



Administration of Controlled Drugs (CDs)

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Engagement & Consultation

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Item No.	Contents	Page
1	Introduction	4
2	Objectives	4
3	Definitions	5
4	Role / Responsibilities	5
5	Providing Information and Advice to People Having Controlled Drugs Administered	6
6	Procedure for Administration of CDs to Inpatients.	6
6.1	Procedure for Administration of CDs in the Community	7
7	Refusal/ Failed Administration of CDs	8
8	Students and Trainees – Administration of Controlled Drugs	8
9	Self-Administration by Inpatients	8
10	References / Bibliography	8

1. Introduction

The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 require designated bodies (and any body or person acting on behalf of, or providing services under arrangements made with the designated body) to have adequate and up to date standard operating procedures (SOPs) in place in relation to the management and use of controlled drugs.

Controlled Drug (CD) SOPs are detailed written instructions that aim to achieve uniformity in the way that CDs are managed across the organisation.

Benefits of CD SOPs include:

- Clarity for staff on what is expected of them.
- Practical guidance to support the management of CDs
- Improved CD governance by ensuring consistent safe and legal processes are in place

The Health Board is required to have SOPs covering every applicable aspect of the CD journey. The Regulations specify that the SOPs must, in particular, cover the following matters, as appropriate to the organisation —

- a. who has access to the controlled drugs;
- b. where the controlled drugs are stored;
- c. security in relation to the storage and transportation of controlled drugs as required by the misuse of drugs legislation;
- d. disposal and destruction of controlled drugs;
- e. who is to be alerted if complications arise; and
- f. record keeping, including—
 - i. maintaining relevant controlled drugs registers under the misuse of drugs legislation, and
 - ii. maintaining a record of the controlled drugs specified in Schedule 2 to the Misuse of Drugs Regulations 2001 (specified controlled drugs to which certain provisions of the Regulations apply) that have been returned by patients.

The CD SOPs should be used in conjunction with the [Medicines Policy](#)

This SOP covers the administration of CDs

2. Objective

This SOP applies to all registered staff working for PTHB and provides advice and guidance on the correct procedures for administering Schedule 2 or 3 CDs to inpatients and to patients managed by PTHB staff in the community.

The principles and processes for the safe administration of any medication are the same for controlled drugs – see [Administration section](#) in [Medicines Policy](#)

3. Definitions

- MTeD- Medicines Transcribing and Electronic Discharge system
- TTO- 'To Take Out', documentation used for providing discharge medication
- PTHB – Powys Teaching Health Board
- SOP- Standard Operating Procedure
- CDAO – Controlled Drugs Accountable Officer
- CDs – controlled drugs
- MMT – Medicines Management Team (pharmacists, pharmacy technicians, pharmacy assistants, medicines management nurses and administrative staff working in Medicines Management/Pharmacy department)
- NMP – Non Medical Prescriber
- RODP – Registered Operating Department Practitioners
- Pharmacy Team- Pharmacists, Pharmacy Technicians and Pharmacy Assistants employed by PTHB
- Supplying Pharmacy – the pharmacies which supply CDs to PTHB – Nevill Hall Hospital for all stock and some named patient items. Bronglais Hospital for named patient items only

4. Role / Responsibilities

- The ultimate responsibility for administration resides with the registrant administering the drug to the patient (e.g. the nurse, midwife, appropriately trained ODP, doctor).
- In the hospital setting there must be a witness to the controlled drug administration process for any controlled drugs requiring storage in the CD cupboard and entry into the CD register. (The witness can be a second registered nurse, Midwife, Pharmacist, Pharmacy Technician, Medical or Dental Officer, Registered Operating Department Practitioner (RODP), Radiographer Senior 1)
- Staff must follow the relevant standards set by the professional regulator when administering controlled drugs, and when necessary check with the prescriber about any safety concerns such as:
 - whether the prescribed dose is safe for the person
 - whether other formulations have already been prescribed for the person
 - whether the formulation is appropriate
 - that any past doses prescribed have been taken.

5. Providing Information and Advice to People Having Controlled Drugs Administered

- Tell the person having the controlled drug the name and dose of the drug before it is administered unless the circumstances prevent this.
- Provide advice on how different formulations of controlled drugs are administered, and check that the person understands the advice.
- Ensure that appropriate equipment is available for the correct dose to be administered.

6. Procedure for Administration of CDs to Inpatients

- CDs may be administered to inpatients from stock, or providing they are fit for purpose, from patients own supply (see POD SOP).
- CDs must be administered by a registered nurse, midwife, appropriately trained RODP or doctor and must be checked by another Registered Nurse or counter signatory (witness) (see Roles and Responsibilities section above)*
- Both these persons must remain present throughout the entire procedure of checking, preparation and administration of the CD.
- If in any doubt, staff administering CDs should ask for advice from other healthcare professionals as appropriate.
- Administration of CDs is as for any other medicine (see [Administration section](#) in [Medicines Policy](#)) apart from the additional actions listed below.
Both persons must:
 - Check the prescription/ inpatient chart is legible and valid.
 - Select the correct Controlled Drug – drug (and brand if appropriate), form and strength. If POD it is labelled with the same name as the intended patient.
 - Check the stock balance of the selected CD against the balance remaining in the Controlled Drugs Register
 - Complete the entry in the Controlled Drugs Register (see CD Record Keeping SOP)-
 - Each entry must be completed in blue or black indelible ink
 - Be on the correct page of the register for the preparation(s) (and patient, if patients own supply), including form and strength (and brand where appropriate).
 - Each different drug and preparation (i.e. form, strength etc.) must have a separate page in the CD register. Therefore, if a dose requires the use of 2 strengths of a preparation both pages of the CD register must be completed.
 - Date and time of administration
 - Include the patient's name, quantity administered and amount discarded.
 - Include new running balance total.
 - Be signed by the administering professional and countersigned by the witness once the whole administration process is complete.

- Any errors in the entry should be noted with an asterix (*) and a footnote made and counter-initialed by both the person administering and the witness. Errors must not be crossed through.
- Prepare the medicine for administration and lock the remaining CD away in the CD cupboard.
- Take the medicine and the prescription chart to the patients' bedside and confirm the identity of the patient. If the patient is not wearing an identity band then ask them to confirm their name and date of birth.
- The Nurse administering the CD should initial the patient's prescription chart at the time of administration.
- Liquid CDs should be administered using a bung and oral syringe system.
- Both people must ensure the remaining details are recorded in the CD register i.e. the time of administration and the full signature of the Nurse administering the CD and the witness.
- If for any reason the CD is not administered, a record of the reason for non-administration must be made in the left hand margin of the relevant page of the CD Register. Non-administration code should be entered on the prescription chart and the details recorded in the patient's notes.

*** Single nurse administration of controlled drugs**

Every effort must be made to secure a witness to the administration of CDs, including asking staff from other clinical areas outside to assist.

However, if due to staffing reasons, a witness check is not possible at the time of administration, a complete controlled drug stock level check (reconciling the physical stock level balance with the CD register for everything held in the CD cupboard) must be carried out by a registered nurse and witness at each shift change.

6.1 Procedure for Administration of CDs in the Community

In the community, controlled drugs are dispensed for a named patient and therefore, unlike stock CDs in a hospital setting, may be administered in the community without a witness. However, consideration should be given to using patients or carers as a witness where appropriate.

A registrant may request a second check e.g. where a calculation is involved or when setting up a syringe driver. Where a second check is considered necessary, the registrant should make suitable arrangements before visiting the patient in a community setting

Administration within a patient's home, must be recorded on the patient's medication administration chart or care pathway as appropriate. Where the medication is not given, the reason for not doing so must be documented.

Where there is a witness to the administration this should also be

Documented.

Where only part of an ampoule containing a Controlled Drug is used, the unused drug should be disposed of in a sharps box and the amount used, and the amount destroyed must be recorded. Where there is a witness to the administration, this person must also witness the destruction of the unused drug

7. Refusal/ Failed Administration of CDs

It is a patients' prerogative to refuse administration of any medication, including controlled drugs (unless a best interests order is in place).

Consent must be sought before every medication is administered. It is advisable to do this before preparing a CD for administration as well as at point of administration to minimise wastage and the need to quarantine if refused.

In situations where prepared CDs are refused, or administration fails, then the wasted medication must be quarantined within the CD cabinet until a destruction can be organized. The CD register must be annotated on the next line to reflect (see CD administration process above) to reflect the failure to administer.

8. Students and Trainees – Administration of Controlled Drugs

Where medication administration is a required part of the trainee or students agreed training, students and trainees may participate in the preparation of controlled drugs and observe the administration and documentation process.

Where a supervised student or trainee is involved, a witness is still required.

9. Self-Administration by Inpatients

Patients who are assessed as competent to self-administer when in hospital will need to have any prescribed schedule 2 or 3 (safe custody) controlled drugs administered by nurses in the usual way but should be encouraged to request these drugs as part of the self-administration process (see Self-Administration SOP).

10. References / Bibliography

See [Medicines Policy](#)