Controlled Substance Chain of Custody

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Objectives

Review chain of custody

Describe controlled medication count procedure

Review proper documentation

Outline discontinuation and destruction processes

Discuss diversion indicators and auditing tips

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Chain of Custody

Control Drug Count Procedure

The chain of custody regarding controlled medications is required minimize the potential for diversion.

When right processes are in place:

1. There is reduced likelihood that a medication will be diverted or replaced.

2. Good practices will make it possible to identify missing or replaced medication quickly.

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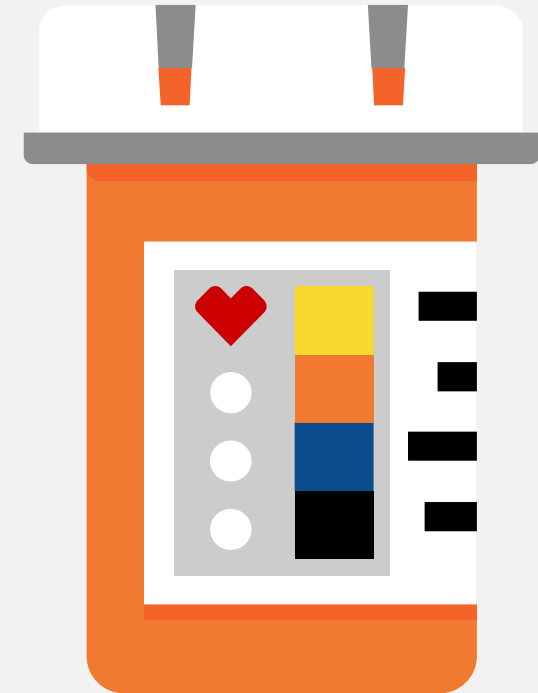
Receiving Control Medications from Pharmacy
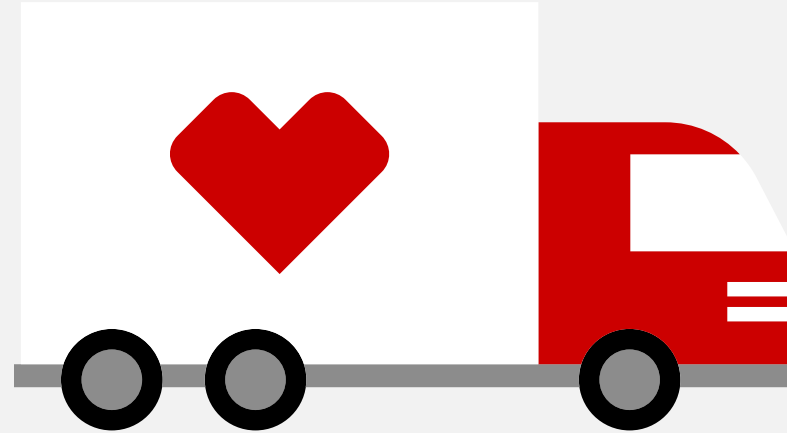
Delivery

- Confirm medication accuracy

- Observe for signs of tampering

- If discrepancy is identified, notify the pharmacy immediately. Do not accept medication.

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Chain of Custody

Pharmacy ▶ Delivery ▶ Facility ▶ Resident ▶ **Destruction**

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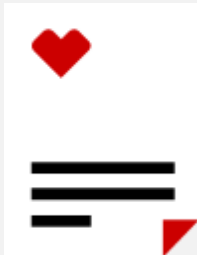a ❤CVSHealth. company

Bound Book

Receiving and Adding Medication to Inventory – Bound Books

Index

Once controlled medication is confirmed with pharmacy delivery driver, immediately log the medication in the controlled medication book

- Add medication to the index using next available line

- Ensure page number is correct

Count Sheet

Add medication to count sheet
Never add medication to running count sheet if it has a different RX number

Always start new count sheet for liquid medication

**If no pharmacy label provided, enter all demographic information on the page including:**

- Medication
- Dose
- Strength
- Directions
- Amount and date received

- Rx number
- Prescriber
- Pharmacy
- Sign receipt of form

Do not write page number on card

Declining Inventory

Indicate amount in declining inventory.

Start line by putting date, time and "received from pharmacy" amount, total dose, and signature.

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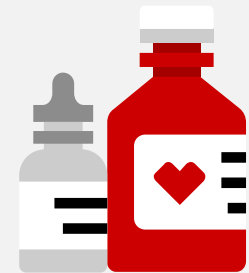
Transferring Pages

Chain of Custody Documentation

- Transferring pages requires two (2) licensed staff signatures, per facility policy

- Update index to reflect next available page

- Complete bottom of page to indicate amount transferred, page # and logbook/unit medication is being moved to with two (2) licensed staff signatures, per policy

- Complete "Transferred From Page #__ and Book #__" on page, where applicable
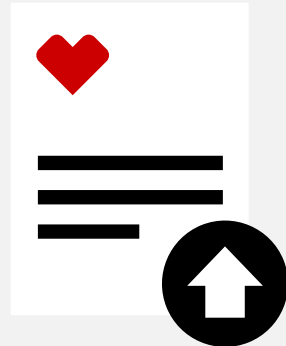

Clearer picture to come

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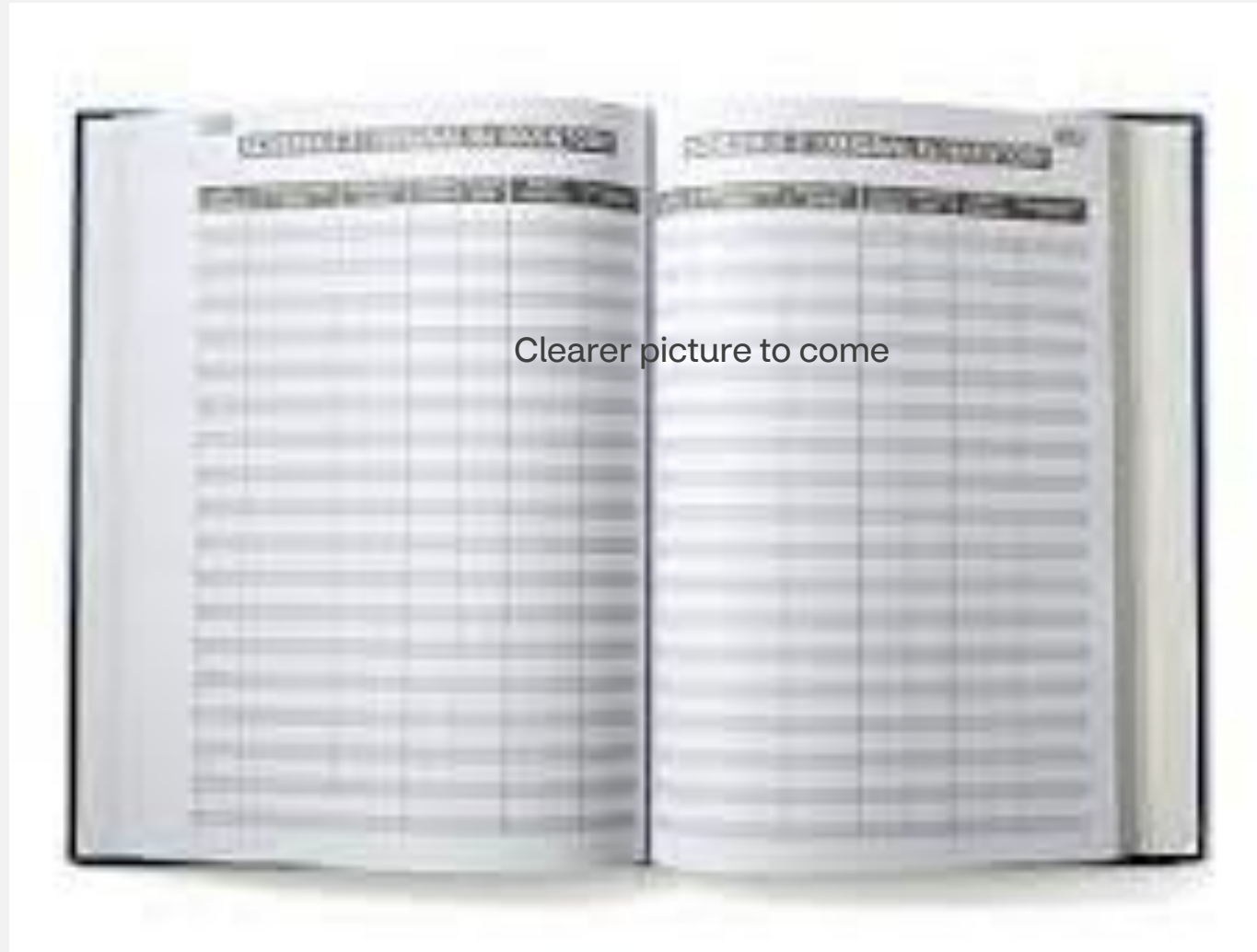
Adding Medication to Inventory – Non-Bound Book

Index

- Add medication to the index if used by facility

Count Sheet

- Each RX should have its own count sheet

- If new prescription, file sheet into binder and add to card inventory sheet, per facility policy

- Document and sign receival section on count sheet and inventory, per policy.

- Put date, time and "received from pharmacy" amount, total dose, and signature.

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Transferring Pages – Non-Bound Book

Chain of Custody Documentation

- Transferring medication requires two (2) licensed staff signatures, per facility policy

- Document on count sheet to indicate amount transferred and unit medication is being moved to with two (2) licensed staff signatures, per policy
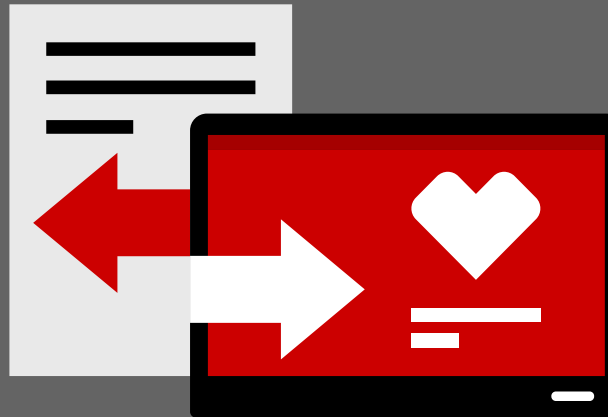
Inventory Record

- Update inventory record in binder to reflect addition/removal of medication, if applicable

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Count Procedure

Count Procedure

Count is completed anytime the keys change hands!

- Always maintain ownership of keys
- Never leave the keys unattended

Count is completed by two (2) nurses

- Both nurses review the index, count sheet and medication on hand to verify quantities match
- Inspect front & back of the card for evidence of tampering
  - tears
  - tape
  - slits
  - different pills in blister pack
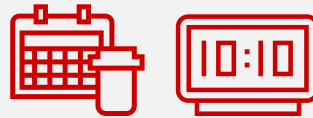
Once count is verified, both nurses sign the count verification log with date and exact time

Verify controlled medication e-kit is sealed and document

Use full signature

Do not place page # on blister card

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Sample Shift Change Controlled Count Sheet

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Sample Shift Change Controlled Count Sheet

SHIFT CHANGE CONTROLLED SUBSTANCE INVENTORY COUNT SHEET

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FACILITY NAME: _____

WING/STATION _____ MED CART_____

Start →

	SIGNATURES	DATE
ENDING BALANCE OF CARDS/CONTAINERS FROM PREVIOUS SHIFT		
ENDING BALANCE OF COUNT SHEETS FROM PREVIOUS SHEET		
VERIFIED BY	SIGNATURES	DATE
NURSE # 1		
NURSE # 2		

Nurse signatures below denote that the control drug inventory was true and correct at the date and time shift change or key exchange

1. Nurse coming on shift must verify count of all controlled substances with nurse going off shift AND anytime the medication cart keys are exchanged
2. Nurse must count total # of cards/containers AND total # count sheets, both for individual residents and applicable contingency supplies with controlled substances.
3. Nurses mut verify actual drug counts (# tabs, caps, patches, vials, etc.) against each individual resident count sheet.
4. ANY discrepancies must be reported immediately to Director of Nursing or nursing supervisor

***Every controlled substance medication and count sheet added or removed from the medication cart MUST be documented below**

Start of Shift					Medications & Count Sheets Added (+)					Medications & count Sheets Removed (-)				
Date	Shift/ time	Nurse Signatures	Total # Cards/ Containers	Total # of count sheets	Resident Name	Medication & Strength	# Cards Containers	# Count Sheets	Verified by 2nd Nurse	Resident Name	Medication & Strength	# Card/ Containers	# Count Sheets	Verified by 2nd Nurse
		Off Nurse												
		On Nurse												
		Off Nurse												
		On Nurse												

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Sample
Shift Change
Controlled
Count Sheet

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Shift Verification of Controlled Substances Sheet
Facility Name_____ Wing/Unit_____ Med Cart_____

1. Two licensed nurses shall reconcile all doses of controlled substances stored in the assigned medication cart at the change of each shift.
2. The on-coming nurse shall inspect each package of controlled medication and read the remaining quantity in each package.
3. The off-going nurse shall read the remaining quantity documented on each resident Controlled Substance Declining Inventory Record and record their findings *(Example: "Reconciled")*
4. Each nurse performing the reconciliation shall place his/her name and signature on the appropriate line for the date and shift.
5. If the quantities do not match, notify the Nursing Supervisor immediately to initiate an investigation.

DATE	SHIFT D = Day E =Evening N = Night	NAME and SIGNATURE ON-COMING NURSE	NAME and SIGNATURE OFF-GOING NURSE	FINDINGS/ COMMENTS	Total # of Cards In Cart

Sample Shift Change Controlled Count Sheet

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Count Procedure

If a discrepancy is found:

**Double check the math.
Are all doses documented correctly?**

If incorrect, notify supervisor immediately

Count corrections must be witnessed and documented by two (2) licensed staff, or per facility policy

Always follow your facility policy

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Best Practices and Documentation

Best Practices

Never take short cuts

Do not flag pages by
- Folding
- Using straws like bookmarks
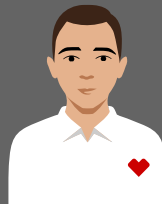- Paperclips
- Staples

Document timely and accurately on controlled medication book and MAR/eMAR

Reinforce any torn pages to prevent loss of documentation

Notify supervisor if anything appears suspicious. Always err on the side of caution.

It is everyone's responsibility to protect the resident and facility from possible drug diversion

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Documentation of Controlled Medication

Controlled medications must be signed-off from controlled medication administration record AND the MAR/eMAR

Signing controlled medication record is confirmation the medication was removed from inventory

Signing MAR/eMAR is confirmation the medication was administered to the resident

Remember to record in all areas at time medication was removed and administered

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Discontinuation and Destruction

Discontinuing or Destroying Medication

Promptly enter the date and time medication is discontinued and remove from current inventory

Two (2) signatures are needed when removing from inventory

If using an index, document medication removal

If removing to a secondary inventory to await destruction, add to the destruction index

Destruction of medication requires two (2) signatures – including date, time, amount destroyed and method e.g., drug buster, kitty litter

When destroying medication, follow federal and state law, as well as facility policy.

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Topical Transdermal:
Fentanyl (Duragesic)

Disposal

- Fold used or unused patch so that the adhesive side of the system adheres to itself. Flush down the toilet immediately upon removal, if state permits

- If flushing is not permitted, dispose in a manner that is compliant with federal and state regulations and facility policy, i.e., Drugbuster

- Two designated staff should witness and document the disposal of used patches

- Destruction and associated documentation of unused Schedule II drugs should be completed per federal and state regulations

Used Fentanyl patches are a potential vehicle of abuse and accidental overdose and warrants implementation of adequate disposal policies*

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Diversion and Review

Top 10 Red Flags in Detecting Diversion in Healthcare

#1 Inadequate resident pain control or an increase in resident PRN utilization of opioids for pain

#2 Residents complaining of not receiving pain medication with doses documented as administered on MAR

#3 Failure to adhere to proper drug destruction procedures, including completing the destruction log alone, and subsequently seeking another nurse/pharmacist signature on a report without their physical presence

#4 Wasting complete doses, wasting no doses, heavy drug wasting or repeatedly wasting with the same person as a witness (called a "waste buddy")

#5 Failure to document waste or repeatedly holding waste until the end of a shift or carrying medications in pockets

#6 Paying extra attention to or entering patients' rooms who are receiving controlled substances or volunteering to help administer narcotics to colleagues' patients

#7 Frequently asking for supplemental orders for controlled substances or pulling PRN medications

#8 Altering telephone or verbal medication orders

#9 Frequent charting or medication errors

#10 Sloppy documentation, omissions and care inconsistencies

Reviewing Controlled Medication Logs

CONTROLLED SUBSTANCES (CS)			
Addition and subtraction is accurate in all descending counts	F658		
Continuation page is referenced correctly	F658		
Two signatures are noted for transferred, wasted, dropped, or refused CS and explanation of the event	F658		
Medication nurse / med staff maintains physical possession of the keys to medication cart / cabinet and med room	F761		
CS are stored behind double locks	F761		
CS count is performed each time the keys exchange hands	F761		
Signatures are present for each shift	F761		
CS are reconciled upon delivery	F761		
Evidence of alterations noted in documentation	F761		
CS disposal per state and facility policy (including patches)	F761		
Inventory record is signed by the person removing & administering the medication	F761		
CS are properly labeled	F761		
Evidence of tampering (slits, tears, tape) or diversion does not exist at the time of inspection	F761		
Expired CS are not present	F761		

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Takeaways

Chain of Custody

Documentation of chain of custody must be maintained from delivery to destruction

▶ ### Receive

Add to inventory system immediately upon receipt

▶ ### Security

Controlled medication count must be completed when keys change hands

▶ ### Documentation

Controlled medications must be signed-off from count sheet AND the MAR/eMAR

▶ ### Discontinue-Destruction

Follow federal and state law as well as facility policy

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