



Policy Name:  <p style="text-align: center;"><b>CONTROLLED DRUG MANAGEMENT</b></p>	Policy Number:  <p style="text-align: center;"><b>0248</b></p>
Approved By: <p style="text-align: center;">Executive Team</p>	Effective Date:  <p style="text-align: center;"><b>FEBRUARY 21, 2007</b></p>
Reason for Revision:  <p style="text-align: center;"><b>CONTENT- Enter BELOW Reason for change Ex: Combined Policy ## and ##.</b></p> <p style="text-align: center;">In Section 1.5: Added "If drawn up into a syringe it must be accounted on the Controlled Drug Record.</p> <p style="text-align: center;">Removed Procedure step 1.7 from previous policy.</p>	Date Revised:  <p style="text-align: center;"><b>September 27, 2021</b></p>   Next Date for Review:  <p style="text-align: center;"><b>September 27, 2024</b></p>
Section: <p style="text-align: center;">Section 02 - Pain and Symptom Management</p>	Page No:  <p style="text-align: center;"><b>Page 1 of 2</b></p>

## Policy

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### PURPOSE

- To comply with the Controlled Drugs and Substances Act, the Narcotic Control Regulations and the Benzodiazepines and Other Targets Substances Regulations.
- To monitor narcotic administration.
- To ensure accountability for all narcotics.

### REQUIRED FORMS AND EQUIPMENT REFERENCES

Electronic forms location – FORMS  
 Hardcopy forms location – Nursing Station file cabinet.

1. Controlled Drug Record

### REFERENCES

College & Association of Registered Nurses of Alberta. (2015) Medication Guidelines.  
 Pallium Project. (2008). Pallium Palliative Pocketbook – Chapter 5 Pallium Palliative  
 Pocketbook 2008 - Opioid Equianalgesic Dose Conversion Table, Chapter 5.; pgs. 5-47, 48

### DEFINITIONS

**Narcotic** means any substance set out in the Schedule to the Narcotic Control Regulations (NCR) or anything that contains any substance set out in that Schedule. A substance that has a high potential to become physically and psychologically addictive or liable for abuse



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**Controlled substance** means any type of drug that the federal government has categorized as having a potential for abuse or addiction and is included in Schedule I, II, III, IV or V of the Controlled Drugs and Substances Act.

## Procedure

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### 1. Management

- 1.1 All narcotics (methylphenidate and synthetic cannabis) are to be recorded on the Controlled Drug Record and are to be counted by 2 Registered Nurses (RN) at the end of each 12-hour shift. Pharmacy will indicate that the medication is considered a controlled substance by marking the medication card with a red line across the top.
- 1.2 Any discrepancies in the controlled drug count that cannot be resolved require an incident report to be filled out and given to the Nursing Lead.
- 1.3 All narcotics will be ordered as per the policy 0216 "Medication Ordering and Administration". All High Alert narcotics to be administered will follow policy 0282 "High Alert Medication Management".
- 1.4 Any narcotic that is not currently prescribed will be counted by two RN's and sent back to pharmacy for storage and/or disposal after the resident has died.
- 1.5 Open vials of medications are not to be kept for the duration of the shift. Once the dosage of medication is drawn up, the remaining medication can be discarded or drawn up in a syringe and labeled with the resident's name, medication name and strength, date, marked as breakthrough (BT) medication and initialed by the RN. It can then be stored in the resident's narcotic med box. If drawn up into a syringe it must be accounted on the Controlled Drug Record.
- 1.6 The full amount of all controlled drugs must be accounted for and recorded on the Controlled Drug Record indicating the amount administered to the resident, amount used to prime a butterfly, amount spilled, etc. or the number of mg/mcg (milligrams/micrograms) wasted.
- 1.7 All controlled drug wastes and counts are to be witnessed and signed by two RNs.
- 1.8 At the end of the RN's shift all unused controlled drugs must be discarded.
- 1.9 All controlled drugs poured by a student nurse must be co-signed by the RN preceptor or other available RN.
- 1.10 Every Registered Nurse (RN) must be able to accurately calculate the equianalgesic dose of various opioids. When the Physician writes an order to rotate a resident from one narcotic to another or to switch administration routes (such as oral to subcutaneous), two RNs collaborating should double check the Physician's order for accuracy of equianalgesic calculation prior to administering the first dose.