

CONTROLLED SUBSTANCE DISCREPANCY REPORT

Facility Name _____
Nursing Unit _____ Phone # _____ Date and Time _____
Nurse's Name _____ Patient's Name and 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@muscd.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.
- Signs of tampering.
- 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 was not documented prior to patient removal from the ADM.

Refer to policy C-168 Management of Automated Dispensing Machines.

Nurse leader or appointee should document missed waste in BlueSight.

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

Give 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: DDS-Rendered Non-Retrieveable:

Destroyed By: _____ Witness: _____ Date: _____