

Team Name:	
Pharmacy & Therapeutics	Reference Number: CLI.6010.PR.001
Team Lead:	Program Area:
Regional Director- Pharmacy	Pharmacy & Therapeutics
Approved by:	Policy Section: General
VP-Medical Services	Tone, seeded in Seriela.
Issue Date: September 18, 2019	
	Subject: Operating Room (OR)
Review Date:	Management of Narcotic/Controlled  Medications
Revision Date:	ivieuications

#### **PROCEDURE SUBJECT:**

Operating Room (OR) Management of Narcotic/Controlled Medications

#### **PURPOSE:**

To limit the availability of high-dose, high-potency narcotics and controlled drugs from patient care areas by regionalizing the Daily Controlled Medication Record (DCMR) and standardizing the OR process. To provide accountability for narcotic and controlled drug transactions, detect drug diversion, and deter pilferage.

## **PROCEDURE:**

For management of narcotics and controlled drugs, follow the Narcotics and Controlled Drugs Policy <a href="CLI.6010.PL.015">CLI.6010.PL.015</a>

# **OR Nursing Daily Controlled Medication Record (DCMR)**

(Each facility will have different medication list)

- 1. Double signature (2 OR nurses) is required for:
  - a) "beginning of slate count" prior to start of elective slate
  - b) "end of slate count" following end of OR elective slate
  - c) Whenever narcotics/controlled drugs added/returned/wasted
  - d) "balance brought forward" when initiating a new DCMR (at the top right hand corner)
  - e) "balance" when finishing a DCMR (bottom right hand corner)
- 2. Single signature is required when:
  - a) Dispensing or receiving narcotics/controlled medications to/from anesthesia for elective slate
- 3. If using initials for documentation you must complete Master Signature at bottom of page.

4. Double signature (OR nurse and pharmacist or pharmacy technician/assistant) when adding or removing stock

### **OR Anesthetist Daily Controlled Medication Record (DCMR)**

(Each facility will have different medication list)

- 5. Double signature (Anesthetist and OR nurse) is required:
  - a) "beginning of slate count" prior to start of elective slate when dispensing narcotics/controlled medications to anesthetist
  - b) "end of slate count" following end of OR elective slate when anesthetist is returning narcotics/controlled medications to OR nurse
- At the start of the slate, the anesthetist shall obtain the necessary narcotics including a DCMR for operating room/anesthetist to sign and document usage/waste. Signed by anesthetist/nurse.
- The anesthetist will document usage of narcotics on the OR Anesthetist DCMR throughout their slate for each individual patient.
- At the end of the slate, return the completed and reconciled DCMR for operating room/anesthetist to nursing along with unused medications and wastage. Signed by anesthetist/nurse
- The CSM or designate prior to sending to pharmacy will verify both DCMRs.
- ➤ If discrepancies or missing information/signatures are identified the DCMR shall be returned to the nurse or anesthetist for completion.
- ➤ If the anesthetist does not complete the DCMR, the Anesthetist Lead/Chief of Staff will follow-up with the anesthetist involved.

<u>SUPPORTING DOCUMENTS:</u> (EXAMPLES - Each facility will have different medication list)

<u>CLI.6010.PR.001.FORM.01</u>

<u>CLI.6010.PR.001.FORM.02</u>

OR Anesthetist Daily Controlled Medication Record

OR Nursing Daily Controlled Medication Record