	Policies and Procedures Title: NARCOTIC CONTROL: DOCUMENTATION AND COUNT Number: 1127
Authorization: <input checked="" type="checkbox"/> Pharmacy/Nursing Committee <input checked="" type="checkbox"/> SHR Nursing Practice Committee	Source: Pharmacy/Nursing Cross Index: Date Revised: March 2014 Date Effective: June 2003 Scope: SHR Acute and Long Term Care

Any PRINTED version of this document is only accurate up to the date of printing 24-Nov-15. Saskatoon Health Region (SHR) cannot guarantee the currency or accuracy of any printed policy. Always refer to the Policies and Procedures site for the most current versions of documents in effect. SHR accepts no responsibility for use of this material by any person or organization not associated with SHR. No part of this document may be reproduced in any form for publication without permission of SHR.

DEFINITIONS

Health Care Professional (HCP) – For the purpose of this policy, Health Care Provider will refer to the following defined roles **who are employees of SHR**. Health Care Professional (HCP) will be used to refer to Registered Nurse (RN), Graduate Nurse (GN), Registered Psychiatric Nurse (RPN), Nurse Practitioner (RN(NP)), Licensed Practical Nurse (LPN), Graduate Licensed Practical Nurse (GLPN), Physician, Registered Respiratory Technician (RRT), Pharmacist, Pharmacy Technician & Paramedic.

Note: *Students are not allowed to count narcotics or document on the narcotic administration record unless **co-signed by a SHR employee**.*

NAR – Narcotic Administration Record.

SHR – Saskatoon Health Region.

1. PURPOSE

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

2. POLICY

- 2.1 All narcotics will be ordered as per the policy "Ordering of Medications" #7311-60-004 located in the SHR Regional Policy Manual.
- 2.2 All narcotics to be administered will follow the "Medication – Administration" #1170 nursing policy.
- 2.3 All High Alert narcotics to be administered will follow the "High Alert Medications - Identification, Double Check and Labeling" #7311-60-020 policy located in the SHR Regional Policy Manual.

- 2.4 All narcotics will be stored **ONLY** in Pharmacy approved narcotic cupboards/drawers/ medication cart drawers on each patient care area.
- 2.5 Pharmacy Services will be responsible for supplying the patient care areas with the required narcotics.
- 2.6 All entries on the Narcotic Administration Record will be in blue, black or red ink only.
- 2.7 All student signatures must be co-signed in the patient chart by the nursing instructor or by the HCP who has supervised the process of narcotic administration by the student.

Note: *Students are not allowed to count narcotics or document on the narcotic administration record unless **co-signed by a SHR employee.***

- 2.8 Borrowing narcotics from another patient care area will **only** be done during times when Pharmacy Services is not available.
- 2.9 All medication carts containing narcotics must be secured, in a locked area, when not in use (i.e. unit/pod closes). If a patient care area remains closed for longer than 72 hours, Pharmacy must be contacted to arrange appropriated narcotic storage.
- 2.10 HCPs required to administrate narcotics will be assigned a CSID number and temporary pin. The HCP will be responsible for changing the temporary pin (See Appendix C).
- 2.11 A Narcotic Count will be completed by two HCPs within 60 minutes prior to end of each shift, opening of a unit and closing of a unit (See Appendix B).
- 2.12 Discrepancies/errors identified on the Narcotic Administration Record, at the time of count or at any other time, will be resolved by the staff counting.

Note: *Staff responsible for narcotic administration will not leave their shift until the narcotic count is reconciled.*

- 2.13 Unresolved discrepancies/errors will be immediately reported to the MON/designate for follow up.
- 2.14 The MON/designate will record the unresolved discrepancy (drug, quantity and reason for the discrepancy) on the Unresolved Discrepancy box on the NAR and signs.
- 2.15 The MON/designate will return the NAR to Pharmacy to be co-signed by a Pharmacy Manager.

Note: *The MON/designate may be contacted to complete a Health Canada Loss or Theft form.*

- 2.16 Narcotics wasted will be witnessed and co-signed by two HCPs.
- 2.17 Patient care areas using the Pyxis system will follow the procedures associated with the Pyxis unit for narcotic documentation and control.

3. PROCEDURES

3.1 Narcotic Administration Documentation (See Appendix A)

- 3.1.1 Fill in the date (Month, Date, Year,) the unit/department, the patient care area and page number at the top of the NAR.
- 3.1.2 Label subsequent/multiple pages as page _ of _. (Example page 2 of 3).
- 3.1.3 Complete the NAR for each narcotic to be administered the following:
- Time
 - Patient/Client/Resident last name and first initial
 - Dose
 - Ordering Physician's last name and first initial
 - Updated count in appropriate column
 - Signature for dispensing the narcotic
 - IF PARTIAL DOSE WASTED: obtain a second HCP to witness and sign.
- 3.1.4 If a revision or correction is necessary, draw a single line through the original entry, write "error", initial and makes a second entry if applicable.

3.2 Narcotic Wastage

Note: Two HCPs must witness and sign for all narcotic wastages.

Note: Wasted narcotics should be disposed of in a secure waste receptacle (i.e. sharps container or equivalent)

- 3.2.1 If the patient/client/resident refused the dose, or the dose was contaminated, complete the NAR as above, except record the reason in the dose column and the amount of narcotic wasted in the waste column.
- 3.2.2 If the dose is not intended for a specific patient/client/resident or unusable due to accidental breakage/deconstruction, complete the NAR as above, except record the reason in the patients' name column, leave the Physician column blank and the amount of narcotic wasted in the waste column.

3.3 Borrowing Narcotics from another Nursing Unit

- 3.3.1 Document the following on the lending unit's NAR the:
- Time
 - Borrowing Unit in the Patient/Client/Resident name column
 - Dose
 - Updated count in appropriate column
 - Both the lending unit's HCP and borrowing unit's HCP signs for the deletion.
- 3.3.2 Document the following on the borrowing unit's NAR the:
- Time
 - Lending Unit in the Patient/Client/Resident name column
 - Dose
 - Updated count in appropriate column
 - Two HCPs on the borrowing unit sign for the addition.

3.4 Narcotic Count (See Appendix B)

3.4.1 Count at the end of day shift:

- HCP 1 counts narcotics in drawer/cupboard/medication cart drawer.
- HCP 2 records count ensuring all documentation is complete and the NAR is reconciled.
- Write pm count and draw a red line across NAR
- HCP 1 and HCP 2 confirm the NAR is complete, count is correct and sign.

3.4.2 Count at the end of night shift:

- HCP 1 count narcotics in drawer/cupboard/medication cart drawer.
- HCP 2 records count ensuring all documentation is complete and the NAR is reconciled.
- HCP 2 records and repeats back count when transcribing to the new NAR.
- HCP 1 and HCP 2 confirm the NAR is complete; count is correct; both sign at the bottom of the previous NAR and at the top of the new NAR.

3.4.3 Return completed reconciled NARs to Pharmacy daily.

3.5 Narcotic Distribution

3.5.1 The Pharmacist or Pharmacy Technician supplies the unit with the required narcotics and records the additions and/or deletions on the NAR in red ink.

3.5.2 The HCP accepting delivery counts the narcotics added/deleted to ensure count is correct.

3.5.3 Both the Pharmacist/Technician and the accepting HCP sign the NAR.

4. REFERENCES


Controlled Drugs and Substances Act of Canada. S.C 1996, c. 19.

Narcotic Control Regulations of Canada, 2014. C.R.C., c. 1041.

Benzodiazepines and Other Targeted Substances Regulations of Canada, 2012. SOR/2000-217.

Appendix A

Work Standard for Documenting on the NAR


WORK STANDARD			
	Name of Activity: Documenting on the Narcotic Administration Record (NAR)		
	Role performing Activity: HCPs (as described in policy # 1127)		
	Location: SHR	Department: Nursing Practice & Education	
Document Owner: Director Professional Practice & Education			
Date Prepared: June 9 th , 2014	Revision: #7	Date Approved: June 9 th , 2014	

Work Standard Summary: All oral and injectable Narcotic Administration Records (NARs) will be 100% complete and accurate prior to end of each shift. Discrepancies/errors will be corrected immediately by involved staff. Unresolved discrepancies/errors will be reported to the MON/designate immediately.

Essential Tasks:	
1.	Starting a new record at a.m. count, fill in the date, (Month, Date, and Year), unit, and patient care area and page number at the top of the NAR.
2.	Label subsequent/multiple pages as page _ of _ (Example page 2 of 3).
3.	If administering a narcotic, obtain medication from narcotic storage.
4.	Document time of administration.
5.	Document patient name. (Last Name, First Initial)
6.	Document dose.
7.	Document ordering Physician name. (Last name, First Initial)
8.	Document updated count in appropriate column.
9.	Count remaining stock of the specific drug upon removal in order to identify discrepancies as soon as possible.
10.	Sign name for administering the medication.
11.	IF DOSE WASTED (partial or otherwise): obtain a second HCP to witness and sign for the wastage. Note: All wastages must be witnessed and co-signed.
12.	DOUBLE CHECK all above points followed.

Appendix B

Work Standard for Narcotic Count

WORK STANDARD			
	Name of Activity: Narcotic Count		
	Role performing Activity: HCP (as described in policy # 1127)		
	Location: SHR	Department: Nursing Practice & Education	
Document Owner: Director Professional Practice & Education			
Date Prepared: October 20th, 2014	Revision: #8	Date Approved: June 9th, 2014	

Work Standard Summary: Narcotic count/reconciliation will be done by two HCPs at the following times:

- **Within 60 minutes prior to end of each shift**
- **Opening of a unit**
- **Closing of a unit**

STAFF RESPONSIBLE FOR NARCOTIC ADMINISTRATION WILL NOT LEAVE THEIR SHIFT UNTIL THE NARCOTIC COUNT IS RECONCILED.

Essential Tasks:	
1.	AT END OF DAY SHIFT: HCP 1 counts narcotic in drawer/cupboard/medication cart drawer.
2.	HCP 2 records count ensuring metal documentation is complete and the NAR is reconciled.
3.	HCP 2 draws a red line below last NAR entry.
4.	HCP 1 & HCP 2 confirm the NAR is complete, count is correct and both sign the record.
5.	AT END OF NIGHT SHIFT: HCP 1 counts narcotic in drawer/cupboard/medication cart drawer
6.	HCP 2 records count ensuring all documentation is complete and the NAR is reconciled
7.	HCP 1 states the narcotic count to be carried over to the new NAR
8.	HCP 2 records and repeats back the narcotic count when transcribing to the new NAR.
9.	HCP 1 & HCP 2 confirm the NAR is complete, count is correct and both sign "on hand at shift change" on current NAR and "balance on hand at a.m. shift change" on new NAR

How to change temporary CSID pin

First Time Use—You **MUST** change your assigned temporary CS PIN

To change your CS PIN:

- Unlock Med Cart (see above)
- Press FUNCTION key 3 times—(Do NOT change Operator PIN)
- Change CS PIN. Press OK
- Enter Current assigned **CS ID**
- Press OK
- Enter Current Temporary **CS PIN**
- Press OK
- Enter New **CS PIN**
- Press OK
- New CS ID is _____

Press OK to Accept

Sign Out & test unlocking the Med Cart & test your new CS PIN.

To Unlock the Narcotic or CS (Controlled Substance) Drawer:

1. Unlock Med Cart (see above)
2. Press CS key
3. Enter your CS ID. Press OK
4. Enter your CS PIN. Press OK
5. Press CS to relock narc drawer only
6. Narcotic drawer will automatically relock after 10 seconds if drawer is closed and cart is not moving.