

 <p>مؤسسة مستشفى سرطان الأطفال - مصر Children's Cancer Hospital Foundation - Egypt</p>		<b>Policy Name:</b>  <h2 style="text-align: center;">Narcotics Management</h2>	
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## 1.0 Change of policy

### 1.1 No changes

## 2.0 Purpose

- 2.1** To ensure proper management of controlled substances complying with Egyptian laws and regulations.

## 3.0 Policy

### 3.1 Policy statement:

- 3.1.1 Pharmacy shall have locked storage for all Controlled Substances. All records for controlled substances shall be maintained in a readily retrievable manner for ten years (Info Fort company responsible for archived record).
- 3.1.2 Controlled Substances records will be maintained in a manner to establish receipt and distribution of all controlled substances.
- 3.1.3 Unresolved discrepancies will be reported to the Director of Pharmacy, the Chairman of Anesthesiology, and/or the Director of Nursing.
- 3.1.4 The same rules apply for Nursing units which have narcotic drugs stored and weekly refills and audit by the pharmacy is maintained

### 3.2 Scope:

- 3.2.1 Pharmacy.
- 3.2.2 Nursing.

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- 3.2.3 Anesthesia.
- 3.2.4 Palliative care and hospice
- 3.2.5 Narcotic secretary.

### 3.3 Responsibilities

- 3.3.1 The Narcotics Pharmacist is responsible for the compliance with Egyptian laws and regulations regarding the use of narcotic drugs.
- 3.3.2 He will keep record of all controlled substances used in the hospital.
- 3.3.3 He will be responsible for dispensing all controlled substances.
- 3.3.4 The anesthesia doctor / palliative care doctor will be responsible for writing the physician order for patient in the file and filling the narcotic drug request.
- 3.3.5 The anesthesia doctor will ensure documentation and witnessing of IV narcotic administration and waste disposal.
- 3.3.6 The nurse is responsible for receiving, administering and disposal of the controlled substances.
- 3.3.7 The narcotic secretary is responsible for the recording of the narcotic requests, broken form requests and keeping the official log books with the updated quantities

### 4.0 Definitions /abbreviations:

- 4.1 CCHE: Children Cancer Hospital – 57357 Egypt
- 4.2 CPID: Continuous Performance Improvement Department
- 4.3 MMU: Medication Management & Use
- 4.4 MMS: Medication Management & Safety

### 5.0 Procedure:

#### 5.1 Purchasing the narcotic drugs:

- 5.1.1 The monthly narcotic order starts with an issued license for dispensing narcotic drugs and the license contains name of the drugs and the quantity of one months' supply with signature of pharmacy director, Director of anesthesia department and Hospital CMO.
- 5.1.2 Send purchasing request for purchasing department to issue cheque for purchase of the drugs on Oracle fusion system.
- 5.1.3 The Pharmacy Authority approves the license signed by Hospital Director General then the responsible pharmacist takes it with the issued cheque to dispense the drugs from Egyptian Drug Holding Company (Egy-Drug).
- 5.1.4 Responsible pharmacist then registers the bill of the drug in the official stamped Narcotic Record (Quantity of drug / Date of bill / No. of bill).
- 5.1.5 We should stamp the bill and its copies with special narcotic stamp of the hospital and handover the bill for the store department to make an addition request.
- 5.1.6 Responsible pharmacist should keep the addition request and bill copy and copy of license for ten years from date of bill and bill copy.
- 5.1.7 Original license and bill copy is handed over to pharmacy authority.

#### 5.2 Dispensing of narcotic drugs:

##### 5.2.1 Dispensing for In-patient department:

- 5.2.1.1 Authorized physician writes physician order for patient (on Cerner) in the file and fills a narcotic drug request and handled to round pharmacist.
- 5.2.1.2 Round pharmacist applies clinical review the physician order on Cerner then sign request after reviewing it then send it to the main pharmacy to prepare.
- 5.2.1.3 Round pharmacist receives the drugs from sub store of narcotic drugs in

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dispensing pharmacy for oral narcotic form

5.2.1.4 The sub store narcotic pharmacist will dispense IV ampoules to the IV Mix room to prepare the IV narcotic doses and keep empty ampoules for narcotic sub store.

5.2.1.5 The administration of narcotics is documented in the E-MAR by the nurse.

#### 5.2.2 **Dispensing narcotic drugs in sub covenant stores (surgical ICU / OR / ICU. /Recovery):**

5.2.2.1 The charge nurse in the floor completes the narcotic floor stock request and signs it from authorized physicians.

5.2.2.2 The nurse receives the drugs from narcotic drugs main store in pharmacy.

5.2.2.3 When authorized physician write narcotic drug request for a patient the responsible nurse dispenses it and keep its empty ampoules and register it in Hospital Narcotic Record.

5.2.2.4 Nurse hands over the requests and empty ampoules for narcotic to the main store and replace it with new drugs by the refilling process included

5.2.2.5 Oracle order which is twice weekly

5.2.2.6 The main store pharmacist preforms a regular monthly audit to make sure of the amounts and expiration of the sub covenant stores

#### 5.2.3 **Dispensing narcotic drugs for outpatient department:**

5.2.3.1 Authorized physician writes physician order for patient and enter the physician order on Cerner and completes dispensing narcotic drug request.

5.2.3.2 Patients taking strong opioids for the first time should sign Consent of Chronic Narcotic Intake after the explanation of the anesthesiologist.

5.2.3.3 The dispensing pharmacist will check for any existing narcotic medications.

5.2.3.4 The clinical pharmacist should be received unused narcotics from the patient and handover to narcotic main store on daily basis with the filling of the return narcotic form hand to hand.

5.2.3.5 The patient or guardian of the patient (if the patient is younger than 16 years or disabled) will sign request of receiving of narcotic drugs and show the ID card to the dispensing pharmacist to write ID number and telephone number of the guardian in the request then receives the drugs.

### 5.3 **Administration of narcotics/controlled medication:**

5.3.1 Oral/IV narcotic medications are handled personally by the pharmacists to the head/charge nurses in order to be administered to the patients according to the Administration policy

### 5.4 **Fractionation and discarding of residual narcotic medications:**

5.4.1 It is accepted to fractionate one ampoule for two or more patients provided that it is prepared at the same time.

5.4.2 The residual of any ampoule should be discarded directly after administration under witnessing of the 2 persons which is charge nurse & authorized pharmacist

5.4.3 The residual of any PCA or epidural medication should be discarded under witnessing of the pain nurse and pain pharmacies.

5.4.4 It is required to document the discarded narcotic residuals with signature of 2 witnesses.

5.4.5 The other narcotic products like oral or narcotic patches not suitable for use should be discarded directly after administration under Witnessing of the 2 persons which is

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charge nurse & authorized pharmacist after return doses to pharmacist medications room with special return form.

### 5.5 PCA and epidural drug preparation:

- 5.5.1 Narcotics pharmacist is responsible for the follow up of preparation of narcotic drugs PCA and epidural administration.
- 5.5.2 Narcotics pharmacist receives narcotics drug request from Pain Team nurse.
- 5.5.3 Narcotics pharmacist ensures that all the PCA and epidural narcotics doses are prepared by IV pharmacists.
- 5.5.4 The Narcotics pharmacist hands the prepared PCA and epidural narcotics to the Pain Team nurse in medication room in 3rd floor and the Pain nurse signs the narcotics log book.
- 5.5.5 The Pain Team nurse stores the prepared narcotics in a locked fridge until administration.
- 5.5.6 The narcotic pharmacist responsible for the needed storage of narcotics syringes to be prepared before weekends and holidays

### 5.6 Broken / lost narcotic drugs:

- 5.6.1 In case of lost narcotic dose or spill doses of narcotic drugs, it should not be removed and the anesthesiologist/ pain physician, head of nursing, administrative deputy and the senior pharmacist all should be informed in order to write a new narcotic prescription for the patient and extra dose to be ordered, and incident report should be fulfilled within the next working day.
- 5.6.2 In case of broken ampoules or spilled narcotic doses, the Mix supervisor pharmacist and one witness pharmacist beside the one whom responsible for the breakage, they all fill a broken form and keep the residuals of the broken ampoules with the form and make sure all the signs needed are fulfilled before handling it to the main store pharmacist
- 5.6.3 A broken form will be written in a special form and then is signed by pharmacy director and narcotic supervisor and CMO
- 5.6.4 Attached to the form the broken ampoules and the report will be sent to the pharmacy to replace the medication.
- 5.6.5 The narcotic secretary will document the broken form reporting the official narcotic Record.

### 5.7 Discarding of empty narcotic ampoules and bottles:

- 5.7.1 Legal discard form is provided by inspector of the narcotic inspection department of the ministry of health specifying a date and naming type of medications monthly.
- 5.7.2 The committee includes the head of pharmacy, narcotics pharmacist, the Pharmacy Authority inspector and CMO.
- 5.7.3 The committee disposes of the empty narcotics in the hospital disposal unit and completes an official report of disposal after the signature all the part of committee.

### 5.8 Inventory of the inventory medications:

- 5.8.1 Make inventory for the narcotic drug stock in the pharmacy every daily quantity on hand report from the Oracle fashion system by the responsible of narcotic pharmacist, (contains expiry dates, batch number)
- 5.8.2 Make inventory for the narcotic drug stock in floor each month by the responsible of narcotic pharmacy with attendance of charge nurse and sign on inventory form.

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5.8.3 In case of any discrepancy in the inventory make report for the head of pharmacy and head of pain and Anesthesia department to conduct an official investigation and report the narcotic inspection department of the ministry of health.

## 5.9 Expired drugs:

- 5.9.1 The responsible pharmacist should make a report of expiring drugs before 6 months of the expiry date to the hospital head of supply chain department and the narcotic inspection department of the ministry of health.
- 5.9.2 If the drugs become expired a request is made for the narcotic inspection department of the ministry of health for discarding.

## 5.10 Storage of narcotic drugs:

- 5.10.1 Main narcotic drug stocks are stored inside secure saved Vaults in the main narcotic department.
- 5.10.2 Only the narcotics pharmacist and pharmacy director have axis to the main Vault.
- 5.10.3 Narcotic sub store has small Vault for keep the narcotic needs for in and out patients under the supervision of the narcotic pharmacist.
- 5.10.4 Narcotic sub covenant stores are stored in secure closed cabinets in their designated areas under the supervision of responsible charge nurse.

## 5.11 Elements of prescribing request:

- 5.11.1 Patient name
- 5.11.2 Patient MRN
- 5.11.3 Patient diagnosis
- 5.11.4 Patient weight
- 5.11.5 Patient height
- 5.11.6 Patient age
- 5.11.7 Date
- 5.11.8 Name of drug
- 5.11.9 Drug concentration
- 5.11.10 Drug dose and frequency
- 5.11.11 Prescribing reason
- 5.11.12 Prescriber signature
- 5.11.13 Prescriber stamp
- 5.11.14 Quantity dispensed
- 5.11.15 Dispensing pharmacist or charge nurse name and signature
- 5.11.16 Patient signature and ID number

## 5.12 Patient-controlled analgesia (PCA):

- 5.12.1 A drug-delivery system that dispenses a preset intravascular dose of a narcotic analgesic when the patient pushes a switch on an electric cord.
- 5.12.2 The device consists of a computerized pump with a chamber containing the drug.
- 5.12.3 The patient administers a dose of narcotic when the need for pain relief arises.
- 5.12.4 A lockout interval automatically inactivates the system if a patient tries to increase the amount of narcotic within a preset period.

## 5.13 Epidural:

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5.13.1 An injection into the epidural space of the spine and it is intended deliver anesthesia or analgesia into the patient system.

#### 5.14 Work instructions for PCA and Epidural doses

- 5.14.1 Pain team physician fills PCA / Epidural order on Cerner
- 5.14.2 Pain team physician writes Narcotics request and hands it to pain team pharmacist which apply clinical review.
- 5.14.3 Pain team pharmacist deliver the request to dispense sub store pharmacist which apply the product assign, print medications labels and deliver the ampules to Iv mix
- 5.14.4 IV Mix pharmacist prepares PCA / Epidural doses within 2 hours from receiving the narcotic ampules.
- 5.14.5 Pain team nurse receives PCA / Epidural medications from pain team pharmacist and signs Narcotics log book kept by the pain team nurses.
- 5.14.6 Pain team nurse responsible for handling PCA / Epidural doses.
- 5.14.7 Pain team nurse stores PCA / Epidural medications in dedicated locked fridge on the 3rd floor.
- 5.14.8 Weekend and holiday, planned PCA / Epidural doses will be dispensed and prepared a maximum of 48 hours in advance for max of 9 days storage in long holiday

## 6.0 References:

6.1 N/A

## 7.0 Appendices

### 7.1 Forms

- 7.1.1 Narcotic Prescription Form
- 7.1.2 Narcotic Broken form requests
- 7.1.3 Narcotic Return form

### 7.2 Related Policy(S)

- 7.2.1 Medication Management Program

### 7.3 Related Standards:

- 7.3.1 Joint Commission Accreditation Standards – MMU.
- 7.3.2 GAHAR standards.MMS.04, 12 & 15

### 7.4 Attachments

- 7.4.1 There are no specific attachments.