# Section 19 Controlled Drugs
**(for operating departments please see Section 20)**

## 1. General Information

Controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and misuse of drugs regulations.
Medicines classified as controlled drugs are listed in the current issue of the BNF (www.medicinescomplete.com).

**Note:** The NHS Lanarkshire Area Drug & Therapeutic Committee, the Acute Clinical Governance & Risk Management Committee or senior nursing and pharmacy managers may recommend that a medicine be treated as a controlled drug even although that drug is not listed as such in the Misuse of Drugs Act 1971.

This Section of the Code of Practice outlines the legal requirements for the management of Controlled Drugs.

## 2. Accountable Officer for Controlled Drugs

Each Health Board is required to appoint an Accountable Officer for Controlled Drugs who is accountable for all aspects of the safe and secure management of CDs in their organisation.

The NHS Lanarkshire Accountable Officer for Controlled Drugs is Christine Gilmour, Pharmacy & Prescribing, NHS Lanarkshire Headquarters, Kirklands, Fallside Road Bothwell G71 8BB, or contact the NHS Lanarkshire Controlled Drug Governance Team by email cdgt@lanarkshire.scot.nhs.uk

## 3. Responsibilities of the Registered Nurse/Midwife in Charge of the ward or department.

The registered nurse/midwife in charge of the ward or department is responsible for ensuring: -

3.1 The safe custody of the keys of the controlled drug cupboard. Key-holding may be delegated to other suitably trained, registered healthcare professionals but the legal responsibility remains with the registered nurse or midwife in charge.

3.2 Controlled drug cupboard keys are kept separate from other keys, and only given to other approved staff when access to controlled drugs is required.

3.3 Any duplicate key to the controlled drug cupboard are kept secure at all times and access to this key restricted. Records of access to the duplicate key must be maintained. Pharmacy does not hold duplicate keys.

3.4 The safe custody of the stocks of controlled drugs, by ensuring that the controlled drug cupboards are locked when unattended.

3.5 That all new stock is entered in the ward/department Controlled Drug Record Book immediately on receipt, and that the drugs received match those ordered, and that the total in the record book agrees with the physical stock balance and that this entry is confirmed by the signature of the member of staff making the entry.

3.6 That the regular controlled drug stock check (recommended every 24 hours) is carried out by staff in the ward or department and that this is recorded.

## 4 Requisitioning of Controlled Drugs by Wards & Departments

4.1 The registered nurse/midwife in charge of the ward or department is responsible for the requisitioning of controlled drugs for use in that area. Even if the ward or department is managed by someone other than a registered nurse/midwife, the most senior registered nurse/midwife present is responsible for the controlled drugs.

4.2 The task of requisitioning controlled drugs can be delegated to authorised staff such as a registered nurse/midwife however the legal responsibility for the controlled drugs remains with the registered nurse/midwife in charge.

4.3 All registered nurses/midwives who are authorised to order controlled drugs must supply a specimen of their signature to pharmacy before attempting to order controlled drugs for ward stock. This specimen signature must be authorised by the ward/department/theatre manager.

4.4 Controlled drugs for ward stock must be ordered in a Controlled Drug Order Book (HMSO Code No. 90-500), which are obtained from pharmacy.

4.5 Before an order is written, carbon paper must be correctly inserted between the white top copy and the pink copy, to ensure a carbon copy of the order is obtained.

4.6 All orders must be indelible and written in ball point pen. Block capitals must be used when writing an order and the ward/department, drug name, form, strength, ampoule size if more than one available and quantity required must be stated.

4.7 A separate page with carbon copy is used for <u>each</u> preparation ordered.

4.8 Each order must be signed in full by an authorised nurse/midwife. Initials are not acceptable.

4.9 Any alterations made to an order must be initialled by the registered nurse/midwife signing the order.

4.10 When the order is completed the whole order book should be sent to the Pharmacy Department without removing any pages.

4.11 The Pharmacy department **will not make a supply** against an incorrectly completed order.

4.12 Any order which is to be cancelled before a supply is made must be crossed with two lines, marked "CANCELLED" and signed and dated by the person cancelling the order. Staff must ensure carbon paper is in place before cancelling the order.
The white copy of a cancelled order must remain in the order book and must not be removed by ward staff.

## 5 Supply/Delivery of Ward Stocks

5.1 Pharmacy will maintain a set of SOPs for processing requests for controlled drugs.

5.2 Pharmacy will maintain a controlled drugs collection log which will provide a full audit trail of all staff involved in the supply and collection of controlled drugs from pharmacy.

5.3 Controlled drugs are delivered to wards and departments in sealed tamper evident security envelopes.

## 6 Delivery of Ward Stocks

6.1 For delivery of controlled drugs via porter or van driver, the controlled drugs will be sealed in a tamper evident security envelope. The porter or driver will sign the "accepted for delivery" section, or the controlled drugs collection log, before the transit bag is handed over by pharmacy.

6.2 If a member of ward or pharmacy staff delivers the controlled drugs they must sign the "accepted for delivery" section or the CD collection log before leaving pharmacy with the controlled drugs.

## 7 Receipt of Ward/Department Stocks

7.1 Each ward/department must have its own Controlled Drug Record Book. These are controlled stationary and are obtained from pharmacy by submitting a written request/indent.

7.2 On Acute Hospital sites pharmacy will undertake to check new Record Books within 72 hours of issue. For off-site locations this will be done within 5 days.

7.3 Controlled drugs delivered to the ward or department must be received by a registered nurse/midwife who must check them against the details in the order book. The registered nurse/midwife receiving the controlled drugs should be a different nurse/midwife from the person who requisitioned them.

7.4 Any discrepancies must be reported to pharmacy immediately.

7.5 If there are no discrepancies, the registered nurse/ midwife must sign the pink copy of the order in the Ward Controlled Drug Order Book. The pink copy remains in the order book.

7.6 The controlled drugs must be stored immediately in the controlled drug cupboard.

7.7 Details of the controlled drugs received must be entered in the Ward/Department Controlled Drug Record Book in red ink. The right hand column must be completed detailing quantity, form, order number and date. The new balance must agree with the physical stock. Two registered staff are required for this checking procedure, one of the signatures must be that of the registered nurse/midwife/ODP who received the controlled drugs.

## 8 Patient's Own Controlled Drugs

8. 1 All medicines, including controlled drugs, brought into hospital by patients remain their own property and therefore consent is required for use and for disposal. Patient's own controlled drugs must not be administered to another patient.

8. 2 If patient's own controlled drugs are to be kept on the site during their in-patient stay they must be stored in the ward's controlled drug cupboard, separate from ward stock.

8. 3 The ward should have a separate Patient's Own Controlled Drug Record Book in which all transactions relating to patients' own controlled drugs are recorded.

8. 4 Patient's own controlled drugs should only be used during the patient's admission if a supply of the medicine is not available from pharmacy. The name, form, strength and quantity of the patient's own controlled drugs must be recorded in the ward's Patient's Own Controlled Drug record book along with a record of all administrations.

8. 5 The balance of patients own controlled drugs must be reconciled at least once every 24 hours.

8. 6 The patient must be informed of any of their own controlled drugs that are not suitable, or no longer clinically appropriate for use and advised to consent to destruction of the

medicine. The record of destruction must be filed/scanned into the patient's clinical notes.

8. 7 The record must be completed, indicating whether the controlled drugs were returned to the patient on discharge, to their relatives, or destroyed on the ward by a pharmacy technician / pharmacist, witnessed by a registered nurse/midwife.

8. 8 Because the **Patient's Own Controlled Drug Record Book** holds a record of medicines destroyed this book must be **retained for a period of 7 years** from the date of the last entry.

## 9 Storage

9. 1 Controlled drugs must be kept in a locked cupboard separate from other drugs. The Pharmacy Manager must approve controlled drug storage areas. The cupboard must not be marked in any way to distinguish it from other cupboards. Colour coding of locks and keys is the preferred method for ease of identification by Ward/department staff if required.

9. 2 The key of the controlled drug cupboard must be carried by the registered nurse in charge of the ward and should be kept separate from other ward keys.

9. 3 Controlled Drug Record Books and Order Books should be kept in a secure place.

9. 4 The controlled drug cupboard must not be used to store any other items, other than strong potassium in those designated critical care areas that are authorised to hold this product.

9. 5 If a ward/department is due to close and regular Controlled Drug checks cannot be maintained pharmacy must be contacted for advice and to assist in arranging temporary secure storage.

## 10 Retention of Controlled Drug Record Books

10.1 Completed Controlled Drug Order Books and Controlled Drug Record Books must be retained in the ward/department for a period of two years from the last date of entry.

10.2 Completed Patients Own Controlled Drug Record Books must be retained in the ward/department for a period of seven years from the last date of entry.

10.3 Ward Controlled Drug Order Books and Record Books must be available at all times for inspection by authorised staff.

## 11 Stock Checks

11.1 The balance of each controlled drug stocked in a ward or department should be reconciled at least once every 24 hours. However, the frequency of this check may be varied for local operational purposes by the ward/department manager in consultation with the Charge Nurse and Pharmacy Manager.

11.2 Oral liquid preparations of controlled drugs should not be physically measured at every controlled drug check unless specific arrangements have been put into place. Instead, a visual estimation of the volume in the bottle is generally an acceptable method. It should be assumed that manufacturer sealed bottles contain the amount stated on the label. The balance of liquid preparation controlled drugs **must be confirmed to be correct on completion of a bottle and before a new bottle is opened** to ensure volumes recorded as stock balance in the Controlled Drug Record Book are accurate and reflect actual stock balance held.

11.3 A graduated measuring cylinder must be used when measuring the volume of oral liquid controlled drugs. Plastic/paper single use cups **are not appropriate** for measuring controlled drugs. Contact pharmacy if advice is required on measuring controlled drugs liquids accurately.

11.4 The registered nurse/midwife in charge is responsible for ensuring that these controlled drug stock checks are carried out.

11.5 Two registered nurses or midwives, should perform this check (a student nurse or midwife may be the second checker provided they have the necessary knowledge to carry this out).

11.6 The stock checks must be recorded; this may be in a diary reserved for this purpose, or as part of the records kept for individual controlled drugs in the ward's original Controlled Drug Record Book.

Each time the stock is reconciled the date, time and signatures of the two registered nurses/midwives carrying out the check will be recorded for each controlled drug item.
e.g. 30.12.23 9:00am balance checked and correct
A registered nurse/midwife (signature),
B registered nurse /midwife (signature).

11.7 Pharmacy will also carry out a 6-monthly controlled drug check within wards which will be recorded in the regular Controlled Drug Record Book against each preparation. This 6-monthly check will be carried out by a member of pharmacy staff and the nurse in charge of the ward/department. Ward staff must verify the identification of the member of pharmacy staff. When the check is completed and no discrepancies found, the member of pharmacy staff and nurse should sign the Controlled Drug Record Book, recording information as given in 11.6 above.

11.8 The Controlled Drug Governance Team will carry out a 6-monthly controlled drug check within theatres and A&E which will be recorded in the regular Controlled Drug Record Book against each preparation.

## 12 Administration of Controlled Drugs

12.1 Controlled drugs can only be administered to patients in accordance with: -

- The written directions of a medical or dental practitioner

or

- The written directions of an authorised non-medical independent prescriber. Nurse and pharmacist independent prescribers can prescribe any controlled drugs listed in schedules 2-5 for any medical condition within their competence, except diamorphine, cocaine and dipipanone for the treatment of addiction. Nurse and pharmacist independent prescribers are able to prescribe other controlled drugs for the treatment of addiction.

or

- The written directions of an authorised supplementary prescriber, when the supplementary prescriber is acting under and in accordance with the terms of an agreed individual clinical management plan (CMP), and the controlled drug is included in the CMP.

12.2 When controlled drugs are administered it is required that two people, one of whom must be a suitably qualified registered nurse/midwife are involved in the administration. The second person may be a registered nurse/midwife/pharmacist, a student nurse/midwife (if the drug route is not intravenous) or a doctor. The second person must witness and check that the correct drug is administered in the prescribed dose to the correct patient at the correct time by the prescribed route.

Both practitioners must be present during the whole of the administration procedure. This is a two-step process, step one is the check at the drug cupboard, step two is the check at the patient's bedside. Both practitioners must be present during the whole process. They must both agree and witness: -

- The selection and preparation of the controlled drug to be administered
- The identification of the patient
- The actual process of administering the controlled drug to the patient and recording of the administration on HEPMA / medicines kardex.
- The disposal and recording of any surplus drug e.g. part ampoule not required in the pharmacy waste bin (blue lid).

The administration of the CD must be entered in the Controlled Drug Record Book – see Paragraph 13 below.

- The nurse administering the controlled drug must fully complete the Controlled Drug Record Book entering the date/time of the administration, name and dose supplied to patient, reconcile the remaining stock balance and sign the record.

- The practitioner who witnessed the full process must also sign the Controlled Drug Record Book.

12.3 **The accepted variation to this are wards where only ONE registered nurse is on duty -** in such circumstances an unregistered nursing/care assistant may undertake a numerical check of the required drug.

Both the registered nurse and the unregistered nursing/care assistant must witness: -

- The removal of the medicine from the controlled drug cabinet
- The preparation of the controlled drug to be administered.
- The destruction of any surplus drug (e.g. part ampoule not required) or infusion.

Out of Hours service where it is accepted that a witness is not available between midnight and 08:00 or on home visits.

12.4 When measuring a controlled drug oral liquid preparation an oral dose syringe should be used to measure the required dose. The oral syringe must be used with the appropriate bottle adaptor. Plastic/paper medicine cups **are not appropriate** for accurately measuring controlled drug liquid preparations.

## 13 Recording the Administration of Controlled Drugs

The administration of the controlled drug must be entered in the Controlled Drug Record Book. Entries in the Controlled Drug Record Book must be made in ink.

13.1 The registered nurse/midwife administering the controlled drug must: -

- Enter the date and time of the transaction in the Controlled Drug Record Book.
- Enter the patient's name and dose supplied.
- Reconcile the remaining stock balance.
- Sign the record.
- The practitioner who witnessed the process must also sign the record.

13.2 When a doctor administers a controlled drug from ward/department stock, they must sign the Controlled Drug Record Book. The whole administration procedure must be witnessed and signed for by a registered nurse. The registered nurse shall check all aspects of administration and must be present during the whole procedure. Both will be held accountable for their practice.

It is accepted that within the primary care Out of Hours service that a witness is not available between midnight and 08:00 or on home visits.

See Section 20 for the procedure in operating departments.

13.3 Entries made in error must not be obliterated or crossed out, brackets should be added around the error and the words "entered in error" should be written on the same or the next line. The entry must be signed and dated by the person who made the error.

13.4 Where only part of an ampoule containing a controlled drug is used, the amount used and the amount destroyed should be recorded in the ward/department controlled drug book. For example, if only 20 mg of morphine sulphate is removed from a 30 mg ampoule, the amount used and the amount destroyed should be recorded as shown below:-

- 20 mg administered to ...(patient's name)..., 10 mg destroyed
- The nurse or doctor checking the procedure should also witness the destruction of the drug not used.

## 14 Primary Care Out of Hours Service

14.1 A difference particular to the Out of Hours Service is that controlled drugs are made available to clinicians who attend home visits.

14.2 The controlled drugs are signed out at the start of the clinician's shift using the appropriate paperwork, held within each Out of Hours centre.

14.3 At the end of each shift the clinician returns the controlled drugs, if any, to the Out of Hours centre. Both the signing out and in of controlled drugs should be witnessed by a registered nurse, however it is accepted that there are certain times when there is no registered nurse cover. In this scenario the clinician in charge is responsible for the return of any controlled drugs to controlled drug cabinet and completion of the necessary paperwork.

14.4 If the clinician has administered any controlled drugs during a home visit then the patient details are entered in the Controlled Drug Record Book as normal.

14.5 The stock of controlled drugs within each Out of Hours centre is checked on a daily basis by registered nursing staff to ensure that any discrepancies are identified quickly.

14.6 When prescribing controlled drugs, the clinician must record the controlled drug in the Prescribing Functionality of Adastra and annotate as 'Hand Written'.

## 15 Transfer of Patients to Other Clinical Areas with Controlled Drugs Attached (e.g. Infusions, Syringe Drivers, Patches etc.)

15.1 When a patient is transferred to another clinical area with controlled drugs such as infusions, syringe drivers or patches attached to them, the current administration and monitoring chart must be transferred with them.

15.2 The registered nurse/midwife/ODP in the clinical area the patient leaves must check the administration system and volume/quantity remaining and sign, date and time the administration and monitoring chart to ensure that the record is accurate when the patient is handed over, and that the quantity remaining is correct.

15.3 The registered nurse in the clinical area to which the patient is transferred must check the administration system and volume/quantity remaining and sign, date and time the administration and monitoring chart to confirm that the record is accurate

## 16 Patient Controlled Analgesia (PCA)

16.1 Controlled drugs for administration via a PCA device should be prescribed stating the drug concentration, bolus dose, lock out time and rate of background infusion, if appropriate.

16.2 Two registered practitioners that have been trained and assessed as competent must be present during the set up and start of the device. One must prepare the controlled drug to be administered and attach the device to the patient, the other must check each step. They must both verify the programme against the written prescription and must sign the administration record chart, as a record of this check. Both practitioners are equally accountable for the process.

16.3 The following details should be recorded in the Controlled Drug Record Book:

- Date and time when PCA commenced
- Name of patient
- Quantity in syringe
- Form (name, formulation and strength) in which administered
- Name/signature of practitioners who set up the PCA
- Name of the prescriber
- Balance in stock

16.4 When the PCA is discontinued, the time, date and the residual amount of drug in milligrams should be recorded on the PCA chart together with the signatures of the two practitioners involved. The residual controlled drug must be disposed of in accordance with Pharmaceutical Waste guidance. Small residual amounts are disposed of in a clinical waste bin.

16.5The local procedure for PCA must be followed at all times

## 17 Controlled Drug Supplies for Patients on Pass or Discharge

17.1 Individual patient supplies will be dispensed against a properly completed prescription. The prescriber should refer to the BNF (www.medicinescomplete.com) for a full

description of the legal requirements for controlled drug prescriptions. These are summarised below:-

- Prescriptions for Schedule 2 and 3 controlled drugs must be written in the prescriber's own handwriting in ink or on a computer-generated prescription. All details except the signature can be computer-generated.
- The prescription must display the patient's name and address.
- The prescriber must be sign and date the prescription adjacent to the supply instructions, i.e. do not sign page 1 when all the details for the controlled drug(s) are on page 3
- The prescription must include the following information
  - Drug. Please note modified/sustained release preparations of tablets/capsules/patches should be prescribed by brand name.
  - Form:- e.g. tablet, capsule, modified release tablet, linctus, suppository
  - Strength:- e.g. l0mg, 30mg, l0mg/5ml
  - Dose and dosage instructions: - e.g. 20mg at 08:00 and 20:00.
  - The **total required quantity of the drug prescribed must be stated in words and figures**. It is usual to request sufficient to cover a 7-day supply.
- Sustained release morphine sulphate and oxycodone tablets/caplets are available in various strengths. Any prescription for this drug must detail the amount of each strength of tablet to be supplied in order to make up the total required dose.

17.2 It is illegal for a pharmacist to supply a Controlled Drug against a prescription which does not fully comply with these requirements.

## 18 Breakages

All breakages must be reported to the person in charge of the ward or department. Breakages must be entered in the ward/department Controlled Drug Record Book explaining the reason for the discrepancy between the physical stock and the amount shown in the Controlled Drug Record Book, and this signed by a two registered practitioners (nurse, midwife or ODP).

e.g. 30.12.23 1x50mg ampoule Pethidine broken by A Nurse (signature), witnessed by B. Nurse (signature)

One of the signatures must be that of the registered nurse/midwife in charge of the ward/department at that time.

## 19 Stock Discrepancies

19.1 Any discrepancy between the physical stock and the amount shown in the Controlled Drug Record Book must be reported immediately to the person in charge of the ward/department as soon as possible and investigated immediately as follows: -

- Check arithmetic since last balance

- Check **all** controlled drug stock held with a second person.
- Check other sections in the Controlled Drug Record Book of same drug class for erroneous entries.
- Sense-check the Record Book, e.g. check correct pack sizes have been entered, patterns of entry for potential missing entries, unusual quantities etc.
- Check that orders have all been entered by checking ward requisition book, delivery notes etc.
- Check staff roster and contact all members of staff in the clinical area during the relevant period to verify any supplies made that have not been entered.

19.2 If the discrepancy can be resolved at any of the above steps, a bracket should be placed around the wrong entry, initialled and dated by the nurse in charge.

19.3 Any discrepancy which cannot be resolved must be reported to the registered nurse/midwife in charge or department manager who then must inform the Pharmacy Manager for the site, who in turn will inform the Controlled Drug Accountable Officer.

If the discrepancy occurs outside of pharmacy's normal working hours the nurse in charge should bracket and initial the discrepancy and have this witnessed and initialled by a 2nd registered nurse. Staff can continue to record subsequent administrations. Pharmacy must be informed the next working day.

19.4 Difficulties with measuring quantities of liquid medicines accurately will lead to **minor** discrepancies. The Controlled Drug Record Book volume may, in these circumstances, be adjusted as necessary and signed by two registered nurses or one registered nurse and a pharmacist/pharmacy technician.

## 20 Missing Keys for the Controlled Drug Cupboard

20.1 If a controlled drug cupboard key goes missing, it must be reported immediately to the registered nurse/midwife/ODP in charge, who is responsible for ensuring that the following action is taken:-

- Ask all staff on duty to check if they have the keys on their person.
- If the key is still missing, contact staff who have left the premises. If one of them has the key they must return it immediately.
- If the key is still missing, conduct a thorough search of the ward/department.
- If the key remains missing (either assumed lost or with a member of staff unable to return it) then the duplicate key may be issued for use.
- Carry out a full inventory check

20.2 If the lock has to be replaced, contact pharmacy for advice.

20.3 Complete a DATIX form recording all relevant details and actions taken and submit to the relevant manager. Inform the site Pharmacy Manager who in turn will inform the

Accountable Officer. If there is evidence or suspicion of criminal activity, the police must be informed.

## 21 Breach of Security Involving Controlled Drugs

21.1 A breach of security includes any deviation from the procedures that causes actual or potential loss or theft of medicines. Examples of such incidents include:-

- Controlled drugs are found to be missing from pharmacy/ward/department
- Controlled stationery is found to be missing
- A key for controlled drug cupboard areas is found to be missing
- Patients own controlled drugs are found to be missing
- An unauthorised person has access to controlled drugs or controlled drug stationery

21.2 Theft of controlled drugs is a criminal offence under the Medicines Act 1968, the Misuse of Drugs Act 1971 and other legislation and will be dealt with accordingly.

21.3 Any person who discovers a breach of security is responsible for reporting it immediately to the nurse in charge or line manager who in turn must inform the site Pharmacy Manager. All concerns will be treated in the strictest confidence regardless of whether the subsequent review substantiates these concerns. The registered nurse/midwife/ODP in charge must take reasonable steps to determine that controlled drugs are in fact missing, see para 16 above.

21.4 All breaches of security that cause actual or potential loss or theft of controlled drugs must be investigated and the appropriate corrective and preventive action taken. If medicines have been misappropriated police charges may be brought.

21.5 If a member of staff is unable to satisfy their self that all medicines can be accounted for, they must report suspicions to the relevant manager immediately. Where a non-clinical manager has been informed of suspected or actual theft of medicines, they must inform relevant professional leads including the appropriate site Pharmacy Manager.

21.6 Should the result of the preliminary review identify any evidence of actual theft of controlled drugs the senior nurse for the service and the site Pharmacy Manager should be contacted immediately who will then inform the Accountable Officer. Any evidence should be retained pending police investigation.

## 22 Expired Stock

22.1 When ward/department/theatre controlled drugs reach their expiry date the Pharmacy should be informed. A member of pharmacy staff will visit the ward/department and destroy the expired controlled drugs on the ward, witnessed by a member of ward staff.

The ward staff must verify the identification of the visiting member of pharmacy staff.

The member of pharmacy staff and the nurse in charge must both sign the Controlled Drug Record Book and indicate the date on which the drugs were destroyed, the quantity and the reason for destroying them. Such entries should be made in ink.

e.g. 20.02.23 – Destroyed by Pharmacy 4 x 10 mg tablets expired.
A Pharmacist (signature), A Registered Nurse/Midwife/ODP (signature).

The CD should be destroyed in such a way that the drug is denatured or rendered irretrievable so that it cannot be reconstituted or used.

22.2 Expired stock must not be returned to pharmacy in the ward box or brought to pharmacy by a member of ward staff.

## 23 Stock No Longer Required

23.1 When a ward/department has controlled drugs which they will not use before their expiry date, they should contact pharmacy. A member of pharmacy staff will visit the ward/department and assess the stock involved. Ward staff must verify the identity of the visiting member of pharmacy staff. If it is agreed that the stock should be returned to pharmacy, the member of pharmacy staff and the nurse in charge must sign the Controlled Drug Record Book and indicate the date on which the drugs were removed and the quantity removed. Such entries should be made in red ink.

e.g. 30.12.23 Returned to Pharmacy - 10 x 50 mg ampoules
A Pharmacist (signature), A Registered Nurse/Midwife/ODP (signature).

A drug return form should also be completed.

23.2 Stock considered to be excess must not be returned to pharmacy in the ward box or be brought to pharmacy by a member of ward/department/theatre staff.

## 24 Transfer of Controlled Drugs Between Wards

24.1 When the Pharmacy is open controlled drugs must **not** be transferred between wards/departments.

24.2 If a controlled drug is required when pharmacy is closed the on-call pharmacist should be contacted via switchboard for advice. The pharmacist will indicate how long it will take for a supply to be made. If, in the best interest of the patient, the time scale is too long then the pharmacist will advise on which other ward may hold stocks so that a single dose can be obtained as follows.

For wards and departments on HEPMA the process is: -

a) A registered nurse/midwife from the requesting ward must access HEPMA to demonstrate to the providing ward(s) that a dose is required.

b) A registered nurse/midwife from the providing ward and the registered nurse/midwife from the requesting ward will write one dose of the required medicine out of the providing ward's Controlled Drug Record Book indicating the patient name and ward number.

c) The registered nurse/midwife from the providing ward must then accompany the registered nurse/midwife from the requesting ward to the patient and witness the administration of the medicine and record the administration on HEPMA.

For wards and departments that use paper cardexes the process is: -

a) A registered nurse/midwife from the requesting ward must take the patient's medicine prescription form to the providing ward

b) A registered nurse/midwife from the providing ward and the registered nurse/midwife from the requesting ward will write one dose of the required medicine out of the providing ward's controlled drug register indicating the patient name and ward number.

c) The registered nurse/midwife from the providing ward must then accompany the registered nurse/midwife from the requesting ward to the patient and witness the administration of the medicine and record the administration on the patient's medicine prescription form.

24.3 The on-call pharmacist will confirm the need to provide further supplies for continuity of treatment. Details of any transfer must be reported to a pharmacist in pharmacy when it next opens.