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	Effective Date:	12-31-2021
	Document Type:	Policy
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	Department/Section:	Pharmacy Division
	Document Title:	CONTROL AND MANAGEMENT OF NARCOTIC DRUGS

PURPOSE:

1. To provide guidelines governing the adequate control of distribution, prescribing, dispensing, storage and disposal of Narcotic and Controlled Drugs in all Riverside Medical Center, Inc. (RMCI) in accordance with the rules of Food Drug Administration (FDA) and of Philippine Drug Enforcement Agency (PDEA) regulations and requirements.
2. To define the responsibilities of hospital personnel with regard to prescribing, dispensing, administering, storage and record-keeping of these drugs.

LEVEL:


All Nurse, Pharmacist, Physician and other Healthcare Professional of RMCI

DEFINITION OF TERMS:

Narcotic Drugs- are addictive drugs that reduce the user's perception of pain and induce euphoria (a feeling of exaggerated and unrealistic well-being). They are substances that lead to increasing tolerance and physiological dependence.


Controlled Drugs- any drug or therapeutic agent with a potential for abuse or addiction, which is held under strict control.

Psychotropic Drugs-any drug capable of affecting the mind, emotions, and behavior.

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POLICY:

1. The Pharmacy Division has an effective and consistent policy on the proper handling of narcotic and sedative-hypnotic drugs for inpatients as well as outpatients, according to the rules and regulations of the World Health Organization (WHO), FDA and of PDEA regulations and requirements.
2. Narcotic and controlled drugs shall be prescribed for a legitimate medical indication and may only be written or countersigned by a consultant or specialist.
3. The Pharmacist in-charge along with the Nursing Service Division Head/ Manager of the station shall conduct periodic inspections regarding safe storage and appropriate record keeping of narcotics and controlled medications.
4. Telephone order for narcotic and controlled medications is not acceptable.
5. Physicians cannot prescribe controlled medications for **self or family use**. Instead, they must obtain such drugs from clinic utilizing system.
6. Only the Pharmacy Division shall receive, store (behind a steel door with double lock), and dispense narcotic & controlled drugs to patients, and maintain proper documentation of drug count and accountability (including that of empty containers of narcotics).
7. **Only registered pharmacists shall be allowed inside** the Narcotic and Controlled Drugs room.
8. **No borrowing or special delivery** of controlled and narcotic drugs from and to the RMCI hospital.

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DOCUMENTATION:

New Policy

DISSEMINATION:

1. Hospital Communicator
2. Conducting hospital wide continuing education to all healthcare professionals.

REFERENCES:

1. Accreditation Canada Qmentum International Standards, Medication Management 2015.
2. Joint Commission International 5th Edition. Medication Management and Use. 2014
3. Central Board for Accreditation of Healthcare Institutions (CBAHI) standards, Pharmacy Standards 2016.




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PURPOSE:

1. To provide guidelines governing the adequate control of distribution, prescribing, dispensing, storage and disposal of Narcotic and Controlled Drugs in all Riverside Medical Center, Inc. (RMCI) in accordance with the rules of Food Drug Administration (FDA) and of Philippine Drug Enforcement Agency (PDEA) regulations and requirements.
2. To define the responsibilities of hospital personnel with regard to prescribing, dispensing, administering, storage and record-keeping of these drugs.

SCOPE:


Applies to all Inpatient Pharmacy Department and Nursing Service Department staff of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:


Pharmacy Division Managers, Pharmacists, Pharmacy Technicians, Physicians and Nurses, all Clinical Department Heads/Chairman/Directors, Pharmacy and Therapeutics Committee (PTC)

GENERAL CONSIDERATIONS:

1. Only consultants with appropriate clinic system are authorized to write prescriptions for drugs that fall under their area of expertise. Narcotics are only to be prescribed by specialists and consultants.
2. In prescribing narcotic & controlled medications, the following requirements are mandated:
 - 2.1. The strength and quantity of the medication to be dispensed should be written clearly and legible in words and figures.
 - 2.2. There should be no strike over, erasures or misspellings of the drug name, strength or quantity.

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- 2.3. Identification number should be written with physician's name.
- 2.4. The S-2 license of prescribing doctor shall be written in the prescription.
3. Telephone order for narcotics and controlled medications is **NOT** acceptable; in-house physician (fellow) can prescribe it and must be countersigned by the consultant within 24 hours.
4. The psychotropic drugs are restricted to psychiatric clinics while other specialists are allowed to prescribe one (1) month only of the psychotropic drugs, except during emergency situations in which a psychiatrist or specialist is not immediately available.
5. Storage and administration of **patient's own** controlled and narcotic drugs are prohibited.
6. Safeguard controlled and narcotic drug's prescriptions against improper use.

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PROCEDURE:

1 Record-Keeping:

- 1.1 Log all controlled medications in the *Narcotic Record* Form.
- 1.2 Place controlled drugs received in a double-locked container immediately.

2 Inpatient and Out-Patient

2.1 Narcotic Drugs:


- 2.1.1 The treating physician should fill the narcotic prescription form for each ampule used and the order is on daily basis otherwise an *Automatic Stop Order* will be applied.
- 2.1.2 The pharmacist will check the prescription order carefully and make sure that all the information is complete, as well as the consumed amount in the ampule is indicated, and the remaining balance is properly discarded, documented, signed and stamped (including witnesses of the discarding).
- 2.1.3 Controlled and narcotic drugs should not be kept in the patient's cassette in the dispensing trolley.
- 2.1.4 Telephone orders for narcotic and controlled medication is not acceptable; in-house physician can prescribe it and countersigned by another physician (of the same department) within 24 hours.

2.2 Controlled Drugs:

- 2.2.1 The pharmacist should check the prescription for completion and dispense the Drugs as a unit-dose.
- 2.2.2 The unused drugs, due to discontinuation as a result of discharge or expiration of the patient, must be returned to the pharmacist in-charge.

2.3 A Complete Prescription Should Contain The Following:

- 2.3.1 Patient's name, Age, Sex, Nationality
- 2.3.2 Address of the patient
- 2.3.3 Diagnosis

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- 2.3.4 Allergy
- 2.3.5 Date
- 2.3.6 Drug name
- 2.3.7 Quantity of the prescribed drug in words
- 2.3.8 Dose (written in figures and letters)
- 2.3.9 Route and frequency of administration
- 2.3.10 Doctor's name, stamp, Identification/S2 number, address, contact number and signature

2.4 Disposal methods:

- 2.4.1 **Flushing** (All forms of drugs) should be done in a clean area in a sink or flushing unit designated specifically for this purpose. In a flushing unit, the nurse should verify that all solid narcotics (pills, tablets, capsules) have been flushed. If disposed of under running water, the water should run for at least 30 seconds after the medications go down the drain to ensure that they have been washed through the tap.
- 2.4.2 Place in sharps containers (Injectable only) - Wasted Injectable narcotics area often disposed of in sharps containers.

2.5 Broken Ampoules Policy:

- 2.5.1 A Medication Inadvertent Incident Report and Incident Report, signed by two witnesses and the Nurse Manager, should be made for any ampule (filled medicine) that's broken or lost by a nurse in the ward and the report should be submitted to the Total Quality Division. The nurse should also give a written report to the pharmacy department so that it will be documented and replaced with a new one. This report will be given a number and recorded in the Narcotic & Controlled Drug Log Book as a consumed ampule.
- 2.5.2 If an empty ampule was broken or lost in the ward by a nurse, the nurse shall make a Medication Inadvertent Incident Report and

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Incident Report signed by two witnesses and submit to the Pharmacy Division.

2.5.3 If an ampule of Narcotic or Controlled drug was found to be broken by the Pharmacist in his pharmacy stock he/she should make a written report signed by two witnesses of the incident (Medication Inadvertent Incident Report and Incident Report) and recorded in the relevant documents (Narcotic & Controlled Drugs Log Book).

2.5.4 Change of shift verification-narcotic count:

2.5.4.1 At the change of shift, the in-coming and out-going nurse jointly count all controlled medications, including discontinued or expired medications awaiting destruction.

2.5.4.2 The out-going nurse will read the Individual Narcotic Record book pages while the on-going nurse examines the containers of controlled medications.

2.5.4.3 The shift-to-shift Narcotic Count Verification form will be signed by both the out-going and the on-coming nurse at each change of shift.

2.6 Discrepancies in ward/station by the Nurses:


2.6.1 If a count discrepancy occurs in the change of shift verification, an investigation is made immediately to determine the error by the staff persons associated with the medication delivery system. If the count cannot be reconciled:

2.6.2 Anyone associated with the administration or assistance of medication may not leave the hospital. Only the Pharmacy Manager and Director of Nursing Services or Deputy can dismiss the staff involved in the controlled medication count if a count discrepancy occurs.

2.6.3 The Nurse Manager or Head Nurse is called.

2.6.4 The Nurse Manager or Head Nurse attempts to reconcile the count.

2.6.5 If the count **still** cannot be reconciled:


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- 2.6.5.1 An Incident Report form is filled out.
- 2.6.5.2 The pharmacist in-charge is notified, and a replacement will be requested if necessary.
- 2.6.6 Inform the Inpatient Pharmacy Manager in writing (Incident Report) if any unused, lost or stolen Control and Narcotic Drug Prescription pads.

3 Out-Patient

3.1 Narcotic & Controlled Drugs:

- 3.1.1 Only tablets and Patch forms of Narcotic and Controlled Drugs are allowed to be given to outpatients. Tablet and injectable forms of Psychotropic Drugs are also allowed to be given to outpatients.
- 3.1.2 All physicians in the Emergency Department can prescribe the Narcotic and Controlled substance for only one day.
- 3.1.3 The pharmacist in-charge should make sure that the prescription contains all data about the patient, the diagnosis, date, signature of the one who receives the drug (the patient or one from his family), also all the data of the drug (name, strength, dose, quantity) and the physician writes his name, S-2 license number, signature and stamp.
- 3.1.4 The pharmacist in-charge should write the instructions for use and expiration date on the label.
- 3.1.5 All prescriptions must be dated at the time of writing and are valid for filling in the pharmacy as follows:
 - 3.1.5.1 Within 24 hours if written in the emergency room (ER prescriptions for Psychotropic & Controlled are dispensed **for 1 day only**).
 - 3.1.5.2 Thirty (30) days if generated from clinics (OPD clinic prescriptions are dispensed as mention).
- 3.1.6 The pharmacist in charge will not dispense the prescription if:
 - 3.1.6.1 The prescription is **not complete**.

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- 3.1.6.2 The patient received the medication and still has a remaining quantity for another 7 days.
- 3.1.6.3 Drug-drug interaction
- 3.1.6.4 Any Suspicion of Fraud (strike over, erasure) in the prescription and the patient must be informed.
- 3.1.6.5 Misspelling of the drug name, strength or quantity.

4 Recording:



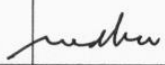


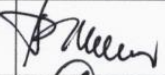

- 4.1 There is a Narcotics and Controlled Log Book for daily recording.
- 4.2 In the Narcotics log book, the pharmacist shall give the narcotic forms each a serial number, and record all the required information in the book.
- 4.3 A monthly statistics of the consumed drugs is prepared by the pharmacist and sent to the "Health Directorate".
- 4.4 The inventory must check every 6 months by a committee formed by the medical director of the hospital, one of the members from Inpatient Unit in hospital.


5 Borrowing of controlled and narcotic drugs in Surgical Complex:

- 5.1 Borrowing controlled and narcotic drug is allowed only outside of the operating hours of the Narcotic and Controlled Drugs- Inpatient Pharmacy Department. If the needed controlled and narcotic drug is not available in the other units, contact the Outpatient Pharmacist immediately.
- 5.2 Return any controlled and narcotic drug Drug borrowed to the lending unit within 24 hours; inform the unit immediately if not possible.
- 5.3 Document the date and time, borrowing unit, number of borrowed controlled and narcotic drug in the controlled and narcotic drug Drug Borrowing Record and update the remaining stock balance of the lending unit's stock in the Controlled and Narcotic Drug Daily Record.


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KEY TASKS	PERSON RESPONSIBLE
1. Logs all controlled medications in the Narcotic Record Form	Pharmacist
2. Places controlled drugs received in a double-locked container immediately	Pharmacist
3. Fills out the narcotic prescription form for each ampule used	Treating Physician
4. Checks the prescription order carefully and makes sure that all the information is complete, as well as the consumed amount in the ampule is indicated, and the remaining balance is properly discarded, documented, signed and stamped	Pharmacist
5. Returns the unused drugs to the pharmacist in-charge	Nurse
6. Disposes the remaining narcotic drugs through flushing, and verifies that it has been flushed completely	Nurse
7. Makes a Medication Inadvertent Incident Report and Incident Report if any ampule is broken or lost in the ward or in the pharmacy stock	Nurse or Pharmacist
8. Performs change of shift verification narcotic count	In-coming and out-going Nurse
9. Immediately conducts an investigation if a count discrepancy occurs in the change of shift verification	Nurse Manager/ Head Nurse

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APPROVAL:

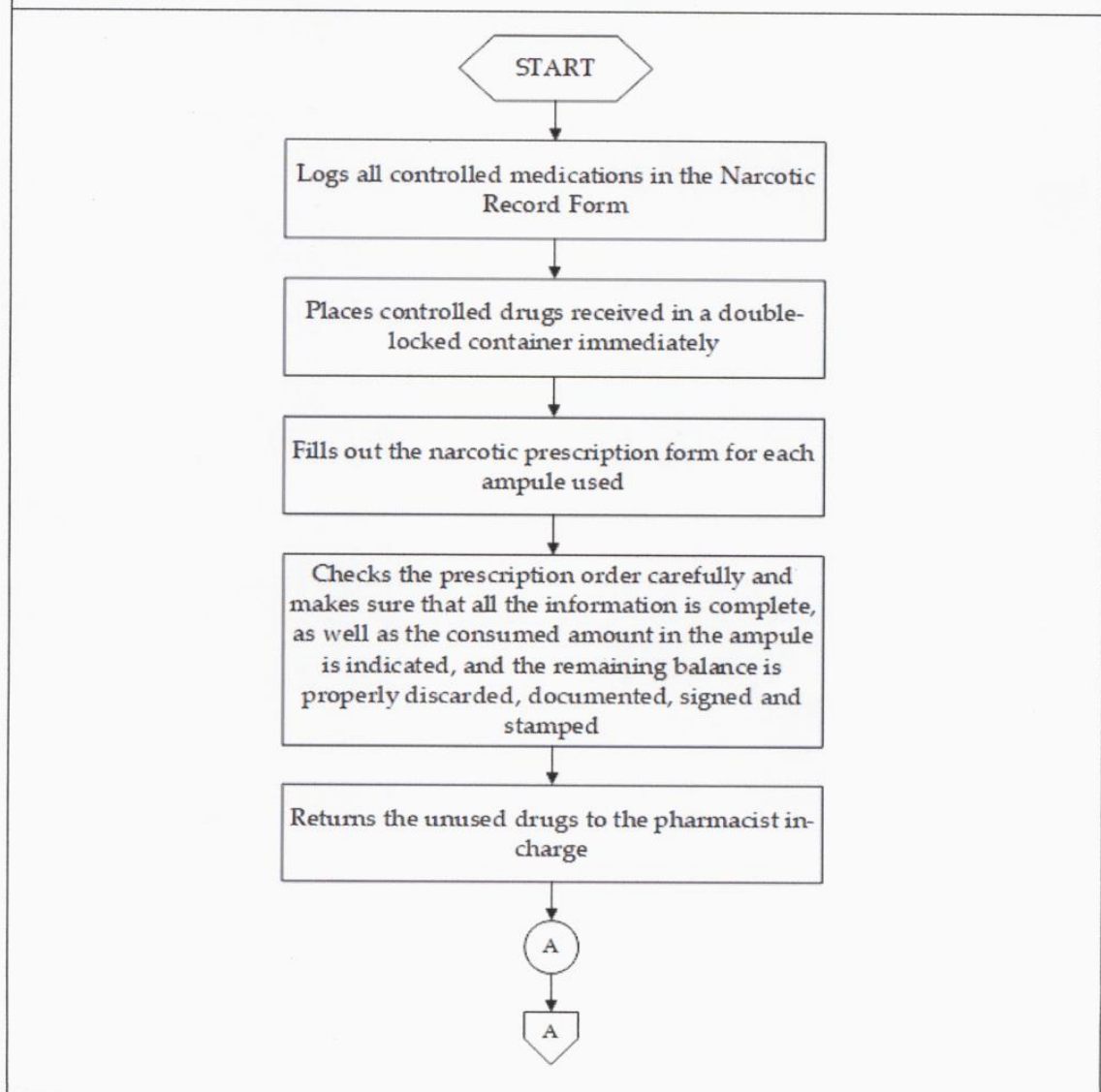
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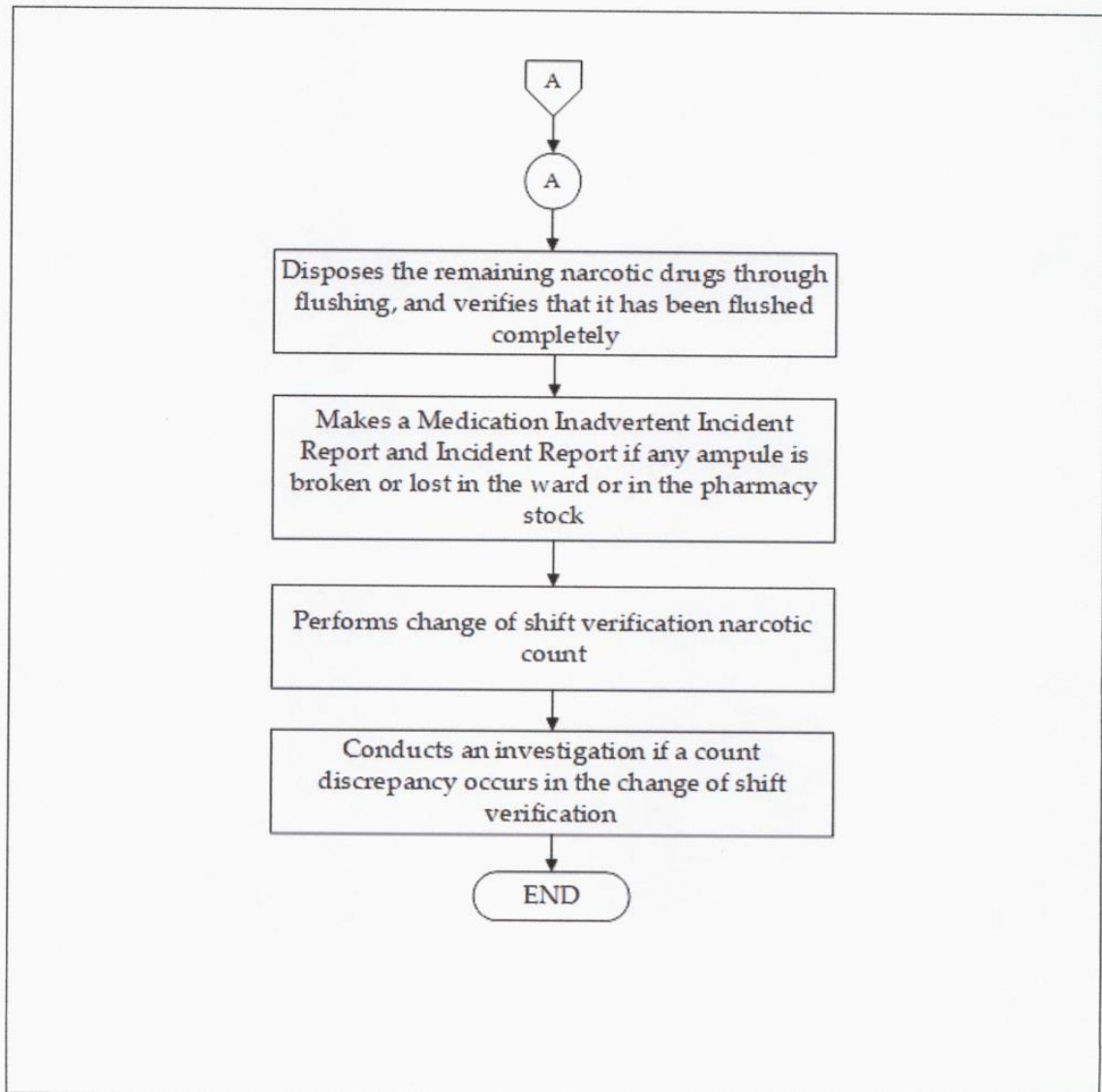
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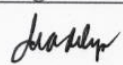

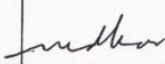


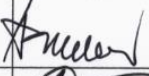
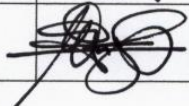
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