(A) Policy Statement

Utilization and administration of controlled substances must be done in accordance with this established policy and the Pharmacy Controlled Substance Policy #3364-133-04, which are in compliance with established federal and state guidelines.

(B) Purpose of Policy

To establish safe and consistent guidelines for the utilization and management of controlled substances by nursing personnel. The use of controlled substances is regulated by the Ohio Revised Code and Public Law #01-513, The Controlled Substance Act of 1970 and enforced by the Drug Enforcement Agency.

(C) Definitions

Controlled substances are classified in five categories or schedules as follows:

- **Schedule I**: The drug has a high potential for abuse; has no accepted medical use in the U.S.A.; or may be a research drug, and is a lack of accepted safety for use of the drug. **Example**: Heroin.

- **Schedule II**: The drug has a high potential for abuse; has accepted medical use in the U.S.A. with severe restrictions; abuse of the drug may lead to severe psychological or physical dependence. **Example**: Percocet, Demerol.

- **Schedule III**: The drug has potential for abuse less than drugs in Schedule I and II; has accepted medical use in the U.S.A; abuse of the drug may lead to moderate or low physical dependence or high psychological dependence. **Example**: Tylenol #3, Fiorinal.

- **Schedule IV**: The drug has a low potential for abuse relative to the drugs in Schedule III; has a currently accepted medical use in the U.S.A; abuse of the drug may lead to limited physical dependence or psychological dependence relative to the drugs in Schedule III. **Example**: Valium, Phenobarbital.

- **Schedule V**: The drug has a low potential for abuse relative to the drugs in Schedule IV; has currently accepted medical use in the U.S.A; abuse of the drug may lead to limited physical dependence or psychological dependence relative to the drugs in Schedule IV. **Example**: Lomotil, Robitussin AC.

(C) Procedure

1. Controlled substances in Schedule I and II and selected drugs in Schedule III, IV and V must be maintained in locked quarters at all times. These selected drugs are determined at the discretion of the Pharmacy Department.

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### Table: Policy Information

<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th>Utilization of Controlled Substances</th>
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<tbody>
<tr>
<td>Policy Number:</td>
<td>3364-110-05-05</td>
</tr>
<tr>
<td>Department:</td>
<td>Nursing Service</td>
</tr>
<tr>
<td>Approving Officer:</td>
<td>Director of Nursing/Chief Nursing Officer (CNO)</td>
</tr>
<tr>
<td>Responsible Agent:</td>
<td>Director of Nursing/CNO</td>
</tr>
<tr>
<td>Scope:</td>
<td>The University of Toledo Medical Center (UTMC)</td>
</tr>
</tbody>
</table>

**Effective Date:** 3.27.15
**Initial Effective Date:** 5/1981

- New policy proposal
- Major revision of existing policy
- Minor/technical revision of existing policy
- Reaffirmation of existing policy

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2. Each nursing unit will have a standard stock of drugs in the Accudose medication station, which is
available on the unit.

3. Two Registered Nurses' must inventory and verify the correct count of the specified controlled
substances designated by pharmacy once a week.

4. Requests for drugs other than the established basic stock must be accompanied by a copy of the
physician’s order before the drug will be released for Acudose-Rx stock.

5. Controlled substances must be obtained from Pharmacy by a RN or via the pneumatic tube system through
'secure-send' procedure. When the RN picks up the controlled substance in the Pharmacy Department,
they must display a valid UTMC badge with picture identification, sign, date, and time the control sheet
provided by pharmacy personnel.

6. With any evidence of disruption of tamper-resistant devices, the controlled substance should be returned
to Pharmacy at once and an Investigative Report initiated.

7. Any unresolved discrepancy must have an electronically Occurrence Report generated in the Patient
Safety Net, while making the Nursing Director (ND) or House Supervisor (HS) aware of the
discrepancy. The ND will notify Pharmacy immediately, who will in turn notify Campus Police and the
State Board of Pharmacy. Once the investigation is complete, pharmacy will notify the Nursing
Manager if further action needs to be taken.

8. The following guidelines should be followed for routine administration of controlled substances:
   a. The controlled substance to be administered should be prepared according to established protocols.
   b. The medication is administered and documented according to established Nursing
      Service Policies.
   c. When doses are wasted, refused, spoiled or spilled, refer to the Pharmacy Controlled Substance
      Policy #3364-133-04.

9. **Multiple use of single use units (i.e., Tubex cartridges, single tablets, or unit dose liquids) is strictly
   prohibited.**

10. Documentation of Patient Controlled Analgesia (PCA), narcotic infusions, and wastage, will include the
    amount of narcotic given over an interval of time.

11. Documentation of waste of narcotic infusions as well as other controlled substances will require a
    witness.

12. All incidents of diversion will be investigated by the Campus Police Department. Any criminal acts will
    be referred for prosecution and reported to the Ohio Board of Nursing as necessary.

Approved by:

Monecca Smith, MSN, RN
Director of Nursing/CNO

Review/Revision Date:
1983 7/1993 6/14/2012
1984 3/1994 3.27.15
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1986 12/2001
1987 3/2002
1988 6/2005
1989 7/14/2008

Next Review Date: 3/2018

Policies Superseded by This Policy: 5-05

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.