>08:00</td>
<td>12 BROWN</td>
<td>12 BROWN</td>
<td>BONES TURKER CSMART</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>30/10/09</td>
<td>20:05</td>
<td>12 BROWN</td>
<td>12 BROWN</td>
<td>BONES TURKER CSMART</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>30/10/09</td>
<td>20:00</td>
<td>12 BROWN</td>
<td>12 BROWN</td>
<td>BONES TURKER CSMART</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

#### Exceptional supply to other ward

- **Order received from pharmacy – book and serial number recorded**
- **Amount received in words**
- **Record of administration of CD**
- **Line off page when transferring to new register**
- **Transfer to new registered – balance checked and changed to zero to close register**

#### Pharmacy CD check

- **Example of error**
- **CDs returned to pharmacy**

#### Detailed of transfer from previous page

- **Drug name – form strength (brand name if applicable)**
### Appendix 6: Sample Orders

#### Sample order

**ORDER FOR CONTROLLED DRUGS**

<table>
<thead>
<tr>
<th>Name of Preparation</th>
<th>Strength</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORPHINE INJECTION</td>
<td>100 mg</td>
<td>TEN (10)</td>
</tr>
<tr>
<td></td>
<td>100 mg</td>
<td>TEN (10)</td>
</tr>
<tr>
<td></td>
<td>100 mg</td>
<td>TEN (10)</td>
</tr>
<tr>
<td></td>
<td>100 mg</td>
<td>TEN (10)</td>
</tr>
</tbody>
</table>

(Each preparation to be ordered on a separate page)

Ordered by: [Signature]
Date: 5/4/10

Supplied by: [Signature]
Date: [Date]

Accepted for delivery: [Signature]
Date: [Date]

**TO BE RETAINED IN THE PHARMACEUTICAL DEPARTMENT**

#### Cancelled order

**ORDER FOR CONTROLLED DRUGS**

<table>
<thead>
<tr>
<th>Name of Preparation</th>
<th>Strength</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORPHINE SULPHATE</td>
<td>100 mg</td>
<td>60</td>
</tr>
<tr>
<td>MODIFIED RELEASE TABS</td>
<td>100 mg</td>
<td>SIXTY</td>
</tr>
</tbody>
</table>

(Each preparation to be ordered on a separate page)

Ordered by: [Signature]
Date: 5/4/10

Supplied by: [Signature]
Date: [Date]

Accepted for delivery: [Signature]
Date: [Date]

**TO BE RETAINED IN THE PHARMACEUTICAL DEPARTMENT**
### Appendix 7 – Patients Own Controlled Drugs – Record Book examples

#### Appendix 7i – Patients Own For Use While In Ward/Department

<table>
<thead>
<tr>
<th>NAME, FORM OF PREPARATION AND STRENGTH</th>
<th>AMOUNT(S) OBTAINED</th>
<th>AMOUNT(S) ADMINISTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount</strong></td>
<td><strong>Date Received</strong></td>
<td><strong>Serial No. of Requisition</strong></td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><em>TURNOE</em></td>
<td>4/6/15</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Doses administered recorded.

Documented when returned to patient on discharge.

### Appendix 7ii – Patient’s Own Not For Use While On Ward/Department

<table>
<thead>
<tr>
<th>NAME, FORM OF PREPARATION AND STRENGTH</th>
<th>AMOUNT(S) OBTAINED</th>
<th>AMOUNT(S) ADMINISTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amount</strong></td>
<td><strong>Date Received</strong></td>
<td><strong>Serial No. of Requisition</strong></td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td><em>FIVE</em></td>
<td>4/3/16</td>
<td></td>
</tr>
<tr>
<td><em>TEN</em></td>
<td>4/3/16</td>
<td></td>
</tr>
<tr>
<td><em>TWO</em></td>
<td>6/2/16</td>
<td></td>
</tr>
<tr>
<td><em>FOURTEEN</em></td>
<td>10/3/16</td>
<td></td>
</tr>
</tbody>
</table>

Patients own received by ward – not for use.

Space between entries documented.

Documented when returned to patient on discharge/ sent for destruction.
Appendix 8i - Sample Exceptional Supply Order

ORDER FOR CONTROLLED DRUGS

Serial No. 06

Woodend Hospital

<table>
<thead>
<tr>
<th>Nurse of Preparation</th>
<th>Strength</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine Sulfate</td>
<td>10 mg/ml</td>
<td>3</td>
</tr>
<tr>
<td>Ten Millionths Per</td>
<td>30 ml</td>
<td>3</td>
</tr>
<tr>
<td>Millilitres Per</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Millilitre</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To be retained in the Pharmaceutical Department

Ordered by: A Nurse  
Date: 16/10/11

Supplied by: J Smith  
Date: 16/10/11

Accepted for delivery: A Nurse  
Date: 16/10/11

Nurse requesting must print and sign name

Nurse requesting must print and sign name—accepting for delivery

Must state ward who supplied and that it was ‘exceptional circumstances’

Requesting ward stated

Nurse supplying must print and sign name
### Appendix 8ii - Sample Exceptional Supply Controlled Drug Record Book Entries

#### Record 1

<table>
<thead>
<tr>
<th>Amount Obtained</th>
<th>Date Received</th>
<th>Serial No. of Requisition</th>
<th>Date</th>
<th>Time</th>
<th>Patient’s Name</th>
<th>Amount Given</th>
<th>Given by</th>
<th>Witnessed by</th>
<th>Stock Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>500mg</td>
<td>11/10/11</td>
<td>12/10/11</td>
<td>09:10</td>
<td></td>
<td>Roger Robbins</td>
<td>10mg</td>
<td>Nurse P</td>
<td>Nurse Q</td>
<td>6</td>
</tr>
<tr>
<td>500mg</td>
<td>11/10/11</td>
<td>13/10/11</td>
<td>18:30</td>
<td></td>
<td>Roger Robbins</td>
<td>10mg</td>
<td>Nurse P</td>
<td>Nurse S</td>
<td>5</td>
</tr>
<tr>
<td>500mg</td>
<td>12/10/11</td>
<td>08:40</td>
<td></td>
<td></td>
<td>Dobby Duck</td>
<td>10mg</td>
<td>Nurse S</td>
<td>Nurse Q</td>
<td>4</td>
</tr>
<tr>
<td>500mg</td>
<td>12/10/11</td>
<td>08:40</td>
<td></td>
<td></td>
<td>Dobby Duck</td>
<td>10mg</td>
<td>Nurse S</td>
<td>Nurse Q</td>
<td>3</td>
</tr>
<tr>
<td>500mg</td>
<td>12/10/11</td>
<td>08:40</td>
<td></td>
<td></td>
<td>Dobby Duck</td>
<td>10mg</td>
<td>Nurse S</td>
<td>Nurse Q</td>
<td>2</td>
</tr>
<tr>
<td>500mg</td>
<td>12/10/11</td>
<td>22:10</td>
<td></td>
<td></td>
<td>Emergency Supply</td>
<td></td>
<td>Nurse P</td>
<td>Nurse Q</td>
<td>1</td>
</tr>
<tr>
<td>500mg</td>
<td>12/10/11</td>
<td>22:10</td>
<td></td>
<td></td>
<td>Emergency Supply</td>
<td></td>
<td>Nurse P</td>
<td>Nurse Q</td>
<td>0</td>
</tr>
</tbody>
</table>

**Order supplied:**
- Stock Balance: 6

#### Record 2

<table>
<thead>
<tr>
<th>Amount Obtained</th>
<th>Date Received</th>
<th>Serial No. of Requisition</th>
<th>Date</th>
<th>Time</th>
<th>Patient’s Name</th>
<th>Amount Given</th>
<th>Given by</th>
<th>Witnessed by</th>
<th>Stock Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>500mg</td>
<td>11/10/11</td>
<td>13/10/11</td>
<td>09:10</td>
<td></td>
<td>John Smith</td>
<td>10mg</td>
<td>Nurse P</td>
<td>Nurse Q</td>
<td>5</td>
</tr>
<tr>
<td>500mg</td>
<td>11/10/11</td>
<td>13/10/11</td>
<td>18:30</td>
<td></td>
<td>Joe Blesses</td>
<td>20mg</td>
<td>Nurse P</td>
<td>Nurse Q</td>
<td>3</td>
</tr>
<tr>
<td>500mg</td>
<td>11/10/11</td>
<td>14/10/11</td>
<td>02:40</td>
<td></td>
<td>Dobby Duck</td>
<td>10mg</td>
<td>Nurse S</td>
<td>Nurse Q</td>
<td>2</td>
</tr>
<tr>
<td>500mg</td>
<td>11/10/11</td>
<td>16:10</td>
<td>02:40</td>
<td></td>
<td>Mini Mouse</td>
<td>20mg</td>
<td>Nurse S</td>
<td>Nurse Q</td>
<td>1</td>
</tr>
<tr>
<td>500mg</td>
<td>11/10/11</td>
<td>16:10</td>
<td></td>
<td></td>
<td>Emergency Supply</td>
<td></td>
<td>Nurse P</td>
<td>Nurse Q</td>
<td>0</td>
</tr>
<tr>
<td>500mg</td>
<td>11/10/11</td>
<td>16:10</td>
<td></td>
<td></td>
<td>Emergency Supply</td>
<td></td>
<td>Nurse P</td>
<td>Nurse Q</td>
<td>-3</td>
</tr>
</tbody>
</table>

**Order received:**
- Stock Balance: 3
### Appendix 9 - CD return – Ward/Department Stock

#### NHS GRAMPIAN

**PHARMACY ORDER BOOK**

<table>
<thead>
<tr>
<th>From</th>
<th>Ward/Dept</th>
<th>Theatre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ONE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/4/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Strength (e.g. 25mg, 250mg/5ml.)</th>
<th>Preparation (e.g. tablets, injection)</th>
<th>Pack Size (e.g. 1, 10, 50, 100)</th>
<th>No. of Packs</th>
<th>Quantity Issued (Pharmacy use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FENTANYL SUPPOSITORY PATCH S(FWS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FOR CREDIT RETURNED TO PHARMACY**

Ordered by: [Signature]

Issued by: [Signature]

Checked by: [Signature]

#### NHS GRAMPIAN

**PHARMACY ORDER BOOK**

<table>
<thead>
<tr>
<th>From</th>
<th>Ward/Dept</th>
<th>Theatre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ONE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12/4/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Strength (e.g. 25mg, 250mg/5ml.)</th>
<th>Preparation (e.g. tablets, injection)</th>
<th>Pack Size (e.g. 1, 10, 50, 100)</th>
<th>No. of Packs</th>
<th>Quantity Issued (Pharmacy use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMAZEPAM</td>
<td>10mg TABLETS X 60 (G)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**OUT OF DATE STOCK FOR DESTRUCTION**

Ordered by: [Signature]

Issued by: [Signature]

Checked by: [Signature]

ZEP 101A
<table>
<thead>
<tr>
<th>Medicine, strength and form - state if Monitor Dosage System (MDS)</th>
<th>At Discharge</th>
<th>Pharmacy Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>FENTANYL PATCHES 12MCG/CM²</td>
<td>0</td>
<td>4 PATCHES BM</td>
</tr>
</tbody>
</table>

**Reason for Destruction**

**No. of Packs Returned to ARI For Destruction**

**Initial**

**Rqd/Not Rqd Y/N**

I authorise the destruction of the medicines noted

(patient) :  B Maloney

(date) :  26.7.2016

---

**Key**

Enter the most appropriate letter in the reason for destruction column

A. Medicine Expired/Poor Quality of Meds/Labels
B. Nursing Home - Original packs not used
C. Used MDS or change to MDS
D. No Longer Prescribed/Change of Directions
E. Failed to Return on Discharge
F. Patient Deceased

Please ensure that all medicines are removed from the individual patient medicine locker at discharge.

Where medicines continue to be prescribed for the patient they MUST be given with the patient on transfer or discharge.

Controlled Drugs must be listed on a separate sheet when returned to PHARMACY for destruction.

Pharmacy Use Only - Accepted for disposal, these medicines marked for destruction.

Sign:  

Designation:  

Date:  

Appendix 11 – Sample Discharge Prescription

NHS Grampian

Name:  [NAME REDACTED]
Address: ANY HOUSE NO 14 THE VILLAGE THE COUNTY
D.O.B.: 04/07/44
Unit No:  [UNIT NO REDACTED]
CHI No: 04074440000

HOSPITAL:  [HOSPITAL NAME REDACTED]

THE PEOPLE WHO WERE IN CHARGE OF YOUR CARE:
Ward:  [WARD NAME REDACTED]  Tel. Number:  [TEL NUMBER REDACTED]
Consultant / GP:  [CONSEL / GP NAME REDACTED]
Nurse in charge:  [NURSE IN CHARGE NAME REDACTED]

This document is for you to take home and keep.
It contains important information about your treatment and any medicines you may have been given.
If you have any questions once you have left the ward, please call the number above.
This form must be completed/signed off by medical staff.

WHY YOU WERE IN HOSPITAL:
Your diagnosis was:
Procedure / Treatment:
Admitted on:  [DATE REDACTED]
Discharged on:  [DATE REDACTED]
Discharged time:  [TIME REDACTED]
Other problems:

ABOUT THE MEDICINES THAT YOU HAVE BEEN GIVEN

<table>
<thead>
<tr>
<th>Name of Medicine</th>
<th>Dose</th>
<th>How to take it</th>
<th>How much to take</th>
<th>Time of Day</th>
<th>Food restrictions</th>
<th>Other restrictions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphin sulphate</td>
<td>10mg</td>
<td>ONE 6AM 8PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
</tr>
<tr>
<td>[REDACTED]</td>
<td></td>
<td>[REDACTED]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
</tr>
<tr>
<td>Morphin sulphate tablets</td>
<td>10mg</td>
<td>ONE 6AM 8PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
</tr>
<tr>
<td>McPherson</td>
<td></td>
<td>[REDACTED]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
</tr>
<tr>
<td>Sulphate tablets</td>
<td>10mg</td>
<td>ONE 6AM 8PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
</tr>
<tr>
<td>[REDACTED]</td>
<td></td>
<td>[REDACTED]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
</tr>
<tr>
<td>[REDACTED]</td>
<td></td>
<td>[REDACTED]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
</tr>
</tbody>
</table>

Signature of Doctor:  [SIGNATURE REDACTED]
Date:  01/01/09
Drug / Medicine Sensitivity

Name of Doctor:  [NAME REDACTED]
Ward Pharmacist Signature:  [SIGNATURE REDACTED]

Bleep / Contact No:  [BILET REDACTED]
Dispensed by:  [PERSON REDACTED]
Date:  [DATE REDACTED]
Checked by:  [CHECKED BY REDACTED]
Appendix 12 - CD Balance Discrepancy Report Form - Hospital Ward or Department Stock

Actions To Resolve Discrepancies

<table>
<thead>
<tr>
<th>Step</th>
<th>Action to resolve discrepancies</th>
<th>Date to be done by or when checked</th>
<th>Initials of Investigator</th>
<th>Comments</th>
<th>Resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Check arithmetic since last balance check.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2.   | Recheck CD cabinet with second person.  
   | Remember to keep ward stock and patient’s own CD’s separate. |                                   |                          |          |            |
| 3.   | Check similar products in CD Register-  
   | e.g. Same name but different strength or pack size or form |                                   |                          |          |            |
| 4.   | Check all orders have been entered. If necessary contact supplier (e.g.  
   | local Hospital Dispensary or Support Services, Pharmacy ARI.) |                                   |                          |          |            |
| 5.   | Check all supplies to patients have been entered. Use Kardex to trace  
   | supplies. |                                   |                          |          |            |
| 6.   | Check that all deliveries received have been entered into the CD register. |                                   |                          |          |            |
| 7.   | Contact all nursing staff who have worked and would have access to the  
   | Controlled Drug cabinet during the relevant period (include details of all  
   | names and contact dates). |                                   |                          |            |
| 8.   | Department Manager contacted and by whom |                                   |                          |          |            |
| 9.   | Clinical Pharmacist contacted and by whom |                                   |                          |          |            |
| 10.  | AO notified and by whom |                                   |                          |          |            |
| 12.  | Amendments made to register and by whom |                                   |                          |          |            |
| 13.  | Notes |                                   |                          |          |            |

Datix completed: Y/N Reference Number: Continue details on separate sheet if necessary
Keep this report in a file for future reference by Pharmacy manager or NHS Grampian CD Team/AO
Signature on completion: ____________________Date:____________________ Designation:_________________________
Appendix 13 – Sample Weekly Balance Checks

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Amount(s) Obtained</th>
<th>Date</th>
<th>Time</th>
<th>Amount(s) Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/4/16</td>
<td>23:00</td>
<td>All balances were x correct</td>
<td>5/4/16</td>
<td>23:00</td>
<td>All balances were x correct</td>
</tr>
<tr>
<td>12/4/16</td>
<td>23:50</td>
<td>All balances were x correct</td>
<td>19/4/16</td>
<td>23:45</td>
<td>All balances were x correct</td>
</tr>
<tr>
<td>25/4/16</td>
<td>23:10</td>
<td>All balances were x correct</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sample liquid overage recording

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Amount(s) Obtained</th>
<th>Date</th>
<th>Time</th>
<th>Amount(s) Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/1/16</td>
<td>15:40</td>
<td>All balances were x correct</td>
<td>5/1/16</td>
<td>15:40</td>
<td>All balances were x correct</td>
</tr>
<tr>
<td>6/1/16</td>
<td>08:30</td>
<td>Balance were x correct, 1500mg administered</td>
<td>6/1/16</td>
<td>08:30</td>
<td>Balance were x correct, 1500mg administered</td>
</tr>
<tr>
<td>6/1/16</td>
<td>08:35</td>
<td>Pack Jones 600mg</td>
<td>6/1/16</td>
<td>08:35</td>
<td>Pack Jones 600mg</td>
</tr>
<tr>
<td>7/1/16</td>
<td>08:35</td>
<td>Pack Jones 600mg</td>
<td>7/1/16</td>
<td>08:35</td>
<td>Pack Jones 600mg</td>
</tr>
<tr>
<td>9/1/16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 14 - Measuring Liquid Controlled Drugs

Ensure that there is a suitable conical glass cylinder available to allow for precise measuring (plastic medicine cups are not appropriate for accurately measuring controlled drugs).

When measuring liquid controlled drug preparations, ensure that this is done consistently:

- Place the measure on a flat hard surface
- Ensure sight line at the same height as the bottom of the meniscus
- The bottom of the meniscus is the accurate measurement.
Appendix 15 - Reporting Incidents, Near Misses and Concerns Involving Controlled Drugs (CDs):

A Guide for NHS Staff and Contractors

There is a requirement for the NHS Board Controlled Drugs Accountable Officer (CDAO) to be notified of all incidents and concerns involving CDs that arise within their organisation and in the premises of independent contractors. Receiving information on all CD incidents allows the CDAO to track trends and share these on an anonymous basis to prevent recurrence. This Guide has been produced to clarify exactly what is required and applies to all incidents and concerns involving CDs in Schedules 2, 3, 4 and 5, but does not apply to those involving illicit drugs.

The Board CDAO should receive information on issues related to:

1. Clinical Governance and Professional Practice
   • All events or near misses involving prescribing, administration, supply or dispensing of CDs
   • Any concern(s) about professional practice or behaviour of staff in relation to CDs e.g. unusual prescribing patterns
   • Complaints from patients/carers/service users relating to CDs

2. Record Keeping and Stock Discrepancies
   • Unexplained losses/discrepancies of any CD, regardless of schedule
   • Any discrepancy in CD stock which, although resolved, raises concerns
   • Events or near misses involving CD destruction
   • Loss of CD Register/Order Book or other relevant controlled stationery

3. Fraud and Possible Criminal Issues
   • Any suspected illegal activity relating to CDs, e.g. theft, patients attempting to obtain CDs by deception
   • Lost or stolen prescription forms
   • Attempts to fraudulently produce prescriptions

These examples are not mutually exclusive, for example, record keeping issues may escalate to concerns about clinical practice or suspected theft.

All CD incident reports must include details of the actions taken, including immediate steps to prevent or reduce harm to patients, any investigations undertaken and actions taken to prevent recurrence, to provide assurance to the CDAO that the incident has been thoroughly investigated.

In the event of a serious incident or concern, the CDAO must be notified within three working days.

If reports are made through other systems or for other purposes, a copy of the existing paperwork should be supplied, e.g. Datix, SEA, appraisal, company reports. Where there is no reporting form available, ‘NHS Scotland Controlled Drugs Incident Report to Controlled Drugs Accountable Officer (CDAO)’ may be used. Contact your local CDAO for a copy of the template.

Contact details for CDAOs can be found at: http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/controlled_drugs/cdao_register.aspx or from your local NHS Board, hospital or CHP pharmacy team.

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References

1. The Regulation of Controlled Drugs in the Community – The Shipman Inquiry Fourth Report

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