

Facility Logo

Controlled Substance Administration Competency CONTENT

(To be used with Controlled Substance Administration COMPETENCY)

Introduction

Medications classified by the Drug Enforcement Administration (DEA) as Schedule II and III-V controlled substances shall be subject to special management, oversight and accountability.

In accordance with all relevant federal and state laws and regulations the facility enforce strict controls in the access, storage, record-keeping and disposal of controlled substances.

While there is accountability for all medication administration, the responsibility that comes with administering controlled substances require an additional layer of vigilance from clinicians — and comes with an additional layer of leadership oversight and accountability.

Process

Controlled substance process is in place for a reason.

- Any time something happens that is outside of process, it should be reported, investigated, and documented.
- Any time there is a situation where the process cannot be followed, it should be reported to facility leadership to help trouble-shoot or create a process that is functional.

This can include issues with spilled medication, pocketed pills, partial doses, or inappropriate witnessing of medication destruction. While it is tempting to be helpful and just “fix” the documentation so it works, this does not help fix the process so it works long-term.

Assessment and Administration

Controlled substances are one of many interventions clinicians can use to achieve desired goals for residents in long-term care. As an example, pain management can often be improved for residents when clinicians combine pain control interventions with those that improve activity and sleep. Clinicians should carefully assess the needs of residents prior to controlled substance administration and document assessment findings. Administration of controlled substances should be completed according to standard practice for medication administration, including the six “rights” to ensure the right resident is given the right dose of the right medication at the right time via the right route for the right reason.

After administration, clinicians should re-assess the resident according to facility timelines to determine if the controlled substance was effective and provide additional interventions if appropriate.

<Insert facility reassessment process here>

Documentation

Controlled substances are often documented in two places:

- 1) Controlled substance administration should be documented in the resident’s medical record, along with the assessment data supporting the administration of the controlled substance and the resident’s response to treatment.

<Insert facility documentation process here>

- 2) Controlled substance administration should be documented in the facility's "count" tracking system, ensuring the chain of custody remains intact and that the facility can account for each dose of controlled substance.

<Insert facility count tracking system process here>

- 3) Both sets of documentation should match, and there should be a process in place to ensure correlation of the two systems.

Waste or Destruction

If a dose of controlled substance is opened and cannot be used, clinicians should follow a clear process to dispose of and document this destruction. All waste/destruction should be witnessed and documented with two clinicians.

<Insert facility waste destruction and documentation process here>