

# Dispensing of Narcotics and other controlled substances in a hospital



- Certain substances that are obtained both naturally and synthetically that if not having a control over it's use can prove to be habit forming and deliterious.
- In 1965 the Federal food, drug and cosmetic act passed the drug abuse control amendments. This was mostly for the stimulants and depressants drugs.
- In India Dangerous drug act was passed on 1930 – law for the cultivation, possession, transport, dispensing, distribution and administration of opium and related ones

- The 1930 law did not cover the synthetic and semi synthetic products as pethidine, heroin etc.
- This was covered by the schedule H and X of Drugs and Cosmetic act, 1940 & Narcotics and psychotropic substances act.
- The hospitals using the narcotics have to take the license.

“Narcotic drug” means coca leaf, cannabis (hemp), opium, poppy straw and includes all manufactured drugs

**“Manufacture”**, in relation to narcotic drugs or psychotropic substances, includes-

- (1) All processes other than production by which such drugs or substances may be obtained,**
- (2) Refining of such drugs or substances,**
- (3) Making of preparation (otherwise than in a pharmacy on prescription) with or containing such drugs or substances;**

**"Manufactured drugs" mean-**

- (a) All coca derivatives, medicinal cannabis, opium derivatives and poppy straw concentrate;**
- (b) Any other substance or preparation which the Central Government may, having regard to the available information as to its nature or to a decision, if any, under any International Convention, by notification in the Official Gazette, declare to be a manufactured drug.**

**But does not include any narcotic substance or preparation which the Central Government may, having regard to the available information as to its nature or to a decision, if any, under and International Convention, by notification in the Official Gazette, declare to be a manufactured drug**

**“Controlled substance”** means any substance which the Central Government may, having regard to the available information as to its possible use in the production or manufacture of narcotic drugs or psychotropic substances or to the provisions of any International Convention, by notification in the Official Gazette, declare to be a controlled substance

# Hospital control procedures

## 1. Responsibility for the controlled substances in the hospital

- Safeguarding and handling - Administrative head or Medical superintendent
- Purchase , storage , accountability and dispensing - Chief pharmacist
- Storage and use in wards - Head nurse





## 2. Ordering ward stock of controlled substances from the pharmacy

### Requisition form for the ward stock controlled substances

No of tabs /caps/inj	√ Check mark	Name, strength and dosage form	Price
25		Codeine sulfate tablets 15 mg	
15		Chloral hydrate capsules 500 mg	
20		Meperidine HCL tabs 50 mg	
10		Morphine sulphate tabs 10 mg	
20		Pentobarbital injection 50mg/ml – 20 ml	

## Ordering ward stock of controlled substances from the pharmacy

- Empty bottles, accounting sheets must be returned
- Charged to the patients

# Daily controlled drugs administration form

Date				Floor					
Patient Name	Drug and Strength	Number of tabs or ml	Ordered By Doctor	Administered by – Nurse	Time given	Summary of daily report			

Signature of the Nurse

# Summary of daily report

Drug	Opening B/C	Received	Total	3.00 pm count	11 pm count	7.00 am count	Balance
3.00 pm	Signature and date by the nurse in charge						
11.00 pm	Signature and date by the nurse in charge						
7.00 am	Signature and date by the nurse in charge						

### 3. Doctors orders for administration of controlled drugs

- Only by licensed physician/ registered intern
- Written in the doctor's controlled order sheet of the patients chart .
- Controlled order sheet information – date, patient name, I.P number, drug description, amount to be given, name of the doctor ordering, his signature and the administering nurse's signature.
- If not a ward stock drug a hospital prescription blank to be used. Here the registration number of the doctor will be present

#### 4. Telephonic or verbal orders

Orders by the doctors are written the doctors order sheet by the attending nurse. The doctors name and the nurse's initial will be entered stating that it is a verbal or telephonic order. The order should be signed in 24 hours.

#### 5. Outpatient department

Date, patient name, address, O.P number, drug description, amount to be given, frequency and route of administration, any refill, name of the doctor ordering and his signature.

## 6. Dispensing when the pharmacy is close

- His own prescription blank is filled by the licensed physician.
- In case this not available he can use the hospital prescription blank and insert his office address. This let the purchase of drug from the outside pharmacy.

Or

- In case the physician not available the attending physician can calculate the smallest amount of drug necessary to treat the patient till the pharmacy opens. The drug will be dispensed by the nurse from the stock. The replacement will be done from the pharmacy during the next day by presenting the prescription

## 7. Procedure in case of waste, destruction or contamination of the narcotic drugs

- aliquot of narcotic solution unused. Expelled into the sink.
- Refused by the patient or cancelled by the doctors
- Accidental destruction or contamination of the drugs



# Controlled substance loss form

\_\_\_\_\_hospital, Ooty

Request for the replacement of narcotics loss in wards

Name of the drug:

Quantity:

Tablets/ injection(ml)

Drug no:

Record sheet no:

Statement of what happened

Signature of reporting nurse

Attestation of the head nurse

Pharmacist review: