

Crosstown: Medication Pre-Waste

Site Applicability

Crosstown Clinic

Practice Level

Basic: RN, RPN, LPN

Need to Know

Clinical Indication - Diacetylmorphine and HYDROMORPHONE doses are prepared by the pharmacy a day in advance of the dispensing date. Doses may be adjusted for safety as per Provider's order or upon request from the client. Doses may also be adjusted based on a missed days protocol, up-titration following a dose intolerance, or a change to a patient specific care plan.

- Nurses must always adhere to College Standards for Medication Administration
- Clients can ask for and receive a lowered dose at any time as per their request.
- For clients that do not tolerate a prescribed dose, nurses will contact the most responsible Provider-or Provider on call to have the client's prescription reassessed for possible reduction and re-titration.
- Pre-waste refers to the amount of drug that a nurse expels from the syringe prior to providing the client their syringe
- All pre-wasted drug must be accounted for and documented in the pre-waste book
- All narcotic waste must go into a denaturing pharmaceutical waste container.
- High alert medication waste must follow the [High Alert Medication](#) policy and the [Independent Double Check](#) (IDC) guideline
- Provision nurse refers to the nurse who dispenses the iOAT syringes to the client
- Medication nurse refers to the nurse who dispenses OAT medication to the client

Equipment and Supplies

- Sharps container
- Medication
- Denaturing medication waste container
- Blunt safety needle
- Needle tip
- Pre-waste record
- Gloves

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Procedure

If there is a need to pre-waste:

1. The provision nurse will calculate the amount of drug to be pre-wasted as per prescriber's order or if requested by client.
2. Medication nurse will independently (without assistance from another nurse) calculate the amount of drug to be pre-wasted.
3. Both provision and medication nurse will compare their findings.
4. If there are no discrepancies between the two nurses' findings, then the medication nurse in the presence of provision nurse will waste the medication into the denaturing container.
5. To waste medication, the medication nurse will remove cap and put on blunt end safety needle.
6. Change the safety needle for a new sterile cap and discard used needle in a sharps container.
7. Post-waste, the provision nurse must verify the correct amount left in the syringe.
8. Document the pre-waste amount in milligrams (mg) and milliliters (mL) on the record sheet. The provision nurse co-signs the documentation with IDC beside their initials.
9. Document adjusted dose and wastage in OAT database.
10. Provision nurse completes a dose decrease TMU entry

Expected Outcomes

- Client will receive the appropriate prescribed or requested dose
- Pre-wasted narcotic procedure will comply with Federal Regulations as well as organizational policy

Documentation

- Pre-wasted amount will be documented in OAT database in the "Cage in" screen for accurate dosing information.
- Pre-wasted amount will be documented on the pre-waste record sheet to comply with Federal Regulations and the Office of Controlled Substances as well Providence Health Care narcotic waste policy.
- TMU entry will be documented in Medinet.

Related Documents

1. [B-00-13-10206](#) – Crosstown Clinic: Missed Days Protocol
2. [B-00-07-10098](#) - Independent Double Check of Medication
3. [B-00-15-10001](#) – Narcotics and Controlled Substances
4. [BD-00-11-400028](#) - High Alert Medications (policy)
5. [Pharmacy Policies: Narcotic and Controlled Drugs](#)
6. Federal Narcotic Guidelines http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/

References

Federal Narcotic Guidelines http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._1041/

Persons/Groups Consulted:

BC College of Nurses and Midwives
Practice Consultant, Scope of Practice

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