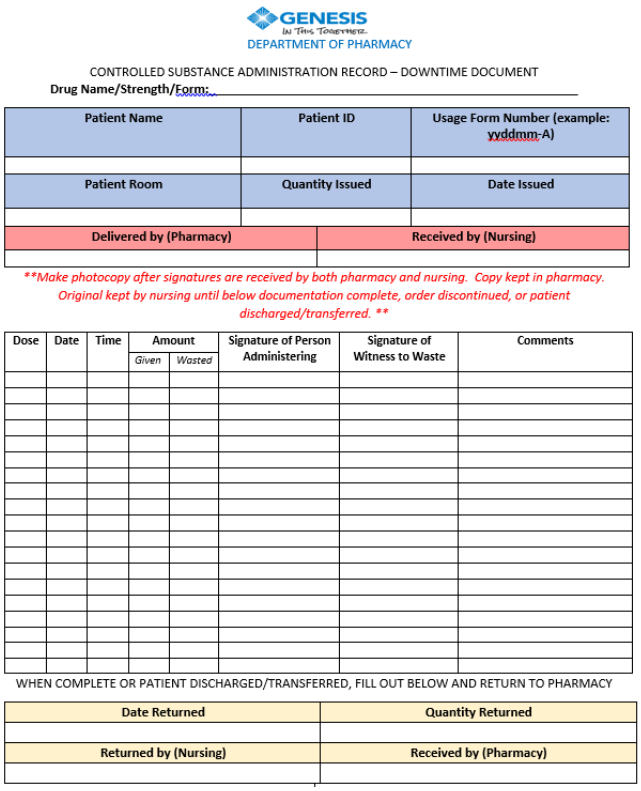
GENESIS
IN THIS TOGETHER DEPARTMENT OF PHARMACY

CSM Signout Sheet – DOWNTIME Standard Work

1. In the event the CSM is down, medications can be signed out manually using the below form. Copies will be kept on the shelf under the CSM computer or can be printed by locating the form at H:Pharmacy-IL/Dept/Forms/CSM Signout Sheet-Downtime.
2. Pharmacy will fill out the top section and ensure both pharmacy and nursing signatures are obtained upon delivering the medications to the floor. The usage form number should be created using the date with a sequential letter at the end. For example, on 04/14/2022 it would be 220414-A, 220414-B, 220414-C, etc.
3. A photocopy of the form will be made after nursing signs and the copy will be retained by pharmacy as a "receipt" of what has been dispensed.
4. Nursing shall keep the original and fill out the remainder of the form as they normally do.
5. When all medications have been administered or when the order is discontinued or when the patient is discharged/transferred, the nurse will complete the bottom section of page and return it to pharmacy.
6. Upon receipt, pharmacy will verify the information on the sheet (ie. RN notes she is returning #2 tabs and you receive #2 tabs with the paperwork).
7. Pharmacy will credit any doses returned to pharmacy.
8. Pharmacy will match the original and the photocopy in pharmacy and staple together.
9. Pharmacy will retain and reconcile medications in CSM when it becomes available again. Contact manager for further instruction on this if needed.
10. Once the medications removed from CSM have been reconciled, all paperwork shall be filed in the respective folder in the file cabinet.



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CONTROLLED SUBSTANCE ADMINISTRATION RECORD – DOWNTIME DOCUMENT

Drug Name/Strength/Form: _____

Patient Name	Patient ID	Usage Form Number (example: yyddmm-A)
Patient Room	**Quantity Issued**	**Date Issued**
Delivered by (Pharmacy)		**Received by (Nursing)**

***Make photocopy after signatures are received by both pharmacy and nursing. Copy kept in pharmacy. Original kept by nursing until below documentation complete, order discontinued, or patient discharged/transferred. ***

Dose	Date	Time	Amount		Signature of Person Administering	Signature of Witness to Waste	Comments
			Given	*Wasted*			

WHEN COMPLETE OR PATIENT DISCHARGED/TRANSFERRED, FILL OUT BELOW AND RETURN TO PHARMACY

Date Returned	Quantity Returned
Returned by (Nursing)	**Received by (Pharmacy)**