



## COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

### Mangum Regional Medical Center

TITLE		POLICY
<b>Automated Dispensing Machine CDS Access and Distribution</b>		<b>DRM-015</b>
MANUAL	EFFECTIVE DATE	REVIEW DATE
<b>Drug Room</b>	<b>10-1-2020</b>	<b>10-1-2020</b>
DEPARTMENT	REFERENCE	
<b>Drug Room</b>		

#### PURPOSE

The purchase, storage, distribution and accounting of controlled drugs shall be done in accordance with all federal and state laws and standards of professional practice, to maintain optimal quality control over these high-risk substances and to prevent diversion.

#### POLICY

Drug Room Services shall be responsible for compliance with this policy.

A transaction record for all controlled substances in schedules II, III and IV shall be maintained by the hospital. All controlled drug records shall be maintained for the period required by law and be readily retrievable.

A perpetual inventory record of all schedule class II drugs stored in the main Drug Room shall be maintained.

#### PROCEDURE

Each dispensing and each drug administration transaction shall be recorded separately; therefore, there should be two (2) transaction records for each dose given to a patient. If the nurse retrieves the dose from the controlled drug stock inventory in the automated dispensing machine (ADM), the record of dispensing shall be made on the automated dispensing machine computer system and/or on the perpetual inventory record. The dose administered shall also be recorded by the nurse on the patient's medication administration record (MAR). Documentation shall include patient's name, date, time, amount of medication removed, remaining balance and the signature of the staff member removing the medication.

The automatic dispensing system shall prompt the user to complete an inventory count and enter the number when a controlled substance is removed. If the count is incorrect per the

system, the user shall be prompted to perform a recount. If the recount remains incorrect, a discrepancy shall be created and communicated to Drug Room Services.

Controlled substance discrepancies shall be reported to the Drug Room and Therapeutics Committee immediately.

Controlled substance discrepancies must be resolved at the time of discovery or by the end of shift.

Run a Discrepancy Report which will list the name(s) of person(s) who last had access to the controlled substance. All discrepancies must be resolved by the end of the shift.

Resolution of each discrepancy must be documented in the automatic dispensing system and witnessed by a second nurse.

When an error occurs in the inventory count which cannot be explained on investigation, the error shall be reported using the hospital's routine risk management reporting system. These reports shall be reviewed monthly by the Drug Room and Therapeutic Committee per law and regulation.

Unresolved discrepancies must be documented in the automatic dispensing system as unable to resolve. The nurse must complete an incident report.

A controlled substance inventory count shall be performed once a shift in each applicable department. This applies only to controlled substances stored in the automatic dispensing machine.

Drug Room Services shall refill controlled substances into the automated dispensing machines based on inventory printouts. Drug Room Services shall verify the actual count of the controlled substance at this time and enter it into the system.

End of shift check shall be performed by the Charge Nurse for controlled and non-controlled substances. The Charge Nurse shall run a Discrepancy Report at the end of each shift to verify that all transactions were performed correctly.

Drug Room Services shall notify the CCO when discrepancies are not resolved by the end of a shift.

Controlled substances removed from the automatic dispensing system that are not administered and are still in their original packaging shall be returned via the automated dispensing machine. The return option is used on the automatic dispensing machine to credit the patient. A second nurse/provider must witness the return of the controlled substance to the automated dispensing machine and co-sign in the automated dispensing system.

If the controlled substance is not administered and it is not in its original packaging, the nurse must waste the controlled substance. The waste option is used on the automated dispensing machine. A second nurse/provider must witness the wasting of the controlled

substance and co-sign in the automated dispensing system. The nurse must also document how the drug was wasted, i.e., crush and flush, sink, sharps container.

The nurse shall use the waste option of the automated dispensing machine if all or part of a control substance must be wasted. This must be witnessed by a second nurse/provider and co-signed in the automated dispensing system. The amount used shall be entered into the system.

**NOTE:**

Medication filled syringes shall not be put into the Sharps container.

**REVISIONS/UPDATES**

<b>Date</b>	<b>Brief Description of Revision/Change</b>