

# ACCOUNTABLE MEDICINES LOST OR STOLEN REPORT PROCEDURE

## PROCEDURE®

### DOCUMENT SUMMARY/KEY POINTS

- This procedure outlines the procedure relating to the reporting of lost or stolen accountable medicines at SCHN

### CHANGE SUMMARY

- New document

### READ ACKNOWLEDGEMENT

- Registered Nurses
- Registered Pharmacists

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> January 2019	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Director of Nursing SCH	<b>Area/Dept:</b> Nursing

## Definitions

**Accountable medicines** at SCHN are:

- Schedule 8
- Schedule S4D
- The following Schedule 4 medicines: chloral hydrate, propofol, cannabidiol, tramadol
- Some clinical trial medicines
- Some Special Access Scheme medicines

From time to time other medicines may be added to this list as deemed appropriate by the SCHN Drug Committee.

## Storage and Accountability

Accountable drugs are stored in the Dangerous Drugs Safe on the ward

They are recorded in the NSW Health Controlled Drug Register

For further information on the storage and accountability requirements see [NSW Health Policy – Medication Handling in NSW Public Health Facilities PD2013\\_043](#)

## Lost or Stolen Accountable Medicines

An accountable medicine is treated as **Lost or Stolen** when the balance in the Controlled Drug Register is greater than the physical quantity in the safe.

## Notification Procedure

Accountable drug discrepancy	IIMS	Report to Pharmaceutical Services Unit (PSU)
Expired stock	No	No
Spill	Yes	Yes
Breakage	Yes	Yes
Dose drawn up or prepared, but not administered (Pharmacist to destroy with NUM or Team Leader. See section 10.2 of the Management of Accountable Medicines Guideline)	Yes	No
Accountable liquid loss	Yes	Yes
Unaccountable liquid loss	Yes	Yes
Loss	Yes	Yes
Stolen	Yes	Yes

The Notification procedure is as follows:

1. Enter IIMS where appropriate. IIMS to be completed by NUM or Team Leader.
2. Immediate investigation by Nursing Unit Manager during business hours. During After Hours, by the After Hours Nurse Manager
3. Immediate notification to the Director of Pharmacy and Director of Nursing. During After Hours, the on-call pharmacist should be notified of accountable drug discrepancies due to spillage, breakage, unaccountable loss or theft.
4. Investigation by the Pharmacist and NUM/AHNM
5. Report to be sent to the Pharmaceutical Services Branch by the Director of Pharmacy
6. Report to be sent to Director of Nursing

## How to determine if an oral liquid loss is accountable

If the discrepancy is for an **oral liquid** preparation, the following process may assist in documentation.

Pharmacist and NUM:

1. Check that there are no mathematical errors, including dose and volume calculation errors
2. Count the number of doses administered from that bottle
3. There is a known dead space in the tip of an oral syringe. This is approximately 0.2mL.
4. Multiply the number of doses from the bottle by 0.2mL, this becomes the maximum accountable loss
5. The difference between this and the balance in the register (if any) becomes the unaccountable loss
6. There is no acceptable amount of loss and therefore all discrepancies are reported to the Pharmaceutical Services Unit.

## References

1. [http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013\\_043.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2013_043.pdf)  
*NSW Health Policy – Medication Handling in NSW Public Health Facilities PD2013\_043*
2. <http://www.health.nsw.gov.au/pharmaceutical/Documents/loststolen.pdf>  
*Notification of Loss or Theft of Accountable Drugs (S8 and S4D substances)*

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