

Controlled Substance Inventory Check - Standard Operating Procedure (SOP)

Effective Date: January 12, 2026

Department: Clinical Operations - Men's Health

Purpose: DEA-compliant controlled substance inventory verification procedures

WHY THIS MATTERS: THE PAIN POINTS

DEA Compliance Requirements

The DEA (Drug Enforcement Administration) requires that all controlled substance dispensaries:

- Maintain accurate perpetual inventory records
- Be able to account for every milliliter of medication
- Document any discrepancies with explanations
- Conduct regular physical inventory counts

Failure to comply can result in:

- DEA license revocation
- Criminal penalties and fines
- Practice closure
- Personal liability for providers

Historical Issues We're Preventing

Pain Point	What Happened	How This SOP Prevents It
Inventory Drift	Over time, small undocumented uses caused inventory to be off by entire vials	Daily checks catch drift immediately
Lost Documentation	Dispenses were done but not logged, creating DEA audit gaps	Morning check BLOCKS dispensing until reconciled
Waste Not Recorded	Needle dead-space (0.1ml per syringe) wasn't tracked	System auto-calculates and logs waste
End-of-Day Discrepancies	Staff left without recording last transactions	EOD check creates audit trail
Audit Failures	During DEA inspection, we couldn't explain differences	All discrepancies now require written explanation

OVERVIEW

You will perform **TWO inventory checks daily:**

Check	When	Required?	Purpose
Morning Check	Before first patient	REQUIRED (blocks dispensing)	Verify nothing changed overnight

EOD Check	After last patient	Recommended	Audit trail, catch same-day errors
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MORNING CHECK (REQUIRED)

When to Do This

- **EVERY morning** before seeing any patients
- The system will **BLOCK all dispensing** until this is complete
- Should take 2-3 minutes

Step-by-Step Instructions

1. Go to the Inventory Page

- Navigate to: nowoptimal.com/ops/inventory
- You'll see the " Morning Controlled Substance Check" card

2. Read the System Expectations

- The system shows what it expects you to count:

System expects: Carrie Boyd: 37 full + 15.6ml partial = 1125.6ml | TopRX: 2 vials = 20.0ml

3. Physically Count Your Vials

- Count FULL vials (unopened or completely full)
- Measure the PARTIAL vial (the one currently in use)
- Use the vial markings or a syringe to measure partial volume

4. Enter Your Counts

- **Carrie Boyd (30ml):** Enter number of full vials AND ml in partial
- **TopRX (10ml):** Enter number of full vials

5. Review for Discrepancy

- **Green:** Your count matches (within 2ml tolerance)
- **Yellow/Red:** Discrepancy detected - you'll need to explain

6. If There's a Discrepancy

- A "Reason for Discrepancy" field appears
- You MUST provide an explanation (examples below)
- Click "Enter Prior Day Transactions" link if you forgot to log something

7. Submit the Check

- Click "Submit Morning Check"
- Dispensing is now unlocked for the day

Common Discrepancy Reasons

Situation	Example Explanation
Forgot to log a dispense	"Dispense for John Doe yesterday not logged - added now"

Spilled medication	"Approximately 1ml spilled when drawing from vial"
Expired/damaged vial	"Vial V0089 removed - expired 01/10/2026"
Miscounted yesterday	"Recounted - 1 additional full vial found in storage"

Automatic Waste Documentation

- **Small differences (2ml)** are automatically documented as "user waste"
 - This accounts for needle dead-space, minor spillage, etc.
 - You don't need to explain differences of 2ml or less
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END-OF-DAY (EOD) CHECK (RECOMMENDED)

When to Do This

- After the last patient of the day
- Before leaving the clinic
- Takes 1-2 minutes

Step-by-Step Instructions

1. Go to the Inventory Page

- Navigate to: nowoptimal.com/ops/inventory
- Scroll to " End-of-Day Controlled Substance Check"

2. Count Your Vials (same as morning)

- Full vials count
- Partial vial measurement

3. Enter Your Counts

4. Submit the Check

- Click "Submit EOD Check"
- Creates audit trail for the day

Why EOD Check is Important

- Catches any dispenses you forgot to log TODAY
 - Creates a "closing" record for the day
 - Makes next morning's reconciliation easier
 - Demonstrates best practices during DEA inspections
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UNDERSTANDING THE SYSTEM

How Inventory is Tracked

Vial V0129 (30ml)
 Received: 30ml (full)
 Dispense 1: -2.4ml (4 syringes × 0.5ml + 0.1ml waste)
 Dispense 2: -2.4ml

Dispense 3: -2.4ml
Current: 22.8ml remaining
Status: Active (In Progress)

Each dispense deducts from the vial and logs to the DEA record.

The 2ml Tolerance Rule

Difference	What Happens
0-2ml	Auto-documented as "user waste" - no explanation needed
>2ml	Flagged as discrepancy - explanation REQUIRED

Why 2ml? Each syringe has ~0.1ml of dead-space in the needle. With 16+ syringes per patient visit, this adds up. The 2ml threshold accounts for this normal variance.

What Gets Reported

Your inventory checks are:

- Logged in the database with timestamp and your name
- Included in the Morning Telegram Report to management
- Available for DEA audit if requested
- Used to calculate expected inventory for next check

TROUBLESHOOTING

"Dispensing Blocked - Morning Check Required"

- **Cause:** You haven't completed the morning inventory check
- **Solution:** Go to Inventory page and complete the morning check

My count is way off (>10ml difference)

- **First:** Double-check your count
- **Second:** Check if transactions from yesterday weren't logged
- **Third:** Document the discrepancy with as much detail as possible
- **Fourth:** Notify management immediately

I forgot to do an EOD check yesterday

- **Solution:** Complete your morning check as normal
- **Note:** The system reconciles from the last check, so it will catch up

The partial vial measurement is hard to read

- **Solution:** Draw medication into a syringe to measure, then return it to vial
- **Note:** Small measurement errors (<0.5ml) are expected and acceptable

I need to enter a transaction from a previous day

- **Solution:** On the Inventory page, click " Enter Prior Day Transactions"
- **Note:** Backdated transactions are tracked and flagged in reports

My count seems off but I have prefilled doses ready

- **IMPORTANT:** Prefilled medication is ALREADY deducted from vials
 - **Example:** If V0129 was 30ml and you prefilled 9.6ml, the vial now has 20.4ml
 - Check the " Prefilled Doses" section to see what's staged
 - Your physical count + prefilled doses should equal system total
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DEA AUDIT PREPARATION

If a DEA inspector visits, you should be able to:

1. **Show the controlled substance check log**
 - All morning/EOD checks with timestamps
 2. **Explain any discrepancies**
 - All discrepancies have documented reasons
 3. **Trace any vial from receipt to empty**
 - System shows full history per vial
 4. **Account for all medication**
 - Every ml is logged as dispense, waste, or discrepancy
 5. **Explain prefilled doses**
 - Show the staged doses list
 - Demonstrate how they're tracked from prefill to dispense
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QUICK REFERENCE CARD

Morning (REQUIRED)

1. Go to nowoptimal.com/ops/inventory
2. Read expected count
3. Count full vials + measure partial
4. Enter counts
5. Explain if >2ml difference
6. Submit

EOD (Recommended)

1. Go to nowoptimal.com/ops/inventory
2. Count vials
3. Enter counts
4. Submit

If Counts Don't Match

1. Recount carefully
 2. Check the prefilled doses list
 3. Check for unlogged transactions
 4. Document the reason
 5. Submit anyway (don't falsify!)
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QUESTIONS?

- **System Issues:** Contact IT/Aaron
- **DEA Compliance Questions:** Contact Aaron Whitten
- **Discrepancy Concerns:** Document thoroughly and notify management

Last Updated: January 13, 2026