

Countable Controlled Substances

What are they and why do we need to count them so carefully every day?

In order to help protect people from the abuse of drugs and other substances, the Federal Government passed the 'Comprehensive Drug Abuse Prevention and Control Act of 1970'.

In this Act, medication and other substances are cataloged in one of five lists called Schedules. The lists are based on the substance's use as a medicine and the potential for abuse or addiction.

The five schedules:

- **Schedule I:** Drugs with high potential for abuse and have no current accepted medical use, such as LSD and Heroin
- **Schedule II:** Drugs with high potential for abuse, such as OxyContin and Demerol
- **Schedule III:** Drugs that have less potential for abuse (relative to those in Schedule I and II), such as Vicodin and Tylenol with Codeine
- **Schedule IV:** Drugs that have lower potential for abuse (relative to those in Schedule III), such as Valium and Ativan
- **Schedule V:** Drugs that have low potential for abuse (relative to those in Schedule IV), such as Robitussin AC and Phenergan with Codeine.

In Massachusetts, there are six Schedules: the five Schedules listed above and a 'sixth' Schedule

- **Schedule VI:** This sixth Schedule includes all prescription medications (that are not already covered in Federal Schedules II-V), such as Penicillin and Dilantin.

In Massachusetts, all medications listed in Schedule II – VI are categorized as Controlled Substances. In addition, the Medication Administration Program (MAP) further categorizes those medications listed in Schedule II-V as 'Countable' Controlled Substances.

All DPH MAP Registered Sites must conform to the record-keeping and inventory requirements of the Federal 'Comprehensive Drug Abuse Prevention and Control Act of 1970', any other Massachusetts rules or regulations, and the policies outlined in the MAP Policy Manual.

- Section 10 of the MAP Policy Manual contains policies on Medication Security and Record Keeping of Controlled Substances.

Countable Controlled Substances

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How do I maintain SECURITY and keep COMPLETE and ACCURATE inventories and records of all activities involving Controlled Substances?

1. Lock all Controlled Substances and 'double' lock all 'Countable' Controlled Substances (Schedules II-V).
2. Track all Countable Controlled Substances (Schedules II-V) in the 'Countable Controlled Substance Book'.
 - Maintain an accurate Book Index Page.
 - When a Countable Controlled Substance is received from pharmacy, enter the 'Countable' in the Book's Index and on the next available 'Countable' entry page.
 - Fill out the information on the top of each 'Countable' entry page completely.
 - Sign out each pill as given and verify the number of pills that are left.
 - When moving to a new page in the Book, note the page the 'Countable' will move to, and the number of pills. Verify this information with 2 signatures (both people should be MAP Certified). Update the Index whenever the 'Countable' is move to a new page in the Book.
 - When a medication is discontinued, note this information on the 'Controlled Substance Disposal Record' and on the bottom of the 'Countable' Entry page (must be done together with Site Supervisor). Write a note stating date/time, number of pills rendered unusable, and enter '0' in the "Amount left" column. After the page has been 'zero-out' sign (with legal signature) in designated area.
 - Count all 'Countable' Controlled Substances any time the control of the medication key is passed (ex. at the beginning and end of the assignment/shift). If there is a witness (another Certified staff) available, the count should be done with the witness (two Certified staff). If there is no witness available, a single person count must be done. If the count was conducted alone (no witness), indicate that the count was a "one person count" in the witness signature section.

How do I know which medications are Countable Controlled Substances (Schedules II-V)?

- Ask the consulting pharmacist/pharmacy to place an identifier (ex. stamp a red 'C' or 'N') on the pharmacy label of all 'Countable' Controlled Substances (Schedule II-V) signifying that the medication must be 'counted' and added to the 'Countable Controlled Substance Book'.

Why is all this counting and recording so important?

- To help protect the safety of individuals living at the DPH MAP Registered Site.
- To help protect Certified staff from being accused of mishandling or misusing Controlled Substances.
- To assist Certified staff in adhering to applicable laws, regulations, and policies (when Controlled Substances are stored at the DPH MAP Registered Site).

Countable Controlled Substance Book Documentation Exercise

Robert Burns receives Lorazepam (Ativan) 0.5 mg 1 tab po QAM

MEDICATION LABEL:

ABC Pharmacy	
129 Main Street, Essex MA	
508-453-5566	
C234765	3/17/20xx
Robert Burns	
Lorazepam (IC Ativan) 0.5 mg	
Take one tablet once a day in the morning	
Dr. Dowdy	Refills: 0 # 30
Expires: 2/13/xx	

Use the pharmacy label above and the attached sample 'Countable Controlled Substances Book' (pages 4-7) to complete the following:

1. Document that you received 30 Ativan pills from the pharmacy on March 17, 20xx at 4 PM.
2. Document that the Ativan was given on March 18, 20xx at 8 am.
3. Transfer the Ativan to the next available count page, fill out the new page and update the index (assume this was done with another Certified staff).
4. Document that you dropped one Ativan pill and needed to give another one on March 19, 20xx at 8 AM (assume the dropped pill was rendered unusable with the Site Supervisor).
5. Document that the Ativan was discontinued by HCP order and remaining pills were rendered unusable (assume this was done with the Site Supervisor) and removed from count (assume this was done with the Site Supervisor) on March 19, 20xx at 3 PM.

Individual's name: Robert Burns
 Health Care Provider (HCP): Dr. Dowdy
 Medication and Strength: Lorazepam (Ativan) 0.5 mg
 Pharmacy: ABC Pharmacy
 Directions: Take one tablet every morning

Transferred from Page No. 142
 Rx# C234765 RX Date: _____
 Rx# _____ RX Date: _____
 Rx# _____ RX Date: _____
 Rx# _____ RX Date: _____

Date	Time	Amount on hand	Amount used	Amount Left	Staff Signature	Date	Time	Amount on hand	Amount used	Amount Left	Staff Signature
2/19/xx	35 pills	transferred	from page 142	35	Tim Allen Jane Smith	3/5/xx	8 am	21	One	20	Tim Allen
2/20/xx	8 am	35	One	34	Tim Allen	3/6/xx	8 am	20	One	19	Jane Smith
2/21/xx	8 am	34	One	33	Tim Allen	3/7/xx	8 am	19	One	18	Jane Smith
2/22/xx	8 am	33	One	32	Tim Allen	3/8/xx	8 am	18	One	17	Jane Smith
2/23/xx	8 am	32	One	31	Tim Allen	3/9/xx	8 am	17	One	16	Tim Allen
2/24/xx	8 am	31	One	30	Jane Smith	3/10/xx	8 am	16	One	15	Tim Allen
2/25/xx	8 am	30	One	29	Jane Smith	3/11/xx	8 am	15	One	14	Tim Allen
2/26/xx	8 am	29	One	28	Jane Smith	3/12/xx	8 am	14	One	13	Tim Allen
2/27/xx	8 am	28	One	27	Tim Allen	3/13/xx	8 am	13	One	12	Jane Smith
2/28/xx	8 am	27	One	26	Tim Allen	3/14/xx	8 am	12	One	11	Tim Allen
3/1/xx	8 am	26	One	25	Tim Allen	3/15/xx	8 am	11	One	10	Jane Smith
3/2/xx	8 am	25	One	24	Marie Vasquez	3/16/xx	8 am	10	One	9	Tim Allen
3/3/xx	8 am	24	One	23	Tim Allen	3/17/xx	8 am	9	One	8	Tim Allen
3/4/xx	8 am	23	One wasted	22	Tim Allen						
3/4/xx	8 am	22	One	21	Tim Allen						

<p>MEDICATION DISCONTINUED Date discontinued: _____ Date removed: _____ Certified staff signature: 1. _____ 2. _____</p>	<p>MEDICATION TRANSFERRED TO: Page # _____ Amount of medication: _____ Certified staff signature: 1. _____ 2. _____</p>	<p>MEDICATION DESTROYED Quantity destroyed: _____ Item# _____ Date: _____ Certified staff signature: 1. _____ 2. _____</p>
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