

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: _____ Date: _____
Printed Name and Signature

Witnessed by: _____ Date: _____
Printed Name and Signature

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: _____