CONTROLLED SUBSTANCE PROTOCOL

(Post in MAR Binder)

**POLICY:**

**CONTROLLED SCHEDULE II MENDICATION USE:** PRESCRIBED ROUTINELY FOR MEDICAL CONDITONS, ACUTE, SUBACUTE, AND POST-OPERATIVE PAIN.

Controlled Substance medication(s) prescribed for routine medical use or used when the severity of the pain warrants the use of a Schedule II controlled medication, after determining that other pain medication or non-pharmacological therapies, will not provide adequate pain relief. Staff will document all Schedule II medication on a separate ***Controlled Substance Drug Record Sheet*** for each individual***.***

***PROCEDURE:***

***Routine Controlled Medications:***

* When a Controlled Schedule II medication is prescribed (See alphabetical list of schedule II drugs in the back of the MAR) to be taken routinely for a medical condition and is received from an outside pharmacy in a bottle the following procedure will be followed:
  1. The staff receiving the controlled medication will document the date received, the Rx number, name and dosage of medication and the number of pills received on the ***“Controlled Substance Drug Record Sheet”*** with 2 staff signatures to verify the count received.
  2. The staff will write the schedule II medication order on the MAR to match the physician order for administration.
  3. There will be a count line for the medication below the staff initials line on the MAR as is done with other prescribed medications.
  4. Only a one-week supply of the controlled medication will be kept in the open supply with the remaining medication to be stored under double lock with only the DCC and DCA having access to the key for the lock box.
  5. The DCC or the DCA will be responsible for refilling the weekly supply bottle once per week. The weekly supply bottle will be obtained from the original pharmacy with the prescribers’ directions on the bottle.
  6. Each week when the medication is removed from the original supply bottle to fill the weekly supply bottle, staff will again document the date, Rx number, medication name and dosage, number of pills removed and count balance on the ***Controlled Substance Drug Record Sheet*** with 2 staff signatures to verify count.
  7. The ***Controlled Substance Drug Record Sheet*** will be kept in the MAR under the name of the individual receiving the medication. Once the sheet is completed, it will become part of the permanent record and will be kept at MCGH office located at 805 Pacific Ave., Argyle, MN 56713.
  8. Any unused, discontinued or expired portion of the medication will be disposed of by the facility nurse by taking the medication to Marshall County Sherriff’s Department disposal site in its original bottle. A deputy/dispatcher will verify the count being disposed of with a signature

***Pain management or Post-Operative Medications***:

* When a controlled substance (Schedule II Drug) is prescribed (See alphabetical list of schedule II drugs in the MAR) post-operative for pain management DCC or DCA will request that medication be placed in a bubble packet. Medications given will be documented on the ***Controlled Substance Drug Record Sheet*** documenting the count with 2 signatures.
* Staff will pick up the medication at the pharmacy and enter the medication(s) on the ***Controlled Substance Drug Record Sheet*** documenting the count with 2 signatures.
* Based on the label from the pharmacy the medication(s) will be kept in supply for the recommended dates of use. Document that date of use span in the DATE OF USE line on the ***Controlled Substance Drug Record Sheet***. Contact Nurse to determine date of use date span.
* Medication will be kept in a locked box in a locked cabinet.
* Staff will write the Schedule II medication(s) on the MAR medication sheet. Using a count line for the medication(s) and initial as with all other medications.
* DCC will be responsible to monitor for the end date of usage and contact the Nurse for disposal.
* Any Schedule II drugs not used within the date range specified will be disposed of by the facility Nurse. The medication will be taken to Marshall County Sherriff’s Department disposal site in its original container. A deputy/dispatch will verify the count being disposed of with a signature.
* At the end of each shift 2 Staff will count the medication(s) and sign off on the ***Controlled Substance Drug Record Sheet*** documenting the count with 2 signatures comparing against the medication sheet in the MAR.

***Pain Patches*:**

* When a pain patch is prescribed (See alphabetical list of schedule II drugs in back of the MAR). Patches should be kept in an individual locked cabinet or container with only DCC and DCA having keys.
* Staff will document on the ***Controlled Substance Drug Record Sheet*** the date receive, Rx number, name of the medication and dosage, the number of patches received and count balance with 2 staff signatures to verify the count. DCC or DCA will write the Schedule II medication(s) on the MAR medication sheet. There will be a count line for the medication below the staff initial line on the MAR as is done with other prescribed medication.
* DCC or DCA will place a limited supply of patches at a time into the open supply. The DCC or DCA will document the date, Rx number, medication and dose, # placed in open supply and count balance on the ***Controlled Substance Drug Record Sheet*** verified with 2 staff signatures.
* Staff applying the patch will write date and initials on the patch.
* Retain box with Rx # until all patches are used. When box is to be disposed of, cross off the Rx number, name of Consumer and medication name with a permanent marker.
* When removing the patch, it should be folded with the sticky sides together and wrapped in a piece of duct tape and disposed of in a closed bottle.

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| Controlled Substance Drug Record Sheet |

Recipient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Use: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_to \_\_\_\_\_\_/\_\_\_\_\_\_/ \_\_\_\_\_\_

Nurse Instruction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DATE | Rx # | Medication and dose | Initial # received | # to open supply | Count Balance | # Locked up | Staff 1 Signature | Staff 2 Signature |
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