

Stock Checks of Controlled Drugs (CDs)

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Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

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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—
 - a. maintaining relevant controlled drugs registers under the misuse of drugs legislation, and
 - b. 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 stock checks of CDs by nurses and pharmacy professionals.

2. Objective

This SOP applies to nurses and pharmacy professionals in Powys teaching Health Board who are involved in checking stocks of controlled drugs.

To ensure all staff work in accordance with the approved procedure when checking stocks of Schedule 2 and 3 CDs and are aware of their individual responsibilities and accountability for this process.

3. Definitions

- PTHB – Powys Teaching Health Board
- SOP- Standard Operating Procedure
- CDAO – Controlled Drugs Accountable Officer
- CDs – controlled drugs
- MMT – Medicines Management Team (pharmacists, pharmacy technicians, nurses and administrative staff working in Medicines Management department)
- NHH – Nevill Hall Hospital
- RODP – Registered Operating Department Practitioners
- Pharmacy Team- Pharmacists, Technicians and Assistants employed by PTHB
- Supplying Pharmacy – the pharmacies which supply CDs to PTHB –Nevill Hall Hospital for all stock and some prescribed items. Bronglais Hospital for prescribed items only
- RHCP- Registered Health Care Professional

4. Role / Responsibilities

All wards and departments possessing stocks of Controlled Drugs must carry out a complete stock balance reconciliation at least once every day that the ward/department is open. The Registered Nurse/Midwife in Charge is responsible for ensuring that this is carried out. Two registered nurses, midwives or other authorised registered health professionals(see [Medicines Policy](#)) should perform this check. If only one registrant is available to perform the stock check then additional measures must be put in place (see [Medicines Policy](#))

In addition to ward/ department stock checks a reconciliation of Schedule 2 and schedule 3 (safe custody) CDs stocked within wards and departments must be completed every 3 months by a PTHB Pharmacy professional witnessed by an authorised ward/department registrant, unless otherwise specified by the PTHB CDAO.

5. Stock Check Process

5.1 Ward/ department checks

Where possible the staff undertaking this check should be rotated periodically. The following procedure must be followed:

- Each page of the CD register must be checked against the contents of the CD cupboard, not the reverse, to ensure all balances are checked.
- The physical stock of each item should be counted.
- Sealed packs/bottles with a manufacturer applied tamper-evident seal should not be opened to undertake a contents check. To do so could lead

to damage to the containers and increases the risk of breakage or loss of medication.

- When undertaking the daily stock check, the stock balances of liquid medicines should generally be checked by visual inspection. An accurate stock check of liquid medicines (i.e. by measuring the volume in a measuring cylinder/s*) will be carried out as part of pharmacy professional scheduled stock checks. In addition to this, the balance must be confirmed to be correct every time the contents of a bottle has been used (i.e. when the bottle is empty). Any discrepancies must be reported to the Medicines Management Team by emailing powys.cdao@wales.nhs.uk
- A record must be made that the stock check has been carried out. This record must include the date and time of the reconciliation check and it must be signed by both members of staff to declare that they have carefully and accurately checked all stock. This record must be kept in a bound log book e.g 'exercise book' – dedicated for this purpose. Once weekly the full stock check should also be annotated within the CD register with an account for each drug/page.

**Measuring cylinders for measuring controlled drug liquids have been approved and provided by the Medicines Management team. Link to infection control guidance re cylinder cleaning.*

5.2 Pharmacy Professional Stock Checks

In addition to daily ward / department checks, once every 3 months a PTHB Pharmacy Professional witness by an authorised ward/department registrant will also complete a full CD stock check (this frequency may be reduced if specified by the PTHB CDAO).

The process followed should be as above for Ward/ department checks.

On completion of the pharmacy CD stock check a feedback form will be completed (see appendix A) by the pharmacy professional. One copy will be given to the ward/ department with one copy being retained in the pharmacy office

A record of completed Pharmacy stock checks will be kept and managed within PTHB Medicines Management Team.

6. Balance Checks at Administration

When removing any controlled drug from the CD cabinet in preparation for administration a nurse and the second witness must check the balance of medication matches the account in the CD Register (see CD Administration SOP).

7. Discrepancies

Any discrepancy must be investigated in accordance with Dealing with Discrepancies section of the [Medicines Policy](#).

Additional note-

For Dental Departments with discrepancies related to activity subject to Home Office Licence requirements, the discrepancies must also be reported by email to dfu.dom@homeoffice.gov.uk using the [thefts and losses form](#).

Discrepancies in balance should not prevent administration but must be investigated immediately and reported via DATIX with a [CD Incident form](#) being completed also.

8. References / Bibliography

PTHB /MMP 001 Medicines Policy [Medicines Policy](#)

Appendix A

PTHB Ward/ Department Controlled Drug (CD) checklist

Ward/Department:

The registered nurse, midwife or clinical lead in charge of a ward/department is responsible for the safe and appropriate management of CDs in the area. A pharmacy professional will carry out a full stock reconciliation and assess the quality of the record keeping, of stock and patient's own CDs, at a minimum of every three to six months.

<u>Standard</u>	<u>Yes/No</u>	<u>Comments</u>
The CD register has separate pages for each drug, formulation and strength of formulation.		
The CD register must be completed indelibly.		
Mistakes in the CD register are bracketed in a way that the original entry is still clearly legible and the incorrect/corrected entry is signed and dated for by two registered healthcare professionals. <u>N.B.</u> There must be no crossings out or alterations to entries.		
Actual CD stock balance corresponds to that documented in the CD register.		
Stock levels of CDs are checked every 24-hours by two registered healthcare professionals and recorded in the stock check book which both registered healthcare professionals must sign.		
CDs are received into the CD register appropriately and signed for by two registered healthcare professionals.		
Appropriate documentation of CD administration in the CD register and signed for by two registered healthcare professionals.		
The transfer of CDs between wards/departments is documented appropriately and signed for by two registered healthcare professionals.		
The details of transfer of CDs to a new page is recorded appropriately and signed for by two registered healthcare professionals. <u>N.B.</u> The new page number must be added to the bottom of the finished page and the index updated.		
The details of transfer of CDs into a new CD register is recorded appropriately and signed for by two registered healthcare professionals.		
Current CDs held in line with stock list and all non-stock CDs required for inpatients. (items found outside of this to be flagged to ward / department senior staff to be considered for destruction)		
Security arrangements for the storage of CDs and CD stationary is in line with Health Board policy.		
CD cupboard key held by the Nurse in Charge		
Check naloxone and/or flumazenil is available if appropriate on ward/ department.		

Review ward controlled drug order book: ensure appropriately completed, appropriate requests and all signatories completed.		
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Recommendations for improvements:

This check was carried out by: (pharmacist/ technician) on
..... (date) Feedback provided to:
(ward/department registered nurse, midwife or clinical lead in charge).

It is the responsibility of the ward/department registered nurse, midwife or clinical lead in charge to feedback to ward/department staff and act upon these findings, as appropriate, within a timely manner.

A copy of this form should be given the ward/department registered nurse, midwife or clinical lead in charge and a copy kept in the pharmacy department.