Pharmacy Four-Monthly Controlled Drug Check Report



The check should be carried out by two members of staff, at least one of which should be a pharmacist or pharmacy technician. The other may be a pharmacist, pharmacy technician or registered nurse. Where possible, steps 4 and 5 should be carried out in conjunction with a registered nurse from the Ward/Department.

Prior to undertaking the check, a BOXI report of all Schedule 2 and 3 controlled drugs issued to the Ward /Department within the last 4 months needs to be prepared. Individuals who are involved in organising the checks can arrange to have this BOXI report for the relevant areas sent to them every 4 months.

Where any discrepancies are found the pharmacy team member should discuss with the senior charge nurse and principal/lead clinical pharmacist. A Datix form should be completed where appropriate.

Once all sections have been completed a copy should be retained by the senior charge nurse and in pharmacy for a period of 2 years.

Name of Ward/Department:						
Date of check:						
Review the ascribe transaction report for any unusual patterns in controlled drugs supplied	Enter details of any discrepancies in this column					
2. Select 5 random issues (exclude drugs where safe custody and documenting in the register are not required and those that have a "case number" listed beside the entry on the report) from the BOXI report and check that there is a corresponding entry in the CD register and order book. For each issue, check that that the order book has been signed by the recipient and the following has been recorded correctly in the CD register:						
 Date received (BOXI, order book and register match) 						
 Amount received (BOXI, order book and register match) 						
 Serial number of requisition (order book and register match) 						
 Received by (signature in order book and register) 						
Witnessed by (signature in register)						
Stock balance (balance in register)						

3. Select 5 random issues from the CD register and check that the following details have been recorded correctly:	Enter det	ails of any	discrepan	cies in this	s column
• Date					
• Time					
Patients name					
Amount given					
 Dose discarded (if applicable) 					
Given by					
Witnessed by					
Stock balance					
4. Check the stock balance for all liquid CDs in the cupboard. Where a minor discrepancy (i.e. it can be explained by losses from administration or overage in the bottle) is identified, the actual balance should be documented in the register. Where any amendments are made to the balance in the register the nurse in charge should check the amended balance and countersign.					
(A discrepancy of 5% of the <u>total</u> volume of bottle is allowed up to a maximum of 10mL)					
5. Review the stock held in the cupboard, particularly with regard to the following:					
 Check that all stock is within date 					
 Where multiple strengths of the same drug, high strength opiates or potassium chloride concentrate injection are stocked, ensure this is appropriate. 					
 Ensure high strength opiates are separated from low strength opiates. 					
6. Check that the daily check has been undertaken by nursing staff					
7. Check that the order book(s), keys and register are stored correctly					
(Order book <u>must</u> be stored in locked cupboard; registers do not need to be, but can if space allows. If there are 2 keys, we advise that they are on separate keyrings and in the possession of 2 different members of staff.)					

8. Check that patients own CDs are recorded under a designated section or separate register and that documentation of these is clear.	Enter details of any discrepancies in this column
(One page per patient <u>and</u> per drug	
<u>OR</u>	
Consecutive lines in the register – no spaces between)	
9. Review any medicine transfer forms from the past 4 months, particularly with regard to the following:	
 Any unusual borrowing patterns, particularly with attractive / desirable medicines. 	
 Ensure the forms have been completed correctly. 	
 Where controlled drugs have been transferred, ensure the pharmacy check of the transfer has taken place. 	
10. Additional comments	
Check carried out by:	
Name: Signature:	
Designation:	
Name: Signature:	
Designation:	

Paula Whyte Medicines Policy Group July 2017 July 2019 26 November 2021 Drafted by: Approved by: Date: Review date: Updated: