CONTROLLED SUBSTANCE DISCREPANCY REPORT

Nursing Unit __________ Phone # ___________ Date and Time ______________________________

Nurse’s Name ___________________________ Patient’s Name ___________________________

Name, Strength, and Quantity of Controlled Substance ________________________________ _______________

Instructions for completion: Complete the top portion of this form, select and complete the appropriate section 1, 2, 3, or 4 below. Please give all requested information under the section selected. Fax this form to 792-1204 or email the form to internalaudit@musc.edu.

SECTION 1: Controlled Substance contaminated. Drug locked in narcotics box on the unit awaiting destruction. Check the appropriate reason below and provide the name and quantity of the medication. Note: It is unlawful to destroy contaminated controlled substances without authorization from the Bureau of Drug Control.

___ Drug removed in error, package opened.
___ Found in ADM with broken seal.
___ Medication crushed or dropped.
___ Liquid medication spilled. Mop up the liquid with gauze. Store the syringe (if safe) and the gauze in a plastic bag.
___ Other cause of contamination: ____________________________________________________________________________

Lock drug(s) and form in narcotics cabinet until destroyed by a Controlled Substance Investigator.

SECTION 2: Drug wasted but could not document in AcuDose or the patient medical record. Check the appropriate reason for the wastage below. Provide the name and quantity of the medication.

Note: Licensed individuals may legally destroy controlled substances for the reasons listed below.

___ Partial dose ordered; waste the unused portion.
___ Patient refused the medication after it was prepared; waste the entire dose.
___ Practitioner discontinued the order after it was prepared; waste the entire dose.
___ Patient transferred to/from another unit and order discontinued; waste the unused portion.
___ Blood aspirated into needle; place syringe with the entire dose in a Sharps container.
___ Other reason for wastage: ___________________________________________________________________________________

Wasted by: ___________________________ Printed Name and Signature Date: ________________

Witnessed by: _________________________ Printed Name and Signature Date: ________________

SECTION 3: Discrepancy in AcuDose or other inventory; cannot resolve.

Give brief description of discrepancy including date of discrepancy, name and quantity of Controlled Substance, when and who discovered the discrepancy.

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

If unable to resolve the discrepancy and the discrepancy is greater than three (3) dosage units, please notify the Controlled Substance Investigator IMMEDIATELY. You may reach the investigator by paging 11283 or 12540.

SECTION 4: Other Explanation:

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

INTERNAL AUDIT USE ONLY

Item Description (Name of drug, lot #, expiration date (if available): ____________________________________________________________________________

Manner of Destruction: Sharps Container-Rendered Non-Retrievable Other: ________________________________

Destroyed By: ___________________________ Witness: ___________________________ Date: ________________