

Best Practices for Handling Controlled Substances

Dispensing

- Remove medications from the Omnicell (ADS) just prior to administration/procedure.
- The person who dispenses controlled substances maintains possession until they are administered, wasted, or returned.
- Do not dispense medications on a new patient before wasting/returning on the previous patient.
- Do not dispense medications for multiple patients at the same time.

Handoff

- Do not hand off controlled substances dispensed from the ADS for break coverage or shift relief.
- Controlled substance infusions are handed off electronically in Epic at shift change.
- Controlled substances accompanied with a paper CDR can be handed off at shift change by verifying/signing the included paperwork (e.g., 24-hour supply of diluted IV methadone).
- Single patient specific doses delivered to the bedside are returned to pharmacy if no longer needed.

Administration/Documentation

- Whenever possible, the person who dispenses is the person who administers and documents the administration.
- Administration and documentation takes place immediately after dispensing a medication.

Wasting

- If waste is not recorded upon dispense, wasting takes place as soon as possible after administration/procedure completion.
- Waste is not be held until the end of shift.
- Do not document waste with someone if you did not actually witness the wasting of the medication.
- Waste from multiple administrations is not combined when wasting.
- The person who dispenses is the first person to log into the ADS to waste.
- To prevent waste, do not draw up or open medications in anticipation of use.

Returning

- Unused medications are returned to the ADS as soon as possible or when the procedure is complete.
- The person who dispenses is the first person to log into the ADS to return.

Accountability

- The person who dispenses the medication from the ADS is ultimately accountable for ensuring complete and accurate documentation.
- At the end of the shift, unreconciled balances in Anywhere RN/ADS are reviewed and addressed if applicable.

ADS Medication Discrepancies

- Cabinet level discrepancies are resolved as soon as possible and before the end of the shift.
- Missing controlled substances and keys (PCA, epidural, infusion lockbox) are elevated to nursing and pharmacy management immediately upon discovery.

References

- [Medication Storage & Handling](#)
- [Medication Administration](#)
- [MM SOP – Controlled Substance Administration & Accountability](#)
- [MM SOP – Automated Medication Dispensing System \(ADS\)](#)