

AT A GLANCE – 4 RECORD KEEPING CDS IN ST JOHNS HOSPICE [V2]

ROLE	TRUST WIDE		ST JOHNS HOSPICE SPECIFIC ^{1,2}
	Last Review: November 2020	Next Review: November 2023	
RECORD KEEPING - INPATIENTS	<p>1. RDaSH REQUISITIONED CDs</p> <ul style="list-style-type: none"> • The index page at the front of the register must be kept up to date to allow staff to identify the appropriate page to use for a particular CD preparation. • All entries are to be made in permanent black ink. • All movements of i.e. Schedule 2 and 3a CDs stock received, administered, given out or destroyed must be recorded in the CD register. • No CD register record needs to be made for Schedule 3b CDs. • Receipt, administration, reconciliation and destruction of CDs must involve TWO members of staff- a qualified member of staff and a Counter-signatory – to ensure the total balance is correct. • On reaching the end of such a page in the CD register, the balance must be transferred to a fresh page in the register. The new page number must be added the bottom of the finished page and the index updated. The transfer must be witnessed. • When a stock balance reaches zero it must be recorded as “nil” in words and not as “0”. • All wards should have a record of signatures and initials of staff eligible to act as either a primary signatory or a counter signatory. This record should be kept with the CD register for audit purposes. <p>1a. STOCK CDs (unlabelled supply)</p> <ul style="list-style-type: none"> • Stock CDs MUST be recorded at the beginning of the CD register book <p>1b. PATIENT DISPENSED (Leave/Discharge)</p> <ul style="list-style-type: none"> • Patient dispensed (leave or discharge) MUST be recorded in the CD Register. Each preparation must be recorded on a page specific to both the preparation and the patient and should be stored in the CD cupboard. <p>2. PATIENT’S OWN MEDICINES (POM) 2a.</p>		

	<p>Wards who do NOT utilise POMs</p> <ul style="list-style-type: none"> • Each such CD (Schedule 2 and 3a) MUST be registered at the back of the CD register book. • Each such CD that is not suitable for use on the ward must not routinely be stored and arrangements must be made to either have them destroyed, as per the SOP, or for them to be returned to the patient if appropriate. <p>2b. Wards who do utilise POMs</p> <ul style="list-style-type: none"> • Each such CD MUST be registered at the back of the CD register book. Each preparation must be recorded on a page specific to both the preparation and the patient and should be stored in the CD cupboard. • All movements of i.e. Schedule 2 and 3a CDs stock received, administered, given out or destroyed must be recorded in the CD register. • No CD register record needs to be made for Schedule 3b CDs. <p>3. RECORDING WHEN A PATIENT REFUSES ADMINISTRATION OF CDs</p> <ul style="list-style-type: none"> • The patient's drug card should be annotated to indicate that the dose was refused. • The refused medicine must be stored in a separate container in the CD cupboard. – n/a for St Johns Hospice as per local agreement. • An entry should be made in the register as per guidance (this will allow reconciliation against the remaining useable doses). • An additional entry should be made in the back of the register for the refused dose – detailing date, patient's name, drug name, strength, form and quantity and signature. – n/a for St Johns Hospice as per local agreement. The refused doses will be destroyed by pharmacy staff – n/a for St Johns Hospice as per local agreement. <p>4. RECORDING OF WASTED OR SPILLAGE OF CDs</p> <ul style="list-style-type: none"> • Any wasted and spillage of CDs must also be recorded in the CD register and witnessed. <p>5. CORRECTING ERRORS IN A CD REGISTER</p> <ul style="list-style-type: none"> • If an error is made when making an entry in the register the following procedure must be followed: • Do not cross out the entry. • Bracket the error in such a way that the original entry is still legible. • Sign, date and witness in the same way as any other entry. <p>*Example in the below table*</p>	<ul style="list-style-type: none"> • Refused medication: Patient refused doses to be disposed of in the denaturing kits (DOOP) held on the ward at the time of refusal, this will be completed and witnessed by two qualified nurses. No additional entry to be made in the back of the register as register to be amended to demonstrate the wasted dose. Refused dose to be recorded in Patient electronic records under Medication goal. • Destruction of refused medications: Denaturing kits to be labelled with a number 1 -50 in order of use and dated when commenced. Pink opened / expired date labels to be applied and completed to denaturing kit. When the denaturing kit is full – place into the blue pharmaceutical waste bin and document this in the Trust medication destruction book for example: “Dooop kit 1 with various medications” sign and date.
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SAMPLE OF RECORDING CDS IN CD REGISTER BOOK
(Patient's Own Medicines registered at the back of the book)

Name, Form of Preparation and Strength **Patient's Own Medicines Annie Smith**
Tramadol Hydrochloride 50mg tablets

Amounts obtained

Amounts Administered

Amount	Date Received	Serial No. of Requisition	Date	Time	Patient's Name	Amount Given	Given by (signature)	Witnessed by (signature)	Stock Balance
Ten	18/10/15		18/10/15	8:10am	Annie Smith	50mg	A. Daw	C. Harris	9
			19/10/15	8:15am	Annie Smith	50mg	S. Harris	A. Daw	8
			20/10/15	8:20am	Annie Smith Refused one dose of tramadol. Tablet is in a sealed envelope, signed and dated ready in the CD locked cupboard for destruction				7
			21/10/15	8:30am	Annie Smith	50mg	C. Robertson	L. Reynolds	6
			22/10/15	Destroyed by Pharmacy – one tablet from a sealed envelope and 6 tablets of Tramadol have been discontinued	NIL				

- Ward manager should update this column with
 - Ward/team name and last review date
 - Complete the suggested specific details of the SOP for the 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 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

