

MEDICATION - SCHEDULE 4D AND SCHEDULE 8

This LOP is developed to guide clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To provide safety guidelines for use of Schedule 4D(S4D) and Schedule 8(S8) medications at RHW

2. PATIENT

- Inpatient woman
- Inpatient neonate

3. STAFF

- Medical, midwifery and nursing staff
- Pharmacist

4. EQUIPMENT

- Refrigerator
- Tamper Evident Security Bag/Patients S4D/S8 Medication Bag
- Dangerous Drug(DD) Register(S4D and S8 Registers)

5. CLINICAL PRACTICE

A. STORAGE OF S4D/S8 MEDICATIONS

- Follow principles for the safe storage of accountable medications as detailed in Section 6.4 of PD2013_043- [Medication Handling in NSW Public Health Facilities](#).

i) **Storage of S4D/S8 Medications in General Ward Areas**

- Ensure the nurse/midwife in charge of a ward i.e. Nursing/Midwifery Unit Manager (N/MUM) or Nursing/Midwifery Manager (N/MM) or Registered Nurse/Midwife (RN/RM), is responsible for the storage of all Schedule 4 Appendix D (S4D) and Schedule 8(S8) medications on that ward.
- Store in the designated Dangerous Drug (DD) cupboard. The DD cupboard is a separate locked cupboard securely attached to the structure of the building (i.e. wall or floor) and must only contain S4D and S8 medications or additional accountable medication as determined by the Drug and Therapeutics Committee
- Be aware all medication stored in the DD cupboard must be accounted for in a DD register.
- Be aware the only exception is if stored on a designated trolley used for anaesthetic purposes in operating theatres. Drugs stored on designated trolleys must be kept to a minimum and left in the manufacturers packaging where possible.
- Store medications which may be prone to mix-up (e.g. look-alike sound-alike medications) on a separate shelf location, e.g. morphine and hydromorphone.

ii) **Storage of Refrigerated S4D/S8 Medications**

- Store refrigerated S4D drugs (e.g. erythropoietin) in a refrigerator in a locked room. The refrigerator may contain other medications. These medications must be accounted for and recorded in the S4D Drug Register in general ward areas
- Restrict access to the room to staff authorised by the RN in charge of the patient care area.

iii) **Storage of Cannabis Products**

- Manage products containing Cannabidiol (CBD) as per RHW LOP *Medication - Storage and Supply* as these are Schedule 4 medicines and do not have any special storage or handling requirements.

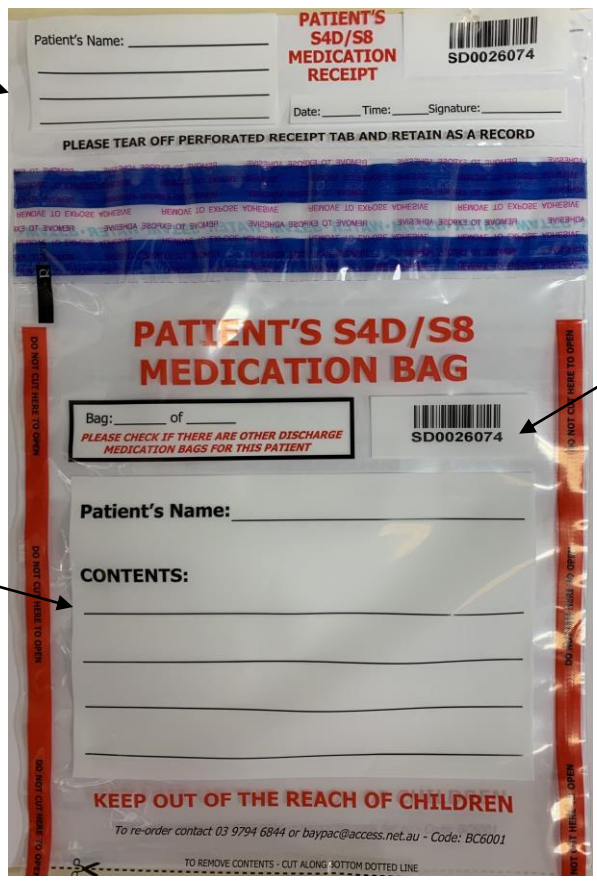
- Store products containing tetrahydrocannabinol (THC) as for all other S8 medicines above. See SESLHD policy SESLHDPR/620 '[Inpatient Management of Patients Admitted to SESLHD Facilities using Medicinal Cannabis Products](#)' for more information.

iv) Storage of Patient's Own S4D/S8 Medications

- Give to relatives to take home, whenever possible, S4D and S8 medications brought into hospital by the patient after a thorough medication history has been taken and documented and the medications are NOT required for administration during hospital stay.
- Place patient's own medication in Patient's S4D/S8 Medication Tamper Evident Security Bag (Figure 1) if the above is not possible. Two people must complete this process, one of whom is employed in a RN/RM capacity, as follows:
 - Count the medications and store in a 'Patient's own S4D/S8 Medication Tamper Evident Security Bag'. Include a list of medications (generic and brand name), including strength and quantity of tablets, on the front of the bag.
 - Fix a patient addressograph sticker or handwrite patient name and medical record number (MRN) on the medication bag and the tear off receipt section.
 - Check and sight the contents of the bag before it is sealed by two RN/RM's.
 - Record medications as- Patient's Own medication in the DD Register. A separate page should be used for each patient. Record patient's name, MRN and the contents of the bag(name of each medication,strength, formulation and quantity). Record as "sealed bag" and record quantity 1. Include the unique identifier barcode number on the bag in the 'comments' sections of the DD Register.
 - Tear off the top removable strip of the bag and give to the patient/carer or store with other Patient's Own medications to alert staff of S4D/S8 medications stored on the ward.
 - Record on a separate page of the DD Register designated for that drug and that patient only, if the patient's own supply of S4D or S8 medications are to be administered to the patient during their hospital stay. The medication must be checked for correct labelling and integrity and must not be administered to any other patient.
 - Return the medication to the patient/carer after the medication bag has been opened, and medication counted by two nurses (one of whom is an RN) prior to signing out of the register.
 - Destroy the medication if it is not appropriate to return the medication to the patient. Document with a pharmacist present.

Receipt (Removable Strip):
 Patient's name, MRN, date and contents.
 This is checked along with the contents with the patient/carer and given to them or stored with other patient's medications.

Contents:
 Add patient sticker or write patient name and MRN on the contents label.
 Add the details of the medication(s) to be stored to the label (medicine name, strength, formulation, and quantity).
 If contents are checked by patient/carer the patient/carer must also sign the front of the bag.



Unique Barcode Number:
 Document this in the Drug Register.

Figure 1: Patient's S4D/S8

Medication

Tamper Evident Security Bag

v) DD Key Management

- Ensure a nurse/midwife, employed in a permanent RN/RM capacity, is always carrying the DD keys. Ideally this should be the responsibility of the N/MUM or the nurse in charge of the shift. Casual Pool RN/RM may carry the DD keys if negotiated in advance with NUM/MUM prior to shift commencement. Enrolled nurses (ENs) must NEVER have custody of the DD cupboard keys.
- Keep the key to the DD cupboard separate from all other keys except the S4D key and PCA key.
- Store the DD keys from wards that close overnight or at weekends in a secure area overnight e.g. with the After-Hours Nurse Managers (AHNM), and not in the DD cupboard of another ward.
- Transfer S8 and S4D drugs to another secure safe in the hospital, e.g. pharmacy department, when areas are closed for longer periods,
- Investigate and report any loss of DD keys immediately to the RN/RM in charge or AHNM.
- Notify (by the RN/RM in-charge) RHW Management Executive and pharmacy (during business hours) or the AHNM (after hours) when keys are unable to be located after discussion with all parties concerned, or keys have left the premises and are not returned in a timely manner. RHW Executive of AHNM will arrange to have the lock, barrel and keys changed as soon as possible.

vi) After Hours Emergency Drug Room

- Be aware the After-Hours Emergency Drug Cupboard must not contain S4D or S8 drugs

B. DISCHARGE OF S4D/S8 MEDICATIONS

- Collect discharge medications containing S8 drugs from pharmacy by a RN/RM or deliver to the ward by pharmacy.
- Record the medication(s) on a separate page as "Patient's Own" in the DD Register and store in the DD cupboard until the patient is discharged.

C. RECORDING OF S4D/S8 MEDICATIONS

- **S8 medication:**
 - Perform at least once every shift (ideally at the change of shift) by two people, one of whom is a RN/RM
 - Count the quantity of stock on hand and record it in **red ink** in the DD Register
 - Sign the DD Register by the two people counting
 - Investigate any discrepancies immediately.
- **S4D medication:**
 - Perform at least once every 24 hours by two people, one of whom is a RN/RM
 - Count the quantity of stock on hand and record it in **red ink** in the DD Register
 - Sign the DD Register by the two people counting
 - Investigate any discrepancies immediately.
- Be aware an EN may check the balance of S4D and S8 medication in the presence of an RN/RM.
- Check the balance of all S8 medications held in the pharmacy department during March and September each year as a minimum and at other times as deemed necessary by the Director of pharmacy. A pharmacist who assumes control over the S8 stock in pharmacy for one month or more must, immediately on assuming control, perform a full balance check.

i) Recording of S4D and S8 Medications in DD Register

- Be aware it is the RN/RM in charge's responsibility to ensure that a record is kept of all S4D and S8 drugs in a ward DD Register.
- Ensure S4D and S8 medications have separate registers.
- Ensure signatures in the DD Register are full signatures so that the person signing can be identified.
- Complete and record by two people, one of whom is a RN/RM, the balance transferred from the completed book when a new DD Register is acquired (Figure 2).
- Enter some form of identifying notation e.g. number or date, from the 'old' DD Register to the 'new' when transferring the balance. The same form of notation identifying the new

DD Register to which the balance is being transferred must be recorded in the old DD Register.

- Archive the old DD Register for a period of seven years. This is the responsibility of the senior nurse (N/MUM /N/MM).
- Report loss or theft of a DD Register to the director of pharmacy or delegate who must then notify the NSW Ministry of Health at the Pharmaceutical Services Unit in writing.
- Record on the old page and the index, the page number to which it has been transferred when the balance of a drug is transferred to a new section in the same DD Register. The page number from which the balance has been transferred is recorded on the new page. This must be witnessed and signed by two people, one of whom is a RN/RM.

WARD REGISTER OF DRUGS OF ADDICTION – POISONS AND THERAPEUTIC GOODS ACT 1966												
Drug (name strength form)		Ward Surgical 1										
Date () () ()	Time received or given	Patient's name/Received from	Amount received	Amount given	Discard	Balance	Name of prescriber	Print name of administering or supplying person	Signature of administering or supplying person	Print name of person witnessing, supervising or directing	Signature of person witnessing, supervising or directing	Comments/ Professional Registration number if applicable
Transferred Balance from Page: 11						17		Cinderella Dee	Cinderella Dee	Cody Banks	Cody Banks	
4/10/15	1800	Jo Bloggs		1		16	Carrie Grant	Cinderella Dee	Cinderella Dee	Cody Banks	Cody Banks	
4/10/15	1815	Santo Claus		0.5	0.5	15	Carrie Grant	Cody Banks	Cody Banks	Cinderella Dee	Cinderella Dee	

Figure 2: Example of recording S4D/S8 Medications in DD Drug Register

- Refer to PD2013_043 'Medication Handling in NSW Public Health Facilities' for further details.
- Make sure all entries in the DD Register are in black or red ink. Blue pen is NOT to be used. The following colour scheme for entries in the DD Register must be used:
 - Recording administration of a drug – Black ink
 - Shift to shift check – Red ink
 - Stock received – Red ink
 - Monthly check by Nurse Manager – Red ink
 - Footnotes – Red ink

ii) Drug Register Alterations

- Adhere to the following when alterations to the DD Register are required (due to error or unresolved discrepancy in count):
 - Do **NOT** cross or white out entries in the DD Register. Numerals must not be altered.
 - Write amendments sequentially as a footnote at the bottom of the page. Enter the sequential number with the date (dd/mm/yy), comments (including IMS+ number) and signatures in the footnote (see example below).
 - Do not write in the margins.
 - Rule through all blank lines in the footnote when transferring entries onto a new page (Figure 3)

WARD REGISTER OF DRUGS OF ADDICTION – POISONS AND THERAPEUTIC GOODS ACT 1966												
Drug (name strength form)		Ward Surgical 1										
Date () () ()	Time received or given	Patient's name/Received from	Amount received	Amount given	Discard	Balance	Name of prescriber	Print name of administering or supplying person	Signature of administering or supplying person	Print name of person witnessing, supervising or directing	Signature of person witnessing, supervising or directing	Comments/ Professional Registration number if applicable
Transferred Balance from Page: 11						17		Cinderella Dee	Cinderella Dee	Cody Banks	Cody Banks	
4/10/15	1955	Jo Bloggs		1		16	Carrie Grant	Cinderella Dee	Cinderella Dee	Cody Banks	Cody Banks	
4/10/15	2000	Santo Claus		0.5	0.5	15	Carrie Grant	Cody Banks	Cody Banks	Cinderella Dee	Cinderella Dee	
4/10/15	2005	Sue Mann		0.5	0.5	14	Carrie Grant	Nancy Drew	Nancy Drew	Al Howard	Al Howard	
*4/10/15	2100	George Geoffrey		1		Error made						
4/10/15	2100	George Geoffrey		0.5	0.5	13	George Orwell	Cody Banks	Cody Banks	Cinderella Dee	Cinderella Dee	

Leave the error as is and write 'Error made'.

- Do not make any alterations, obliterations or cancellations.
- Do not draw a line through the error.

- Mark the incorrect entry with an asterisk in the margin (numbered if there is more than 1 error on the page).
- Write the correct entry on the next line.
- Write a matching asterisk with the time, date, explanation of the error and your signature at the bottom of the page in the footnotes section, countersigned by the witness.

Footnotes: * 4/10/15 2100 hours Written in error - wrong amount written. Written correctly on next line. C. Banks C. Dee

Figure 3: Example of DD Drug Register alterations

iii) Discrepancies in the Drug Count

- Investigate immediately any discrepancy between the ward stock and the Drug Register. This includes S4D and S8 medications AND non-Appendix D S4 medications also stored in the DD cupboard. If it remains unresolved, the discrepancy must be recorded in IMS+ by the RN/RM, and reported in succession, as follows:

During Business Hours:

- Notify the N/MUM / N/MM who notifies:
 - The Nursing/Midwifery Clinical Co-Director
 - The RHW Management Executive
 - The RHW Senior Pharmacist
- The RHW Senior Pharmacist then notifies the Director of Pharmacy
- The Director of Pharmacy then notifies the Director General of Health, by submitting the required Notification of Loss or Theft of Accountable Drugs (S8 and S4D substances) form (TLD/1112) to the pharmacist on duty at the Pharmaceutical Service Unit.

After Hours:

- Notify the Nurse in Charge who notifies the After-Hours Nursing Manager (AHNM)
- The AHNM notifies:
 - The Nursing/Midwifery Clinical Co-Director
 - The RHW Management Executive by email and notifies the Executive On-Call
 - The On-call Pharmacist who notifies the RHW Senior Pharmacist
- The RHW Senior Pharmacist notifies the Director of Pharmacy
- The Director of Pharmacy then notifies the Director General of Health, by submitting the required [notification form](#) to the pharmacist on duty at the Pharmaceutical Service Unit on the next working day.
- Refer to PD2013 043 – '[Medication Handling in NSW Public Health Facilities](#)' for further details

iv) Notification Form

- Document all available information regarding drug count discrepancy on the Notification of Loss or Theft of Accountable Drugs (S8 and S4D substances) form (TLD/1112) by the manager (or delegate) of the area responsible for the loss (e.g. N/MUM or Pharmacist). This must include the relevant IMS+ number. The notification form is available from <http://www.health.nsw.gov.au/pharmaceutical/Documents/loststolen.pdf>.
- Do not select 'Submit Form' as this is the responsibility of the Director of Pharmacy. Use the 'Save as' option from the File menu to save an electronic copy of the completed PDF form to a local drive and attach the copy to an email.
- Send the email with attached notification form to the RHW Management Executive for approval, who will then send the approved notification form by email to the RHW Senior Pharmacist. The approved notification form is submitted by the Director of Pharmacy to the Pharmaceutical Service, Legal and Regulatory Services Branch by either:
 - using the 'Submit Form' button (visible at the top of the form), or
 - emailing the form to pharmserv@doh.health.nsw.gov.au
- Notify without delay as soon as the facts are known. This is to be marked on the form as an 'initial' notification. If further notifiable details become available, an additional notification form should be submitted, including all further details of the incident, with the form marked as a 'follow-up' notification.
- Retain a copy of the submitted form (in electronic or hard copy format) for ten years in accordance with [PD2009_057 Records Management](#) and the [State Records Authority of NSW](#). This is the responsibility of RHW Senior Pharmacist (or delegate).

v) Misappropriation

- Report to the N/MUM of the ward where there is no apparent loss of drugs, but concern exists of possible or admitted misappropriation of drugs by a staff member. The N/MUM will notify the RHW Management Executive.
- Ensure adherence to Ministerial and Hospital policies and procedures to proactively prevent misappropriation of S8 and S4D drugs.

D. TRANSFER OF S4D/S8 DRUGS BETWEEN UNITS/WARDS

- Supply S4D and S8 medication from Pharmacy only during business hours.

- Ensure two RN/RM's check out and witness administration of all S8 and S4D drugs if to be administered by a student nurse. Three signatures are required in the S8/S4D Drug Register in this instance.
- Follow the procedure below for administration of S4D and S8 medications:
 - Wash hands.
 - Organise equipment.
 - Check legality of medication order and check for allergies. Note patient's pain and sedation score, time of last dose, and maximum daily dose.
 - At the DD cupboard two staff members, one of whom is a RN/RM, must:
 - Read the medication order and select appropriate drug (first check).
 - Check expiry date.
 - Check drug label against medication order (second check).
 - Calculate the ordered dose.
 - Write the medication out of the DD Register.
 - Check and verify medication balance between the DD Register and counted items in cupboard.
 - Remove the correct dosage hygienically (if oral medication) OR draw up dosage aseptically in a syringe (if medication is for injection) in accordance with RHW LOP 'Labelling of Injectable Medicines, Fluids and Lines'.
 - At the patient's bedside, the persons responsible for administration and witnessing (S8 and medications for injection) will:
 - Conduct general preparation, inform the patient (or guardian) what the medication is, why it is being given, and any side-effects.
 - Identify the patient by checking wrist band and/or asking them their details and check for allergies.
 - Check the prepared dose against medication order (third check).
 - Administer medication appropriately.
 - Sign medication order (initials from either MO or RN/RM administering the medication and a witness is required for S8 medications and medications for injection).
 - If the patient does not take the medication, or refuses to, refusal must be documented on the medication chart and the DD Register. Two people must witness and sign for any discarded portion of medication.
- Administer medications for one patient prior to signing out other drugs from the cupboard for any other patient(s).

i) Destruction of S4D/S8 Medications

- Notify the Pharmacy Department immediately by the nurse in charge of the ward (or on the next working day if it occurs after hours). when a S4D and S8 medication becomes unusable on a ward Verify that the drug is unusable (e.g. broken ampoule) by two nurses, one of whom must be a RN/RM, and adhere to the following procedure:
 - Make the appropriate entry in the Drug Register by the same two nurses. Balance should not be adjusted until the next point is completed. The unusable drug is stored in the DD cupboard until the Pharmacist can attend the ward.
 - Contact the pharmacist who will attend the ward and destroy the unusable drug. A RN/RM must witness the procedure.
 - The drug register entry is signed by the pharmacist and countersigned by the RN/RM witnessing.
 - In the case of ampoules, where the primary container is broken and/or the liquid contents lost, all parts of the container are handed over to the pharmacist during pharmacy working hours. If outside pharmacy working hours, notify the AHNM and retain the drug and container in the DD Cupboard until the Pharmacy Department is operational.
 - If a patient refuses medication after it has been removed from the DD cupboard and entered in the Drug Register, the medication must be discarded (into the sharps container), by the same two RN/RM's who removed it and record the discarding on a separate line in the Drug Register.
- Do not send unusable S8/S4D Drugs to the Pharmacy Department for destruction.

ii) Destruction of "Left Over" Drugs

- Adhere to the following procedure when an unused portion of a parenteral S8 drug remains e.g. 25 mg remaining from a 100 mg ampoule:
 - Two staff members who "checked out" the dose must discard the "left-over" portion. The unused portion must be removed from the original ampoule, vial or syringe and disposed of in a manner that prevents retrieval and reuse.

- Make an entry to record the disposal of the unused portion of medication in the Drug Register (Figure 5).

WARD REGISTER OF DRUGS OF ADDICTION – POISONS AND THERAPEUTIC GOODS ACT 1966													
Drug (name strength form)		Ward Surgical 1											
Date (/ /)	Time received or given	Patient's name/Received from	Amount received	Amount given	Discard	Balance	Name of prescriber	Print name of administering or supplying person	Signature of administering or supplying person	Print name of person witnessing, supervising or directing	Signature of person witnessing, supervising or directing	Comments/ Professional Registration number if applicable	
Transferred Balance from Page: 16								Cinderella Dee	<i>Cinderella Dee</i>	Cody Banks	<i>Cody Banks</i>		
4/10/15	1800	Jo Bloggs		1		16	Carrie Grant	Cinderella Dee	<i>Cinderella Dee</i>	Cody Banks	<i>Cody Banks</i>		
4/10/15	1810	Santo Claus		0.5	0.5	15	Carrie Grant	Cody Banks	<i>Cody Banks</i>	Cinderella Dee	<i>Cinderella Dee</i>		

Figure 5: Example of DD Drug Register record for left over drugs

- Discard an unused portion of a tablet, in a manner that prevents retrieval, in the presence of a witness, and make an entry made to record the destruction of the medication in the discard column of the DD Register as demonstrated in table above
- Discard S8 or S4D medications remaining from an intravenous or epidural infusion on the ward in the presence of two people, one of whom is a RN/RM, MO, or pharmacist. Record in the relevant section of PCA/Opioid Infusion/Epidural prescription chart.
- Record in the Drug Register by the Anaesthetist/Physician when discarding any unused portions of an S4D or S8 medication following Anaesthetic/Physician led sedation. This must be witnessed by a RN/RM.

iii) Discarding of Used Schedule 8 Transdermal Patches

- Remove the used transdermal patch in the presence of a witness, even if the patch is not to be replaced. Discarded transdermal patches must be folded in half so that the medication is trapped within the adhesive surface, then disposed of in a 'sharps' container. Special attention must be applied to the discarding of S8 transdermal patches (e.g. fentanyl patches, buprenorphine patches) that have been removed from a patient's skin
- Record the time the transdermal patch is discarded must be recorded in the patient's health care record. Sign and date by the RN/RM and countersign and dated by the witness to the procedure.
- Be aware that fentanyl patches, even after being used or when expired, contain sufficient dose to cause life-threatening respiratory depression in an opioid-naïve person if absorbed. If in the disposing of fentanyl patches the active layer comes into contact with the skin or other body surface, wash off immediately wash with soap and water. Particular care must be taken to ensure that a S8 transdermal patch is not left in the patient's clothes/bed linen or dropped onto the floor, thereby providing the opportunity for someone to come into contact with the patch.
- Treat a S8 transdermal patch missing from the patient as a loss and reported immediately.

iv) Discarding of Partially Used Fentanyl Lozenges

- Dispose partially used fentanyl lozenges in a sharps container, by a RN/RM in the presence of a witness.
- Record the discarding in the patient's health care record. Sign and date by the administering RN/RM. Countersign and date by the witness.

v) Management of Excess or Expired S4D/S8 Medications

- Do not return excess/expired S4D and S8 stock to pharmacy.
- Contact the pharmacist who will attend the ward/unit and either destroy the drugs in the presence of a RN/RM or return them to the pharmacy department.
- Record the details in the DD Register and requisition book if returning the medication to the pharmacy department.

vi) Management of Liquid S8 Medications (Loss or Excess Stock)

- Be aware, liquid S8 medications may contain an excess of the stated volume in the original bottle when supplied by the manufacturer. At times, this volume will need to be adjusted in the ward's Drug Register.
- Do NOT adjust the recorded volume in the Drug Register without a pharmacist present.

- Quarantine the remaining liquid and start a new bottle if there is a discrepancy between the volume of liquid in a bottle and the volume recorded in the DD Register.,
- Contact pharmacy immediately for investigation and correction of the volume in the DD Register.
- Start a new bottle and wait for the pharmacist to correct the volume in the DD Register when the excess stock is destroyed.
- Notify the pharmacist, who will investigate. If the liquid count is below the expected amount, i.e. a loss, DO NOT adjust the recorded volume in the DD Register.
- Report the loss of S8 liquid using the 'Notification of Loss or Theft of Accountable Drugs (S8 and S4D substances)' form (TLD1112).

vii) Administration of S4D and S8 Medications in an Outpatient Setting

- Prescribe on a prescription form (complying with S8/S4D legal requirements) if a patient requires a S4D/S8 medication to be administered during the outpatient consultation. Pharmacy will then supply the medication to the MO or RM/RN.
- Prescribe the order, in addition to above, on the National Inpatient Medication Chart (NIMC) so that a record of the medication administered is recorded. A MO must complete this
- Prescribe using an external prescription, if a patient requires a S4D/S8 medication to be administered following an outpatient appointment. The MO must complete this and prescription filled in the community.

viii) Signature Register

- Maintain a 'signature register' by the N/MUM /N/MM in charge of the patient care area with the full names and signatures of the authorised persons eligible to access the DD cupboard. Authorised persons could include a RN/RM or authorised prescriber assigned to the patient care area or a registered pharmacist. It is the N/MUM's responsibility to select appropriate staff to be included on the signature register and to ensure that the register is current
- Keep the signature register under the control of N/MUM /N/MM in charge of the patient care area, and apart from the Schedule 8 Drug Register.

G. PRESCRIPTIONS FOR S4D/S8 MEDICATIONS

- Administer S4D and S8 medications only when documented on a legal medication order, provided that the order complies with NSW Ministry of Health legal requirements.
- Ensure the prescription is documented in the form of:
 - A prior written medical order on the patient's medication chart or anaesthetic record, or,
 - A standing order - Clauses 57, 119, Poisons and Therapeutic Goods Regulation 2002
- Do not place a telephone order for S8 medications – this is NOT permitted.
- Prescribe/document S4D and S8 medications in electronic medical record (eMR) or a National Inpatient Medication Chart (NIMC), unless using approved specialty charts.
- Ensure the following documentation for 'PRN' dosage directions:
 - dosage interval
 - 24-hour maximum daily dose
 - reason for administration
 e.g. morphine 10 mg, subcut every 4 hours PRN for pain x 10 (ten) doses maximum 3 doses in 24 hours.
- Be aware, if the dosage interval is not stated, **ONLY ONE DOSE** may be given.

H. OPIOID TREATMENT PROGRAM (METHADONE AND BUPRENORPHINE)

- Consider prescribing methadone or buprenorphine to prevent withdrawal for an opioid dependent person continuing an opioid treatment program (OTP), who is admitted to hospital for the treatment of acute or life-threatening medical conditions or injuries.
- Refer to the following for further information:
 - NSW Health Policy Directive [PD2006_049 Management of Opioid Dependent Persons Admitted to Hospitals in New South Wales Guideline](#)
 - [GL2018_019 New South Wales Clinical Guidelines: Treatment of Opioid Dependence](#)
 - [PD2021_011 Dosing Facilities in Public Hospitals for Patients on Opioid Treatments](#)

i) Prescribing Methadone and Buprenorphine for Opioid Treatment in Hospital

- Continue medications where appropriate as part of opioid treatment programs for patient whilst admitted to hospital.

- Contact the authorised prescriber and the opioid treatment dosing point, (i.e. the place where the patient attends for dosing), prior to prescribing methadone for opioid treatment program to confirm:
 - the current dose
 - the date and time of the last dose given
 - any take-away doses given and quantity
 It is important to establish these facts as administration of a dose of an opioid drug may lead to overdose if the patient has received a dose recently or the wrong dose is given.
- Complete a 'Details of Inpatient on Opioid Treatment Program' form (Figure 6) must be completed by a MO or RN prior to prescribing by a MO and kept in the patient bedside folder.

Health
NSW Government
South Eastern Sydney Local Health District
Illawarra Shoalhaven Local Health District

Facility:

DETAILS OF INPATIENT ON OPIOID TREATMENT PROGRAM (Methadone, Buprenorphine)

• The hospital **MUST** receive confirmation of the patient's opioid treatment details prior to administering the medication in hospital.

• This form **MUST** be completed by the hospital MO or RN on admission.

• Details of the prescribing doctor and patient's usual administration point can be obtained from the Pharmaceutical Services (02 9424 5921) or alternatively the patient can provide this information.

• The prescribing doctor and the administration point **MUST** be notified of the patient's admission and advised that the patient will be dosed in hospital until discharge by the hospital medical team.

Figure 6: Details of Inpatient on Opioid Treatment Program form

ii) Supply of Methadone and Buprenorphine for Inpatient Use

- Give a copy of 'Details of Inpatient on Opioid Treatment Program' form, current prescription and the patient's last dosing details to pharmacy department to obtain methadone and buprenorphine. Methadone syrup will be supplied to patient care areas as unit doses for each individual patient for patient safety.
- Do not provide methadone or buprenorphine doses to the patient on discharge (including take away doses brought in by the patient or medication from the pharmacy department).

iii) After Hours Supply of Methadone and Buprenorphine

- Obtain methadone from a small emergency stock on Macquarie ward or Antenatal ward for use after hours when the pharmacy is closed.
- DO NOT use under any circumstances the after-hours emergency methadone during business hours when the pharmacy department is open.
- Order a new bottle from the pharmacy department the next business day by the ward in which it was used/taken when the emergency stock of methadone is used.
- Do not return emergency stock of methadone borrowed from a ward for use after hours, to the ward in which it was received from. The pharmacy department should be contacted the next business day to destroy the remaining methadone and further supply should be ordered for individual patient use.

iv) Recording of Methadone in Drug Register

- Record methadone on a separate page of the DD Register for each individual patient.
- Record the quantity of methadone in the DD Register in number of syringes (or unit doses) (Figure 7). After-hours emergency bottle of methadone should be recorded in milliliters.

WARD REGISTER OF DRUGS OF ADDICTION – POISONS AND THERAPEUTIC GOODS ACT 1966

Drug (name strength form) *methadone 50mg/10mL oral syringe Hilary Hill MRN 123456* Ward *surgical 1*

Date ()	Time received or given	Patient's name/Received from	Amount received	Amount given	Discard	Balance	Name of prescriber	Print name of administering or supplying person	Signature of administering or supplying person	Print name of person witnessing, supervising or directing	Signature of person witnessing, supervising or directing	Comments/ Professional Registration number if applicable
Transferred Balance from Page:												
02/07/21		Received from pharmacy	2			2		R Clive	R Clive	Z Nguyen		23456
03/07/21		Hilary Hill		1		1	A Brown	R Clive	R Clive	Z Nguyen		

Figure 7: Example of recording methadone in DD Drug Register

6. DOCUMENTATION

- Electronic or paper medical record

- Notification of Loss or Theft of Accountable Drugs (S8 and S4D substances) form (TLD/1112)
- "Details of Inpatient on Opioid Treatment Program" form (SEI060.135)

7. EDUCATIONAL NOTES

Audit Requirements:

- An objective monthly audit is to be completed by the AHNM to monitor:
 - Discrepancies in the amount of stock ordered
 - Identification of signatures for the purpose of detecting forgeries
 - Review of frequency of broken ampoules or discarded portions of ampoules
 - Compliance with documentation requirements in the ward register as detailed in this LOP
- The audit must include the review of a two (2) day consecutive period in the previous month. Audit documentation is to be retained by AHNM and produced as required by internal/external auditor.

S4D and S8 Requisition Book and Drug Registers:

- Requisition books and Drug Registers must be ordered by each ward/department via Tollstreamdirect.
- S8/S4D requisition book order number: NHSIS1076
- S8/S4D Registers: NH612005 Patient's S4D/S8 Medication Bags must be ordered by each ward/department via Pharmacy Department. Pharmacy can order this through iprocurement.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- [Medication Handling in NSW Public Health Facilities](#) PD2013_043
- [Inpatient Management of Patients Admitted to SESLHD Facilities using Medicinal Cannabis Products](#) SESLHDPR/620
- [Records Management](#) PD2009_057
- [State Records Authority of NSW](#) NSW Health Policy Directive
- [Management of Opioid Dependent Persons Admitted to Hospitals in New South Wales Guideline](#) PD2006_049
- [New South Wales Clinical Guidelines: Treatment of Opioid Dependence](#) GL2018_019
- [Dosing Facilities in Public Hospitals for Patients on Opioid Treatments](#) PD2021_011

9. RISK RATING

- High

10. NATIONAL STANDARD

- Medication Safety – NSQHS Standard 4

11. REFERENCES

- [Poisons and Therapeutic Goods Regulation 2008 Part 4 Drugs of Addiction](#)
- NSW Ministry of Health PD2013_043. [Medication Handling in NSW Public Health Facilities](#) . November 2013.
- NSW Ministry of Health PD 2012_064 [Administration of Medications by Enrolled Nurses](#). November 2012.
- NSW Ministry of Health Safety Notice 003/11. [Safe Storage of Accountable Medicines](#). November 2011

REVISION & APPROVAL HISTORY

Reviewed and endorsed Therapeutic & Drug Utilisation Committee 31/03/22
 Approved Quality & Patient Safety Committee 21.4.22
 Reviewed and endorsed Therapeutic & Drug Utilisation Committee 8/12/15
 Approved Quality & Patient Safety Committee 20/11/14
 Reviewed and Endorsed Therapeutic & Drug Utilisation Committee 14/10/14
 Approved Quality & Patient Safety Committee 19/11/09
 Reviewed and Endorsed Therapeutic & Drug Utilisation Committee 20/10/09
 Approved Council 27/11/00

FOR REVIEW: APRIL 2024

