ACCOUNTABLE DRUG (SCHEDULE 4 (D) AND SCHEDULE 8

Requisition Schedule 4 (D) These drugs are ordered from Pharmacy by the Nursing Unit Manager/RN/RM/RegisteredMidwife (NUM/RN/RM) of each ward/unit as necessary. Orders are placed twice weekly.

The ward impress list is used to order Schedule 4(D) drugs which are delivered to the ward/unit by Pharmacist assistant or porter. The drugs are placed into the locked stock cupboard

Schedule 8 & S4D drugs
To requisition S4(D) and S8 drugs the narcotic requisition book is filled out and is collected by the ward pharmacist. It is taken to Pharmacy and dispensed the same day. In emergency situations the narcotic requisition and register is taken to Pharmacy by the RN/RM and drugs checked out straight into the book by the Pharmacist and the RN/RM.

Supply of Methadone requires the completion of the SESIAHS Methadone Supply form, by the prescribing medical officer after confirmation of the usual dosage.

Storage
The nurse in charge of a ward shall keep all Schedule 4 (D) and Schedule 8 Drugs which are in her/his custody stored apart from all other goods in a separate cupboard fixed to the premises. The separate cupboard must be kept securely locked when such drugs and substances are not in immediate use.

When S4(D) and S8 drugs are received from patients on admission, they should be returned home with relatives/family if possible. If unable to be returned, they should be sent to Pharmacy.

Checking
Stocks and records of S8 drugs are to be checked once each shift preferably by one RN/RM from each shift (e.g. morning shift with afternoon shift). Stocks of S4(D) are to be checked daily by one RN/RM from each shift. The entry is made in red ink in the Dangerous Drug Register.

The Nursing Unit Manager will check S4 (D) and S8 drugs monthly with an RN/RM.

The Nurse Manager, Administration will check S4 (D) and S8 drugs monthly with an RN/RM.

Regular audits of the Drug Registers will be conducted.

cont'd ..../2
ACCOUNTABLE DRUG (SCHEDULE 4 (D) AND SCHEDULE 8  cont'd

Recording in the Dangerous Drug Register
All entries are to be in ink. The following colour scheme for entries in the register is to be adopted:

* Recording administration of a drug - Black
* Shift to shift check - Red
* Stock received - Red
* Monthly check by Nurse Manager, Administration Red
* Footnotes Red
* Blue pen is not to be used.

If any drugs are found to be missing, The Nurse Manager[NUM are notified. The discrepancy is immediately investigated and reported to the Director of Nursing and Midwifery as well as Pharmacy. An IIMS report is completed.

Alterations and Obliterations
Mistakes should be corrected in the following way.

UNDER NO CIRCUMSTANCES SHOULD ANY ENTRY BE CROSSED OUT, ALTERED OR OBLITERATED.

* Balance - If the balance is incorrectly recorded -
  Put an asterisk (in red) beside the incorrect entry. At the foot of the page, place an asterisk to explain the error. This entry must be dated, signed and countersigned. Subsequent errors to be noted with an additional asterisk. For example, “***”.

Note: Once a footnote has been made it is advisable to complete a check to ensure the correct balance is entered.

Example:

<table>
<thead>
<tr>
<th>Date</th>
<th>No</th>
<th>Name</th>
<th>Dose</th>
<th>Amount</th>
<th>Check</th>
<th>J Blythe</th>
<th>M Smith</th>
<th>S Jones</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/3/99</td>
<td>1620</td>
<td>Mary Jones</td>
<td>10 mgm</td>
<td>7</td>
<td>J Blythe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*8/3/99</td>
<td>1615</td>
<td>Mary Jones</td>
<td>10 mgm</td>
<td>5</td>
<td>J Sara</td>
<td>A Sole</td>
<td>S Jones</td>
<td></td>
</tr>
<tr>
<td>8/3/99</td>
<td>1620</td>
<td>Checked</td>
<td></td>
<td>6</td>
<td>J Sara</td>
<td>A Sole</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If a patient’s name, date, amount given or time given is incorrect, then the correction should be made in a similar manner as detailed above.

Broken Ampoule
A broken ampoule must be recorded in the Drug Register in red as “broken ampoule”.

The Pharmacist; or in his/her absence, the Manager Nursing and Midwifery Clinical Operations, or after hours the Nurse Manager, After Hours must be notified immediately. The pieces of ampoule should be retained until after this notification has occurred and the pharmacist has authorised its disposal. An IIMS is recorded detailing this ampoule being broken.

cont’d ..../3
Unused Drawn up Injection
Must be recorded in the Drug Register. The NUM should be notified immediately. If after hours, notify the Nurse Manager, After Hours on duty. He/she will check and destroy the drug and countersign the footnote in the presence of the RN/RM.

Name of Drug ....Morphine 10mg amps.... Administered in Ward...6 West.............

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Given</th>
<th>Patient’s Name</th>
<th>Amount Received</th>
<th>Amount Given</th>
<th>Balance</th>
<th>Signature of Administering Nurse</th>
<th>Signature of Supervisor</th>
<th>Name of Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/4/99</td>
<td>1400</td>
<td>Amy Berry</td>
<td>10 mgm</td>
<td>6</td>
<td>M Sole</td>
<td>A Briggs</td>
<td>D Nash</td>
<td></td>
</tr>
<tr>
<td>*3/4/99</td>
<td>1800</td>
<td>Amy Berry</td>
<td>10 mgm</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>D Nash</td>
</tr>
<tr>
<td>3/4/99</td>
<td>2200</td>
<td>Amy Berry</td>
<td>10 mgm</td>
<td>4</td>
<td>A Smith</td>
<td>B Brown</td>
<td>D Nash</td>
<td></td>
</tr>
</tbody>
</table>


Unused Infusion of Schedule 4 (D) and 8
Any unused portion of intravenous fluid containing Schedule 4 (D) and 8 S4D/S8 must be immediately destroyed by flushing the contents of the flask down the sink in the presence of two RN/RMs.

Use of Fraction Dose of Ampoule/Tablet
Record amount given in the appropriate column. Any unused portion from a fraction dose should be immediately destroyed by flushing down the sink in the presence of two (2) RN/RMs. This should be recorded immediately below the recording of the dose given to the patient. If the appropriate dosage is available from the Pharmacy, this should be ordered rather than using a higher strength ampoule or tablet.

Name of Drug. Diazepam 10mgm tablets........Administered in Ward....7 East..........

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Given</th>
<th>Patient’s Name</th>
<th>Amount Received</th>
<th>Amount Given</th>
<th>Balance</th>
<th>Signature of Administering Nurse</th>
<th>Signature of Supervisor</th>
<th>Name of Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/4/99</td>
<td>1200</td>
<td>Amy Tan</td>
<td>5 mgm</td>
<td>M Barry</td>
<td>D Martin</td>
<td>D Nash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/4/99</td>
<td>1200</td>
<td>Destroyed</td>
<td>5 mgm</td>
<td>7</td>
<td>M Barry</td>
<td>D Martin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is preferable that tablets are not broken. Where this is unavoidable, and a portion of a tablet is discarded and recorded as discarded in the Dangerous Drug Register.

Breaking of Tablets
Only tablets that are clearly scored may be broken. If the dose prescribed requires the breaking of unscored tablets, the Pharmacist should be contacted or, after hours, the Nurse Manager, After Hours on duty who will see if a smaller dose is available.
ACCOUNTABLE DRUG (SCHEDULE 4 (D) AND SCHEDULE 8 cont’d

Discrepancies in Balance
Any discrepancies MUST be investigated immediately. If the cause for the discrepancy cannot be located / determined, report to the Manager Nursing and Midwifery Clinical Operations or, after hours, the Nurse Manager, After Hours on duty. The Director of Nursing and Midwifery must also be notified. The NUM, following investigation of the incident, should check and countersign the register. An IIMS must be completed and the appropriate footnote entered in the Dangerous Drug Register.

Destruction of Unused Schedule 8 or S4D drugs:
Unusable drugs can include expired, contaminated, broken, or patients own drugs not returned. The Nurse / Midwife in Charge contacts the Pharmacist who then destroyed the drugs on the ward, in the presence of a RN/RM.

After Hours Requirements/Birth Centre
If an S8 or S4 (D) drug is required outside normal Pharmacy hours and is not available on the ward, the following procedure is to be adopted.

The RN/RM in charge for the shift will:
(i) * Establish location of another ward with supply of drug required.
* Contact the Nurse Manager, After Hours on duty.
* Take the patient’s medication chart and the Dangerous Drug Register to the lending ward with the Nurse Manager After Hours and with the RN/RM of that ward check out the amount required and record in the Dangerous Drug Register. All three sign both Dangerous Drug Registers.

| Name of Drug . Morphine 15mgm amps...........Administered in Ward....6 West........ |
|---|---|---|---|---|---|---|---|
| Date | Time Given | Patient’s Name | Amount Received | Amount Given | Balance | Signature of Administering Nurse | Signature of Supervisor | Name Of Prescriber |
| 6/7/99 | 1930 | From 3 Nth | 15mgm | 1 | H Wren – J Jones | Nurse Mgr B Brown | Administration |
| 6/7/99 | 1945 | M Brown | 15mgm | 0 | J Jones | B Brown | D Nash |

(ii) * Where more than a single dose is required:
* Establish location of another ward with supply of drug required.
* Contact the Nurse Manager After Hours on duty.
* Proceed to the ward with the supply - sign out the required amount from that ward and sign in the amount to the receiving ward.
- The RN/RMs from both wards and the Nurse Manager After Hours sign both registers.
ACCOUNTABLE DRUG (SCHEDULE 4 (D) AND SCHEDULE 8  cont’d

Name of Drug .......Morphine 15 mgms .........Administered in Ward .......6 West .......

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Given</th>
<th>Patient's Name</th>
<th>Amount Received</th>
<th>Amount Given</th>
<th>Balance</th>
<th>Signature of Administering Nurse</th>
<th>Signature of Supervisor</th>
<th>Name of Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/7/99</td>
<td>2130</td>
<td>From 3 Nth</td>
<td>5 amps</td>
<td>5</td>
<td>0</td>
<td>M Smith</td>
<td>J Jones</td>
<td>Administration</td>
</tr>
</tbody>
</table>

If the drug cannot be located in any ward area, contact the prescribing officer to see if an alternative is available.

Gate Pass
A prescription is written for sufficient medication to cover the duration of gate leave for patients that are proceeding on gate pass. This prescription is then sent to Pharmacy where a gate leave pack is prepared and sent to the ward. As the patient proceeds onto gate leave the gate leave pack is dispensed to the patient.

Use of Patient’s own Medications S4 (D) and 8
Where it is not possible to immediately obtain a supply of a prescribed medication and no alternative is available, the following procedure is to be followed. After hours, the Nurse Manager, After Hours on duty should be contacted. A separate page is to be used in the appropriate register and set out in the usual manner.

Tablets are to be counted and entered as required. Liquid must be measured and entered as required.

Name of Drug .......Morphine 10 mgm amps .........Administered in Ward....6 East........

Mrs Janet EASTLY's own medication (mgm)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Given</th>
<th>Patient's Name</th>
<th>Amount Received</th>
<th>Amount Given</th>
<th>Balance</th>
<th>Signature of Administering Nurse</th>
<th>Signature of Supervisor</th>
<th>Name of Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/8/99</td>
<td>1400</td>
<td>From J Eastly</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>M South</td>
<td>J Jones</td>
<td>Administration</td>
</tr>
<tr>
<td>6/8/99</td>
<td>1800</td>
<td>J Eastly</td>
<td>10 mgm</td>
<td>4</td>
<td>0</td>
<td>J Scott</td>
<td>B Brown</td>
<td>D Nash</td>
</tr>
<tr>
<td>7/8/99</td>
<td>1000</td>
<td>Return to J Eastly</td>
<td>4 amps</td>
<td>0</td>
<td>0</td>
<td>M South</td>
<td>J Jones</td>
<td></td>
</tr>
</tbody>
</table>

Returning to Stock in Operating Suite
If an S8/S4D ampoule is unbroken or tablet in package is not used during a procedure in Operating Theatre, then it can be added back to stock in the S8/S4(D) cupboard. Record as follows:

cont’d ..../6
ACCOUNTABLE DRUG (SCHEDULE 4 (D) AND SCHEDULE 8  cont’d

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Given</th>
<th>Patient's Name</th>
<th>Amount Received</th>
<th>Amount Given</th>
<th>Balance</th>
<th>Signature of Administering Nurse</th>
<th>Signature of Supervisor</th>
<th>Name Of Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/11/99</td>
<td>0900</td>
<td>M Bower</td>
<td>100 mgms</td>
<td>100 mgms</td>
<td>95</td>
<td>A Johnson</td>
<td>M Zane</td>
<td>A Johnson</td>
</tr>
<tr>
<td>10/11/99</td>
<td>1000</td>
<td>Returned</td>
<td>100 mgms</td>
<td>100 mgms</td>
<td>96</td>
<td>A Johnson</td>
<td>M Zane</td>
<td>A Johnson</td>
</tr>
</tbody>
</table>

Policy for Administration of S8 and S4(D) Drugs in Operating Suite (for anaesthetic use)
If a doctor requests S8 and S4(D) drugs to be used during the course of an operation, the surgeon/anaesthetist is to sign in the Administering Nurse section and their name is to be printed in the Prescriber Column.

Dangerous Drug Administration for patients in an Outpatients setting
If a patient requires an S4D/S8 medication to be administered during the outpatient consultation, it will be prescribed on a prescription form. Pharmacy will supply the medication to the medical officer. The order also will be written on the national inpatient medication chart so that a record of the medication being administered is recorded.

If a patient requires an S4D/S8 dangerous drug medication to be administered following outpatient appointment, then a medical officer will write a script for an external pharmacy and provide this to the patient. Under special circumstances the Medical Officer contacts Pharmacy to determine if this medication can be dispensed by the Hospital’s Pharmacy.

GENERAL RULES FOR ADMINISTRATION OF S4 (D) AND S8

Under no circumstances is a RN/RM to administer an S8 or S4 (D) without a second registered (or endorsed enrolled) nurse / midwife being present for the entire procedure. See Department of Health Circular (95/37).

Failure to comply with this requirement will result in Disciplinary Action.

Procedure

Check the Order
Before administering any Schedule 4 (D) and S8, the following must be checked by referring to the national inpatient medication chart before a decision is made to administer the medication.

* Name of patient
  • Date
  • Allergies
  • Pain and sedation score
  • Drug to be given
ACCOUNTABLE DRUG (SCHEDULE 4 (D) AND SCHEDULE 8 cont’d

- Dosage ordered
- Maximum daily dose permitted
- Route
- Frequency of administration
- Medical officer’s signature
- Time of last injection/dose and the number already given and if the signature covers more than one administration

Note: The administration of S4 (D) and S8 medications is always by two RN/RMs. When another RN/RM is unavailable to supervise the administration of an S4 (D) or S8, the RN/RM should:
  a) Contact the Nurse Manager, After Hours on duty to check the drug or organise an appropriate staff member
  b) A Medical Officer may be the second party

Unlock the Dangerous Drug Cupboard

- Remove drug(s) required
- Check medication chart and drug register and enter:
  Date and time
  Name of patient
  Number of drugs in stock
  Number of drugs removed from stock
  Balance of drugs in stock

Lock cupboard

If administering an oral accountable drug, both nurses proceed to the patient’s bedside, taking with them the medication charts and the Dangerous Drug Register.

* If administering an injection, then the following procedure applies:
  Check the ampoule drug contents for its strength and concentration as well as expiry date is rechecked using the following details on the medication chart:
    o Name of patient
    o Date
    o Drug to be given
    o Time to be given
    o Dosage
    o Route
    o Frequency of administration
    o Medical officer’s signature
    o Time of last injection and the number already given and if the medical officer’s signature covers more than one injection

NB: Withdraw the entire contents of the ampoule and dispose of any excess dosage safely e.g. into gauze swabs, or into the drains directly.
Patient’s Bedside
National inpatient medication chart and prepared drug are taken to the patient’s bedside by the
two persons who prepared the drug.

Both nurses will check the patient’s identification by:
* Asking the patient her name and any allergies (where appropriate)
* Check the name and MR number on the patient’s identity band against the
  national inpatient medication chart.
* Check once more the details on the medication chart as per 10.2.

NB All patients being given an injection of any kind must be screened to ensure privacy.
Even a subcutaneous injection in the arm may cause embarrassment to a patient if she
reacts to the pain of the injection.

The Dangerous Drug Register and national inpatient medication chart are then signed
by those administering the drug before leaving the patient’s bedside, after the
administration of the drug.

Undergraduate Nursing Students
During periods of clinical placement, undergraduate nursing students may only administer S4
(D) and S8 medications under the direct supervision of their clinical supervisor/RN/RM and an
RHW RN/RM (i.e. 2 RN/RMs must be present)

Where incremental doses of Intravenous opiates are required outside of the recovery
unit please refer to the Intravenous opiate loading policy. If Subcutaneous morphine
is to be given refer to the Subcutaneous morphine policy on the RHW P; Drive under
clinical policies and procedures, in the folder titled “Pain”

INTRAVENOUS INJECTIONS OF MORPHINE SULPHATE TO TERMINALLY ILL
PATIENTS
Should intravenous opiates be required for acute pain in the terminally ill patient the
Intravenous opiate loading policy may be followed, and may be found RHW P; Drive under
clinical policies and procedures, in the folder titled “Pain”

RESPIRATORY DEPRESSION Or SEDATION CAUSED BY OPIOIDS

Excessive opioid administration
(a) If respiratory rate is less than 10/min or level of consciousness
    score is >1
    * Stop infusion.
    * Opioid dose to be reviewed by APRS
    * Continue observations as before.

cont’d ..../9
(b) Respiratory depression as demonstrated by:
- a respiratory rate less than 8 per minute but patient rousable
- excessive sedation = 2 (patient difficult to rouse despite respiratory rate > 8)

Initiate Pace tier 1. Contact APRS
- Stop opioid
- give $O_2$ at 6-8 L/minute via Hudson mask,

(c) Respiratory rate < 5

Pace tier 2/code blue,
- Coma position,
- Administer Oxygen 10lttrs face mask
- Ensure suction available
- Give naloxone as ordered or Follow the STANDING ORDER FOR THE USE OF NALOXONE (suggest 100-200microg IV every 2-3 mins) until respiratory rate >8 has been achieved.
- Repeated doses may be required due to naloxone short duration of action
- consider a naloxone infusion, 50-100microg/hour)
  Contact Anaesthetic registrar / APRS urgently
- Monitor oxygen saturation with pulse oximetry (if available) and monitor respiratory rate
- Take a full set of baseline observations i.e. TPR & BP
- Observe respiratory rate BP and level of consciousness at 5 minutely intervals until the patient is stable.