

NHS Greater Glasgow & Clyde Mental Health Services

Procedure for Ordering and Reconciling Desirable Drugs

The following procedure has been developed to improve the security of desirable drugs. The aim of the procedure is to support practical scrutiny of drugs that may be subject to misappropriation. There is no intention to have ward staff account for every single dose of the drugs listed, rather by daily scrutiny, staff will identify unusual usage that would prompt further investigation. The following medications are classified as 'desirable' and will be managed via systems which involve increased vigilance, scrutiny and security:

1. Diazepam
2. Dihydrocodeine
3. Lorazepam
4. Nitrazepam
5. **Temazepam**
6. **Tramadol**
7. Zolpidem
8. Zopiclone
9. Codeine containing products in areas of high use.

The above list will be subject to regular review. This list represents the core set of drugs that must be scrutinised following this procedure. Other drugs may be included in the process at the discretion of Senior Charge Nurses or local nurse managers e.g. codeine containing products in areas of high use. Please note only solid dosage forms (tablets/capsules) are subject to this policy. Liquids and injections are excluded as they are much less likely to be misappropriated.

All drugs from the list must be ordered using the procedure below and stored in the appropriate ward cupboards (which must be locked at all times) when not in use on the trolley, with the following exceptions:

- 1 - **Temazepam** must be stored in the controlled drug (CD) cupboard at all times.
- 2 – **Temazepam & tramadol** must be ordered using a Controlled Drug Order book.
- 3 – **Of the list above only temazepam must be stored in the CD cupboard.** It would be good practice to store other desirable drugs in a separate cupboard or shelf within a cupboard from other drugs.
- 4 – **Pass medications** are not subject to scrutiny under this procedure
- 5 – **Patients own drugs** are only subject to scrutiny if they are being used to administer prescribed doses to the patient concerned.

Ordering procedure

1. Wards should only keep a minimal stock of desirable drugs, sufficient to meet the needs of their patients.
2. Wards should only stock desirable drugs that are prescribed and being used, or are likely to be used e.g. lorazepam as required.
3. Desirable drugs will be included on ward stock lists. **The total amount required for 7 days should be ordered on this weekly 'top up' order.**
4. Any desirable drugs required outwith the weekly 'top up' must be ordered on a separate pharmacy requisition (indent) from other (non-desirable) medications (See Exception 2 above).

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5. Separate requisitions are for unexpected/emergency use e.g. when a new patient is admitted or the prescribed dose has changed, until the weekly amount required is ordered via 'top up' again.
6. Each indent for desirable drugs must be short ruled and signed by the nurse in charge of the ward **and** a second registered member of regular ward or bank nursing staff. When wards have only one registered member of staff on duty, a second signature by a registrant from another ward if possible is acceptable. That nurse must be satisfied there is a genuine need to order the desirable drug(s). To facilitate this they may wish to see the relevant HEPMA entry. If the need is urgent and a second signatory is unavailable, a single signatory is acceptable. It would be good practice for Senior Charge Nurses or their deputy to review orders placed for desirable drugs on a weekly basis.
7. The indent should be sent or scanned and emailed to the appropriate hospital pharmacy for dispensing the original indent should be sent to pharmacy marked " 'sent by email' with the date and time, as soon as possible.
8. Pharmacy will alert the ward Senior Charge Nurse if they identify any unusual ordering patterns where possible.
9. Once dispensed, the medication will be sent to the ward with the delivery note. Ideally, two registered nurses will check the drugs received against this delivery note and the ward copy of the original indent. However, one registered nurse may do this if staffing levels mean two registrants are unavailable. Where possible, the signatory should not be the nurse who raised the order with pharmacy. If everything is correct, sign the 'Received by' section of the indent and delivery note and file them appropriately. If there are any discrepancies with the order, staff should contact pharmacy immediately. All desirable drugs should be stored securely without delay and any discrepancies rectified as soon as possible.
10. In the event of requiring to borrow desirable drugs from another ward, the ward requiring the medication should take the prescription sheet (Kardex) or show the HEPMA entry to the ward lending the desirable drug to satisfy the lending ward that there is a valid need to borrow. A registered nurse from each ward must sign the medication transfer form.
11. If a ward is unable to borrow the required medication out of hours, the nursing page-holder should be contacted to determine whether a supply is available in any of the emergency cupboards throughout NHSGGC. If not, the out of hours pharmacy service should be contacted via switchboard if the medication is required before pharmacy opens again and if no appropriate alternative can be prescribed.

Reconciliation

1. If desirable drugs are no longer required by a ward, contact pharmacy who will advise whether it can be reused elsewhere, returned to pharmacy or destroyed by a member of pharmacy staff in the presence of a registered nurse.
2. All wards must reconcile ward stock of desirable drugs once a day by completing the attached Appendix 1, 'Desirable Drug Reconciliation Form'. These forms once completed should be kept on the ward for 3 months and then discarded. The daily check will
 - Identify the total number of doses (tablets/capsules) of each drug being reconciled
 - Highlight any obvious variation from the usage day to day e.g.

If the zopiclone balance today is 14 tablets fewer than yesterday and over the previous week the count reduced by 7 tablets per day then nurses would alert the senior charge nurse who would investigate further

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- **Note:** the procedure does **not** require wards to maintain running balances accounting for every dose administered. The intention is to identify unusual patterns and trigger further scrutiny if they emerge.
3. Any discrepancies found must be reported to the ward Senior Charge Nurse and Lead Nurse as soon as possible. Out of hours the appropriate Response nurse / page holder should be contacted. A Datix report should be completed at ward level. It is the responsibility of management to inform pharmacy and if appropriate the Controlled Drug Accountable Officers team.
 4. If any drugs are dropped or unusable for any reason, they should be recorded on the reconciliation form and then immediately destroyed. This must be undertaken by a registered nurse, who will record this following the process described in the SOP for the Safe Disposal of Medication within In-patient Areas.
 5. If a partial dose is to be administered (e.g. lorazepam 500 microgram) then the remaining portion of the tablet should be disposed of appropriately in drug waste bins and recorded on the reconciliation form. This must be undertaken by a registered nurse, who will sign and date the entry on the reconciliation form
 6. The Senior Charge Nurse or their deputy should review and check the 'Desirable Drug Reconciliation Form' and desirable drug orders on a weekly basis and ensure that correct procedures are being followed. (See appendix 2 – Desirable Drug Weekly SCN checklist)
 7. This procedure will be subject to regular audit and review. Any failure to comply may result in formal investigation. Annual audits will be carried out as part of peer audit using attached Appendix 3 'Procedure for Ordering and Reconciling Desirable Drugs Audit Form'.

Mental Health Safer Use of Medicines Group

**NHS Greater Glasgow & Clyde
Mental Health Services
Desirable Drug Reconciliation Form**

Appendix 1

Medication
(Name, strength and form. Use a separate sheet for each preparation)

Day	Date	Time	Quantity counted	Quantity received from pharmacy	Checked by SIGN	Checked by PRINT	Witnessed by SIGN	Witnessed by PRINT	Comments

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Appendix 2: Senior Charge Nurse Weekly Desirable Drug Checklist

Ward:

Date:

Item	Yes	No	Comments
Is temazepam stored correctly			
Are all the core list drugs in stock being reconciled daily?			
Are any additional drugs being reconciled daily?			
Is there a separate reconciliation sheet for each drug & preparation?			
Have any additional indents for desirable drugs been sent to pharmacy this week?			
Was the additional order appropriate?			
Have all orders been received, checked and reconciled correctly?			
Have any drugs been transferred to or borrowed from another ward?			
Have any drugs transferred or borrowed been reconciled properly?			
Have any dropped or unfit for use doses been recorded and disposed of correctly?			
Have any half doses been recorded and disposed of correctly?			
Have any unusual patterns of usage been identified by the daily checks?			
Has a Datix report been submitted for each unusual event identified?			
Were any such patterns raised with the SCN for investigation?			

Weekly check undertaken by (sign & print)

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Appendix 3 Procedure for Ordering and Reconciling Desirable Drugs Audit Form

Ward:**Date:**..... **Completed by:**

Re-audit Date:

Note each audit result by recording: Yes (1) No (2) N/A (3)

Audit Standard	Results	Comments
1. Are wards using the approved Desirable Drug Reconciliation Form?		If no what are they using?
2. Is there evidence of daily checking with 2 registered nurses?		Note how many time in the past 2 weeks this happened
3. Is there evidence of SCN or deputy reconciliation on a weekly basis?		
4. Is temazepam found on the trolley at time of the audit?		
5. Do all desirable drugs on the trolley have a corresponding prescription?		Including routine and “as required”
6. Are all core list desirable drugs in the ward being reconciled?		
7. Are indents for desirable drugs signed for appropriately? **Both for ordering and receiving		
9. Is the desirable drug procedure available in the clinical area?		
10. Are staff aware of these procedures?		Check with 2 members of nursing staff on duty
11. Where in the ward are desirable drugs stored?		