

Standard Operating Procedure 011

CONTROLLED DRUG REQUISITION AND RECORD KEEPING

The following procedure applies to Schedule 2 and 3 Controlled Drugs. In addition SAVES treats Ketamine as a drug to which Schedule 2 requirements should be applied.

SAVES Members who are also GP Principals may have Standard Operating Procedures in their own practices for the procurement and prescription of Controlled Drugs, where this is the case, they may proceed using those Standard Operating Procedures.

Others will use the following Standard Operating Procedure to obtain and manage the record keeping of relevant Controlled Drugs used in their immediate care practice.

Non-principal GPs and hospital-based doctors who are members of SAVES will need a private CD number in order to requisition CDs. A private CD number may be obtained from June Kitchen, NHS Somerset Patient Practitioner Service, who will also be able to provide an initial stock of CD requisition forms (FP10CDF).

Requisition of CDs

To obtain supplies of schedule 2 and 3 controlled drugs the doctor **must personally** supply a **CD requisition form (FP10CDF)** to a Community Pharmacy.

- CD requisition forms (FP10CDF) are only available as non-personalised form and the details of the drug and the supplier (pharmacy) and customer (prescriber) can be hand-written or printed. However the signature of the prescriber **must** be hand-written.
- The SAVES Doctor should complete parts B, C and D of the requisition form.
- The requisition form covers the following fields of information:
 - **Name, address** and **profession/occupation** of the recipient
 - **Purpose** for which the drug is supplied
 - **Name, form, strength** of the drug and the **total quantity** supplied
 - **Signature** of the prescriber (handwritten)
 - **Date** of order
 - **Name** and **address** of the **supplier**. This **must** be recorded indelibly on the requisition form at the time the supply is made.
- Each individual SAVES member will pay for the CDs on collection.
- Pharmacists may only supply original, sealed packs of CDs.
- A photocopy of the request must be taken and filed for future reference. The copy should be used to confirm that the correct product(s) have been supplied by the pharmacy.
- CDs must be transferred to the Doctor's bag on collection from the pharmacy (See SAVES SOP 010 "Storage of Controlled Drugs").
- Details of all CDs should be entered into the individual doctor's CD register (see below).
- Only the doctor named on the FP10CDF may collect the CDs and will need to present appropriate identification documents
- FP10CDF are specific to the medical practitioner and should not be shared among prescribers or photocopies used for obtaining stock
- FP10CDF are controlled stationary

Documentation

This Standard Operating Procedure outlines the use of a CD register to ensure that all transactions involving Schedule 2 Controlled Drugs (CDs) comply with the relevant regulations regarding record keeping. Records must be kept when:

- New Stock is obtained for the SAVES doctor's bag
- CDs are administered to patients
- Stock is destroyed. (Must be witnessed by a PCT approved authorised witness – see below)

The Register

- Each doctor must keep a register for all Schedule 2 CDs. The register **cannot** be a loose-leaf register or card index. This register **should not** be used for any other purpose
- The register must:
 - Contain individual bound sections for each individual preparation
 - Have the generic (class) name, strength and form specified at the top of each page
 - Be available for inspection at any time
 - Be kept for a minimum of eleven years after the date of the last entry, once completed
- The CD register must be kept in a secure place (**NOT** in the CD receptacle). When not in use, the CD register will be kept in the glove compartment of the member's car
- Entries must be made in chronological order
- Details should be entered immediately after the transaction or as soon as practical afterwards. This must not be more than 24 hours after of transaction
- Entries should be made in ink
- Any corrections must be in the form of marginal notes or footnotes, which **must** be signed and dated. An erroneous entry should be scored through with a single line and countersigned.

Recording of Receipt of CDs into Stock

- When CDs are received they should be checked against a copy of the requisition
- If the stock received is **correct** the details of the CDs received should be entered into the CD register including; date obtained, pharmacy address from which obtained, quantity and the running balance of drug remaining.
- If the stock that has been received is 'unfit' for use (*damaged or incorrect*) it should be returned immediately to the pharmacy that supplied it.

Recording of Administration of CDs to Patients

- The following details must be entered into the CD register when a CD is administered to a patient:
 - Date of administration
 - Patients name (where known) and Ambulance Service Incident Number. Because of the emergency nature of SAVES' work, it is accepted that there will be circumstances when a name is unavailable, in which case the patient's sex and estimated age should be recorded.
 - Name, form and strength of drug supplied/administered
 - Quantity "supplied" (may be more than dose administered, if, for example, only a part ampoule is used)
 - Record any difference as 'wasted'
 - The running balance of drug remaining.
- The entry must be made as soon as possible, and no more than 24 hours, after administration

Obsolete, Expired and Unwanted Stock

- Doctors **must not** destroy any Schedule 2 CDs in the absence of an authorized witness.
- Accountable officers are able to authorise a person to be an authorized witness. **An Accountable Officer must not be an authorized witness.**
- Steve Dubois, Somerset PCT CD officer is an authorized witnesses and can witness the destruction of CDs by appointment.
- **Enter the details of the drug being destroyed into the CD register including**
 - Drug Class (generic name eg Morphine)
 - Drug name (if brand eg Zomorph)
 - Drug form
 - Drug strength
 - Drug quantity
 - Date of destruction
 - Signature of the person in whose presence the drug was destroyed and the professional destroying it (i.e. 2 signatures)
- The destruction of Schedule 3 and 4 Part I CDs does **not** need to be witnessed by an authorised person but these preparations **must** be denatured before being placed into waste containers unless the waste carrier has a license to possess these CDs.
- Good practice would deem that a professional colleague witnesses the destruction of Schedule 3 and 4 Part I CDs. It is also good practice to record their destruction in a separate bound book (not CD register).
- CD destruction kits are commercially available, the PCT will supply when witnessing stock destruction for SAVES.

Discrepancy (between the requisition and stock received from supplier)

- It is recommended that orders are checked before leaving the pharmacy from which the requisition is made.
- Check the stock received with that requested via the requisition (check the drug name, quantity, dosage form and strength)
- If a discrepancy is identified between the requisition and the supply received then follow the process below.
 - a) Enter the stock into the CD register for stock **obtained** (**not** what was requested)
 - b) Contact the supplier as soon as possible to investigate the discrepancy.
 - c) If the discrepancy is resolved with the supplier no further action is required
- If the discrepancy cannot be explained/rectified then you should inform the Chairman of the Medical Committee of SAVES and **must** inform the PCT accountable officer

Discrepancy (between registered stock and actual stock)

- If a discrepancy is identified between registered stock and physical stock then follow the process below.
 - a) Check back through the entries for that drug in the CD register and invoices from suppliers or copies of requisitions and ensure that there has **not** been a book keeping or numerical error.
 - b) If the discrepancy **can** be identified, record the outcome and make any corrections to the CD register with a signed and dated entry in the margin or at the bottom of the relevant page. There **must** be no cancellation (crossing out), obliteration (e.g. Tipp-Ex[®]) or alteration of any entry in the register.
 - c) If the discrepancy cannot be explained / rectified then the Chairman of the Medical Committee of SAVES and the PCT Accountable Officer must be informed.

Appendix – **Contacts**

Somerset PCT – Accountable Officer

Mr Shaun Green
Head of Prescribing and Medicines Management
Somerset Primary Care Trust
Wynford House
Lufton Way
Yeovil
Somerset
BA22 8HR
Tel: 01935 384043
Email: shaun.green@somerset.nhs.uk

Private CD Numbers and Initial FPCD10F Supplies

June Kitchen
Primary Care Contracts Manager
Patient and Practitioner Services
Somerset Primary Care Trust
East reach House
East Reach
Taunton
TA1 3EN
Tel: 01823 287804
Email: june.kitchen@somerset.nhs.uk

Subsequent FP10CDF supplies:

Greg Colthorpe
Site Services
NHS Somerset
East reach House
East Reach
Taunton
TA1 3EN
Tel: 01823 287773
Email: gregory.colthorpe@somerset.nhs.uk

Request for Witness of CD Destruction by an authorised person

STEVE DUBOIS
PCT CD OFFICER
Somerset Primary Care Trust
Wynford House
Lufton Way
Yeovil
Somerset
BA22 8HR
Tel: 01935 384123
Email: steve.dubois@somerset.nhs.uk