

**GMC Davenport Standard Work:
Controlled Substance Sign-out Sheet & Reconciliation Process**

Updated 7/22/22

Starting August 2, 2022, all narcotics will be required to be signed out patient specific via the patient specific function generating a poof of use sheet generated from the CSM.

SIGN-OUT

- 1) ***All doses should be charged PRIOR to sending to the floor. Any unused doses will be credited upon return to pharmacy once the order is discontinued or the patient is transferred/discharged.***
- 2) Sign into CSM and select the “dispense to patient” icon.
- 3) A list of patients will generate on the next screen. Find the patient you are looking for and click continue.
- 4) On the next screen, select the medication you want to dispense.
- 5) On the next screen place the quantity to sign out and select “East Usage Form” under the usage drop down button. Nothing should need to be placed into the comments box unless there are special circumstances that would require a comment.
- 6) Next dispense the medication that you are signing out. *****NOTE: A maximum of a 48 hour supply may be dispensed at one time.***** A “Delivery Form” and a “Controlled Substance Administration Record” (CSAR) will print at the same time. (See “Page 1” and “Page 2” below.) The delivery form should be signed and dated by the person filling. The CSAR is already filled out automatically by the system. The medication should be placed into a bag and labeled with the label that is generated by Cerner. The control number generated by CSM (ie. F10781) should be written on the bag label.
- 7) The pharmacist will check the medication, CSAR, and delivery form, and sign the delivery form and label.
- 8) The person delivering the medication will sign and date the delivery form. The person receiving the medication in the respective area will sign on the "received by" line on the delivery form. The receiving person will take possession of the drug and the CSAR. The completed delivery form will be brought back to pharmacy.

If the medication will be sent via the secure function on the tube station as per the "Pneumatic Tube System" policy using the secure transaction log posted next to the tube station and will then

promptly send the signed delivery form back to pharmacy. *It is the responsibility of the person sending the secure narcotic transaction to ensure the delivery form is promptly returned to pharmacy and logged on the tube system log hanging next to the tube station. Per policy, this should occur within 10 minutes.*

- 9) The returned delivery form will hole punched and put in the Outstanding Controlled Substance Administration Record binder on the front filling station. Before dispensing/delivering a refill of the medication, pharmacy should receive and close out the completed previous CSAR. Lead pharmacists should consider loading into that unit’s omniceil if several dispenses are occurring.

RECONCILIATION

1. When a patient is discharged or no longer needs a signed out narcotic, the nurse will complete the bottom section of the CSAR and then return it with the medication to pharmacy. The person who takes the medication and CSAR needs to verify that the CSAR has been filled out correctly. This person also needs to verify that the number of remaining doses of the medication matches up with what is documented on the CSAR (this may be zero returned if all given).

If there is a discrepancy or error in documentation noted on the CSAR, do not accept the medication and sheet back. Have the RN contact the charge nurse on the floor that had the CSAR and medication for discrepancy resolution. If no resolution is able to be reached, please notify the pharmacy manager.

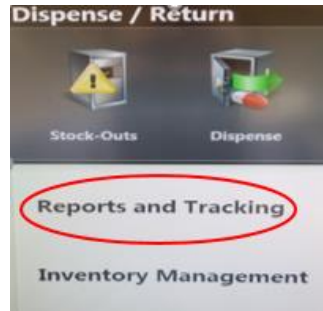
If a patient needs a refill of a signed out medication, the floor will send back a completed CSAR.

2. Ensure that the “date returned”, “qty. returned”, and nursing signature are filled out and accurate, then sign the “received by” section on the bottom right of the CSAR. This may be zero quantity if none are returned.

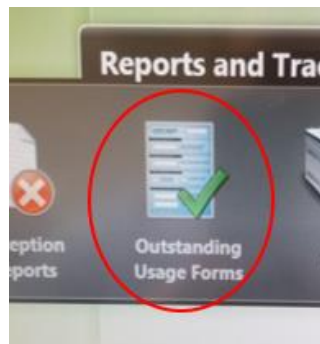
WHEN COMPLETED OR PATIENT DISCHARGED/TRANSFERRED, FILL OUT BELOW AND RETURN TO PHARMACY						Page 1 of 1
Date Returned	Nurse fills out	Returned By (Nursing)	Nurse signature when returning			
Quantity Returned	Nurse fills out	Received By (Pharmacy)	Pharmacy signature when returned in information accurate			

3. If there are no errors/discrepancies, the medication and/or usage form number can be checked back into CSM. Completed sheets with no medications returned need to be closed in the CSM.
4. Pull the delivery form that was filed under the the patient’s name in the Outstanding Patient Specific CSAR binder. If the delivery form cannot be located, notify the pharmacy manager.

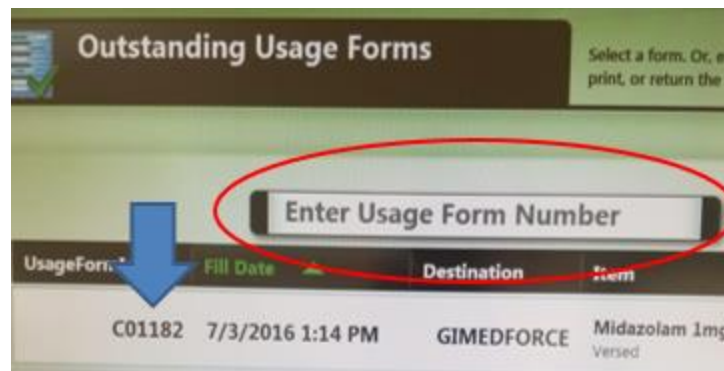
5. Log into CSM and follow these steps to check-in the signed out medication. Click on the “Reports and Tracking Tab”.



6. Click on the icon titled “Outstanding Usage Form”.



7. Find the corresponding control number (ie. C10802). You can also scan the barcode on the CSAR to quickly find.



- CSM will prompt you to tell it how many dosage units were administered and how many should be returned, wasted, and/or expired. Fill this out from the CSAR. The number will have to equal the amount of dosage units that were initially signed out.



Category	Quantity
Issue Quantity	1 VIAL
Administered	1
Returned	0
Expired	0
Wasted	0

- Follow the on screen prompts to finish this transaction.
- Staple together the CSAR, delivery form (removing from the outstanding CSAR binder), and any additional paperwork that prints (ie returned item receipt). File paperwork in the drawer in the front island for filing.

PAGE 1



Delivery Form

Restock Type: Dispense To Patient/Area
 Destination: Med Tale 300
 User Name: Patterson, Macey

Printed: 2/24/2022 1:55 PM
 Order ID: 
 VLT04-0000028305
 Patient Name: Testing, Gicsm
 Patient ID: SILVSTEST022322
 Patient Room: 377-A

>>>>PATIENT CONFIDENTIAL<<<<

Item ID	Item Description	Usage Form	Qty Issued	Checked By
700028	ALPRAZolam 0.5mg Tab (Xanax)	D00667	13 TAB	_____

Comments: testing

Pharmacist Initials

Filed By: Pharmacy signature Date: _____
 Delivered By: Pharmacy signature Date: _____
 Received By: Nurse signature Date: _____

Items Returned		Date	Reason For Return
Returned By:	Item Description	Quantity	Reason For Return
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAGE 2

Genesis Medical Center, Silvis
 DEPARTMENT OF PHARMACY SERVICES

CONTROLLED SUBSTANCE ADMINISTRATION RECORD

Xanax 0.5mg Tab
ALPRAZolam 0.5mg Tab

NOTE: This record has been issued specifically for the above drug.
 Any change will be construed as a discrepancy and must be reported as such.

<i>Patient Name</i>	<i>Patient ID</i>	<i>Usage Form #</i>
Testing, Gicsm	SILVISTEST022322	
<i>Patient Room</i>	<i>Qty Issued:</i>	<i>Date Issued:</i>
C-102	*13*	2/24/22 1:55 PM

DOSE	DATE	TIME	AMOUNT		SIGNATURE OF PERSON ADMINISTERING	SIGNATURE OF WITNESS TO WASTE	Comments
			Given	Wasted			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

WHEN COMPLETED OR PATIENT DISCHARGED/TRANSFERRED, FILL OUT BELOW AND RETURN TO PHARMACY Page 1 of 1

	Date Returned	Nurse fills out	Returned By (Nursing)	Nurse signature when returning
To	Quantity Returned	Nurse fills out	Received By (Pharmacy)	Pharmacy signature when returned in information accurate