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West Essex Integrated  
Care System

## Good Practice Guidance Controlled Drugs

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## Learning Objectives

- Different CD schedules
- Receipt of CDs
- Storage requirements
- Administration
- Record keeping & documentation
- Errors and discrepancies
- Disposal



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## What is a Controlled Drug (CD)?

CDs are unlike other medicines in that there are additional safety and legal requirements for supply, receipt, storage, administration and disposal.

These additional requirements outlined in the Misuse of Drugs Regulations 1973 & 2001 must be incorporated into the care home's medicines policy.

CDs are divided into the **five schedules** depending on their potential for abuse if misused. The schedule a CD is in determines the requirements for safe custody and recording.



# CD Schedules

Controlled Drug	Brand Name	Store in CD cupboard	Record in CD register	Additional legal requirements
<b>Schedule 2</b>				
Morphine	MST Continus, Zomorph, Sevredol, Oramorph <b>concentrated</b> oral solution <b>100mg/5ml</b>	✓	✓	
Diamorphine		✓	✓	
Pethidine		✓	✓	
Methadone	Physeptone	✓	✓	
Methylphenidate	Ritalin	✓	✓	
Fentanyl	Durogesic, Actiq Lozenges, Fencino	✓	✓	
Oxycodone	Oxypro, Longtec, Oxynorm, Oxycontin, Shortec	✓	✓	
<b>Schedule 3</b>				
Buprenorphine	Temgesic, Bupeaze, Butec	✓		None of the controlled drugs in this schedule need to be recorded in the CD register but this is a good practice recommendation.
Temazepam		✓		
Phenobarbital				
Midazolam	Hypnovel, Buccolam, Epistatus			
Tramadol	Marol			
Pregabalin	Alzain, Lyrica, Axalid, Lecaent			
Gabapentin	Neurontin			
<b>Schedule 4</b>				
Diazepam, Lorazepam, Nitrazepam, Zopiclone & Zolpidem		No legal requirements		
<b>Schedule 5</b>				
Morphine Sulphate <b>10mg/5ml</b> oral solution		<b>Oramorph oral solution 10mg/5ml is not a schedule 2 controlled drug.</b> However, CD storage and CD records are a good practice recommendation		

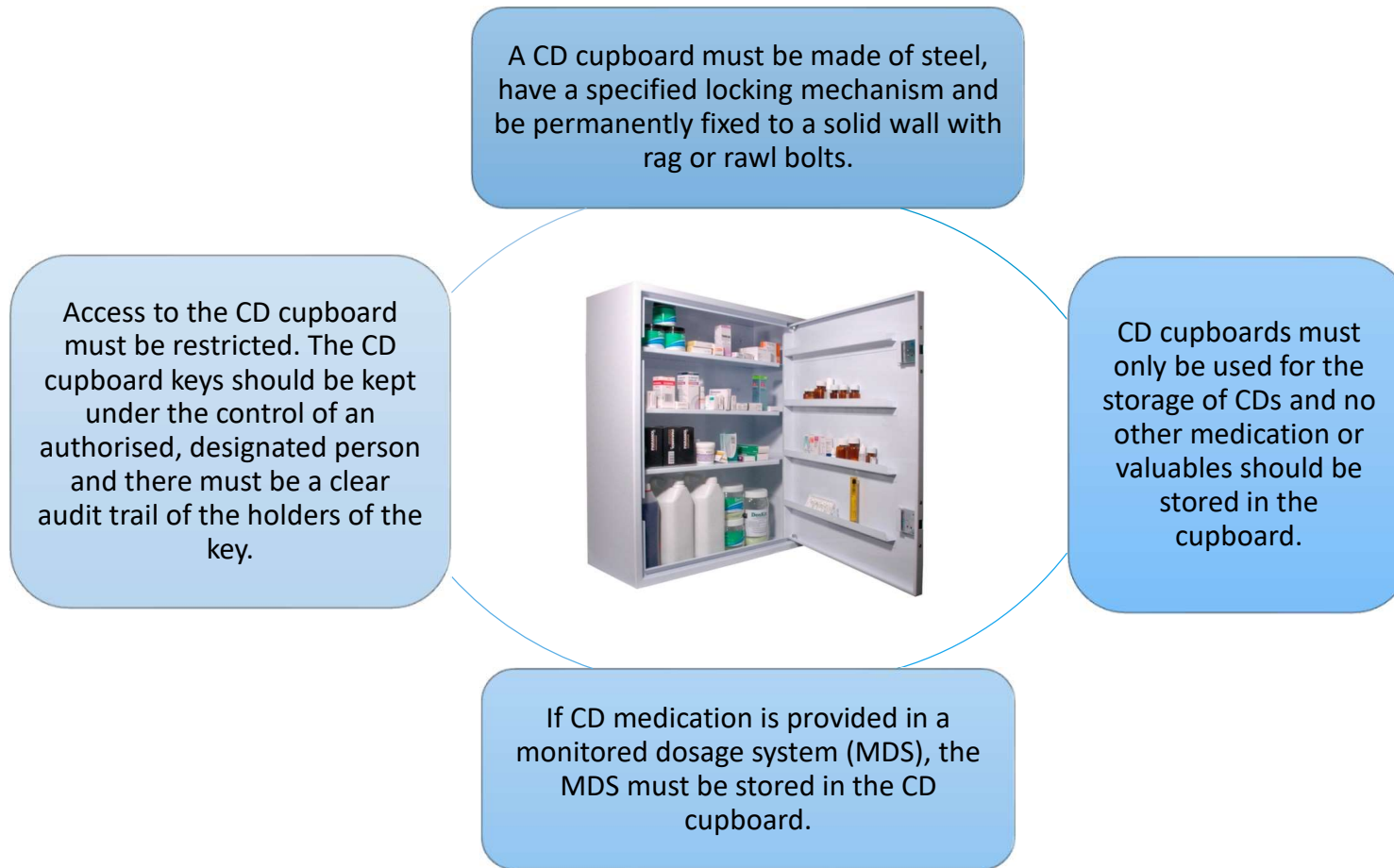


## Receipt of Controlled Drugs

- CDs should be delivered separate to the main delivery of medicines and the package clearly marked that it contains a CD.
- CDs should be checked on receipt before signing for it. If there is any discrepancy identified between the product and the label, or what was ordered and the CD received, there must be a documented procedure for managing such an occurrence. Inform the supplying community pharmacist as soon as the discrepancy is identified.
- The CDs must be checked against any paperwork received or other relevant document, e.g. copy of prescription.
- The receipt of CDs by the care home staff must be recorded in a CD register. The entry must be witnessed by a second suitably trained and competent member of staff.



## Storage of CDs



## Administration of CDs

### Care homes without nursing

CDs should be administered by appropriately trained and competent care home staff.

### Care homes with nursing

A medical practitioner or a registered nurse should administer the CDs.

- Both options should be witnessed by another appropriately trained care home staff member.
- Administration should be documented on the MAR chart and the CD register.
- The use of a witness is intended to reduce the possibility of an error occurring.
- It is good practice that the second signatory witnesses the whole administration process.



Do	Don't
<ul style="list-style-type: none"> <li>✓ The CD register (CDR) must be used to record the receipt, administration, disposal and transfer of controlled drugs held by the care home. Make the entry as soon as possible on the same day.</li> <li>✓ Keep CD register (CDR) in a secure place when not in use.</li> <li>✓ Each drug (including where different brands of the same drug have been supplied) for each resident must be recorded on separate page in the CD register.</li> <li>✓ The name, strength and form (e.g. patch, capsule) of each medication and the name of the resident must be recorded at the top of each page.</li> <li>✓ The CDR must have an index page, which details individual residents and their CDs.</li> <li>✓ Record the administration of a CD in the CDR indicating the name of the resident, the dose given, and time administered.</li> <li>✓ An audit of the CDR and drug cupboard should be carried out routinely – this is not just check of a balance check and should include all aspects of a standard medicines audit. This should be done weekly, fortnightly or monthly at the discretion of the care home manager or in accordance with the local authority monitoring requirements. Any discrepancies must be reported to the manager immediately.</li> <li>✓ When transferring the drug record to a new page in the CDR, the amount remaining should be identified with “carried forward from page x” written clearly on the new page. It is good practice to write “balance transferred to page x” on the old page.</li> <li>✓ Keep the CDR for <b>two years</b> from the last entry. Good practice would be to retain the CDR for longer as cases can take several years to come to light or before they go to court.</li> </ul>	<ul style="list-style-type: none"> <li>× Use the CDR for any other purpose.</li> <li>× Forget to sign and date all entries by the member of staff making the entry and witnessed by a suitably trained member of care home staff (where practical to do so) who should also sign the entry.</li> <li>× Cancel, alter or cross out entries. Corrections must be made using marginal notes or footnotes which are signed and dated.</li> <li>× For liquids, it is not recommended to measure the volume, as this will lead to loss and potential contamination of the liquid. The volume should be visually estimated.</li> <li>× For ‘Just-in-Case’ CDs that are not currently being used the frequency of balance checks is at the discretion of the care home manager. Balance checks should be done.</li> </ul>





# CD Register Documentation

NAME AND FORM OF CONTROLLED DRUG				SERVICE USER'S NAME						57	
Morphine Sulphate 10mg tablets				Winnie White							
Quantity Obtained (from supplier)	Date Supply Obtained	Name and address from whom obtained (i.e. supplier)	Current Balance in Stock	Date Supplied (to service user) or disposed	Time	Quantity supplied (to service user)	Quantity Disposed	Given / Disposed by (Signature)	Witnessed by (Signature)	Balance Left In Stock	
1	2	3	4	5	6	7	8	9	10	11	
				Balance brought forward from page 56							28
28	29/11/19	St Albans Pharmacy	56					A. Carer	A. Other	56	
	30/11/19		55	1/12/19	08:06	1		A. Carer	A. Other	55	
				2/12/19	07:45			A. Carer	A. Other	0	

[entered in error stock not returned to pharmacy SR & AB 2/12/19]

Drug name, strength & form

Page balance transfer

Resident's name

Receipt entry

Standard entry

Error entry



## CDs and Self-administration

NICE guidance on managing medicines in care homes advises that care home providers should ensure that their process for self-administration of CDs includes information about:

- Individual risk assessment
- Obtaining or ordering CDs
- Supplying CDs
- Storing CDs
- Recording supply of CDs to residents
- Reminding residents to take their medicines (including CDs)
- Disposal of unwanted CDs



## CDs and Self-administration

### Risk assessment :

The ability of a resident to self-administer their medication must be reviewed periodically and if the resident's circumstances change.

The risk assessment should include whether the resident understands:

- The nature of the medication and reason for prescribing
- How much and how often to take it
- What may happen if they do not take the medicine or take too much
- Potential risks to others if not stored correctly/securely

### Documentation :

If the care home is ordering and receiving the CDs on behalf of the resident, a record must be made of the receipt, supply and disposal of the CD in the CD register

If the resident is solely responsible for the ordering and the receipt of the CD, there isn't a requirement to document this in the CD register.

### Storage

The CD must be stored in a locked non-portable cabinet or drawer in the resident's room.



## Transdermal Opioid Preparations

- The patches are usually prescribed by brand as there is some variation between manufacturers and different brands of product.
- The old patch(es) should be removed before applying the new patch(es).
- The patch should be applied to a clean, dry area of skin which is non-hairy; the hair may be clipped with scissors but not shaved. Refer to the patient information leaflet (PIL) for further information.
- Do not apply the patch to irritated, recently shaven skin, or on lymphoedematous areas. Creams, ointments and talc should not be used on the area of skin that the patch is to be applied to. The skin should be completely dry before application of the patch.
- Do not apply the patch immediately after the resident has had a hot shower or bath. Heat sources such as hot water bottles and electric blankets should not be used.



- When applying the patch, remove it from the pack; press it firmly in place using the palm of the hand for at least 30 seconds, to ensure it is properly applied.
- If more than one patch is applied, they should be applied at the same time and placed far enough apart so they do not overlap.
- The site of application should be rotated in accordance with the manufacturer's guidance.
- Residents with fever should be observed for signs of toxicity, as heat increases the absorption of the drug from the patch.
- The patch should be checked each day to ensure that it is still in place.
- Remove and fold the patch over on itself before disposal and do so in accordance with your care home policy. Use the denaturing kit and/or segregate in the CD cabinet for return to the community pharmacy or clinical waste company.



# Transdermal Application Record

## Patch application record

Cross reference transdermal topical records with the MAR to ensure correct medication and patient have been selected

<b>Name of resident</b>	Winnie White		
<b>Name of patch</b>	Buprenorphine Patches (Butrans)	<b>Strength</b>	10mcg/hr

Good Practice to include the brand name

**The patch should be checked on a daily basis to make sure it is still in place.**

The site of application should be rotated in accordance with the manufacturer guidance.

The old patch must be folded in half and stuck together before disposal, in accordance with the care home policy.

Please indicate where the patch has been applied using a cross (x). If more than one patch is in use please indicate with a separate symbol, e.g. o

Indicate where the patch has been applied,

	<b>Old patch removal date</b>	2/2/2021	<b>Time</b>	08:00
	<b>Removed by</b>	AC		
	<b>New patch applied date</b>	2/2/2021	<b>Time</b>	08:03
	<b>Applied by</b>	AC		
	<b>Witnessed by</b>	AO		

Ensure administration and removal is documented and witnessed

ensure the site is rotated according to specific brand/preparation

	<b>Old patch removal date</b>	8/2/2021	<b>Time</b>	08:00
	<b>Removed by</b>	AO		
	<b>New patch applied date</b>	8/2/2021	<b>Time</b>	08:03
	<b>Applied by</b>	AO		
	<b>Witnessed by</b>	AC		



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# Transdermal Preparation MAR Entry

Month	Week	Week 3							Week 4							
		Date	26	27	28	29	30	31	1	2	3	4	5	6	7	8
BuTrans 10mcg/hr patch Apply ONE patch once weekly	8.00 am	EJ	/	/	/	/	/	/								
	12 noon															
	4.00 pm															
	8.00 pm															
Checked by: AB	Qty: 4	Upper left arm														

A record of the site application should be made; this can be on the MAR chart as shown, on the back of the MAR chart if space is provided or on a patch application record chart.

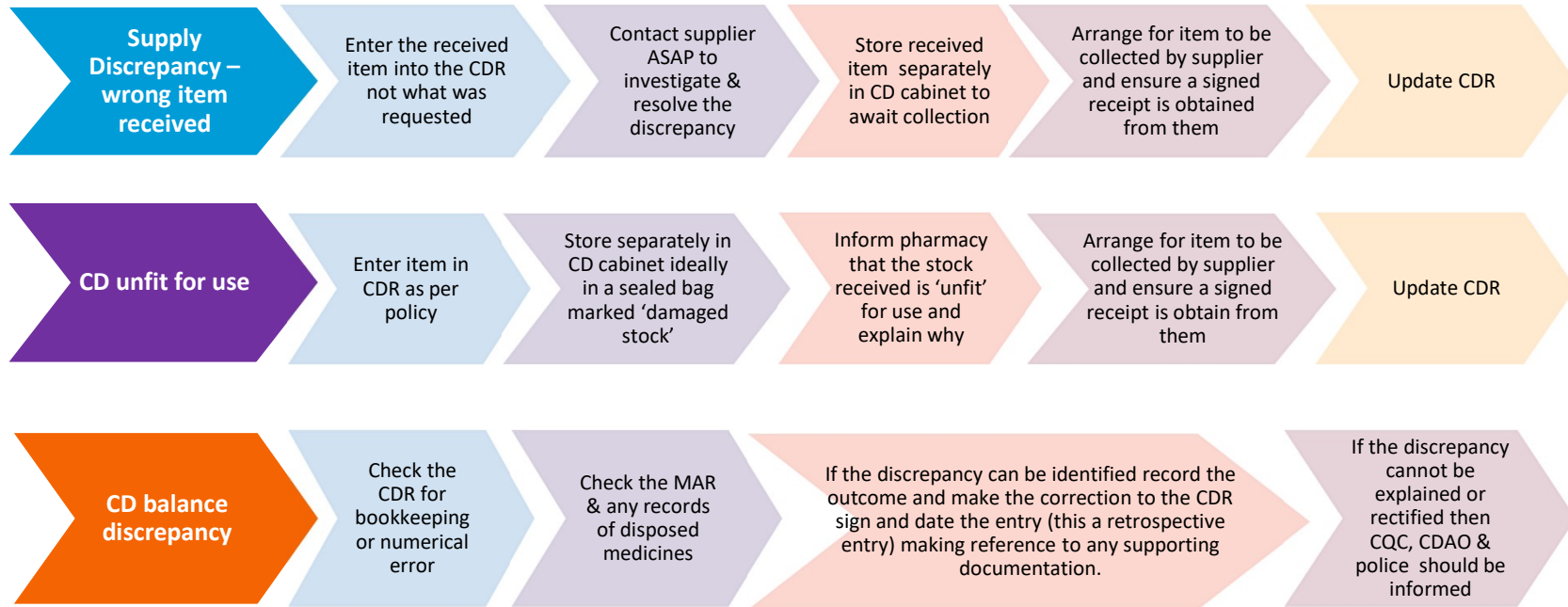
The dates between patch changes should be crossed out

The day the patch should be changed can be highlighted on the MAR chart.

Note that at the end of a cycle, the previous MAR chart information will be required to determine the date the patch needs to be changed.



# CD Discrepancies



**NEVER CANCEL, OBLITERATE OR ALTER ANY ENTRY IN CD REGISTER**



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## Reporting CD Incidents

- If there is a medication administration error involving a CD, this should be reported in accordance with the care home policy (which should include informing the resident's GP) and local commissioning arrangements.
- It should also be reported to the CQC if the medication error met the notification criteria; as outlined in regulations 16, 17, 18, and 20 of the CQC Guidance for providers on meeting the regulations, see link:  
[https://www.cqc.org.uk/sites/default/files/20150324\\_guidance\\_providers\\_meeting\\_regulations\\_01.pdf](https://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf)



## Disposal of CDs

Home type	Arrangements	Records
<u>Care homes without nursing</u>	CDs should be returned to the relevant pharmacist or dispensing doctor at the earliest opportunity for appropriate destruction unless the resident has died when the CDs should be kept for 7 days.	Care homes should record the name, form and quantities of CDs they are returning, and the pharmacist/driver should sign for them on receipt. If pharmacy staff collect the CDs, they should sign for them in the CD register at the time of collection. Relevant details of any such transfer for disposal should be entered into the CD register and signed by a trained and competent member of staff, returning the drug.
<u>Care homes with nursing</u>	<p>The care home will need to make arrangements for the collection of waste medication with a Waste Management Regulations licensed waste disposal company.</p> <p>CDs must be denatured before being handed to the waste disposal company, e.g. in specially designed denaturing kits. A <b>T28 exemption</b> will be needed in order to comply with the legislation that is overseen by the Environment Agency.</p>	For CDs supplied to individual residents, a registered nurse and a suitably trained and authorised witness should sign the CD register. A record of the waste transfer note needs to be made by the appropriate nursing care home staff.

Disposal records should be treated as part of a person's care record. Care records must be retained for eight years.



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# QUIZ

How many schedules of Controlled Drugs are there?

- A. Five Schedules
- B. Three Schedules
- C. Two Schedules
- D. Four Schedules



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# QUIZ

What schedule CD drugs does require to store in CD cupboard and record in CD register?

- A. Schedule 3
- B. Schedule 4
- C. Schedule 2
- D. Schedule 5



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# QUIZ

How long do you have to keep CD record book after the last entry?

- A. 2 years
- B. 3 years
- C. 5 years
- D. 8 years



# QUIZ

How long do you wait before disposing CD medications after the death of a resident?

- A. 10 days
- B. 5 days
- C. 7 days
- D. On the same day



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## Further Resources

### **1) PrescQIPP Medicines use in care homes e-learning package**

PrescQIPP Bulletin Guidelines on the management of controlled drugs (CD) in care homes. [B75. Care homes - Controlled drugs \(prescqipp.info\)](#)

### **2) CQC Controlled Drug guidance**

CQC have developed controlled drug guidance for care homes, updated 3 November 2022. The guidance can be found in the link [Controlled drugs in care homes | Care Quality Commission \(cqc.org.uk\)](#)

**3)** If you have any questions about medicines, please contact ICB medicines management team [hweicbenh.pharmacycarehomes@nhs.net](mailto:hweicbenh.pharmacycarehomes@nhs.net)

**4)** CD accountable officer details, [Signin \(cdreporting.co.uk\)](#) [Contacts \(cdreporting.co.uk\)](#)

