

Huron Perth Healthcare Alliance	
1. Clinical Policies and Procedures	Original Issue Date: October 23, 2019
Medication - Narcotic and Controlled Medication Administration - Standard Work	Review/Effective Date: January 30, 2024
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This is a CONTROLLED document for internal use only.

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The purpose of a Standard Work document is to provide guidelines for the staff involved in the described process and their managers at the HPHA. Standard Work is a detailed definition of the current best practices for performing an activity or process. Standard Work documentation contains instructions, useful graphics, and anything else necessary to ensure that work is done consistently regardless of who performs the process. It is expected that all staff shall adhere to the principles outlined in this document.

Scope

This Standard Work Protocol applies to all Nurses and Respiratory Therapists (RT) at the Huron Perth Healthcare Alliance (HPHA) who are involved in administration and management of narcotic and controlled medication.

Guidelines

The following principles shall be followed:

- All nurses/RTs will strive to follow best practice and have narcotic and controlled medication waste witnessed at the time of preparation, discard the remaining portion of the medication prior to leaving the medication room, and immediately administer the dose to the patient.

Requirements for practice:

- Medication must be obtained from the automated dispensing cabinet (ADC) using the patient name (or follow process for situations where patient name is not known).
- Medication must be labeled as per standards (patient name, room number, drug, amount, added by, base solution, date). Label must include the initial of the preparer.
- Medication will not be used for more than one patient.
- Medication will not be stored after a shift change has occurred.
- Medication ampoules/vials will be single use, regardless of manufacturer labelling (i.e., multi-dose vials)
- When not in possession of a staff, medication storage must be in an approved lockable storage container in a secure medication room.
- Medication dose entered on ADC must match prescribed dose. When the dose is not known, nurse must indicate the maximum dose on the ADC when removing the medication and the nurse MUST reconcile the dose once it is known.
- At end of shift, staff member MUST check ADC for any outstanding waste, and resolve the issue before the end of their shift.
- Medication should be wasted by the same staff member who removed it from the ADC.
- Medication that is found unlabeled will immediately be removed from the area where found, and will not be used for patient care. Investigation should occur to determine what the medication is, and for what patient. Once that information is obtained, it should be wasted immediately with the staff member who removed it from the ADC. If the staff member has left, they will be contacted to return to the hospital to complete any outstanding actions.
- If a discrepancy is found unresolved, the staff member responsible for the discrepancy will be asked to return to the hospital to resolve the discrepancy
- If any of the above requirements are not met, staff will enter an RL6 incident report.

Timing of Waste

- Waste is to occur immediately after administration of the medication to the patient.
- In the following special situations, staff may store narcotic and controlled medication in a syringe:
 - Urgent patient care need where medication is needed but dose is not known at time of preparation (i.e., rapid sequence intubation, seizures, transport).
 - Frequency of pain medication requirements is such that staff members are not able to return to the medication room to prepare medication without compromising patient care.
 - Staffing of area prevents nurse from being able to return to medication room to prepare medication without compromising patient care.

Note: Timing of Waste for special situations – Time of dose waste will NOT exceed the earliest of the following events occurring: patient discharge, shift change of the nurse preparing the dose, or 6 hours after time of preparation.

Note:

- All other requirements must be met for special situations; the only change is that medication may be stored in a syringe.
- Staff must follow best practice for use of blunt tip or other safety needles (see 'CDC information – Needles / Syringe Use' below).
- Staff convenience is NOT an acceptable reason for storing and/or delaying waste of narcotic and controlled medication.
- Staff will NOT store or delay waste of narcotic and controlled medication as a method to minimize cost and use of a medication.

Additional Key Points

- Staff will NOT utilize the floor charge option on the ADC to obtain narcotic/controlled medications
- Staff will NOT take out narcotic / controlled medications for another healthcare provider (the only exception to this rule is in an emergency situation)
- Staff will NOT attempt to restock narcotic / controlled medications back into the ADC. Unused narcotic/controlled medications should be wasted and discarded according to hospital policy

- When withdrawing any medication from a glass ampoule, a filter needle must be utilized
- As per regulatory standards (pharmacy, nursing and respiratory therapists), medications prepared in patient care areas are for 'immediate' use. Pharmacy team members will strive to procure single use and/or the smallest format possible to reduce waste.

HPHA Resources

HPHA Medication - Narcotics – Control and Recording Policy

REFERENCES:

Centers for Disease Control and Prevention. (2019). Questions about Single-dose/Single-use Vials. Retrieved from https://www.cdc.gov/injectionsafety/providers/provider_faqs_singlevials.html

CDC Information –Needles / Syringe Use

Frequently Asked Questions Regarding Safe Practices for Medical Injections

Is it acceptable to reuse a syringe and/or needle to enter a medication vial for the same patient if the medication vial and the syringe will be discarded at the end of the procedure and not used for subsequent patients?

The safest practice is to always enter a medication vial with a sterile needle and sterile syringe, even when obtaining additional doses of medication for the same patient. This adds an extra layer of safety in case, for some reason, the medication vial is not discarded at the end of the procedure as it should be and is inadvertently used on a subsequent patient.

Is it acceptable to use the same syringe and/or needle to administer multiple injections to the same patient (e.g., in the case of numbing a large area of skin or to provide incremental doses of intravenous medication)?

The safest practice is for a syringe and needle to be used only once to administer a medication to a single patient, after which the syringe and needle should be discarded. This practice prevents inadvertent reuse of the syringe and protects healthcare personnel from harms such as needlestick injuries.

However, when this is not feasible (e.g., when administration of incremental doses to a single patient from the same syringe is an integral part of the procedure), reuse of the same syringe and needle for the same patient should occur as part of a single procedure with strict adherence to aseptic technique. In such situations it is essential that the syringe never be left unattended and that it be discarded immediately at the end of the procedure.

When should single-dose or single-use vials be discarded?

Medication vials should always be discarded whenever sterility is compromised or questionable.

In addition, the following recommendations are made for handling of single-dose or single-use vials:

If a single-dose or single-use vial has been opened or accessed (e.g., needle-punctured), the vial should be discarded according to the time the manufacturer specifies for the opened vial or at the end of the case/procedure for which it is being used, whichever comes first. It should not be stored for future use.