



# Healthcare Help

Supporting Health Providers

## Module 6

## Controlled Drug Awareness

## People need Controlled Drugs for PAIN

**Why are errors with Controlled Drugs considered serious?**

Please select an answer. The Main reason is that:

1. People on them are usually very sick
2. They are absorbed into the system QUICKLY
3. They depress the respiratory centre





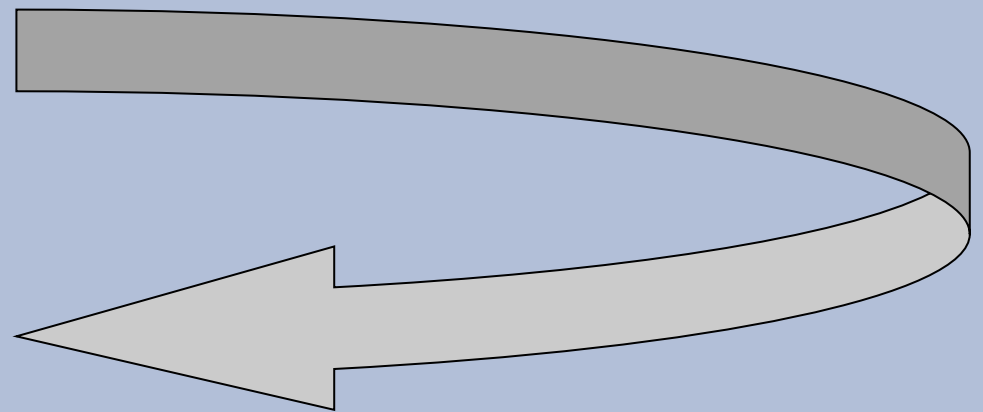
Looking at answer:

1. People on them are usually very sick.....

YES... sick makes people more susceptible

People on controlled drugs like Morphine may be OLD and FRAIL [NOT SICK just sore] so this is NOT the MAIN reason..

Lets look at other reasons



# WHY are Controlled Drug errors SERIOUS?

Because:

1. People on them are usually very sick ..... Perhaps
2. They are absorbed into the system QUICKLY
3. They depress the respiratory centre



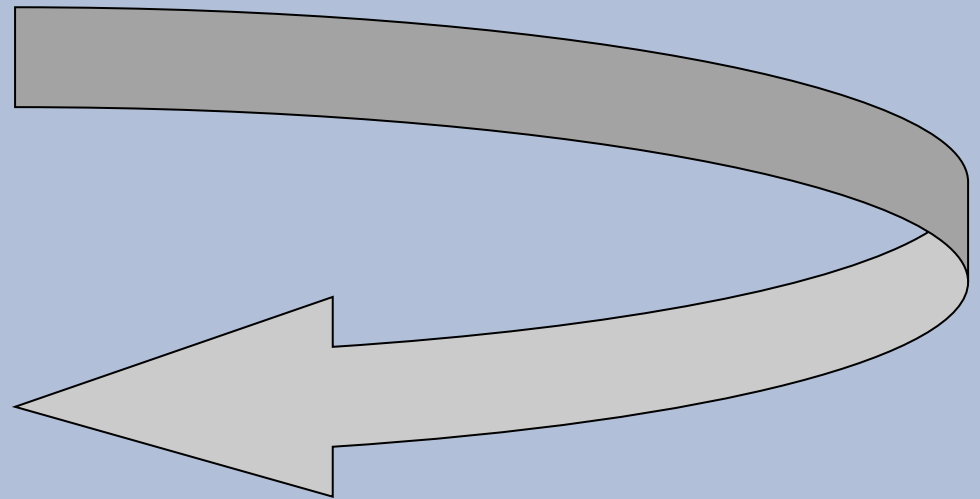
Answer Option 2. They are absorbed into the system QUICKLY

**NO!**

Some [like Sevredol] are absorbed quickly

but **MANY** controlled drugs are Slow Release

You know that :o))



# WHY are Controlled Drug errors SERIOUS?

Because:

1. People on them are usually very sick ..... Perhaps
2. They are absorbed into the system QUICKLY..... NO! Some may be slow release e.g. M-eslon, or MST or Kapanol
3. They depress the respiratory centre!





## Answer Option 3. They depress the respiratory centre

**IMPORTANT** → Imagine too large a dose absorbed rapidly!  
What if the person was very old.....  
Or very young.....  
Very frail.....  
Or had some serious medical condition. . .  
Or if they were already badly injured.  
How bad would that be?

NB: Controlled Drugs  
LOWER  
DECREASE  
MAKE LESS  
Heart rate,  
blood pressure  
Digestion  
Alertness  
MORE GIVEN =  
GREATER THE EFFECT

Learn these side effects of controlled drugs well:

Slowing of pulse, lowering blood pressure, nausea, constipation

Sleepiness → hard to wake up → coma → DEATH [worst and most serious side effect of all]

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**YES** and this is a serious consequence of too **LARGE** a dose absorbed **RAPIDLY**, especially in a *susceptible* client

*(advanced age / ill health / accidental injury)*

**SIDE EFFECTS:**

- slowing of the pulse,
- a drop in blood pressure,
- sleepiness, difficulty in rousing, even coma.

Worst outcome could be death.

# Side Effects of Controlled Drugs

Test yourself – make a list then look at the answers

ANSWERS →

1. Slowing of the pulse
2. Drop in blood pressure
3. Drowsiness
4. Nausea [feeling sick & slowing of digestion i.e. constipation]
5. Coma [overdose]
6. Death [serious overdose]

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# **SAFE Procedure for Controlled Drugs**

**How well do you know it?**

*Please make a list of the essentials for a  
'Safe Medication Management Program' .....?  
.....then move to the next slide.*

*What do we need in a program to:*

- 1. Measure up to minimum standards expected by auditors*
- 2. Take all practical steps to keep everyone safe.*

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# Safe Practice includes essential training

## Safe Administration Step by Step

1. Two staff members must check any controlled drug
2. One must be the most senior staff member on duty
3. Look at the medication order. Take the **correct dose** of the **correct medication** from the cupboard, at the **correct time**.
4. BOTH staff members give to the **correct patient**.
5. Sign:
  - BOTH sign in the **Register of Controlled Drugs**
  - the person administering the medication signs on the **Drug Administration Record Sheet**

What else does a robust Safe Medication Program need to be safe giving out Controlled Drugs?



Safe Practice includes a Robust Register & knowledge of which drugs are “controlled” i.e. “need to be counted”

Registers are used to count [control] the following drugs when they are in use in the Home:

MST

M-eslon

LA Morph [Morphine Elixure]

Morphine Injections

Sevredol

Ritalin

Ruvifen

There may be more??????

These will be dispensed to individual residents.

**What do you know about this register?**



# The Controlled Drug Register

Are the following statements TRUE or FALSE?

The Controlled Drug Register is:

1. A single page that gets filed somewhere later? **TRUE OR FALSE?**
2. Part of a client's chart? **TRUE OR FALSE?**
3. Something that the doctor needs to sign? **TRUE OR FALSE?**
4. Something **ONLY A DOCTOR** may fill in? **TRUE OR FALSE?**
5. In a folder & pages all have the same number? **TRUE OR FALSE?**
6. **MUST** be kept in Controlled Drug Safe **TRUE OR FALSE?**

**ALL STATEMENTS ARE FALSE!**

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# The Controlled Drug Register

Are the following statements TRUE or FALSE?

The Controlled Drug Register:

1. IS a management tool? **TRUE OR FALSE?**
2. IS a method of counting medication **TRUE OR FALSE?**
3. IS a way to help ensure Controlled Dugs are only given safely? **TRUE OR FALSE?**
4. And should only given to the person they were prescribed for? **TRUE OR FALSE?**
5. Reminds us to dispose of returns safely? **TRUE OR FALSE?**
6. Demonstrates that we are responsible. **TRUE OR FALSE?**
7. IS regularly audited by a manager. **TRUE OR FALSE?**

**ALL STATEMENTS ARE TRUE!**

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# Safe Controlled Drug Management

Are the following statements TRUE or FALSE?  
5-Point Review. Do we need:

1. A Controlled Drug Coordinator?

YES ..... This is a very good idea

2. This is usually the RN?

NO! This needs to be a Manager or Team Leader preferably who does not give out the medications. It is better not to have the person with most access checking.

3. The RN must check or count all controlled drugs in use [weekly] monthly?

They may help, but the Coordinator should be doing this audit.

4. You must do a quality Review of Medicine Management 6 monthly

For safest practice, six monthly Reviews of Medicine Management should also involve your pharmacist.

5. We must do a weekly stock take.

If we are using controlled drugs stock take should be at least monthly.

Note we also have a Review of our Medicine Management Program at least annually  
This also looks at the Management of Controlled Drugs

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# Safe Policy & Practice for Controlled Drugs

The Controlled Drug Register is used to count [control] the following drugs.  
MST, M-eslon, LA Morph [Morphine Elixure], Morphine Injections, Sevredol, Ritalin & Ruvifen.

These will be dispensed to individual residents.

All controlled drugs arriving at the Home MUST be signed in by the pharmacy delivery person & the most senior person on duty.

When a controlled drug is no longer needed it is returned to the pharmacy by the end of the next working day.

**NB This register MUST be signed with the ZERO balance by the pharmacy & either the RN, the Manager or the Owner!**

The Controlled Drug Coordinator is: .....

Stock take day is: ..... [weekly or monthly]

Accepted by pharmacy:.....Pharmacist

Note: Information from monthly & quarterly reviews of Medicine Management may be shared with the pharmacy & doctors, as appropriate.



# Common Mistakes Signing the Register

Are the following statements TRUE or FALSE?

1. Simple mathematical errors. These are recorded as a drug error?

**NO..... You just wrote something incorrectly.**

2. Cover it over with twink?

**NO! People like to see what is under the twink, or they may get suspicious.**

3. So what do I do then?

**Put a line through it, correct and also write the word error, & initial.**

4. Can I correct on behalf of someone else?

**YES! Or ask them to fix it – which ever keeps the peace best.**

5. Pharmacy needs to sign for returned unused controlled drugs.

**YES! It is a BIG mistake not to “show” where the unused drugs go. BEWARE, this does **NOT** look good if you were to be questioned.**

Show that you have taken ALL PRACTICAL STEPS to be safe!



# Safe Controlled Drug Management

Caring for the person taking the controlled drug.

1. What must we note about their condition?

How they are feeling? Remember slowing of ... pulse, drop in BP, drowsiness, nausea & constipation.

3. When someone FIRST starts taking a controlled Drug....

What could we tell them?

That they may feel sleepy, a bit sickly & get constipated.....

But only in the first few hours or days.....

And we have other medication that will help this.

4. What else do we look for?

Is it effective / Is the pain controlled?

Is it working soon enough [we don't want people hurting].

END