

ACCOUNTABLE MEDICATIONS - MANAGEMENT PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- This guideline should be read in conjunction with [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#). The guideline covers the responsibility of staff for accountable medications in relation to storage, keys, recording in drug registers, balance checks, witnessing transactions and transferring between patient care areas.
- This guideline outlines the steps required for managing a discrepancy in accountable liquid medication (see Appendix 3) and the requirements for expired, unused or unwanted accountable medications.

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.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st November 2020	Review Period: 3 years
Team Leader:	Clinical Nurse Consultant & Pharmacist	Area/Dept: CICU & CGU

CHANGE SUMMARY

- This document replaces sections of the:
 - SCH – Medication – Administration and Handling (non-cytotoxic) Practice Guideline
 - CHW – Medication Management and Handling Practice Guideline
- **2/3/21** – Updated Appendix 1 Scheduled 4D medications and removed Tramadol and added Gabapentin from Schedule 4 Medications that have been deemed S4D accountable medications by SCHN.

READ ACKNOWLEDGEMENT

- All SCHN clinical staff who prescribe, dispense or administer accountable medications must read and acknowledge this document.
- Training Required:
 - Prior to administering or checking accountable medications all nursing staff must receive the current SCHN Accountable Medication Education.

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.

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1 Introduction

The purpose of this Guideline is to provide instruction on, and ensure consistency of practice with, the management of accountable medicines in Patient Care Areas at SCHN.

Accountable medicines at SCHN include:

- Schedule 8 (S8)
- Schedule 4D (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 Medicine and Therapeutics Committee (MTC).

Appendix 1 provides a full list of accountable medicines at SCHN.

This Guideline does not cover the prescription requirements for accountable medicines (see [SCHN Practice Guideline: Gate Pass, Discharge & Outpatient Medications Management](#) for writing a discharge prescription for an S8 medication), or the storage/handling of accountable medications within the Pharmacy Department.

2 Responsibility

The Nurse Unit Manager (NUM) or Nurse Manager (NM) is responsible for the procurement and storage of accountable medication and drug registers in their patient care area.

The Registered Nurse (RN) in Charge of the patient care area is responsible for ensuring that a record is kept of all Schedule 8 and S4D medication transactions in a drug register

The NM/NUM of each patient care area will maintain a list of authorised signatories. This should be kept apart from the S8/S4D storage areas.

3 Ordering/receipting S8 /S4D Medication

The RN in Charge of the patient care area (or their authorised delegate) must provide pharmacy with a written requisition in order to obtain S8/S4D medications. The original requisition should be kept in Pharmacy and the duplicate copy kept by the patient care area.

For areas using ADCs, a scheduled restock report will auto generate to request stock from pharmacy based on the previously agreed inventory levels.

S8/S4D medications ordered from the Pharmacy service should be collected by an RN from the patient care area, and they must sign and date receipt confirming the quantity of medication received. The RN must immediately enter the supply in the patient care area S8/S4D storage unit, and register, with an authorised witness (as outlined in section 7) and include the requisition number in the comments column.

Each patient care area has a preapproved list (and quantity) of accountable medication that can be ordered without further review by a pharmacist. If an item (or increased quantity) is required that is not on this list, a copy of the patient's inpatient medication order must accompany the requisition book to pharmacy. The patient's name and MRN must also be written in the requisition book. Pharmacy will supply the medication labelled specifically for that patient. The pharmacist should be contacted to return or destroy the medication when it is no longer required by the patient

4 Storage

S8 medications must be stored away from all other medications and goods.

S4D medications must be stored away from all other medications and goods except

1. When stored in the S8 medication storage unit, or
2. When approved to be stored on an emergency trolley, anaesthetic trolley or operating theatre trolley. In these cases S4D medications must be kept at a minimal level and the trolleys kept in a locked room when the patient care area is closed.

Please refer to section 6.3.1 of the [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#) for further details on storage requirements.

Separate to the requirements detailed in 6.3.1 to 6.3.4 of the above policy directive, SCHN Drug and Therapeutic Committee has approved the use of automated dispensing cabinets in particular patient care areas.

- If a patient is admitted outside of pharmacy hours and is on a regular accountable medication that cannot be obtained from another area of the hospital, the patient's own supply should be recorded and stored in the S8/S4D storage unit. This should be recorded on a separate page of the drug register, with the patient's name stated. A hospital supply should be obtained when the Pharmacy is next open.
- Illicit or unidentified substances are not to be stored in the S4D/S8 storage unit. Refer to [SCHN Illicit, suspected or unidentified substances: management procedure](#).

5 Keys

The RN in Charge must hold the keys to the S8/S4D storage units and hand the relevant keys to the RN requesting access to the S8/S4D storage unit as required.

When the RN in Charge is unavailable in the patient care area (e.g. during breaks) the keys must be handed to a delegated RN. The keys to access the S4D/S8 storage units must be kept separate from any other keys.

The keys must be kept on a red cord that is long enough to be worn over the shoulder and under the arm and must visible at all times.

Agency nurses are not permitted to hold the keys.

In accordance with section 6.3.1 [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#) in the case of a Schedule 8 medication storage unit within an *operating theatre*, a delegated registered nurse/midwife in charge or an authorised prescriber (such as an anaesthetist) should hold the key on behalf of the registered nurse/midwife in charge.

5.1 Procedure when drug keys are missing

If a staff member has taken the keys home they are required to return the keys in person and without delay.

If the drug keys are unable to be located or returned within 12 hours, the NM/NUM or After-Hours Nurse Manager must call security and have the locks to the cupboard changed.

Spare keys are kept in a locked safe in the After-hours Nurse Manager Office

6 Schedule 8/ Schedule S4D drug register

6.1 Recording in drug register

Recording in the drug register must be in accordance with Section 6.13.1 of [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#)

Where integrated with Automated Dispensing Cabinets, electronic drug registers must be maintained in accordance with the relevant NSW Ministry of Health Approval.

When a liquid dose is administered the amount given is written in drug units (i.e. micrograms/mg) and the balance is recorded in millilitres.

A separate page must be used for each form, strength and brand of S8/S4D medication.

A separate page must be used for each bottle of S8/S4D medications according to the Appendix 2

When a new page is commenced in a drug register the transferred to and from sections must be completed and the contents page updated (please see Appendix 2)

6.2 Corrections to entries in the drug register

There must be no obliterations (crossing out) of entries made in the S4D/S8 registers. If a mistake is made, the entry must be left as it is, marked with an asterisk, rewritten as corrected on the next line (and countersigned by the second person), with a footnote explaining the error (signed and dated by both staff members) also marked with an asterisk. Corrections to the drug register must be in accordance to 6.13.1 of [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#)

6.3 New registers

Transfer of Schedule 8 and Schedule 4D medications from old to new register:

When a register is almost complete, the Nurse Unit Manager (or delegate) and registered nurse in charge should transfer all the accountable medications from that register as follows:

1. Perform balance check
2. In the old register write: “*Transferred to New Book page....*”. Write the amount being transferred in the *Given* column and *NIL* in the *Balance* column
3. In the new register write: “*Transferred from Old Book page....*”
4. Write the amount being transferred in the *Received* column and Quantity in the *Balance* column
5. In the old register: Cross off the remaining lines on the page AND all blank pages (using the Z symbol – i.e. horizontal line through top and bottom lines and diagonal line through middle line)
6. Complete the Non-current Register of Drugs of Addiction Management Log (see Appendix 2). Ensure this is signed off by the NUM and sent to the Health Information Unit (HIU) or Medical Records (MR) as per section 6.4

6.4 Storage of old registers

The Non-current Register of Drugs of Addiction Management Log must be signed off by the NUM and stapled securely to the front page of the register ensuring it does not cover any entries, and sent to the Health Information Unit (HIU) or Medical Records (MR). Completed registers are to be sent to the HIU or MR after the quarterly *Accountable Drug Audit* conducted by NUM and Pharmacist (Mar/Jun/Sep/Dec). A separate log is completed for each register.

6.5 Loss of register

Lost, destroyed or tampered registers are handled in accordance with Section 6.17 of [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#)

6.6 Register audits

Audits of S4D/S8 drug registers are conducted quarterly. Please refer to [SCHN Accountable Medicines Audit Procedure](#)

6.7 Electronic Registers

To allow the storage of S8/S4D medication in Automated Dispensing Cabinets (ADC), the Omnicell electronic register (e-Register) will be used to capture the required documentation as per legislative requirements.

7 Witness to S8 medication transactions

The witness to a S8 medication transaction must be a person who is fully familiar with S8 medication handling and recording procedures. This would include a registered nurse, registered midwife, an authorised prescriber and a registered pharmacist.

The witness must be present during the entire procedure including: the removal and replacing of the medication from the S8 medication storage unit, the preparation of the

medication, the discarding and rendering unusable any unused portion of the medication , the recording in the S8 drug register, the transfer and administration to the patient.

S4D/S8 infusions should only be drawn up for immediate administration, not for later use. The exception being when extenuating circumstances exist and it is not in the best interest of the patient (e.g. post-operative intensive care patients). In these circumstances the following must occur

- i. A documented order must be received from a medical officer.
- ii. The order must be checked against the Opioid/Infusion prescription form
- iii. The infusion may then be reconstituted in accordance with this policy no greater than 1 hour prior to the patients' arrival.
- iv. The infusion must be clearly labelled to avoid mix up with other patients' medication.

8 Balance checks

The RN in charge of the patient care area must ensure that the balance of accountable medications recorded in the drug register are checked at least once every shift. This should be done during, or at the change of each shift.

Each routine balance check must be carried out by an RN/midwife with an authorised witness and recorded in the drug register on the relevant page for each S8/S4D medication. The entry must state the quantity of medication actually held at the time of the balance check. Note: liquid balances can only be changed from the arithmetic calculation by a pharmacist following decanting and measuring. Liquids must only be decanted for measuring by a registered pharmacist (see Appendix 3 for the handling of liquid accountable medications).

If a discrepancy in balance is noted when performing a balance check, check that the arithmetic is all correct since the last time the balance was known to be correct. If the arithmetic is correct and the discrepancy still exists, follow the process outlined in the [SCHN Procedure for the Reporting of Lost or Stolen Accountable Medicines](#).

The person who detects loss, theft, or deficit of an accountable medication must also immediately record the physical balance on hand *in the accountable drug register with a witness, and an explanatory note highlighting the deficit from the arithmetical balance.

*See Appendix 3 for managing discrepancies in liquid accountable medications.

9 Transferring accountable medications between patient care areas

S4D and S8 medications should be obtained from Pharmacy during opening hours.

If, outside of Pharmacy opening hours, a patient care area needs additional stock of accountable medications, these can be obtained from another patient care area.

The RN in Charge from the patient care area requesting the medications will provide a dated, signed written requisition to the patient care area supplying the medications, in order to obtain S4D or S8 drugs

An RN from the patient care area that is requesting the medications must go to the supplying patient care area with the S4D/S8 Requisition Book containing the signed requisition from the RN in Charge.

The RN from the supplying patient care area will issue the quantity of the medications requested, and subtract the quantity of each medication issued from the appropriate section of the drug register and enter the requisition number of the order into the extreme right hand column of the register and both RNs must sign the register.

The same two RNs must then check these amounts subtracted from the S8/S4D drug register against the quantity requested in Requisition Book to ensure they correlate. The RN from the supplying patient care area will sign the Requisition Book in the location specified as the issuer, and the RN from the requesting ward will sign the requisition book in the location specified as receiving the drug. The supplying patient care area then retains the original (white copy) of the requisition and staples this to the register.

If the medication is sourced from an area with an ADC, the supplying area will remove the medication under the requesting ward's name in the Global Patient list on the ADC.

"Transfer" and the requisition book number will be entered into the prescriber details section.

The RN who received the drug returns to their own patient care area, and must enter the quantity of each medication into the appropriate section of the Drug Register. Another RN must witness and countersign the register.

The requisition number of the order must also be entered into the extreme right hand column of the receiving ward/unit's drug register. The same two RNs must check these amounts against the Requisition Book to ensure they correlate. Both RNs sign the Requisition Book (blue copy).

If medication was transferred between wards with ADCs, the medication will need to be entered into the receiving ward's ADC. This is performed by following the "Return Accountable medication workflow" where the RNs will choose "Return Medication" and select their ward's name from the Global patient list.

If the medication was sourced by a ward with an ADC from an area without an ADC, the receiving ward will enter the medication into to ADC by performing a supplemental restock.

10 Discarding and destruction of accountable medicines

10.1 Discarding of partially unused portion of medicine

The discarding and destruction of partly used accountable medicines must be undertaken according to Section 7.9 of [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#). This includes information relating to part tablets or ampoules, partly used infusions and used schedule 8 transdermal patches.

10.2 Handling of prepared accountable medicine but not administered

For example, patient refusal or dropped medication.

In the event that a medication has been prepared but not administered, the discarding and destruction should occur as per section Section 7.9 of [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#), by the registered nurse with the presence of a witness. The witness must a registered nurse, registered midwife, an authorised prescriber or a registered pharmacist. A foot note, signed by both the registered nurse and the witness, should be included in the register to state that the medication was not administered to the patient and discarded,

10.3 Expired stock

When stock of an accountable medicine has expired in the accountable medicines storage unit at a patient care area, contact the ward pharmacist or the Pharmacy department to attend to the ward to destroy it. Follow the instructions in Section 6.15.2 of [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#) for the recording of stock (until the pharmacist arrives), and the destruction of stock. The recommended procedures for destroying the various forms of medications are detailed in section 5.8.3 of the [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#)

11 Return of excess stock

Excess (unexpired) stock that is still in the manufacturer's original immediate container (e.g. blister platform, foil, or sealed bottle/vial) may be returned to the Pharmacy when it is no longer required for a patient.

1. Contact your ward pharmacist or the Pharmacy department to attend to the ward to return the stock to Pharmacy.
2. The Accountable Medication Requisition book is required to document the return of stock to Pharmacy and to allocate a reference number for the return. The RN and Pharmacist both sign the page in the Requisition book, and the Pharmacist will take the original copy from the Requisition book to pharmacy for the pharmacy's records.

3. An entry must be made in the accountable drug register to indicate that the stock has been returned to Pharmacy, the new balance on hand, and the requisition number from the Requisition book. The Register entry must be signed by both the RN and the Pharmacist.
4. Unwanted medications that are not in the manufacturer's original immediate container must not be returned to the Pharmacy Service for the purpose of re-supply.

12 Storage of accountable medicines when a patient care area is closed

Patient care areas that are routinely closed over short periods of time (e.g. weekends) must be securely locked to prevent unauthorised access.

When a patient care area is closed for longer periods, two RNs should perform a balance check of all medications, and pack all the medications and the registers into a box and seal it with tamper evident tape, and sign across the tamper evident tape. The box is then to be stored, unopened, in the Pharmacy Department's S8 storage unit until the patient care area re-opens. Acknowledgment that the box has been received must be noted in the Pharmacy Department's register.

13 Operating Theatre

As per [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#) per in the case of a Schedule 8 medication storage unit within an operating theatre, a delegated registered nurse/midwife in charge or an authorised prescriber (such as an anaesthetist) should hold the key on behalf of the registered nurse/midwife in charge.

For SCH: Operating theatre is a shared service and will follow Prince of Wales Campus Medication Management of accountable medications.

SCH Recovery unit will follow the guidance provided by this SCHN Management of Accountable Medication Practice Guideline.

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Appendix 1: List of accountable medicines

Schedule 8 Medications

Alfentanil
Alprazolam
Buprenorphine
Bupivacaine with fentanyl
Cocaine
Codeine
Dexamphetamine
Fentanyl
Flunitrazepam
Hydromorphone
Ketamine
Lisdexamfetamine
Methadone
Methylphenidate
Morphine
Oxycodone
Oxycodone/naloxone
Pethidine
Remifentanil
Ropivacaine with fentanyl
Sodium oxybate
Tapentadol

Schedule 4D Medications

Clobazam
Clonazepam
Diazepam
Growth hormones and peptides listed in the National Poisons Standard Appendix D
Lorazepam
Midazolam
Nitrazepam
Quetiapine
Paracetamol/codeine
Phenobarbitone
Pregabalin
Temazepam
Testosterone
Tramadol
Thiopentone
Zolpidem
Zopiclone

Schedule 4 Medications that have been deemed S4D accountable medications by SCHN.

Cannabidiol
Chloral hydrate
Gabapentin*
Propofol

* Currently only deemed accountable for CHW, Bear Cottage and NETS.

Gabapentin does not need to be stored in the safe or handled as an accountable medication at SCH.

Appendix 2: Non-current Register of Drugs of Addiction

Management Log

Non-current Register of Drugs of Addiction Management Log To be signed off by NUM and sent to <i>the</i> Health Information Unit (HIU) or Medical Records (MR)		
<ul style="list-style-type: none"> Completed registers are to be sent to the HIU or MR after the quarterly Accountable Drug Audit conducted by NUM and Pharmacist (Jan/Mar/Jun/Sep) A separate log is completed for each register and stapled securely to the front page ensuring it does not cover any entries. 		
Ward or Clinical area		
Date sent to HIU or MR		
Name of SCHN staff receiving register in HIU or MR		
Earliest date documented in the register		
Latest date documented in the register		
Date due for destruction Note: 10 years (or 25 years for registers containing clinical trial medication)		
List of drugs contained in the register check every page		
DRUG	FORM	STRENGTH
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
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20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

31.		
32.		
33.		
34.		
35.		
36.		
Name of Nurse Unit Manager verifying the information in this log is correct		
Signature NUM		
Name/Signature of SCHN staff managing storage		
Name of SCHN staff authorising destruction		
Signature of SCHN staff authorising destruction		
Date of destruction		
Witness of destruction: For use by HIU/MR		

Appendix 3: Management of Accountable Liquid Medication

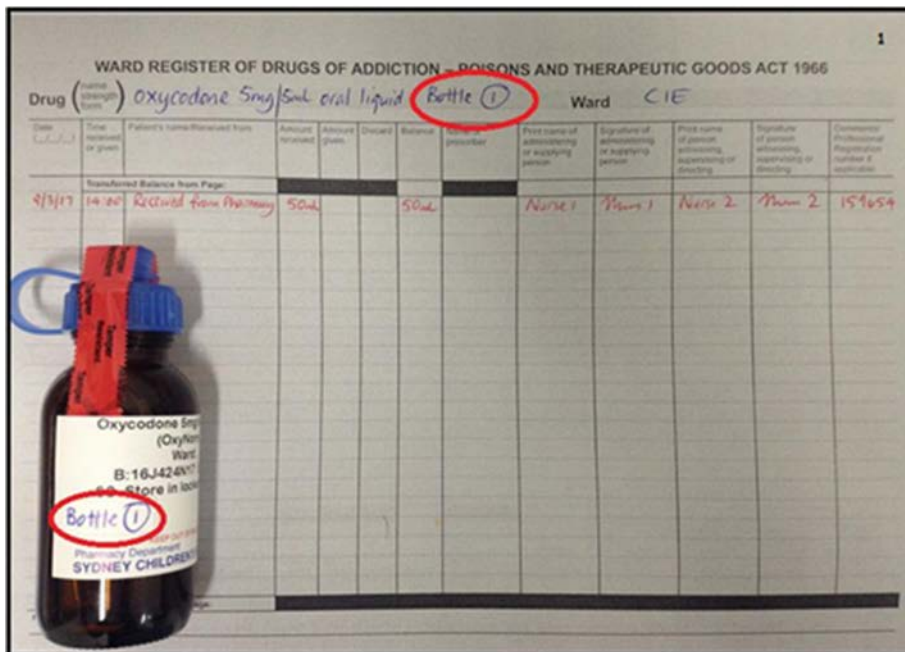
The Ministry of Health Policy Directive: Medication Handling in NSW Public Health Facilities states that any discrepancy (loss) in volume of an oral liquid S8 / S4D must be reported to Pharmacy as a loss, even if it is believed to be due to the accumulated loss of small volumes that happens with each administration episode.

As a small loss in volume of liquid S8 / S4D medications is unavoidable over multiple administration episodes, we need to have a consistent process for reporting and dealing with these discrepancies across the hospital.

The following process is to be implemented for recording the balances of S8 / S4D oral liquids, and for dealing with any discrepancy in volume.

- When a new bottle of an S8 / S4D medication is received from Pharmacy, assign it a new page in the S8 / S4D register. Label the bottle (and its own page in the register) with a unique number. To ensure that each bottle has a unique number, use the page number of the register it is received on, to name the bottle. E.g. in Picture 1 below, the oxycodone is received on page 1 of the register, so is named bottle 1.

Picture 1



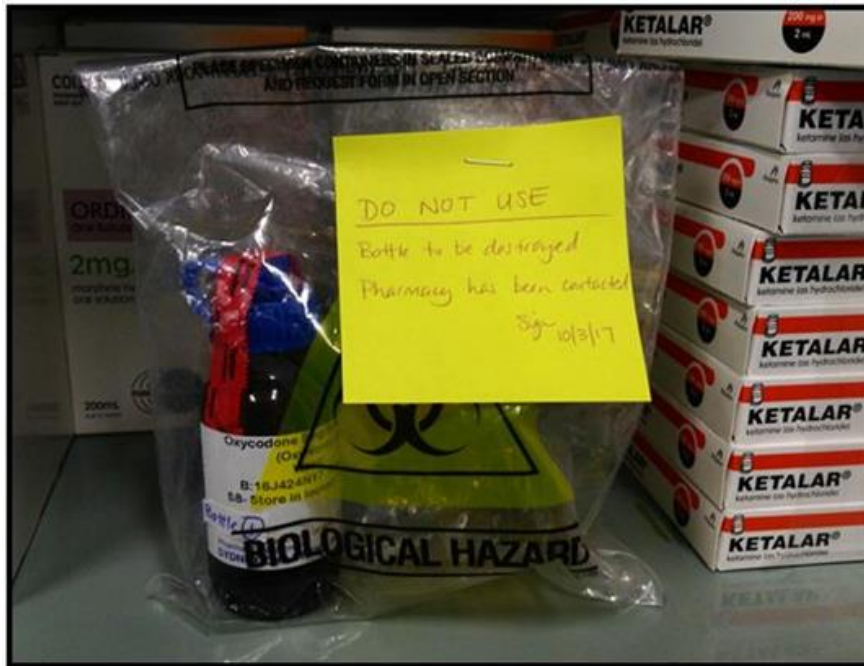
There should only ever be one bottle of each S8 or S4D liquid medication in use at any time. Any extra bottles in stock must remain unopened with the red tamper tape in place (unbroken).

- When you reach the end of a bottle, if there is a discrepancy between the volume recorded in the S8 / S4D register, and the volume physically present in the bottle:

Check that all the maths on the page is correct. If the discrepancy still exists notify the Team Leader.

1. Team Leader completes an IIMS report, and in hours contact the ward pharmacist, and out of hours emails the Head of Pharmacy to notify of the discrepancy, the IIMS number, and request that it be destroyed by a Pharmacist.
2. If Team Leader gets an out-of-office message from Pharmacy, follow up with a phone call to Pharmacy
3. Put the bottle with whatever liquid is actually remaining, in a specimen bag and put it back in the safe with a note clearly stating "DO NOT USE. Bottle to be destroyed. Pharmacy has been contacted". See Picture 2 below.

Picture 2



4. On the next line of the S8 / S4D register for that bottle write: "Volume discrepancy. IIMS number**** Pharmacist has been emailed". Two RNs must sign this line. Do not change the volume in the Balance column – the Pharmacist will sort this out.
5. If you had already started writing the entry into the register before realising there was insufficient volume, make a footnote with a clear explanation (see example in picture 3 below)
6. Stick a note to the page of the S8 / S4D register saying: "Do not use. Bottle to be destroyed. Pharmacy has been contacted"
7. Continue to include this bottle in the S8 / S4D check each shift, until the Pharmacist comes to destroy the bottle.
8. The next bottle can then be opened.

Picture 3

1

WARD REGISTER OF DRUGS OF ADDICTION – POISONS AND THERAPEUTIC GOODS ACT 1966

Drug (name strength dose) *oxycodone 5mg/5mL oral liquid Bottle ①* Ward *CIE*

Date	Time received or given	Patient's name/initials	Amount received	Amount given	Discard	Balance	Name of prescriber	Print name of administering or supplying person	Signature of administering or supplying person	Print name of person administering, supervising or directing	Signature of person administering, supervising or directing	Comments Professional Registration number if applicable
Transferred Balance from Page:												
9/3/17	14:00	Received from Pharmacy	50mL			50mL						
9/3/17	14:30	Johanny Smith	5mL			45	Doctor Xu	Nurse 1	Man 1	Nurse 2	Man 2	
9/3/17	15:30	Cindy Brady	7mL			38	Dr Alpha	Nurse 1	Man 1	Nurse 2	Man 2	
9/3/17	16:00	check				38		Nurse 1	Man 1	Nurse 2	Man 2	
9/3/17	16:30	Rudolph Rein	10mL			28	Dr Beta	Nurse 1	Man 1	Nurse 2	Man 2	
9/3/17	16:45	Boris Leahl	7mL			19	Dr Moo	Nurse 1	Man 1	Nurse 2	Man 2	
9/3/17	17:00	Justin Lake	7.5			11.5	Dr Roe	Nurse 1	Man 1	Nurse 2	Man 2	
10/3/17	02:00	check				11.5		Nurse 1	Man 1	Nurse 2	Man 2	
10/3/17	05:00	Johanny Smith	5mL			6.5	Doctor Xu	Nurse 1	Man 1	Nurse 2	Man 2	
① 10/3/17	07:00	Elly Fant	4mL									
10/3/17	07:00	Volume discrepancy IIMS number 123456				6.5		Nurse 1	Man 1	Therapist Dr	Therapist	Pharmacy has been contacted
10/3/17	10:00	check				6.5		Nurse 1	Man 1	Nurse 2	Man 2	
Transferred Balance to Page:												
Footnote: ① insufficient volume in bottle. See entry for Elly Fant's dose on page 92. From Bottle 92 Nurse 1 (Nurse 1)												

DO NOT USE
 Bottle to be destroyed
 Pharmacy has been contacted
 Sign

- If, after drawing up a dose, you reach the end of a bottle, and there should be more volume remaining, but there isn't, follow the same procedure as above e.g. if your patient's dose is 5mL, and you are able to get 5mL out of the bottle, and then there is none left, but there should be 2 mL left, do not discard the empty bottle. Keep it in the safe in a specimen bag as above, and follow steps 1-8, above.
- If towards the end of a bottle your patient requires a dose that is more than the balance in the S8 / S4D register e.g. your patient needs 9mL but there is only 6.5 mL recorded in the Balance column.
 1. Put that bottle in a specimen bag in the safe with a note (same as above), and notify the Pharmacy by email that there is stock to be destroyed.
 2. An IIMs report is not necessary. (When the Pharmacist comes to destroy the bottle with an RN, if there is a volume discrepancy, an IIMs entry will be made at that point).
 3. On the next line of the S8 / S4D register for that bottle write: "Insufficient volume for dose required" and "Pharmacist has been emailed". Two RNs must sign this line. Put a clear note in the Footnotes at the bottom of the page to explain why the bottle is being taken out of use (see picture 4 below)
 4. Continue to include this bottle in the S8 / S4D check each shift, until the Pharmacist comes to destroy the bottle.
 5. The next numbered bottle e.g. bottle 92 can then be opened.

Picture 4

1

WARD REGISTER OF DRUGS OF ADDICTION – POISONS AND THERAPEUTIC GOODS ACT 1966

Drug (name strength form) *oxycodone 5mg/5ml oral liquid Bottle ①* Ward *CIE*

Date	Time received or given	Patient's name/Received from	Amount received	Amount given	Discard	Balance	Name of prescriber	First name of administering or supplying person	Signature of administering or supplying person	First name of person witnessing, supervising or drawing	Signature of person witnessing, supervising or drawing	Comments/Professional registration number if applicable
Transferred Balance from Page:												
<i>9/3/17</i>	<i>14:00</i>	<i>Received from Pharmacy</i>	<i>50ml</i>			<i>50ml</i>		<i>Nurse 1</i>	<i>Mum 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	<i>159654</i>
<i>9/3/17</i>	<i>14:30</i>	<i>Johanny Smith</i>		<i>5ml</i>		<i>45</i>	<i>Doctor Xu</i>	<i>Nurse 1</i>	<i>Mum 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	
<i>9/3/17</i>	<i>15:30</i>	<i>Cindy Brady</i>		<i>7ml</i>		<i>38</i>	<i>Dr Alpha</i>	<i>Nurse 1</i>	<i>Mum 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	
<i>9/3/17</i>	<i>16:00</i>	<i>check</i>				<i>38</i>		<i>Nurse 1</i>	<i>Mum 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	
<i>9/3/17</i>	<i>16:30</i>	<i>Rudolph Rein</i>		<i>10ml</i>		<i>28</i>	<i>Dr Beta</i>	<i>Nurse 1</i>	<i>Mum 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	
<i>9/3/17</i>	<i>16:45</i>	<i>Boris Lindl</i>		<i>9ml</i>		<i>19</i>	<i>Dr Moo</i>	<i>Nurse 1</i>	<i>Mum 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	
<i>9/3/17</i>	<i>17:00</i>	<i>Justin Lake</i>		<i>7.5</i>		<i>11.5</i>	<i>Dr Rec</i>	<i>Nurse 1</i>	<i>Mum 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	
<i>10/3/17</i>	<i>02:00</i>	<i>check</i>				<i>11.5</i>		<i>Nurse 1</i>	<i>Nurse 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	
<i>10/3/17</i>	<i>05:00</i>	<i>Johanny Smith</i>		<i>5ml</i>		<i>6.5</i>	<i>Doctor Xu</i>	<i>Nurse 1</i>	<i>Mum 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	
<i>① 10/3/17</i>	<i>06:00</i>	<i>Insufficient volume for dose</i>				<i>6.5</i>		<i>Nurse 1</i>	<i>Mum 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	<i>Pharmacist has been emailed!</i>
<i>10/3/17</i>	<i>10:00</i>	<i>check</i>				<i>6.5</i>		<i>Nurse 1</i>	<i>Mum 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	
<i>10/3/17</i>	<i>18:00</i>	<i>check</i>				<i>6.5</i>		<i>Nurse 1</i>	<i>Nurse 1</i>	<i>Nurse 2</i>	<i>Mum 2</i>	

DO NOT USE
 Bottle to be destroyed
 Pharmacy has been contacted
 Sign

Transferred Balance to Page:

Footnote: *① Insufficient volume for dose required for patient. Bottle to be destroyed. Next bottle (bottle 92 opened - see page 92)*

If at any time during the life of a bottle, there appears visually to be a discrepancy in volume, email the Pharmacy to request that a Pharmacist comes to investigate. According to [NSW Health Policy Directive PD2013_043 Medication Handling in NSW Public Health Facilities](#), "Liquids should be decanted for measuring by a registered pharmacist" (not Nurse).

If your ward/department uses large volumes of S8 / S4D oral liquids you may consider using a separate S8 / S4D register for the oral liquids, rather than including them in the same register as ampoules/tablets.

It would be advisable to allow at least 5 pages per bottle in the S8 / S4D register to try and keep the pages for a single bottle consecutive e.g. if 2 bottles are received at the same time, leave at least 5 pages in the DD register between them. If the 1st bottle is entered into the register on page 1, enter the second bottle on page 6. The first bottle would be called Bottle 1, and the second bottle would be called Bottle 6.

Ensure the Index page at the front of the register is kept up to date.