

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: _____ REASON: _____ DRUG: _____ LOSS REPORT PREPARED BY: _____ WITNESS: _____ | DATE: _____ TIME: _____ AMOUNT: _____ REASON: _____ DRUG: _____ LOSS REPORT PREPARED BY: _____ WITNESS: _____ |
| DATE: _____ TIME: _____ AMOUNT: _____ REASON: _____ DRUG: _____ LOSS REPORT PREPARED BY: _____ WITNESS: _____ | DATE: _____ TIME: _____ AMOUNT: _____ REASON: _____ DRUG: _____ LOSS REPORT PREPARED BY: _____ WITNESS: _____ |
| DATE: _____ TIME: _____ AMOUNT: _____ REASON: _____ DRUG: _____ LOSS REPORT PREPARED BY: _____ WITNESS: _____ | DATE: _____ TIME: _____ AMOUNT: _____ REASON: _____ DRUG: _____ LOSS REPORT PREPARED BY: _____ WITNESS: _____ |
| DATE: _____ TIME: _____ AMOUNT: _____ REASON: _____ DRUG: _____ LOSS REPORT PREPARED BY: _____ WITNESS: _____ | DATE: _____ TIME: _____ AMOUNT: _____ REASON: _____ DRUG: _____ LOSS REPORT PREPARED BY: _____ WITNESS: _____ |
| DATE: _____ TIME: _____ AMOUNT: _____ REASON: _____ DRUG: _____ LOSS REPORT PREPARED BY: _____ WITNESS: _____ | DATE: _____ TIME: _____ AMOUNT: _____ REASON: _____ DRUG: _____ LOSS REPORT PREPARED BY: _____ WITNESS: _____ |