

CONTROLLED SUBSTANCE DISCREPANCY REPORT

Facility Name _____
Nursing Unit _____ Phone# _____ Date and Time _____
Nurse's Name _____ Patient's Name/MRN _____

Name, Strength, and Quantity of Controlled Substance _____

Instructions for completion: Complete the top portion of this form and the appropriate section below.

Submit the completed form to Internal Audit: Fax: 843-792-1204 or Email: internalaudit@musc.edu.

SECTION 1: Controlled Substance contaminated. DO NOT WASTE THE DRUG. Select the appropriate reason below.
Submit completed form (see instructions).

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

Details of incident/contamination:

Signature: _____ Date: _____
Printed Name and Signature

Witness: _____ Date: _____
Printed Name and Signature

SECTION 2: Drug wasted but could not document in AcuDose or the patient medical record. Check the appropriate reason for the wastage below. Submit the completed form (see instructions).

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

- ____ Partial dose ordered; waste the unused portion.
- ____ Patient refused the medication after is 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: _____ Date: _____
Printed Name and Signature

Witness By: _____ Date: _____
Printed Name and Signature

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

Give a brief description of discrepancy including date of discrepancy and who discovered the discrepancy.

If unable to resolve the discrepancy, please notify the Controlled Substance Investigator. You may reach the investigator by paging 11283.

INTERNAL AUDIT USE ONLY, Manner of Destruction: Sharps Container-Rendered Non-Retrievable

Destroyed by: _____ Witness: _____ Date: _____