

HCA Houston Healthcare Clear Lake

Non-ADM - Patient Specific Controlled Substance Drips

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Situation: During the Division Controlled Substance Audit, HHH Clear Lake was found to be **non-compliant** with the documentation paperwork required for patient specific controlled substance injections not delivered into an **Automated Dispensing Machine (ADM)**

B

Background: Controlled Substance Injections that are not stocked in **ADM**, but are delivered directly to the unit as Patient Specific, require a **Controlled Substance Administration Record (CSAR)** to be completed by nursing and reconciled with pharmacy. This is required by the DEA and State Board of Pharmacy.

A

Assessment:

- HHH Clear Lake **non-compliant** with required workflow
 - CSAR nursing completion
 - CSAR pharmacy reconciliation

R

Recommendation:

- Educate
 - Pharmacy staff of required documentation and reconciliation of CSAR
 - Nursing staff of the required CSAR paperwork and the process to complete and return to pharmacy.
- Audit monthly activity of non-ADM Patient Specific Controlled Substance Injections and report out at MDT

HCA Houston Healthcare Clear Lake

Controlled Substance Administration Record – Patient Specific

DRUG: PHENOBARBITAL 130MG/102ML 130MG
(102ML) IV

SEND TO: CLTXTRMPX2

QUANTITY # 1

DEA CLASS: 4

DATE: 8/8/2023

PHARMACIST: cv8707@hca.orgad.net

TIME: 00:10:54

REF#: SM08230174001

CONTROLLED SUBSTANCE ADMINISTRATION RECORD

PHARMACY NOTES

EXPIRATION DATE OF MEDICATION: _____ R.Ph.: _____

PATIENT INFORMATION

PATIENT NAME: _____ ADULT
ROOM NUMBER: _____
PHYSICIAN: _____

HCA Houston Clear Lake
2001 Neutral Center Blvd, Houston TX 77068 281-333-2511
DOB: 07/07/91 Age: 32 Sex: F G.NTICU G.210-1
HT: 154.84 CM WT: 41.4 KG
ICCT: G00125508402
Dose Due 08/08 23-0600

ADMINISTRATION INFORMATION

MEDICATION INITIATED DATE: _____ TIME: _____ STATION NAME: _____

SIGNATURE OF NURSE INITIATING THERAPY: _____

MEDICATION DISCONTINUED DATE: _____ TIME: _____ STATION NAME: _____

SIGNATURE OF NURSE DISCONTINUING THERAPY: _____

AMOUNT REMAINING: _____ RN WITNESS: _____

(RECORD ZERO IF NO DRUG IS REMAINING)

(WITNESS REQUIRED FOR NON ZERO AMOUNTS)

!!! DO NOT PLACE IN PATIENT'S MEDICAL RECORD !!!

*** THIS SHEET MUST BE RETURNED TO PHARMACY UPON COMPLETION ***

!!! RETURN RECORD TO PHARMACY WHEN COMPLETED !!!

For Official Use Only - Sensitive but Unclassified Data

D1

- This form is **REQUIRED** for administering a patient specific controlled substance injection that is not located in PYXIS.
- This form is included with the requested patient specific controlled substance delivered from pharmacy and **MUST** be returned to pharmacy after the drug is administered or wasted.
- This is a **LEGAL** document tracking the administration of controlled drugs.

HCA Houston Healthcare Clear Lake

Nurse to complete the following:

DRUG: PHENOBARBITAL 130MG/102ML 130MG (102ML) IV

SEND TO: CLTXTRMPX2 **QUANTITY # 1**

DEA CLASS: 4 DATE: 8/8/2023
 PHARMACIST: cv6707@hca.comad.net TIME: 00:10:54 REF#: SM08230174001

CONTROLLED SUBSTANCE ADMINISTRATION RECORD

PHARMACY NOTES

EXPIRATION DATE OF MEDICATION: _____ R.Ph.: _____

PATIENT INFORMATION

PATIENT NAME: _____ ADULT
 ROOM NUMBER: _____
 PHYSICIAN: _____

1 ADMINISTRATION INFORMATION

MEDICATION INITIATED DATE: _____ TIME: _____ STATION NAME: _____
 SIGNATURE OF NURSE INITIATING THERAPY: _____

2

MEDICATION DISCONTINUED DATE: _____ TIME: _____ STATION NAME: _____
 SIGNATURE OF NURSE DISCONTINUING THERAPY: _____
 AMOUNT REMAINING: _____ RN WITNESS: _____
 (RECORD ZERO IF NO DRUG IS REMAINING) (WITNESS REQUIRED FOR NON ZERO AMOUNTS)

3

!!! DO NOT PLACE IN PATIENT'S MEDICAL RECORD !!!
 *** THIS SHEET MUST BE RETURNED TO PHARMACY UPON COMPLETION ***
 !!! RETURN RECORD TO PHARMACY WHEN COMPLETED !!!

For Official Use Only - Sensitive but Unclassified Data D1

1 ADMINISTRATION INFORMATION

MEDICATION INITIATED DATE: _____ TIME: _____ STATION NAME: _____
 SIGNATURE OF NURSE INITIATING THERAPY: _____

2

MEDICATION DISCONTINUED DATE: _____ TIME: _____ STATION NAME: _____
 SIGNATURE OF NURSE DISCONTINUING THERAPY: _____
 AMOUNT REMAINING: _____ RN WITNESS: _____
 (RECORD ZERO IF NO DRUG IS REMAINING) (WITNESS REQUIRED FOR NON ZERO AMOUNTS)

3

!!! DO NOT PLACE IN PATIENT'S MEDICAL RECORD !!!
 *** THIS SHEET MUST BE RETURNED TO PHARMACY UPON COMPLETION ***
 !!! RETURN RECORD TO PHARMACY WHEN COMPLETED !!!

- Station Name = Unit Name
- Discontinuation means: completion of each injection, not that the medication has been ordered DC'd.
- Amount Remaining: If any medication remains, it must be wasted with a witness. If no medication remains, then enter "0" and no witness is required

- Please tube completed CSAR to pharmacy