

AT A GLANCE – 5.0. RECONCILIATION OF CDS ON INPATIENTS (EXCEPT ST. JOHN’S HOSPICE) AND COMMUNITY SERVICES (EXCEPT DONCASTER CARE GROUP COMMUNITY SERVICES (PHYSICAL HEALTH) [v2.0]

ROLE	TRUST WIDE		[WARD, TEAM NAME] WARD TEAM SPECIFIC ^{1,2}
	Last Review:	Next Review:	Last Reviewed: [Enter Date]
RECONCILIATION of CDs – INPATIENT (non - Hospice)	<ol style="list-style-type: none"> 1. RDASH REQUISITIONED CDs (STOCK CDs, PATIENT DISPENSED (leave/discharge) AND POMs <ul style="list-style-type: none"> • These CDs (Schedule 2 and 3a) MUST be reconciled against the CD register at least once a week, unless in active use, in which case they are to be checked after each administration. • Reconciliation must involve TWO members of staff: 2. The AP along with a CS should get the CD register and take it to the CD cupboard. 3. They must then open the CD register and check the index and ascertain which drugs have a positive stock balance. 4. The two staff must then check the physical stock against the registry entries, however: <ul style="list-style-type: none"> ○ It is not necessary to open packs with tamper evident seals. ○ Stock balances of liquid medicines can be checked by visual inspection against the estimated balance in the register. A variation of less than 3% will be accepted as normal. ○ The balance must be confirmed to be correct upon completion of a bottle. 5. Unopened bottles should be presumed to contain the indicated quantity. Each time a bottle is opened, or the expected quantity indicates opening a new bottle the 		<ul style="list-style-type: none"> • Staff authorised to reconcile CDs are (XXXXXX) • Staff authorised to act as a witness for the CD register are (XXXXXX)

ROLE	TRUST WIDE		[WARD, TEAM NAME] WARD TEAM SPECIFIC ^{1,2}
	Last Review:	Next Review:	Last Reviewed: [Enter Date]
	<p>volume should be formally reconciled. See examples below.</p> <ol style="list-style-type: none"> 6. All such amendments must be countersigned in the CD register by a Counter-Signatory. 7. If correct then an entry must be made that the stock levels have been checked and are correct, this must then be signed and dated by both the AP and the CS. 8. Any discrepancies must be reported to the line manager and an Ulysses safeguard IR1 completed, which will be investigated by the unit or ward manager (or deputy) <ul style="list-style-type: none"> ○ If the reason for discrepancy cannot be identified and corrected (such as an arithmetic error in the running balance) then the Trust Accountable Officer must be informed, and an incident reported on the Ulysses safeguard IR1. ○ If reconciliation reveals that a stocked CD is not being used, then the reasons for keeping the CD must be reviewed by the AP. 9. Reconciliation will also be undertaken by pharmacy staff at least once every quarter by: <ul style="list-style-type: none"> ○ Checking a sample of CD requisition copies against the relevant entry in the CD register to monitor that they have been entered correctly into the CD register. ○ Checking the balance in the CD register book against current stock. ○ Visual inspection of liquid balances, periodic volume checks and checks to confirm 		

ROLE	TRUST WIDE		[WARD, TEAM NAME] WARD TEAM SPECIFIC ^{1,2}
	Last Review:	Next Review:	Last Reviewed: [Enter Date]
	<p>the balance on completion of a bottle.</p> <ul style="list-style-type: none"> ○ Reviewing the security and quality of record keeping. ○ Checking for exceptional use of CDs. ○ Checking the physical security of CDs, CD stationery and key holding. ○ Checking POM CDs held on the ward. ○ A report will be provided for the ward/unit/Team Manager. <p>EXAMPLE OF LIQUIDS RECONCILIATION</p> <p>Example 1</p> <ul style="list-style-type: none"> ○ If the CD register book indicates 490ml of methadone but available stock is actually a full bottle plus some remaining, measure the remaining and the new volume should be corrected as detailed below. ○ If average is greater than 3% then the RDaSH Pharmacy Department must be contacted. <p>Example 2</p> <ul style="list-style-type: none"> ○ If the CD register book indicates 510ml but a new bottle needs to be opened the Ward Manager must be contacted and the register must be checked for any discrepancies. ○ Excess volume of stock liquids highlighted due to manufacturer's overage in the bottle must be reported to the RDaSH Pharmacy Department who will amend the records on request. ○ A member of the pharmacy team will visit the ward or unit within one week to amend the records and will authorise a 		

ROLE	TRUST WIDE		[WARD, TEAM NAME] WARD TEAM SPECIFIC ^{1,2}
	Last Review:	Next Review:	Last Reviewed: [Enter Date]
	designated practitioner to amend the records and make an incident report.		
RECONCILIATION of CDs - COMMUNITY MENTAL HEALTH SERVICES	<ul style="list-style-type: none"> Staff checking the balance (Schedule 2 and 3a) shall sign against the stock level and have it countersigned by another member of staff. To ensure an accurate count and retain the integrity of full packs, all sealed packs are presumed to be completed until opened. Liquids may be checked visually. Sealed packs must not be opened as part of the checking process. When a sealed pack is initially opened, it is checked to verify the drug, strength and quantity. This must be documented on the appropriate form. Any discrepancies must be reported to the line manager and an Ulysses safeguard IR1 completed, which will be investigated by the team manager/coordinator or a delegated senior member of staff. <ul style="list-style-type: none"> If the reason for discrepancy cannot be identified and corrected (such as an arithmetic error in the running balance) then the Trust Accountable Officer (Chief Pharmacist) must be informed, and an incident reported on the Trust's Ulysses safeguard IR1. 		<ul style="list-style-type: none"> Staff authorised to reconcile CDs are (XXXXXX) Staff authorised to act as a witness for the CD register are (XXXXXX)

- Ward/team managers should update this column with
 - Ward/team name and last review date
 - complete the suggested specific details of the SOP for the team/ward
 - add any further details of clarification to support a member of staff carrying out this particular aspect of managing medicines.
- Where a task is carried out within the ward/team which is either not covered by the SOP or cannot conform to the guidance within the middle column then the Trust Pharmacy Department should be contacted for guidance

