

**Type:** Clinical Procedures**Subsection:** D-Documentation**Authority:** Executive Director with Medical Director**Related Documents:****Policy**

- All patients who are prescribed narcotics will have an individual narcotic sheet.
- All narcotics are to be kept under double lock and key in the narcotic drawer at the nurse's station.
- No narcotic will be left lying on the counter in the nurses' station where it may be easily accessed by visitors and family.

Purpose

- To provide a legal record of narcotics for the Residential Hospice of Grey Bruce Inc. in accordance with the Standards of the College of Nurses.
- To ensure safe storage and handling practices for all narcotics.

D-09.01 Documenting the Narcotic Sheet

1. All registered staff will have access to narcotic medications.
2. A narcotic sheet will be initiated for each patient of the hospice when a narcotic has been prescribed. This will be kept in the MAR record book for the purpose of tracking narcotics given.
3. Full narcotic sheets will be stored on the patient's chart, during their stay.
4. Shift count of narcotics will be performed at change of shift by the registered staff coming and going.
5. The shift count will always be done in red ink and described as "shift count".
6. Narcotics ordered and received for each patient will also be documented in red ink as "received from pharmacy" with the amount received and the new total documented. This entry will also include the time, date and initials of the registered staff receiving the narcotics.
7. Medication entries will include the drug name and concentration of the drug as well as the format of the drug in the drug information line at the top of the page. (i.e. Morphine 10mg/ml po/sc. This information will also be recorded on the MAR sheets when a dose has been given.
8. Fentanyl patch entries will include the strength in mcg.
9. GEM STAR entries must be done on receipt of the cassette, even if the cassette is to be initiated immediately so that receipt of said cassette can be verified. The entry will include the medication name, concentration per millilitre and total volume of cassette.

10. Wastage of any narcotic will be documented on the narcotic sheet in the designated column and must be witnessed by another registered staff member. These narcotics may be kept in the narcotic drawer until such time as another registered staff member is available to witness the destruction.
11. Narcotic administration will be documented in black ink in a declining running total fashion. These entries must be made at the time the drug is removed from the drawer and before it is administered in order to keep an accurate total of meds and to eliminate the possibility of error.
12. The count must be brought forward to a new sheet when the previous sheet is full. This count will be documented in black ink on the line provided for this. This includes transcribing the medication concentrations and correct units at the top of the page.
13. The registered nurse will have the narcotic keys on her person at all times. She/he will transfer them to the next shifts registered staff in person.
14. In the unfortunate event that the nurse takes the keys home with her/him, she/he must return them immediately on their discovery.
15. In the event the narcotic keys are lost, an occurrence form must be completed and the ED informed immediately. If after hours, weekend or stat holiday the ED or coordinator on call must be contacted.
16. A spare set of narcotic keys is to be kept by the residential care coordinator.

D-09.02 Review Cycle

Clinical Policies shall be reviewed in the odd year.

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