

Narcotics and Controlled Substances

Site Applicability

PHC sites and areas without an Automated Dispensing Cabinet (ADC) where narcotics and controlled substances are stored, prepared, or administered.

Key management: all PHC sites and areas where there are keys that provide access to narcotics and controlled drugs, e.g. Patient Controlled Analgesia (PCA), CADD pump, lock box keys etc.

Practice Level

Profession	Skill Level	Education Requirements
RN, RPN. LPN	Basic skill	Prior to accessing narcotic and controlled substances, all staff are required to complete education as part of orientation
Employed Student Nurses (ESN)	Limited scope – see Students	
Students, Instructors		

Requirements

Signatures on the Narcotic and Controlled Drug Record (NCR) must be legible and include the nurses' first initial and last name.

Narcotics and Controlled Substances (hereafter referred to as controlled substances) must be securely stored at all times.

A Narcotic and Controlled Drug Incident Report must be completed and returned to pharmacy via pneumatic tube, inter-office mail, or faxed within 24 hours of the event.

Need to Know

In ambulatory/outpatient care areas where there is only one clinician available, where medication is within their scope of practice, that individual may count, administer, receive, return, waste, and document a balance forward of controlled substances if they meet all the requirement found in [Appendix A](#).

Standard

Students and Instructors

[Students](#) and ESNs are not permitted to carry [keys](#).

Students are permitted to count controlled substances with the supervision of the instructor and a PHC nurse, or two PHC nurses.

Students are permitted to waste controlled substances with the supervision and witnessing of the instructor and a PHC nurse.

Students must have controlled substance withdrawals cosigned in the NCR by the instructor or a PHC nurse.

Students must document their student status and school when counter-signing a controlled substance withdrawal or when completing a controlled substance count (e.g. Linda Smith, UBCSN).

Students and ESNs may not order, or accept vault issue of, controlled substances from pharmacy.

A PHC nurse must co-sign the NCR for all controlled substances administered by an ESN.

LPNs providing care as a continuing student (i.e. RN program) must self-regulate to the scope of an undergraduate student. RNs in postgraduate specialty programs act within the scope of an RN.

[Instructors](#) are permitted to hold keys during the medication preparation and administration period only.

Instructors are not permitted to carry keys except when signing for controlled substances withdrawn from the vault.

Instructors are responsible for determining if students are adequately prepared to administer controlled substances

Keys and Access

[Keys](#) must be locksmith restricted. Keys must not be labelled with any identifiers that indicate that they are for access to controlled substances.

Documenting key sign out on the NCR:

Each key must be signed out and documented in the NCR. This may be done on one line or multiple lines as below:

Multiple keys: one line sign out

PROVIDENCE HEALTH CARE NARCOTIC AND CONTROLLED DRUGS ADMINISTRATION AND INVENTORY RECORD									
RESIDENTIAL									
INVOICE NUMBER	DATE	TIME	MONTH	YEAR	PATIENT	DOSE	1	2	3
21113	01	01	06	06	BLUE Jean/gbean	YELLOW D. Black/Black	RED A. Brown/O. Brown		
							14	10	5
							21	20	2
							2	2	
							22	16	5
							12	12	10
							4	20	10
							25		
							3		

Multiple keys: multiple line sign-out

Record:

- The designation of the key (e.g. blue key or key #)
- The nurse's printed first initial and last name
- The number of keys remaining in the vault
- The signature of the nurse taking responsibility for the key

PROVIDENCE HEALTH CARE NARCOTIC AND CONTROLLED DRUGS ADMINISTRATION AND INVENTORY RECORD															
RESIDENTIAL					OUTPATIENT										
DATE	TIME	WEEK	DAY	WEEK	DAY	WEEK	DAY	WEEK	DAY	WEEK	DAY	WEEK	DAY	WEEK	DAY
01/01/23	0800	19	10	5	21	20	2	22	16	5	12	12	10	4	20
01/01/23	0900	19	10	5	21	20	2	22	16	5	12	12	10	4	20
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01/01/23	1500	19	10	5	21	20	2	22	16	5	12	12	10	4	20
01/01/23	1600	19	10	5	21	20	2	22	16	5	12	12	10	4	20
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01/01/23	1300	19	10	5	21	20	2	22	16	5	12				

Documenting key sign in on the NCR:

When a nurse ends their shift, they must return the key to the nurses conducting the narcotic and key count.

- In the key column: enter the number of keys returned.
- One key must remain outside the vault to be transferred to a nurse for the oncoming shift. The transfer of the key must be documented in the NCR and signed by both nurses (one incoming and one outgoing). Additional keys CANNOT be transferred between shifts and must be returned to the vault. Nurses for the oncoming shift must document key sign-out on the NCR.

When a key is carried by a nurse, and is NOT shared with other nurses:

- Possession of the key(s) indicates that the nurse accepts all responsibility including the timely return at the end of the shift.
- Prior to the nurse leaving the unit for a break, the key must be placed in the unit narcotic vault.
- Under no circumstances should a key leave the unit.

When a key is carried by a nurse, and shared with other nurses:

- The nurses working on the unit accept joint responsibility for the timely transfer of the key at the end of their shift.
- Prior to the nurse leaving the unit for a break, the key must be given to another nurse working on the unit or secured in the vault.
- Under no circumstances should a key leave the unit.

When a key is NOT returned at the end of a shift:

- Conduct a search for the key by checking the NCR sign in and out for previous shifts, checking with nursing staff, and in the vault and around the unit.

If a nurse has left with a key:

- Notify the charge nurse.

- The key must be returned to the unit immediately.
- The charge nurse must complete a Narcotic & Controlled Drug Incident Report indicating time for the key return. The report is distributed as per the directions on the form.
- The charge nurse documents the designation (number or colour) of the missing key in the NCR.
- If there is only one key, temporarily obtain narcotics from another care area.

NOTE:

When a key is taken off the unit, the vault lock and the keys must be replaced. The program will be charged the cost of replacement. The Long Term Care (LTC) Pharmacy coordinates replacement of vault locks and keys for LTC homes.

Storage Lock Box criteria for Narcotic Vault key (Areas that operate 24 hours per day)**Location and Mounting:**

- Hang or mount on steadfast unmovable surface
- Must be installed by Facilities Maintenance & Operations (FMO) to avoid risks, e.g. asbestos/electrical
- Mount for ease of cleaning
- Lock box cannot be visible to public, i.e. no one should be able to see programming
- Must be in a secure area with restricted access
- Key code for entrance to medication room cannot be the same as lock box code

Access

- Each number or letter should only be used one time in a code
- Unit CNL to determine/disseminate/store code
- Unit CNL must change Access Code annually, and more frequently if indicated

Security

- Lock boxes must be pre-approved by the applicable Pharmacy-Nursing Committee
- Limited to areas with 24/7 staffing
- Maximum 1 key per lock box
- Pharmacy will not retain the unit lock box access code

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Ordering, Receiving, Returning and Transferring Controlled Substances

Ordering

- Ward stock controlled substances are regularly delivered and topped up by Pharmacy services. A top up schedule can be obtained from Pharmacy.
- For additional ward stock, contact Pharmacy if stock is required prior to the next scheduled delivery.
- At Youville, controlled substances are ordered on an individual prescription and dispensed as patient-specific supplies, rather than wardstock supplies.

Pass Meds

- Controlled substances required for inpatients on a pass are issued as per the established procedure for pass medications.
- Pass medications are issued by Pharmacy, and by nurses from ward stock medications. Pharmacy requires advance notice to prepare pass medications.

Receiving

- The accepting nurse and one other nurse document the controlled substances on the NCR and place the drug into the narcotic vault.

The nurse uses RED BALLPOINT INK to document on the same line:

- Date
 - Time
 - "Pharmacy issue" in the patient name column
 - Updated drug count
 - Horizontal line through unused columns
- Both nurses review and verify the count.
- Both nurses add the medication to the narcotic vault.
- Both nurses sign the NCR.
- If the drug is a patient-specific controlled substance that has been verified by pharmacy and will be administered to the patient, document the drug on a blank line of the NCR.

Nurse Pick-up of Controlled Substances

- The nurse phones the pharmacy to request the drug(s) and quantity required.
- The nurse goes to the pharmacy with his/her hospital photo identification and the NCR.
- The transaction is documented on the NCR and the 'Pharmacy Narcotic Requisition', which must be signed by the pharmacy staff and the nurse.

- The nurse returns to the unit and asks a second nurse to verify the drug, and the count. The second nurse then signs and writes the time beside the signature on the NCR. The two nurses place the controlled substance into the vault.

Returning

Ward Stock and Patient Specific Controlled Substances

- Controlled substances to be returned to Pharmacy include:
 - Patient-specific substances that are no longer required
 - Ward stock controlled substances unused in the past three months
 - On the 'Narcotic Returns Communication Sheet' list the medications to be removed. The pharmacy assistant/technician will remove these controlled substances on designated 'return' days. A fully utilized 'Narcotic Returns Communication Sheet' can be discarded on the unit in a confidential waste bin.
- The nurse provides access to the controlled substances for the pharmacy assistant/technician
- Depending on the stock to be removed, documentation occurs on the NCR or the Patient Specific NCR.
 - For removal, the pharmacy assistant/technician uses BLUE OR BLACK BALLPOINT INK to document on the same line:
 - Date
 - Time
 - "Returned to Pharmacy" in the patient name column.
 - Updated drug count
 - Horizontal line through unused columns.
- The nurse removes the medication(s) from the vault.
- The pharmacy assistant/technician and the nurse review and verify the quantity removed and the new numerical balance.
- The nurse and the pharmacy assistant/technician sign the NCR and the Narcotic Ward Stock Requisition.
- The pharmacy assistant/technician returns the removed medications to Pharmacy.

Returning Patient's own prescribed controlled substances

At discharge or when no longer needed, patient's own controlled substances are to be returned to the patient/family, or given to pharmacy for destruction.

- Document on the NCR – date, time, patient's name, drug name, form, strength, quantity, and prescription number - documenting 'For Identification' or 'Discharge' on the line in the NCR. A second nurse must verify the quantity (perform a physical count) and co-sign the removal in the NCR.

- Dose of drug received over the updated drug count
- Signature of the issuing unit nurse and signature of the receiving unit nurse. The receiving unit nurse must return to their unit immediately with the controlled substances.
- The receiving nurse and a witnessing nurse review and verify the quantity issued and the new numerical balance.
- Both nurses add the medication to the vault.
- The witnessing nurse co-signs the NCR.

[illegible]

Counting and Auditing

Documenting Ward Stock Narcotics and Controlled Drugs

[illegible]

- Complete documentation in the NCR includes:
 - Date and time of drug administration
 - Patient first and last name
 - Dose amount (for combination products e.g. SUBOXONE, document the number of tablets)
 - Remaining stock of the drug
 - Wastage
 - Nurse's signature: first initial and last name
- All **patient withdrawals** in the NCR must be made in blue or black ballpoint ink. No pencil is permitted. The **shift count** and the **Balance Forward and receipt of items** must be made in red ballpoint ink.

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- Each dose of a controlled substance must be entered on a separate line in the NCR at the time of administration.
- Each entry in the NCR must directly follow the previous entry and line breaks (empty lines) must not occur.
- The use of ditto marks (“”) and roman numerals are NOT acceptable.
- Pages from the NCR cannot be removed
- Erasers and White-Out are not permitted in the NCR
- The Balance Forward must be verified by two nurses. The nurse completing the entry on the last line of a page is responsible for completing the Balance Forward. A nurse prior to completing an entry on the first line of a page is responsible for verifying the Balance Forward. The nurse indicates verification by documenting the time and their signature next to the first nurse’s signature
- A Balance Forward must include the date, time, all medications (drug name, concentration, dosage form, count and a horizontal line through unused columns) and key count contained within the vault and the signature of two nurses.
- It is recommended that the Clinical Nurse Leader (CNL) or delegate review each entry in the NCR every shift. The review must include: complete documentation of each transaction and verification that both the patient and the nurse were in the patient care area during the shift.
- The CNL or delegate must review the completed NCR to ensure each recorded transaction has the required documentation. The CNL or delegate must sign the cover of the NCR to indicate the review is complete. The CNL or delegate must return the NCR to Pharmacy within 21 days of the NCR being completed.
- Pharmacy will only release a new NCR if the unit returns a completed NCR.

Documentation of Oral Liquid Discrepancies Greater than 10 Percent

- If the variance between the calculated and actual amounts is **greater than 10 percent** of the opened bottle volume, a Narcotic and Controlled Drug Incident Report is **required**.
- Count corrections must be done at the end of each bottle when the quantity on hand does not match the quantity in the NCR.
- Oral liquid count corrections at any other time will NOT be accurate corrections.
- Tape must not be used to indicate volumes on oral liquid medications.
- Volume gradations on oral liquid bottles are not accurate.

Process for calculating and documenting count corrections at the end of an oral liquid bottle:

- Step 1:** Withdraw the remaining volume of medication from the old bottle and compare the actual count volume with the calculated count volume.
- Step 2:** Record the actual count volume in the appropriate medication column, followed with Count Correction. This must be witnessed and co-signed by a second nurse.
- Step 3:** In the NCR, on the line below, record the calculated count when removing the dose to be administered.
- Step 4:** Withdraw the remaining volume from the new bottle to achieve the desired dose.

Patient's Own Prescribed Controlled Substances

Patient's own prescribed controlled substances and other medications will be sent home with a family member if they are not to be utilized by the patient during the admission. When the controlled substance cannot be sent home, it must be stored securely along with all the patient's personal medications and documented on the patient's valuables form, not on the NCR.

Using Patient's Own Narcotic and Controlled Drugs

Prior to a nurse administering, or a patient taking their own prescribed controlled substance, Pharmacy must verify and label the drug. The pharmacy verified controlled substance, including the total number/volume, date, time, and patient name are entered on the Narcotic Controlled Record by two nurses in red ball point ink. Withdrawals are documented in the same manner as all other controlled substance withdrawals.

Correction of documentation errors

If an entry error is made:

- Draw a single line through the mistake and write 'ERROR' on the line. Write your initials next to the word 'ERROR' and enter the correct information on the line below.

PROVIDENCE HEALTH CARE NARCOTIC AND CONTROLLED DRUGS ADMINISTRATION AND INVENTORY RECORD										RESIDENTIAL										INPATIENT										OUTPATIENT										ADMINISTRATIVE										TOTAL										RECEIVED OR RETURNED BY: Nurse's 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Late Entries

- Any entry that is not documented in real time is considered a late entry.
- Record the transaction in the NCR with the addition of “Late Entry” immediately to the right of the count.

Pre-drawn Syringes

- Record the transaction in the NCR with the addition of “Pre-drawn” immediately following the count.
- Record each dose administered on the patient’s medication administration record (MAR)
- Record on a new line in the NCR any wastage of the drug that was pre-drawn by writing “From pre-drawn” next to the amount wasted. The wastage must be witnessed and signed by a second nurse.

Documenting waste for priming subcutaneous butterflies

- **For immediate administration:** Document the dose to be administered, the dose of the 0.41 mL volume for priming, and any wastage all on the same line of the NCR.
- **For prime only:** Document the dose of the 0.41 mL volume of the medication for priming, and any wastage all on the same line of the NCR.
- The same dosage unit (e.g. mg) is used to document the dose administered, the priming dose, and the wastage dose.
- All controlled substance wastage must be witnessed and co-signed by a second nurse.

Documenting an order change for Narcotic Automated Unit Dose (AUD) packages (LTC)

- Place a “D/C DRUG” sticker on the AUD package for the changed drug
- At time of administration:
 - If the dose is increased; Add controlled substances from ward stock, follow the process for signing a medication out from the vault.
 - If dose is decreased: Adjust the dose in the AUD package, waste the unneeded portion of the drug, and document the wasted portion on the Narcotics Site Count Report.
 - If dose is discontinued: Waste the drug with a witness, document on the Narcotic Site Count Report the dosage and the reason for wasting the narcotic and controlled drug.
- The wastage must be witnessed and signed by a second nurse.
- Update communication tools following usual processes.

Wastage

Wasting Controlled Substances

Two nurses must witness and sign all controlled substance wastage, including full and partial doses.

Controlled substance wastage may result if controlled substances are contaminated, prepared in error, spilled, broken, unit dose packaging seal broken, not administered or only partially administered (e.g. half tablet, partial PCA syringe or epidural infusion bag).

In outpatient departments, where a second nurse is not available, a licensed physician, nurse practitioner, or a nurse in an adjacent unit may witness and co-sign wastages.

Disposal of Controlled Substances

Controlled substances requiring wastage must be disposed of in a pharmaceutical waste container that is secured to a surface.

Pre-Drawn Parenteral Controlled Substances for Administration by Syringe

Document all remaining quantities of pre-drawn parenteral controlled substances wasted on the NCR:

- If the controlled substance dosage changes and requires a different medication concentration OR
- At the end of each procedure OR
- At the end of each shift OR
- If the patient is transferred

The wastage must be witnessed and co-signed.

Controlled Substance Infusions

- Document all remaining volumes of controlled substances as wastage on the NCR. The wastage must be witnessed and co-signed by a second nurse.

Patient Controlled Analgesia (PCA)

- Document all remaining volumes of controlled substances in a PCA syringe as wastage on the NCR. The wastage must be witnessed and co-signed by a second nurse.

Related Documents

1. [B-00-07-10006](#) – Waste: Pharmaceutical Waste Disposal
2. [B-00-07-10061](#) – Automated Dispensing Cabinets (OmniceII)
3. [BD-00-11-40026](#) – Drug Diversion of Controlled Substances Policy
4. [BD-00-13-410117](#) – Drug Diversion of Controlled Substances Protocol
5. [B-00-11-10117](#) – Students

6. [BCD-11-11-41006](#) – Medication Administration Policy
7. [Preparation of Parenteral Medications for Administration by Syringe](#)
8. [Patients' Own Medications – LMPS Multidisciplinary Policy](#)

Definitions

Controlled Substances: “Controlled Substance” means a substance included in Schedule I, II, III, IV or V of the Controlled Drugs and Substances Act.

Instructor: An RN/RPN/LPN who is employed by an education institution.

Keys: Keys that provide access to any form of secured narcotics and controlled drugs, including keys to vaults, lock boxes, and Alaris SmartPump patient controlled analgesia (PCA) and Syringe modules, and CADD pumps.

Students: Include those enrolled in basic RN, RPN or LPN programs; RNs, RPNs and LPNs completing requirements for post-basic and/or postgraduate programs; RNs, RPNs, and LPNs engaged in professional development or training whose request has been approved by the Nursing Student Placement Office.

Appendix A: Only one clinician working

In exceptional circumstances, when only one staff or medical staff member is working at a given site, that individual may count, administer, receive, return, waste, and document a balance forward of controlled substances independently only when **all** of the following criteria are met:

- 1) The care area is a PHC ambulatory/outpatient care area **and**
- 2) The ambulatory/outpatient care area is not open 24/7 **and**
- 3) There is only one staff or medical staff member on with medication within their scope of practice available (Registered Nurse, Registered Psychiatric Nurse, Licensed Practice Nurse, Agency Nurse, Nurse Practitioner, Physician, Pharmacist, Pharmacy Technician) **and**
- 4) The ambulatory/outpatient care area is not adjacent to another care setting with access to an appropriate staff or medical staff member as identified above

Count

An inventory count of all controlled substances must be completed and documented independently on the NCR at the beginning and end of each shift that the individual is working alone.

As soon as there are two available appropriate staff or medical staff, an inventory count of all controlled substances must be completed.

Receive, Administer, Return, Waste, and Balance Forward

All entries for receiving, administering, returning, wasting, and documenting the balance forward on the NCR are to be documented with the clinician's signature (first initial and last name) next to each other e.g. **P.Chip/P.Chip**.

Persons/Groups Consulted:

Coordinator, Pharmacy Services, Providence Health Long Term Care/Rehab/Tertiary Mental Health
 Lower Mainland Pharmacy Services
 PHC Pharmacy & Therapeutics Committee
 Clinical Nurse Specialist – Long Term Care
 Nursing Practice Council – Long Term Care
 Nurse Educator – Palliative Care

Revised By:

Professional Practice, Medication Safety – Medication Management team

Revision of

B-00-12-10121: Narcotics and Controlled Substances: Counting and Auditing
 B-00-12-10122: Narcotics and Controlled Substances: Keys, Access to Storage
 B-00-12-10123: Narcotics and Controlled Substances: Wastage
 B-00-12-10124: Narcotics and Controlled Substances: Documentation
 B-00-12-10125: Narcotics and Controlled Substances: Ordering, Receiving & Returning

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Approved By: <i>(committee or position)</i>	PHC
	Pharmacy and Therapeutics Professional Practice Standards Committee
Owners: <i>(optional)</i>	PHC
	Medication Safety, Medication Management