

SCHEDULE III IV & V

Apprazolam 0.5mg tab Apprazolam 1mg tab Apprazolam 1mg tab Chorasopam 2mg tab Chorasopam 10mg/2m1 INJ Diazopam 10mg/2m1 INJ Chorasopam 5mg tab Chorasopam 10mg/2m1 INJ Chorasopam 10mg cap

		SCHEDULE III	, IV, & \	/	₹X	रेश	080	508	O.S.	OF.	020	0/5	50/3	F	F	A P	SE	78	77	550	909	000	100	10.5	23	50	Ta.	Be	E	EO	200	2	Z	138	15	PA.
DATE BEGINNING BALANCE BALANCE RECEIVED RETURNED TO PHARMACY ENDING BALANCE																																				
																									1											
																						100														
																											Y		3				П			
DATE	TIME NAME OF PATIENT ACC			NO. NURSE SIGNATURE								9																								
						Ш						2	10						n																	
						Ш			Ш																									Ш		
						Ш																														
						Ш																														
						Ш						0				Ш																			1	
																																			10	
						Ш																1												Ш		
						Ш																														
						Ш																1.11												11		
T	OTAL U	SED IN 24 HOURS	-																			18													75	
NURSE AUDIT RECORD	TIME	SIGNATURE OF ON-COMING NURSE	SIGNA OUT-GO	ATURE OF DING NURSE																																
	1500			ON HAN	D																															
	2300			ON HAN	D																						T									
	0700			ON HAN	D																															
	OTHER			ON HAN	D													T																		

- Start a new inventory record at each morning shift change. The previous days record must be completed at the same time.
- 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.
- 3 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.
- 5 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	- 10	
SIGNATURE OF SUPERVISOR		1360 (0)

REPORT OF LOSS OR WASTE

DATE:	TIME:	AMOUNT:	DATE:	TIME:	AMOUNT:	
REASON:		DRUG:	REASON:		DRUG:	
LOCC DEPONT DO	TRADED DV.	WITNESS:	LOSS REPORT PRE	DADED BY-	WITNESS:	
LOSS REPORT PREPARED BY:				the section		-
DATE: TIME:		AMOUNT:	DATE:	TIME:	AMOUNT:	
REASON:		DRUG:	REASON:		DRUG:	
LOSS REPORT PRE	EPARED BY:	WITNESS:	LOSS REPORT PRE	PARED BY:	WITNESS:	
DATE:	TIME:	AMOUNT:	DATE:	TIME:	AMOUNT:	Market and
REASON:		DRUG:	REASON:		DRUG:	
LOSS REPORT PREPARED BY:		WITNESS:	LOSS REPORT PRE	PARED BY:	WITNESS:	
DATE:	TIME:	AMOUNT:	DATE:	TIME:	AMOUNT:	
REASON:		DRUG:	REASON:		DRUG:	
LOSS REPORT PREPARED BY:		WITNESS:	LOSS REPORT PRE	PARED BY:	WITNESS:	
DATE:	TIME;	AMOUNT:	DATE:	TIME:	AMOUNT:	
REASON:		DRUG:	REASON:		DRUG:	
LOSS REPORT PREPARED BY:		WITNESS:	LOSS REPORT PRE	PARED BY:	WITNESS:	