

## AT A GLANCE – 5 RECONCILIATION OF CDS IN ST JOHNS HOSPICE [V2]

ROLE	TRUST WIDE		ST JOHNS HOSPICE SPECIFIC <sup>1,2</sup>
	Last Review: November 2020	Next Review: November 2023	
RECONCILIATION of CDs – INPATIENT	<p><b>1 RDaSH REQUISITIONED CDs (STOCK CDs, PATIENT DISPENSED (leave/discharge) AND PATIENT'S OWN DRUGS</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Reconciliation includes balance check and appropriate documentation in the appropriate section at the back of the CD register book.</li> <li>• Reconciliation must involve TWO members of staff:</li> </ul> <ol style="list-style-type: none"> <li>1. The AP along with a CS should get the CD register and take it to the CD cupboard.</li> <li>2. They must then open the CD register and check the index and ascertain which drugs have a positive stock balance.</li> <li>3. The two staff must then check the physical stock against the registry entries, however: <ul style="list-style-type: none"> <li>○ It is not necessary to open packs with tamper evident seals.</li> <li>○ 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.</li> <li>○ The balance must be confirmed to be correct upon completion of a bottle.</li> </ul> </li> <li>4. 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 volume should be formally reconciled. See examples below.</li> <li>5. All such amendments must be countersigned in the Controlled Drug register by a Counter-Signatory.</li> <li>6. 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.</li> <li>7. Any discrepancies must be reported to</li> </ol>		<ul style="list-style-type: none"> <li>• Staff authorised to reconcile CDs are : All qualified nurses within the hospice inpatient unit, who have been assessed as competent</li> <li>• Staff authorised to act as a witness for the CD register are All staff within the hospice inpatient unit, who have been assessed as competent</li> </ul> <p><b>Trust Pharmacy suggestions:</b></p> <ul style="list-style-type: none"> <li>• Related to number 3, at the end of each bottle, the volume MUST be physically checked, reconciled and recorded in the CD register book.</li> <li>• Related to number 4, unopened bottles still presumed indicated quantity until being opened; at this point the volume MUST be physically checked, reconciled and recorded in the CD register book.</li> <li>• Related to number 7, an IR1 to be completed and an investigation by the unit or ward manager (or deputy) include completion of the Hospice Medicines Calculator (which is located on Hospice L-Drive). If the unexplained loss is higher than the allowed 3% inform Trust Pharmacy Team.</li> <li>• The Trust Medicines Management Committee agreed that dependant on the percentage of unexplained loss the IR1 will be graded appropriately as per the Trust Medicines Related Incidents - Categorisation Grid.</li> </ul>

the line manager and an IR1 completed, which will be investigated by the unit or ward manager (or deputy)

- 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.
  - If reconciliation reveals that a stocked CD is not being used then the reasons for keeping the CD must be reviewed by the AP.
8. Reconciliation will also be undertaken by pharmacy staff at least once every quarter by:
- Checking a sample of CD requisition copies against the relevant entry in the CD register to monitor that that have entered correctly in 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 the balance on completion of a bottle.
  - 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 "Patient's Own Drug" CDs held on the ward.
  - A report will be provided for the ward/unit/team manager.

#### **EXAMPLE OF LIQUIDS RECONCILIATION**

##### **Example 1**

- If 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 RDaSH pharmacy department must be contacted.

##### **Example 2**

- If CD register book indicates 510ml but a new bottle needs to be opened 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 authorize a designated practitioner to amend the records and make an incident report.

1. 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.
2. 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

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Staff members should sign below to indicate that they have read and understand the process required to order CDs for this ward.

STAFF MEMBER'S NAME	STAFF MEMBER'S SIGNATURE	DATE