CLASSIFICATION: COMPREHENSIVE

OBJECTIVES:

This policy aimsto control and monitor distribution and consumption of dangerous drugswhether the patient is admitted or an OPD case.

COVERAGE:

This policy will cover all Medical and Nursing Division.

RESPONSIBILITIES:

- It is the responsibility of the Hospital Pharmacist to strictly abide and observe the guidelines provided by the DDB Regulation No. 1 Series 2014
- It is also the responsibility of the hospital pharmacist, as appointed for, the distribution, recording, and reporting of Dangerous Drug
- It shall be the responsibility of Medical Staff to comply with the requirements set by the DDB on proper prescription on such.
- It shall be the responsibility of the Nursing Division to monitor dangerous drugs used by in-patient.

PROCESSES:

- **PROCUREMENT**

  Hospital Pharmacist must apply for a Local Order Permit as prescribed by PDEA prior to procurement of dangerous drugs. There should only be a maximum entry for five (5) dangerous drug preparations in an application form for a single supplier. Once approved, no request for alteration will be allowed. An approved Local Order Permit comes in two (2) copies: Copy 1 for the seller; Copy 2 for the applicant purchaser.

- **REQUISITION OF DANGEROUS DRUGS FOR FLOOR-STOCKING**

I. The Nurse-in-charge/Pharmacist-in-charge must legibly fill up a duplicate copy of Requisition Sheets. The complete name of the person issuing it must be specified. Specific name, quantity, form and strength of the drug must be indicated and to the specific ward where the dangerous drug is required. It must be originally signed and dated by the Nurse-in-charge and PDEA-licensed Physician of the ward/unit.

II. The Requisition Sheets must be countersigned by the issuing pharmacist who will dispense the dangerous drug given that all requirements for filling up the requisition sheet have been met. Stock levels shall be periodically assessed by the nurse and the pharmacist prior to ordering/issuance to prevent overstocking of dangerous drugs.

III. The receiving nurse must indicate his/her name, signature and date upon the receipt of the issued stocks of Dangerous Drugs by the pharmacist.

IV. A copy of Requisition Sheet shall be kept and filed by the pharmacist.

V. Dangerous Drug issuance from the pharmacy shall be recorded by the issuing pharmacist within 120 hours after the transaction has been made.

- **DISPENSING AND ADMINISTRATION**

I. Orders of Dangerous Drugs upon administration by the nurse shall recorded with the required information:

a) Date and Time of administration
b) Patient's full name, hospital ID number, room/bed number
c) Name of prescribing physician, S-2 license number and signature
d) Name of administering nurse, PRC license number and signature
e) Dose administered
f) Inventory column
g) Remarks (ex. Quantity of unused portion discarded, emergency case/verbal order, etc.)

II. Recording of Dangerous Drug Orders shall be accomplished by the Nurse-in-charge/Pharmacist-in-charge in chronological order using the Controlled Drug Administration Sheet (CDAS) within 24 hours after the drug has been administered.

III. Nurse-in-charge/Pharmacist-in-charge and Prescribing Physician shall certify the correctness of the information entered and affix their signature in the CDAS, prior to submission to the hospital pharmacy for replenishment of Dangerous Drug stocks.

- **SEMI-ANNUAL REPORTING**

I. Summary of Semi-annual report covering the period January to June or July to December, certified to be true and correct and duly signed by the authorized pharmacist and noted by the head of entity, shall be submitted to PDEA-Regional Office within 15 days following the last day of June and December of each year.

II. Dangerous Drug Registers, Requisitions, and commercial documents shall be retained by the pharmacist for two years after the date of last entry. Dangerous Drug Prescriptions shall be retained by the pharmacist for 1 year.

- **DISPOSAL**

Individual doses of dangerous drugs, which are prepared but not administered, syringe contents of partly-used ampoules, residual unused content of dangerous drugs in ampoules and vials, unused volumes of infusions, unused and unopened, or expired products, shall be returned to the issuing pharmacy for recording and proper disposition.

- Procedure in case of waste, destruction, contamination etc. in a Hospital Setting
    1. *The aliquot part of controlled drugs used for dose* – Where the nurse withdraws the required amount of tablets or ampoules from nursing stock, he/she shall record the number of tablets or ampoules used and the dose given in the proper columns on

controlled drugs administration sheet (CDAS). He/she shall, in arriving at the predetermined aliquot part, return that portion of the solution that is not used to the pharmacy for proper disposition.

2. *Prepared Dose refused by Patient or Cancelled by Doctor* – When a dose has been prepared for a patient but was not used, due to refusal by a patient or cancellation by the doctor, the attending nurse shall return the drug to the pharmacy for proper disposition and shall record why the drug was not administered. The nurse-in-charge of the ward shall countersign the statement of the attending nurse.
3. *Accidental Destruction and Contamination of Drugs* – When a solution, ampoule, tablet, etc., is accidentally destroyed and contaminated in the ward, the person responsible shall indicate the loss on the daily controlled drug wasted record sheet and the nurse-in-charge of the ward shall return the contaminated drug to the pharmacy for proper disposition.
4. In an unavoidable situation where there is an "unused" part of a dangerous drug unit in the ward that has to be discarded, two entries must be made:
    a. The first entry must be the dose given.
    b. The second entry will be the amount unused. The nurse-in-charge of the ward shall discard the unused partial dose of the dangerous drug when no longer needed. An authorized nursing staff must witness this disposal. The unused amount shall be disposed of in accordance with section 41 (5) of DDB Regulation No. 1 Series of 2014

- Disposition of expired dangerous drugs and/or drug preparations containing a controlled chemical

    The hospital pharmacy shall notify the Philippine Drug Enforcement Agency (PDEA) of all expired dangerous drugs and/or drug preparations containing controlled chemical in its possession and surrender them to the PDEA Laboratory Service or PDEA Regional Office who will witness the destruction by authorized methods.

Prepared By:	Reviewed By:	Approved by:
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- Documentation of the transfer of items for return or surrender or destruction shall be through a permit system and shall indicate the drug name, dosage form, strength, quantity, and date of transfer, names and signatures of persons making the turn-over and the person receiving, including two witnesses.

Appendix H PDEA Local Order Permit Application (LOPA)

Appendix I Controlled Drug Administration Sheet (CDAS)

Appendix J Requisition Form for Dangerous Drug Preparation or Drug Preparation Containing Controlled Chemical for In-Patient use