		MCLO FLINT SCHEDULE	TO TO A	1			Corlains	Code: 15mg/5ml LIQ	Dronahing 15mg tab	Fentanyl 100	Fentanyl 25 mg 2	Fentanyl 50 Patch (Duragesic)	Fentany 75mg Patch (Duragesic)	Fentany 100ms -	Hydromorphone 2	Hydromorphone 4	Hydromorphone 2mg/ml INJ (Claric)	Hydromorphone Am	Dilaudid PCA 30ma/30	Meperidine 50ma/mi M	Meperidine 100mg/ml M L	Meperidine 50mg/5ml LIO (n.	Demerol PCA 300ma/30mil	Methadone Smg tab	Methadone 10mg tab	Methadone 10mg/5ml LIQ	Methylphenidate 5mg tab (Ritalin)	Morphine 10mg/ml LIQ	Mombine 2mg/ml INJ	Morphine Pos.	Morphine Sp. 2	Morphine SR 30	Oxycodone SR 10	Oxycodone SR 20	Oxycodone SR 40mg	Oxycodone 5mg tab	Oxycodone/APAP 10/650	Oxycodone/Asa in
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				Е	ENDING BAL	ANCE			:00								no				e lie	1			do	100		[P4]		1,9		YHIT Harris		101				
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Q.	TIME	SIGNATURE OF ON-COMING NUR	SIGNATURE OF SIGNATURE OF OUT-GOING NURSE																																			
8 HOUR NURSE AUDIT RECORD	1500					ON HAND	1				89 D													1												10/11		
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1.	Start a new inventory	record at each morning shift change.	The previous days record must be completed at the same time.
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^{2.} Controlled drugs must be counted and verified with the inventory record at each shift change. Both on-coming and out-going nurses must sign the record.

ON HAND

All entries made upon this time sheet must be in ink.

All Controlled drugs must be recorded when administered to the patient, lost, broken, or contaminated.

Partial doses left after parenteral administration of a portion on an injection or unit dose oral dosage form may be destroyed provided that the destruction is witnessed and countersigned on the inventory record by a second responsible person.

PROCEDURE FOR CONTROLLED DRUG COUNT ERROR

Any underage or overage in the controlled drug count is investigated according to the following steps:

- A. The Pharmacy is called to verify the number that was brought forward from the previous day. If the number brought forward was incorrect, the number is changed to conform with the Pharmacy.
- B. If the count remains incorrect, the medication kardexes and new medication orders are cross-checked to identify the cause of the error.
- C. If the count remains incorrect, the Director/Supervisor is notified.
- D. The back of this controlled drug record is completed with the following information: date, dosage, investigation, signature of two medication nurses, and supervisor's signature.
- E. A "Confidential Report of Incident" form is to be completed and directed to Risk Management.

INVESTIGATION OF CONTROLLED DRUG COUNT ERROR	DATE	TIME
DRUG AND DOSAGE		
INVESTIGATION		
SIGNATURE OF TWO MEDICATION NURSES		
SIGNATURE OF SUPERVISOR		

REPORT OF LOSS OR WASTE

DATE:	TIME:	AMOUNT:	DATE:	TIME:	AMOUNT:	
REASON:		DRUG:	REASON:		DRUG:	
LOSS REPORT PRE	PARED BY:	WITNESS:	LOSS REPORT PREPAR	RED BY:	WITNESS:	
DATE:	TIME:	AMOUNT:	DATE:	TIME:	AMOUNT:	
REASON:		DRUG:	REASON:		DRUG:	
LOSS REPORT PRE	PARED BY:	WITNESS:	LOSS REPORT PREPAR	RED BY:	WITNESS:	
DATE:	TIME:	AMOUNT:	DATE:	TIME:	AMOUNT:	
REASON:		DRUG:	REASON:		DRUG:	
LOSS REPORT PRE	EPARED BY:	WITNESS:	LOSS REPORT PREPAI	RED BY:	WITNESS:	
DATE:	TIME:	AMOUNT:	DATE:	TIME:	AMOUNT:	
REASON:		DRUG:	REASON:		DRUG:	
LOSS REPORT PRE	EPARED BY:	WITNESS:	LOSS REPORT PREPA	RED BY:	WITNESS:	
DATE:	TIME:	AMOUNT:	DATE:	TIME:	AMOUNT:	
REASON:		DRUG:	REASON:		DRUG:	
LOSS REPORT PREPARED BY:		WITNESS:	LOSS REPORT PREPA	RED BY:	WITNESS:	