PROTECT YOUR NURSING LICENSE

Safe Handling, Administration, and Documentation of Controlled Substances

Sara A. Griffith MSN, RN

INTRODUCTION

The purpose of this article is to provide information for nurses regarding best practices for handling, documenting, and administering controlled substances within a variety of healthcare settings while staying attuned to the signs of substance abuse and diversion. When best practices aren't followed, a violation of the Nursing Practice Act could result, cause patient harm, and contribute to the opioid epidemic or to the substance use disorder of a colleague; all of which may put the licensed nurse in a position of being investigated. The information provided in this article will improve your knowledge of state and federal regulations regarding controlled substances, lead to safer patient care provided by nurses, and may assist in the identification of abuse and diversion of controlled substances.

The North Carolina Board of Nursing's (NCBON) mission is to protect the public by regulating the practice of nursing (NCBON, 2018). As the occupational licensing board for nurses in North Carolina, the Board is acutely aware of the opioid epidemic and its impact on the nursing profession. This article will present techniques nurses can use to maintain safe practice standards while working with controlled substances and in turn, increase patient safety.

NURSE ACCOUNTABILITY FOR CONTROLLED SUBSTANCES

Nurses are in the most direct position in the healthcare continuum to protect patients by ensuring there is adequate documentation in the medical record to support the administration and wasting of controlled substances. The types of storage for controlled substances include, but are not limited to, locked medication carts, locked cabinets, and automated dispensing systems (e.g., Pyxis® or Omicell®), with the choice being based on a facility's size, available resources, and the volume of controlled substances dispensed (Lockwood, 2017). The act of retrieving or removing a controlled substance from a secure, locked location places the nurse in possession of the drug and ultimately responsible to account for the entire amount removed. A nurse is charged with multiple areas of patient care responsibility related to medication administration including assessment, order verification, retrieval and preparation of the correct dose, administration, and documentation. Think back to your nursing school days and the often-repeated statement: "if it's not documented, it wasn't done." This continues to hold true throughout all aspects of nursing practice and is essential for all record keeping related to controlled substances. Only through clear, timely, and accurate documentation of all elements of the administration and wasting of controlled substances can the nurse fulfill the responsibility of accounting for all of the substance removed from the secure storage site.

Regardless of what system is used by a facility, documentation requirements are the same but may occur in different formats (i.e., paper vs electronic). A basic requirement for documentation of a controlled substance ordered on an as needed (PRN) basis is to include the reason for the medication (e.g., pain, anxiety, sleep). If the medication is being given for pain, documentation should include the location of the pain, along with the appropriate pain scale rating, date, time, route, amount (based on provider order), and a follow-up if the medication was effective or not. The patient's description of pain should be

included in the medical record if any additional descriptors are provided. When controlled substances are administered on a routine, regular, or scheduled basis, the documentation of ongoing assessments and evaluations of patient status and medication effectiveness are just as important. Your agency policy and procedure will guide you on any agency specific requirements.

Documentation processes may vary, depending on the facility; however, the required components of documentation of the administration or disposal of a controlled substance remain the same regardless of practice setting. For example, nurses working in long-term care facilities often use paper documentation. They are required to document the removal of the controlled substance on a controlled substance inventory form, document the time, date of the medication administration on the medication administration record (MAR), and finally, document why the medication was given along with the effect of the medication in the appropriate area on the MAR.

In facilities that utilize an electronic format for documenting, the nurse may be required to scan the controlled substance medication prior to administration. The scanner documents the date and time of the administration; however, the nurse is required to document the assessment related to the pain scale used and follow-up documentation related to the effectiveness of the controlled substance. This may include, for example, a follow-up within an hour for oral medications or a follow-up within 30 minutes for intravenous medications. The intervals for this follow-up evaluation may vary by agency policy and regulatory requirements. If the agency uses an electronic scanning system to document administration of medications, it is the nurse's responsibility to ensure the scanner is functioning. If not functioning, report this immediately to your agency's information technology department or to nursing leadership. This is an important action to ensure compliance with intuitional polices and regulations relating to the safe use, storage, and disposal of scheduled medications.

WASTING CONTROLLED SUBSTANCES

When controlled substances are retrieved or removed from secure storage in quantities in excess of that to be administered, the nurse is responsible for wasting or destroying the unneeded portion in the presence of a witness. The best practice for wasting of controlled substances is to waste at the time of removal from the storage location. The witnessing nurse should visually watch the administering nurse as the correct dose is drawn up or as a pill cutter is used to obtain the ordered amount, observe as the unneeded portion is wasted in the agency-approved manner or receptacle, and then document the waste electronically or in writing. According to Brummond et al. (2017), the witness to the wasting of controlled substances should verify the following: product label, amount wasted matches what is documented, and that the medication is wasted in an irretrievable location. To strengthen an agency's policies and procedures on controlled substances, an agency should consider including the following statements: an unused controlled substance should be returned instead of wasted; administration should occur immediately after a controlled substance is removed from its storage location; and controlled substances should only be removed for one patient at a time (New, 2014).

These practices reduce the chance of forgetting to waste a controlled substance or taking a controlled substance outside the facility. Unused portions of controlled substances should not be carried by the nurse, left unattended on a counter, nor returned to the locked storage location. Both the administering nurse and the witness are responsible for documenting the wastage according to facility policy. A nurse should never document witnessing controlled substance wastage that was not actually observed.

REGULATION OF CONTROLLED SUBSTANCES

Controlled substances are subject to both Federal and State regulations. The United States Drug Enforcement Agency (DEA) has categorized drugs into categories, called schedules, based on the level of risk to the public, the drug's acceptable medical use, and the potential for abuse or dependency. Five schedules of drugs, including both prescribed controlled substances and illicit substances, are designated by the DEA. Nurses should be familiar with each schedule and why these substances are scheduled by the DEA. The DEA can change the schedules based on new evidence regarding indications for the drug. For example, schedule I drugs are illegal substances due the fact that they have high risk for abuse leading to physical or psychological dependence and have no current medically accepted use. However, because the medical and recreational use of marijuana is expanding with the implementation of various State laws, the current DEA schedule may be altered as increasing evidence of efficacy and/or risk emerges.

The five schedules identified by the DEA are listed below with examples of common medications nurses may administer frequently in their nursing practice (with the exception of schedule I which are illegal substances):

- Schedule I- heroin, marijuana, LSD, MDMA AKA "ecstasy"
- Schedule II- Morphine, Methadone, Oxycodone, Fentanyl, Hydromorphone, Hydrocodone, Dilaudid, Adderall, Ritalin, and OxyContin
- Schedule III- buprenorphine, Codeine with NSAID, marinol, and anabolic steroids
- Schedule IV- benzodiazepines (Xanax, Ativan), Ambien®, Sonata®, Tramadol, Soma

- Schedule V- Lyrica®, Lomotil®, cough suppressants with low dose codeine

When a medication is scheduled by the DEA, this requires nurses to count and conduct inventories of each medication. Some facilities may choose to also require counts for non-controlled substances due to high risk of diversion or high cost of medication. Those medications counted and inventoried are those subject to stringent documentation requirements for administration and wastage. In long-term care facilities, the practice of borrowing controlled substances dispensed for one resident for administration to another when the supply is not available places the nurse and the patient at risk. The risk of administering the wrong medication is increased due to the potential of confusing the various controlled substance names. The risk is also increased by bypassing the established safety process of a pharmacist verifying the medication (dosage, patient name, allergies).

PROBLEMS WITH WASTING CONTROLLED SUBSTANCES

Have you ever been asked to witness a waste of a controlled substance that your "gut" told you not to witness? Did a nurse bring you a syringe with clear fluid and tell you Fentanyl 100mcg was in there and ask you to waste? Did a nurse tell you she had wasted a controlled substance while you were at lunch and ask you to sign as witness? What did you do? Did you notice a pattern with this nurse? Did you report this information to your nursing leadership? If you feel uncomfortable witnessing, you should decline to do so and refer the individual to a charge nurse or nursing leader. Holding a colleague accountable for the agency's policies and procedures on wasting could save a patient's life, protect you from falsifying patient records, reduce agency liability, and even save your colleague from potentially self-destructive behaviors related to substance use. If you are unclear about your agency policy on the wasting of controlled substances, ask a nursing leader to review this information with you individually or during a staff meeting.

IDENTIFICATION OF DIVERSION

Healthcare agencies need to have policies and procedures in place to conduct internal investigations and how to manage the outcomes (Berge, Dilllon, Sikkink, Taylor, & Lanier, 2012) related to diversion activities. The investigation of diversion should be conducted using a methodological, bias-free, detailed approach to ensure the safety of patients (Brummond et al., (2017). The investigations may be conducted by nursing leadership, pharmacists, clinical compliance staff or any combination of staff members with the expertise in conducting investigations. Brummond et al. (2017) also recommend an agency policy that provides clear guidance on when to engage external entities such as law enforcement, licensing boards, or the DEA. Additionally, agencies need to have ongoing processes in place to monitor nurses' patterns of controlled substance removal, documentation, and administration. This may be conducted through random controlled substance audits, review of standard deviation reports, or tips from compliance hotlines reporting concerns with a nurse's practice. These processes will assist in detection and reporting to regulatory agencies with a goal of preventing diversion (Lockwood, 2017). When healthcare agencies work synergistically with regulatory bodies to provide details of an agency's internal investigations, the result is safer patient care delivery due to nurses receiving the necessary education or treatment for substance use disorder.

The behaviors listed below are indications suggesting that a nurse might be diverting controlled substances or experiencing a substance use disorder. These suspicious behaviors should trigger a review of the nurse's handling, documentation, administration, and waste of controlled substances.

- Patient complaints of unrelieved pain (perhaps only when specific nurse assigned)
- Changing patient to injectable meds from oral meds
- Patients receiving maximum dose of prescribed medications
- Inconsistent administration between shifts (larger or more frequent dosing by one nurse)
- Only nurse to administer controlled substances
- Offering to administer PRN medications for other nurses' patients
- Placing controlled substances in pocket
- Reports of taking controlled substances outside of the facility
- Wasting controlled substances not close to the time of removal
- Removing/retrieving controlled substance before time due or patient request
- Holding onto waste for later administration
- Removing/retrieving for more than one patient at a time
- Dosage requires a waste (purposely choosing larger dose vials that will require waste)
- Pattern of removing and wasting at end of shift
- Tampering with sharps containers
- Spending time at workplace when not scheduled to work
- Offering to work overtime or extra shifts consistently
- Change in behaviors, personality, demeanor, and work habits
- Change in appearance
- Arriving to work late frequently
- Prolonged or frequent bathroom breaks

PROTECTING YOUR PATIENTS AND YOURSELF FROM EFFECTS OF DIVERSION

What can you do when you identify a co-worker with some of these characteristics listed above? Why is it important to speak up about your observations? There are ways to help protect yourself and your patients from a nurse who might be diverting controlled substances. Some of the examples are for nurses in acute care settings and others for the long-term care facility setting. The suggestions are based on how the controlled substances are stored at your facility.

- Take time to visually witness the waste of controlled substances at time of removal
- Report if another nurse is documenting administration of controlled substances to your patient(s) without notifying you
- Don't delegate the administration of a controlled substance that you removed (emergency situations are an exception but should be documented)
- Don't share passwords
- Change passwords per agency policy
- Ensure you have logged out of automated dispensing machines prior to walking away from machine
- Monitor for a nurse who "piggy-backs" the access of another nurse
- Keep medication cart or cabinet keys in your possession (don't share your keys)
- Keep medication cart locked
- Complete narcotic counts at every staff/shift change
- Use lock boxes in home health or hospice settings

IDENTIFICATION OF PATIENT ABUSE OR MISUSE OF CONTROLLED SUBSTANCES

No other professional group has the same level of direct patient care contact as nurses (IOM, 2010; NCSBN & Graber. M. 2018). Nurses serve a critical role in ensuring that communication, coordination of care, patient education, monitoring, and surveillance enhance patient safety. Nurses who interact and work with patients in non-acute care settings play an integral role in combatting the opioid epidemic by documenting their assessments and findings in the medical record to assist the provider in making an informed decision on whether to prescribe or not. Nurses are invaluable due to their interactions with patients, length of time taken to gather information, and rapport/trusting relationship built with patients. Nurses who are aware of the potential signs of opioid abuse or misuse are better equipped to assist in identification and development of a plan with a provider to safely

address findings of potential or actual substance abuse by patients.

The Food and Drug Administration (FDA) (2018) recommends safe disposal of unwanted, expired, or discontinued medications. Safe disposal techniques for patients may include medication take-back programs or mixing the controlled substance in cat litter or used coffee grounds. Additionally, Dahn (2016) suggests nurses take the time to educate patients on the disposal of medications which may reduce the risk of accidental overdoses, unintended access by others, or accidental consumption by a child. Dahn (2016) identified the following signs of potential patient misuse and abuse that would warrant a further collaborative investigation by the nurse and provider:

- Doctor shopping
- Utilization of multiple pharmacies
- Variations in spelling of name
- Frequent office visits
- Requests for escalation of doses
- High quantities of pills
- Reports of lost or stolen opioid prescriptions
- Paying cash for provider services
- Combinations of controlled substances ("trinity:" hydrocodone, Xanax, and Soma; "Holy Trinity:" oxycodone, Xanax and Soma)
- Failure to follow pain management agreements
- Inconsistent drug screens

Case Scenarios

Let's examine some scenarios in which a nurse does not meet the standard related to the handling, documentation, administration and waste of controlled substances. The following two case scenarios apply the concepts discussed in this article.

Scenario 1

A nurse removed Dilaudid 2mg from the automated dispensing system and hands that medication to another nurse for administration. The nurse who received the medication forgot to document administration. During the facility's weekly controlled substance audit, it was noted that the Dilaudid 2mg was not documented as administered.

Discussion.

The nurse who removed the controlled substance is ultimately accountable for the controlled substances. The nurse who removed the medication has a responsibility to ensure the medication is documented as administered or wasted. The agency may conduct a further audit of the nurse's handling and documentation of controlled substances. If further issues are found or a pattern of removing controlled substances and then handing to another nurse for administration is identified, the nurse might be asked to submit to a for-cause drug screen or counseled on the risk. This is an example of a nurse implicitly trusting another nurse to conduct all the required steps of administration, documentation, and follow-up assessments.

Scenario 2

A nurse on a medical-surgical unit has 6 patients on her 7am to 7pm shift. Most patients require as needed pain medications due to surgical incision pain. The nurse completes her required physical assessments for her shift but did not document the administration of 6 doses of controlled substances (Morphine, Oxycodone, and Hydrocodone) to 3 patients and did not complete pain assessments on any of the 6 patients assigned during the shift. During the next shift worked by this nurse, she again does not document the administration of controlled substances that were removed. The nurse also holds controlled substances in her uniform pocket and requests other nurses to waste at the end of the shift (both oral and intravenous medications).

Discussion.

The hospital conducts a random audit of the nurse's documentation of controlled substances and discrepancies were noted on this nurse's audit. The licensee is asked about the discrepancies, placed on administrative leave pending a full audit and asked to submit to a required drug screen. This could be considered failure to maintain an accurate medical record. The nurse should have identified the importance of ensuring all documentation was in the medical record before leaving the shift or asked for support from the charge nurse if the shift was too busy.

Conclusion

The proper handling, administration, waste, and documentation of controlled substances is imperative for the safety of patients. The accountability of the licensed nurse encompasses all of these elements and the nurse carries legal responsibility for implementing safe practice standards and guidelines as well as assuring compliance with state and federal controlled substance laws. Failure to do so could place patients and nurses at risk for adverse events. If challenged concerning your handling, administration, or waste of controlled substances, your best defense will be clear, complete, timely, and accurate documentation. If you identify the signs of potential substance use disorders in your patients, colleagues, or yourself, timely reporting can lead to effective treatment options. Substance use disorder treatment can protect a nurse's ability to practice safely, but more importantly, can save patient and nurse lives!

Required Reflective Questions

1. How would you handle if you note a fellow co-worker is administering controlled substances to a patient when the patient does not appear to need (no pain symptoms)?
2. What should you do if you discover a controlled substance discrepancy?

3. At the facility you are employed, how do you obtain the policy on documentation of controlled substances and the wasting process?
4. How would you handle being asked to waste a controlled substance that a nurse has held in his/her pocket entire shift?
5. How would you handle being asked to administer a controlled substance that was removed by another staff member?
6. What would you do if a nurse asked you to witness a waste you did not observe?
7. How would you handle a discovering a patient was obtaining controlled substances from multiple providers or was abusing illicit substances (heroin, cocaine)?
8. You noticed a nurse who offers to frequently medicate your patients with a controlled substance. What additional information would you gather?
9. A nurse is seen frequently on the unit when not on duty, has had changes in behavior, and is requested to work extra shifts. Would you consider this an indication of diversional behaviors?
10. A family member of a deceased hospice patient asks you to discard controlled substance medications. How would you respond? Who would contact to get direction?
11. While admitting a patient, you note the patient's medications include the same controlled substances from multiple providers. What would you do with this information?
12. You are the charge nurse and a patient reports they had no relief from the Morphine administered by the day shift nurse 30 minutes prior. What do you do with this information?

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INSTRUCTIONS

Read the article, online reference documents (if applicable), and reflect on the 12 questions listed under the "Required Reflective Questions" section of this article.

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Go to www.ncbon.com and hover over "Education;" under "Continuing Education" select "Board Sponsored Bulletin Offerings," scroll down to the link, "Protect Your Nursing License: Safe Handling, Administration, and Documentation of Controlled Substances." After registration, please write down your confirmation number, complete, and submit the evaluation, and print your certificate immediately.

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The North Carolina Board of Nursing will award 1 contact hour for this continuing nursing education activity.

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The following disclosure applies to the NCBON continuing nursing education article entitled "Protect Your Nursing License: Safe Handling, Administration, and Documentation of Controlled Substances."

Participants must read the CE article, online reference documents (if applicable), and reflect on the 12 questions listed under the "Required Reflective Questions" section of this article in order to be awarded CNE contact hours. Verification of participation will be noted by online registration. Neither the author nor members of the planning committee have any conflicts of interest related to the content of this activity.

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