



Policy and Procedure of Controlled Drug  
Substance

AMRH/PHARM/P&P/014/Vers.02  
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**Acronyms:**

<b>CDs</b>	Controlled Drug Substances
<b>MoH</b>	Ministry of Health
<b>DGMS</b>	Directorate General of Medical Supplies
<b>DGPA &amp; DC</b>	Directorate General of Pharmaceutical Affairs & Drug Control
<b>ROP</b>	Royal Oman Police
<b>DD</b>	Dangerous Drugs
<b>FEFO</b>	First Expiry First Out
<b>TTO</b>	To Take Out (Prescriptions in Hospital Discharge Summary)
<b>PODs</b>	Patient's Own Drugs
<b>CDRB</b>	Controlled Drug Register Book
<b>MS</b>	Medical Stores
<b>HoD</b>	Head of the Department
<b>IT</b>	Information Technology (Anything related to Al Shifa computing technology)
<b>ED</b>	Executive Director



## Policy and Procedure of Controlled Drug Substances (CDs)

### 1. Introduction

Controlled drug substances (CDs – Narcotics & Psychotropic) have the potential to cause harm (dependence, addiction), therefore are likely to be misused. As such, a strict policy to control all transactions of these drugs at all levels of health care units is deep-seated.

The core of this policy being the law of combat of narcotics and psychotropic substances issued by royal decree No.17/99 and its Ministerial Decision No 98/2001. And this version of the policy is an abstract or description for the updated National Controlled Drugs Policy 2016. The Pharmacy and Medical Stores department's (Al Masarra Hospital) administrative section/Policy and Procedure committee developed this by considering institutions' mode of transactions, treatment pattern, consumption, availabilities of various systems including engineering, hospital information system etc. And this document will provide a clear description for all the health care staff and accordingly to implement a safe practice principle in the management of Controlled Drugs.

Controlled Drug Substances (CDs) comprise of the following:

- Narcotics Drugs
- Psychotropic Drugs

### 2. Scope

This document is applicable to all health care staffs, Doctors/Registered Medical officers, Pharmacy Professionals and Nursing care staff who are involved in storing, ordering, issuing, prescribing, administering or dispensing of the Controlled Drugs.



### 3. Purpose

- 3.1 To develop and establish principles of safe practice in the management of controlled drugs in Ministry of Health (MoH) organizations in line with current legislation.
- 3.2 To adopt robust systems for obtaining, storing, issuing, recording, monitoring, prescribing and safe disposal of CDs, whilst at the same time ensuring appropriate and convenient access for all patients who are in need of having them.
- 3.3 To ensure patient safety and prevent misuse of CDs.
- 3.4 To maintain proper records and statistics.
- 3.5 To be used as a training tool for both trainee and existing medical staff.

### 4. Definitions

- 4.1 **Narcotics:** a drug derived from opium like compounds with potent analgesic effects associated with significant alteration of mood and behavior, with the potential dose dependence and tolerance following repeated administration.
- 4.2 **Psychotropic:** a drug exerting an effect on mind and capable of modifying mental activity.
- 4.3 **CDs:** Controlled Drugs Substance, this includes Narcotic and scheduled psychotropic drugs.
- 4.4 **Authorized/Assigned Staff: Medical Staff :** who have been trained, deemed competent, and permitted by the concerned authority to deliver the service.
- 4.5 **Damaged:** stock that show physical or chemical changes, loose validity due to improper storage, quality problems, or accidentally smashed.
- 4.6 **Recalled:** stock that is subjected to recall by the manufacturer usually in case of international reports received or due to adverse drug reactions or changes in the specification of the items.
- 4.7 **Expired:** stock that has completed its validity period as shown in the packs.
- 4.8 **Ordering of Controlled Drugs:** indenting/requesting of medications.
- 4.9 **Antidote:** a medicine taken or given to counteract a particular poison.



## 5. Policy

### 5.1 Ordering of Controlled Drugs

Only the Directorate General of Medical Supplies (DGMS)/Central Stores must make procurement and supply of CDs medications for government health institutions under the Ministry of Health.

### 5.2 Defining the type of order

Order Type	Order Category
By Medical Stores from DGMS	External
By Out-patient Pharmacies from Medical Stores	Internal
By Wards / Units from the Medical Stores	Internal
Borrowing in between Wards / Units within the same institution.	Internal – to be avoided, except in emergency.

### 5.3 Ordering of Narcotics by Medical Stores from DGMS (*External*)

- 5.3.1 Authorized staff or his/her deputy should fill the '**Form A** – Narcotics'. Authorized staff must fill all required queries mentioned in the form properly.
- 5.3.2 Request must be signed and stamped by the Head of the Department, Pharmacy and Medical Stores, and also the Hospital's Executive Director (Medical).
- 5.3.3 Form (A) is supplied in three copies, the original of which i.e. white copy must be sent to DGMS, Pink copy is for the file, and the yellow copy should remain in the book.
- 5.3.4 An online request must also be forwarded through the Al-Shifa 3+ Medical Stores Computer system to the DGMS Stores, prior at least one week of the issue date from DGMS.
- 5.3.5 Ensure the order date complies with the supplier-issuing schedule.



#### **5.4 Ordering of Psychotropic by Medical Stores from DGMS (*External*)**

- 5.4.1 An online request must be forwarded through the Al Shifa Medical Stores Computer system to the DGMS Stores, prior one week of the issuing date from DGMS.
- 5.4.2 The hard copy of the request must be signed and stamped by the HoD Pharmacy & Medical Stores/CDs in charge, and to be submitted to the DGMS.
- 5.4.3 Ensure the order date complies with the supplier-issuing schedule.

#### **5.5 Ordering of Psychotropic drugs by Out-patient Pharmacies from Medical Stores (*Internal*)**

- 5.5.1 Authorized staff should order from Medical store through the Al-Shifa 3+ system.
- 5.5.2 Borrowing is not allowed in between the Pharmacy sections, in normal conditions.
- 5.5.3 In case of an emergency or an unavoidable situation occurred after normal Pharmacy working hours, it may only be allowed to be borrowed with an appropriate reason. This is to be informed and must take permission from the CDs in-charge, Medical Stores prior transaction and the entries must be properly documented.

#### **5.6 Ordering of Controlled Drugs by Wards/Units from the Medical Stores (*Internal*)**

- 5.6.1 An authorized Nursing staff or his/her deputy of the wards/units should fill the requisition.
- 5.6.2 All the queries in the request form must be filled. (See Appendix 4. Controlled Drugs (CDs) Requisition form)
- 5.6.3 An indent through the Al-Shifa 3+ system must also be made by the above same staff and send it to the concerned Pharmacy and Medical Stores section.
- 5.6.4 Request must be stamped and duly signed by the nursing In-charge or Nursing Supervisor (Stamp: Hospital Stamp/Hospital ward stamp).
- 5.6.5 The original copy of request form must be retained with medical store and the





other copy with receiving unit.

5.6.6 The order must be submitted personally to medical store while receiving the items.

5.6.7 Authorized Staff must carry these to medical store while receiving the items.

### **5.7 Receiving of CDs by the Medical Stores from the DGMS Central stores (*External*)**

5.7.1 Authorized Pharmacy professional staff should receive the ordered stock from DGMS Central Store.

5.7.2 The quality and all specifications of received CDs (*Quantities, Batch number and Expiry date*) must be checked against the DGMS issue voucher and the issued voucher must be signed accordingly.

5.7.3 The person receiving CDs must carry an authorization letter (abide his/her specimen signature) from the HoD, Pharmacy and Medical Stores/In-charge, Medical Stores for receiving CDs and to be submitted in the DGMS Stores directly at the time of receiving.

### **5.8 Receiving of CDs by the Out-patient Pharmacies (*Internal*) from the Medical Stores**

Authorized Pharmacy professional staff must:

5.8.1 Receive directly the ordered stock from Medical Store – CDs section.

5.8.2 Check the quality and all specifications of received CDs (Quantities, Batch number and Expiry date) against the issue voucher and sign the issue voucher accordingly.

### **5.9 Receiving of Controlled Drugs by the Wards / Units (*Internal*) from the Medical Stores**

Authorized Nursing staff must:

5.9.1 Carry the relevant documents as mentioned in ordering article (See Appendix 4. Controlled Drugs (CDs) Requisition form).

5.9.2 Check the quality and all specifications of the received CDs (Quantity, Batch



Number and Expiry date etc.) against the issue voucher and sign the same accordingly.

5.9.3 Update the relevant register simultaneously upon the receipt of CDs.

#### **5.10 Transporting from Central Drug Stores (DGMS) to Hospital - Medical Stores**

Authorized Pharmacy professional from CDs section, Medical Stores must:

- 5.10.1 Carry the CDs documents including vouchers and copy of the authorization letter.
- 5.10.2 Keep the received CDs in a secured sealed package/labeled container. A special CDs box/Container is preferable.
- 5.10.3 Transfer the items directly to the Hospital Medical Stores - CDs site/Designated Room.
- 5.10.4 Transfer all CDs through MoH official vehicle only and also together with the driver and with the presence of the designated Pharmacy staff from the institution in the vehicle.

#### **5.11 Transporting from Medical Stores to Out-Patient Pharmacies**

Authorized Pharmacy professional from the Out-patient Pharmacy section must:

- 5.11.1 Carry the CDs and transfer the items directly to the CDs site.
- 5.11.2 Keep the received CD in a secure container. A special CDs box/assigned trolley (with locking system) is preferable.
- 5.11.3 Directly transfer CDs to the designated location (CDs/designated room).

#### **5.12 Transporting of the CDs from Medical Stores to Wards / Units**

Authorized Nursing staff must:

- 5.12.1 Keep the receipt CDs in sealed package and labelled. A special CDs box is preferable.
- 5.12.2 Directly transfer CDs to the designated location.



### **5.13 Re-checking of the received CDs upon arrival - In Medical Stores**

(From External locations)

- 5.13.1 Locate a clear workplace and empty the contents of a medicines container/box.
- 5.13.2 Group multiple packs of same medicine together.
- 5.13.3 Check each item against the issue voucher from DGMS/Any other institutions.
- 5.13.4 Confirm the name, quantity, quality, strength, formulation and expiry date; batch number etc. of the product matches the voucher.
- 5.13.5 Make an entry into the CDs register and AI-Shifa 3+ Medical Stores Computer system immediately.

### **5.14 Re-checking of the received CDs upon arrival – Hospitals Internal Locations**

Authorized CDs Staff – Out-patient Pharmacies/Nursing staff must:

- 5.14.1 Locate a clear workplace and empty the contents of medicine containers.
- 5.14.2 Check each item against the issue voucher from the Medical Stores.
- 5.14.3 Confirm the name, quantity, strength, formulation and expiry date of the product matches the documentation you are signed.
- 5.14.4 Make an entry into the CDs register immediately.

### **5.15 Arranging CDs stock: *Medical Store / Pharmacies / Wards / Units***

Authorized CDs staff: Pharmacy professional / Nursing Staff must:

- 5.15.1 Arrange the CDs in the CDs cabinet/designated room in each area, and making sure that the longest expiry is placed behind the same product with a shorter expiry (FEFO – First Expiry First Out method).
- 5.15.2 Lock the cupboard/ designated room and secure the CDs key.

### **5.16 Storage of CDs – Medical Stores**

- 5.16.1 CDs must be stored separately in CDs cabinet/designated room.
- 5.16.2 The CD cabinet must be metallic and non-portable.
- 5.16.3 The CDs cabinet/Designated Room must be securely locked with key or coded



lock.

- 5.16.4 Utilization of an alarm or other check system is recommended, especially for **Narcotics**.
- 5.16.5 The CDs room/cabinet key must always be kept under the custody of the Head of Pharmacy or an authorized delegated person. It can keep with the CDs in charge after the Head permission.
- 5.16.6 The CDs cabinet/designated room must not be accessible to patients or any other unauthorized person.
- 5.16.7 Only controlled drugs must be stored in CDs cabinet/designated room.
- 5.16.8 Preferably maintain the medications in its original pack, except in case of tablets or liquids which may be repacked in the stores or the pharmacy while issuing to the other department, then expiry date and batch number to be mentioned.

#### **5.17 Storage of CDs – Out-patient Pharmacies**

- 5.17.1 CDs must be stored separately in CDs cabinet/designated room.
- 5.17.2 The CDs cabinet must be metallic and non-portable.
- 5.17.3 The CDs cabinet/room must be securely locked with key or coded lock.
- 5.17.4 The CDs key must always be kept in a separate secure place from the CDs cabinet/Room.
- 5.17.5 The CDs cabinet/designated room must not be accessible to patients or any other unauthorized person.
- 5.17.6 Only controlled drugs must be stored in CDs cabinet/designated room.
- 5.17.7 Preferably maintain the medications in its original pack.

#### **5.18 Storage of Controlled Drugs: Wards/Units**

- 5.18.1 CDs must be stored separately in CDs cabinet.
- 5.18.2 The CDs cabinet must be metallic and non-portable.



- 5.18.3 The CD's cabinet must be securely locked with key or coded lock.
- 5.18.4 Utilization of an alarm or other check system is recommended, especially for Narcotics.
- 5.18.5 The CD's cabinet key must always be kept separate from the CD's cabinet under custody of the Nurse In-charge.
- 5.18.6 The CD's registers also must be kept in a locked and secured place.
- 5.18.7 The CD's cabinet must not be accessible to patients or other unauthorized personnel.
- 5.18.8 Only controlled drugs must be stored in CD's cabinet.
- 5.18.9 Preferably maintain the medications in its original pack, except in case of tablets or liquids which may be repacked in the store or the pharmacy while issuing to the other department, then confirm, Name of the drug, strength, expiry date and batch number is mentioned on the container.
- 5.18.10 Any split tablets/pills must be stored in an amber colored/Non-transparent bottle/safe container and it is to be labeled clearly with all related requirements.  
*(It is not recommended to store split pills in the same opened strips, due to the chances of contamination / the effects on stability).*

#### **5.19 Recording of CDs: Nursing:**

For CDs received into stock, the following details must be recorded in the CDRB:

- 5.19.1 The date on which the CD which was received.
- 5.19.2 The issue voucher number/document identification number.
- 5.19.3 The name of supplier/Institution/Store/Unit's name.
- 5.19.4 The quantity received.
- 5.19.5 The batch number and expiry date exactly (with the day of expiry) of the item in the column.
- 5.19.6 The running balance of stock.



## 5.20 Documenting in the CDs register: *Medical Stores / Pharmacies*

Authorized CDs staff and Pharmacy professionals shall do the following:

- 5.20.1 To start a new register, transfer the closing stock from the old book to the balance column of new register.
- 5.20.2 Entries must be made in a chronological sequence.
- 5.20.3 A separate page of the register should be used for each different drugs and strengths.
- 5.20.4 The name of the drug should be specified at the head of each page.
- 5.20.5 Received quantity should be made recorded by a pen with **Red** ink.
- 5.20.6 Entries must be made on the day of the transaction and at same time.
- 5.20.7 Any entry in the register once made should never be erased nor corrected. Any mistakes done should be corrected in the 'remarks' column and the corrected version rewritten on the next line.
- 5.20.8 Entries of the issues must be made in ink (**blue or black ink pen**) or otherwise indelible.
- 5.20.9 The register must not be used for other purposes and kept at the premise to which it is related.
- 5.20.10 The registers and other records should be maintained up-to date and liable to be inspected at any time.

## 5.21 Documenting in the CDs registers: *Wards / Units*

Authorized CDs staff and Nursing sections shall do the following:

- 5.21.1 The wards/units shall be provided with a Ward Narcotic/Psychotropic register in which entries for receipts and issues of individual CDs drugs are made.
- 5.21.2 To start a new register, transfer the closing stock from the old register to the balance column of new register.



- 5.21.3 The name of the drug/item code should be specified at the top of each page.
- 5.21.4 A separate page of the register should be used for each drug and strength.
- 5.21.5 To start a new register, transfer the closing stock quantity from the old book to the new register's balance column.
- 5.21.6 Entries must be made in a chronological sequence.
- 5.21.7 Received quantity should be made recorded by a pen with **Red** ink only.
- 5.21.8 All other entries must be in ink (**Blue or Black**) or otherwise indelible.
- 5.21.9 Entries must be made on at same time of receiving and same day of the transaction.
- 5.21.10 Any entry in the register once made should never be erased nor corrected. Any mistakes done, put a single line cut over it and should be corrected in the 'remarks' column and also the corrected version to be rewritten in the next line.
- 5.21.11 The CDs register must not be used for other purposes and kept at the premise to which it is related.
- 5.21.12 The CDs registers along with the Narcotic prescription pads/Psychotropic prescription sheets should be secured.
- 5.21.13 The registers and other records should be maintained up-to date and liable to be inspected at any time.
- 5.21.14 During the new registers collection from the CD section, Medical Stores, confirm if it is an official stamped (*MoH seal*) register. And later write the name of the ward/unit clearly on the register.
- 5.21.15 For ease of reference, maintain an index of the register's contents at the beginning of it.

## **5.22 Monitoring CDs stock: *Medical Stores/Pharmacies***

- 5.22.1 All stock date must be checked monthly/randomly.
- 5.22.2 Isolate any stock with an expiry date of less than 3 months.
- 5.22.3 Isolate any stock that could be expired before it could be fully used.
- 5.22.4 A small sticky colored label should be used to flag the short dated stock.



- 5.22.5 Arrange the stock in the shelf making sure that stock with shortest expiry date is placed where it will be used first - (FEFO) first expiry first out.
- 5.22.6 Construct quarterly checking for non-moving and slow moving items reference to the item turnover ratio or transaction as per stock card.
- 5.22.7 Any damaged stock (*that show physical or chemical changes due to improper storage, quality problem or accidentally smashed*) must be returned to issued location store along with the concerned return voucher form for further dealings or complete the related procedures as per the administrative decision.
- 5.22.8 All documents related to stock taking, handing – taking over/endorsement sheet etc. must be filed properly.
- 5.22.9 Stock Evaluation:
- 5.22.9.1 Fast moving: The stock that move continuously at least quarterly.
  - 5.22.9.2 Slow-moving: The stock that remains static for 6 months continuously.
  - 5.22.9.3 Non-moving: The stock that remains static for 12 months continuously.

### **5.23 Monitoring CDs Stock: *Wards / Units***

Controlled Drugs Section In-charge, Pharmacy Department in liaison with authorized Senior Staff Nurse must check the CDs consumption and requirements quarterly or whenever necessary.

- 5.23.1 All stock dates must be checked Quarterly.
- 5.23.2 Isolate any stock with an expiry date of less than 3 months.
- 5.23.3 Use a small sticky colored label to flag the short dated stock.
- 5.23.4 Isolate any stock that could be expired before it could be fully used. Arrange the stock in the shelf making sure that stock with shortest expiry date is places where it will be used ‘first expiry first out’ (FEFO).
- 5.23.5 Construct quarterly checking for non-moving and slow moving items.
- 5.23.6 Any damaged stock (*that shows physical or chemical changes due to improper*





*storage, quality problem or accidentally smashed*) must be returned to the medical store - CDs section.

5.23.7 Stock Evaluation:

5.23.7.1 Fast moving: the stock that move continuously at least ever quarter.

5.23.7.2 Slow-moving: the stock that remains static for 6 months continuously.

5.23.7.3 Non-moving: the stock that remains static for 12 months continuously.

**5.24 Discrepancies in the running balance of stock:**

Medical Stores/Pharmacies/Wards/Units

The authorized CDs staff; Pharmacy professionals/Nursing staff shall do the following:

- 5.24.1 The CDs staff who supplies CDs should maintain a running balance of stock in their CDs registers as a matter of good practice. The aim of maintaining running balance is to ensure the irregularities to be identified as quickly as possible.
- 5.24.2 The running balance of drug remaining should be calculated and recorded after each transaction and balance should be checked with physical and computer stock (*computer stock -In applicable sections*) at regular intervals.
- 5.24.3 When discrepancy occur, and the source of it cannot be identified, then inform the Nursing Supervisor – for Wards and Units/CDs In-charge of Medical Stores – for Out-patient Pharmacies/HoD Pharmacy and Medical Stores for further investigation.

**5.25 Dealing with unwanted/surplus stock – *Out-patient Pharmacies***

- 5.25.1 It is important to check the CDs consumption, requirement etc. quarterly and it is to be ensured by an authorized Pharmacist/assigned CDs staff that, there is no unwanted CDs are stocked in the Pharmacies.



### **5.26 Dealing with unwanted/surplus stock – *Wards/Units***

Authorized CDs staff; Nursing sections shall do the following:

- 5.26.1 It is important to check the CDs consumption, requirement etc. quarterly and it is to be ensured by the designated Pharmacy staff jointly with the Nursing Supervisor that there is no unwanted surplus CDs are stocked in the section/ward units.

### **5.27 Borrowing of Controlled Drugs: *Wards/Units***

- 5.27.1 Controlled Drugs should only be borrowed from another ward or unit outside the normal working hours. Borrowing of CDs from other ward/unit/clinics should be strictly avoided, except in **justified exigency**.
- 5.27.2 In the case of injections, first check with the Casualty Pharmacy regarding its stock availability, if it's not available, then proceed borrowing procedures.
- 5.27.3 The Nurse In-Charge of the ward borrowing should inform the Nurse Officer on duty and obtain his/her approval.
- 5.27.4 The Nurse In-Charge should present the filled **CDs Requisition Form** (See Appendix 4) and the ward CD Register to the ward/unit from where the drug is to be borrowed.
- 5.27.5 Submit the order personally to the unit while receiving the items.
- 5.27.6 The issuing and receiving Nurse In-Charge should make proper entries in the Ward Controlled Drug Register.
- 5.27.7 Retain original copy of the request form with the issuing party (ward/unit) and the other copy with the receiving unit.
- 5.27.8 Inform the Pharmacist in charge of the CDs section, Medical Stores the next official working day by sending a copy of the form. (See Appendix 5. Narcotic Drugs Endorsement Sheet).



## 5.28 Prescribing of Controlled Drugs: *Prescribers*

### 5.28.1 Who can prescribe CDs?

5.28.1.1 Licensed Physicians/Psychiatrists (*Starting from a Registered Medical Officer*).

### 5.28.2 Limitations:

5.28.2.1 It is *prohibited* for a Physician to prescribe for himself any quantity of CDs under any circumstances.

5.28.2.2 Prescription is only valid for 3 days from the date of prescribing, after this time, prescription cannot be dispensed so would have to be rewritten.

### 5.28.3 **Caution:** for the safe and effective use of CDs

5.28.3.1 No prescriber should sign more than one prescription of the same drug for a patient.

5.28.3.2 A blank prescription must never be sign or seal in advance.

## 5.29 Receiving/Obtaining of CDs prescriptions: *Prescribers*

### 5.29.1 **For Narcotic Prescription**

5.29.1.1 Pink Narcotic prescription can be obtained from the Staff Nurse (*Concerned CDs in-charge*) from the wards/units/clinics, as per the requirements. (See Appendix 9. Narcotic Prescription for In-patients - Government sector).

### 5.29.2 **For Psychotropic Green Prescription**

5.29.2.1 Prescribing Physician/Medical officer must collect it from the assigned Pharmacy Department Sections (prior to starting practice) directly after completing his/her documentation/entry in the Pharmacy department specified register/s. (See Appendix 10 and 11).



- 5.29.2.2 The Pharmacy department will issue only the prescription/s as per the availability of his/her name in the approved list (from administration) of authorized doctors, who are practicing in the institution.
- 5.29.2.3 It will be issued from the assigned Pharmacy sections as a single prescription or more as per the requirement, availability and more over the final decision of the Pharmacy staff.
- 5.29.2.4 If the doctor is leaving from the service/transferred to other institution permanently and if holding blank green prescriptions, it must be returned to the Pharmacy Department, at the time of clearance/before leaving the institution.

### **5.30 Security of CDs prescriptions/pads: *Prescribers***

- 5.30.1 Do not leave blank prescription pads lying around unattended.
- 5.30.2 Blank prescription pads ***should never*** be pre-signed.
- 5.30.3 Prescriptions/pads must be kept in a locked receptacle/cabinet when not in use.
- 5.30.4 Prescriber's must never use blank or out of date prescriptions/pads as spare notepads.
- 5.30.5 Prescription forms for CDs should not routinely be sent via the postal system, but should be collected by a healthcare professional, or the patient/patient care taker or a representative.

### **5.31 Requirements of CDs prescriptions: *Prescribers***

- 5.31.1 The patient's full name, Hospital ID number or address, where appropriate, age or Patient's sticker ID.
- 5.31.2 The date of the prescription.
- 5.31.3 The name of the medication in *Generic, Strength* and *dosage form* of the drug, even if only one form exists.
- 5.31.4 Each prescription should contain one drug.



- 5.31.5 The dose to be taken (Taken as directed or as required are not acceptable).
- 5.31.6 The total quantity of the preparation, or the number of dose units, to be supplied should be written in both words and in numeric letters.
- 5.31.7 Prescription must be written in ink (**Blue or Black**) and be signed (*to do usual signature and this must be hand written*), stamped (*Physician's seal*) and dated by the Physician.
- 5.31.8 Any space on the prescription form, has not been written on must be blanked off, e.g. by drawing a line through it to reduce the opportunity for fraud.
- 5.31.9 Any change in the prescription, it must not be erased/corrected, but only cross it and to be signed against accordingly.
- 5.31.10 The prescriber must write the medication in the prescription's specified column only. The column specified for 'Pharmacy use only' is to be left for the Pharmacy dispensing purposes.

### 5.32 Conditions for CDs Prescriptions:

Description	For OPD	For IP
Validity	3 Days	
Duration	30 Days	7 Days
Parenteral / Injectable form	Restricted for A & E / Internal use only	Allowed
Number of Drugs in one prescription	Monotherapy	
For PRN doses	Total quantity to be supplied should be written in words and numbers.	



### 5.33 Prescriptions: To the In-patients

- 5.33.1 For Prescribing **Narcotic Medications**, the **Pink** colored prescription books/sheets must be used and for the **Psychotropic Medications**, the **Green** colored prescription sheets is to be used.
- 5.33.2 In addition, clinicians shall enter CDs prescribed in individual patient's drug chart/patient file in the hospital information computer system (Al-Shifa 3+).
- 5.33.3 The duration of an inpatient prescription for both, 'when necessary' medication (PRN) and a regular medication shall be for **7 Days** (Seven), from the **first administered dose**. If a shorter duration is intended, this should be recorded on the narcotic prescription. After this time, they cannot be dispensed so would have to be re-written.
- 5.33.4 If the prescribed CD is discontinued by the prescriber and the prescription is still valid, this should also be recorded on the prescription which will make it invalid for any further doses, and should be clearly documented in the patient's medical file as well.
- 5.33.5 Cancelled *Psychotropic Green prescription (CDs)* must be returned to the Pharmacy section. And in the case of Narcotics, it must be kept in the Prescription pad itself without tearing.

### 5.34 Prescriptions: To the OP/Discharge Patients

- 5.34.1 The OP/discharge medication is to be written on an approved discharge medication prescription i.e. concerned *Green prescription sheets* in the case of Psychotropic.
- 5.34.2 The number of doses dispensed against an outpatient or take home prescription shall be according to what had been prescribed by the physician but normally not exceeding a month supply.



- 5.34.3 All discharge patients' prescriptions including CDs shall be dispensed from the Out-patient Pharmacy sections only.
- 5.34.4 When there is a suspected risk from a patient to misuse the CDs, the prescription should be handed over to a close relative who should supervise the patient's medication at home.
- 5.34.5 If in case of non-availability of any CDs (**Psychotropic**) in the Hospital's Pharmacy and the prescriber needs to direct the patient to a Private Pharmacy, prescribed medications' details has to be entered in the Patient's file/Medications chart (Al-Shifa 3+ system).
- 5.34.6 If the prescriber believes there is a genuine need for the longer supply and will not have an effect on patient safety, this can be given after the prescriber's documentation in the 'remarks' column of the prescription in the Al-Shifa 3+ system. (*In this juncture, the Pharmacy Staff is having full authority to take the decision, as per the availability of stock*).

### **5.35 Cancelled/Missing and Stolen Prescriptions: Prescribers**

- 5.35.1 If the prescriber has written a prescription for a CD and then cancelled it, he/she should do the following practice:
- 5.35.1.1 **For Narcotic Prescription:** Write on it as 'cancelled', put signature, stamp and keep it in the original pad and return it back to the CDs section, Medical Stores.
- 5.35.1.2 **For Psychotropic Prescription:** Write on it as 'cancelled' and return it back at the same time to CDs section, Medical Stores/any of the Pharmacy section within the institution.
- 5.35.2 Missing and stolen CDs prescriptions should be reported immediately to the CD section in charge/Pharmacy In-charge, in order to furnish a Missing Prescription Report and should be sent to the MoH officials within 48 hours for further action. (See Appendix 12. Controlled Drugs Prescription report – Missing or Stolen in the Government sector)
- 5.35.3 For the reporting of Stolen/Missing prescriptions, see Appendix 12, for the form



to be used.

**5.35.4 CAUTION: FOR SAFE AND EFFECTIVE USE OF CDs:**

**5.35.4.1 NEVER sign more than one prescription of the same drug for a patient.**

**5.35.4.2 NEVER SIGN OR SEAL A BLANK PRESCRIPTION.**

**5.36 Dispensing authority and duration: *Pharmacy staff***

5.36.1 Prescription is only valid for 3 days from the date of prescribing, after this time, prescription cannot be dispensed so it has to be re-written.

5.36.2 Prescription may be dispensed up to a maximum of **30 days** only.

5.36.3 If prescriber believes that there is a genuine need for the longer supply and will not have an effect on patient safety, this can be dispensed/given after the prescriber's documentation in the 'remarks' column of the prescription in the Al-Shifa 3+ system. (\*\**In this juncture, the Pharmacy Staff has the authority to take final decision, as per the availability of stock*).

## **6. Procedure**

### **6.1 Supply/Distribution of CDs to the locations: *From Medical Store***

#### **6.1.1 Narcotic drugs**

- 6.1.1.1 The CDs store In-charge or an authorized pharmacy staff or under their supervision shall issue CDs medications.
- 6.1.1.2 On receipt of the Narcotic request (Form B) from the nursing staff, the CDs In-charge/authorized Pharmacy staff must check and confirm the all the queries in the form are properly filled.
- 6.1.1.3 Confirm that all the entries in the Ward Narcotic Register (Form D) are properly maintained. Tally the entries with the Narcotic prescriptions.
- 6.1.1.4 Check the indent forwarded through the Hospital Al-Shifa 3+ computer system and confirm the entries are matching with the 'Form B' request submitted.
- 6.1.1.5 After making sure all are in order, the CDs in charge/authorized





Pharmacy staff proceeds to issue the Narcotics, record the issues, and enter/sign in the Ward's Narcotic Register (Form D), and in the request form (Form B).

6.1.1.6 The CDs must be dispensed to the Ward Nursing In-charge/authorized nursing staff only.

6.1.1.7 The receiving staff (Nursing) must check and confirm the issued CDs (Name, quality, quantity, strength, expiry, batch etc.) are matching with the Issued voucher.

6.1.1.8 The authorized nursing staff also should sign in the concerned column of form B, register (Form D) and the Computer Issued Voucher.

6.1.1.9 Detach the original copy of the Form B request and it is to be filed by the CDs section In-charge along with the computer issued voucher.

## **6.1.2 Psychotropic drugs**

6.1.2.1 The CDs In-charge/authorized Pharmacy staff shall check the indent/request (Consumption, Stock in hand, Requesting Location / Person etc.) forwarded through the Hospital Al-Shifa 3+ computer system.

6.1.2.2 After making sure all are in order, proceed the issue and print two copies of the voucher.

6.1.2.3 The CDs must be dispensed to the ward nursing In-charge/authorized nursing staff only.

6.1.2.4 The CDs in charge and the authorized nursing staff should sign both the copy of the vouchers.

6.1.2.5 One copy to be given to the Nursing staff and the other to be filed by the CDs In-charge.

## **6.2 Handing – Taking over of CDs during same duty/Leaves:**

### *Medical Store/Pharmacies*

6.2.1 It is a good practice for health care professionals to take over accountability for premises that hold CDs stock, and to be in regular attendance, to ensure the CDs



stock levels are correct.

- 6.2.2 For Out-patient Pharmacies: The day-to-day responsibility for this task can be delegated to another appropriately suitable trained staff and should be routinely present at the premises.
- 6.2.3 Follow the procedure while handing - taking over the CDs stock:
- 6.2.3.1 Check the physical stock of the CDs and verify it with the balance in the CDs register/Al-Shifa 3+ computer system.
- 6.2.3.2 Sign on the **handing and taking-over sheet**- Endorsement form (Copy attached).
- 6.2.3.3 The responsible staff of both shifts/parties must sign the CDs endorsement sheet.
- 6.2.3.4 The authorized staff at each shift will be responsible for the CDs and the CD cabinet/room key until shift hand over takes place.
- 6.2.3.5 In any case of emergency leave of the assigned CDs staff, an authorized staff by the In-charge level will take over the stock/key after signing the concerned form.

### **6.3 Handing - over of CDs during same duty/Change of shifts: *Wards/Units***

- 6.3.1 It is a good practice for healthcare professionals to take over accountability for premises that hold CDs stock, and to be in regular attendance to ensure the CDs stock levels are correct.
- 6.3.2 The day-to-day responsibility for this task can be delegated to another appropriate suitable trained staff and should be routinely present at the premises.
- 6.3.3 Follow the procedure while handing - taking over the CDs stock:
- 6.3.3.1 Check the physical stock of the CDs and verify the balance in the CDs register.
- 6.3.3.2 Sign on the endorsement sheets. Annex (20) for Narcotics and Annex (21) for Psychotropic (See Appendix 5 and 6).



6.3.3.3 In any case an emergency leave/exit of designated CDs staff, an authorized nursing staff by the Nursing admin level, is to take over the charge after signing the concerned endorsement sheet.

#### 6.4 Procedures dealing with unwanted/surplus stock:

##### *Out-patient Pharmacies/Wards/Units*

6.4.1 Fill the format of medication return form for medical supplies.

6.4.2 The returning request form must be duly signed by section In-charge.

6.4.3 Hand over the CDs along with manual return voucher form to the CDs In-charge of the medical store where necessary action will be taken as per the laid down rules and regulations.

6.4.4 Collect the copy of the Issue Return receipt (voucher from the Al-Shifa 3+/ Manual copy of the voucher) from the CDs section and deduct the returned quantity from the balance stock, record in the controlled drugs register of issuing location.

#### 6.5 CDs - Patients Own Drugs (PODs) management

##### Medical Stores / Pharmacies / Wards / Units

The authorized CDs staff / Pharmacy professionals / Nursing staff will follow:

6.5.1 Patient-returned controlled drugs should not be returned to any of the sections official stock.

6.5.2 Controlled drugs returned by the patient must not be issued to any other units/patient, and it is to be handled only as expired medicine or medicines for condemnation.

6.5.3 The authorized CDs staff/staff on duty, with paper documentation, must receive the controlled drugs.

6.5.4 The authorized CDs staff/Pharmacy professionals/Nursing staff on duty will fill the concerned **Patient's Medication Return Form/ 'Register for Narcotic & Psychotropic Drugs returned from Patient's (Annex - 24)'** and will collect the



drugs from the patient, then along with the form, it is to be returned to the Medical store – CDs section to proceed safe disposal/condemnation (*Attached/available in the Hospital Local site – Pharmacy*).

#### **6.6 Special Cases/Referral Patients CDs: Wards/Units**

If an admitted patient is referred to other hospitals and came back with CDs prescribed there/brought medications from home and came for admission as per the plan, follow:

- 6.6.1 If patient is taking same medication (*already prescribed before*) with same strength, return the stock to CDs section, Medical Stores for further dealings.
- 6.6.2 If the prescribed CDs are **Not Available in the Hospital stock**, and the patient brought the medicine from the prescribing institution, then open a new page in the ward CDs register and make the entries as ‘new item’.
- 6.6.3 If the prescribed CDs are **Not available in the hospital** for such a patient, inform the CDs section In-charge of Medical Stores for further action/arrangements.

#### **6.7 Dealing with Incidents related to CDs – Types:**

- 6.7.1 Breakage, or accidental spillage.
- 6.7.2 Found broken in original pack.
- 6.7.3 Due to negligence.
- 6.7.4 Missing/lost.

#### **6.8 Incidents within the Medical Stores**

- 6.8.1 In case of loss or breakage happened in the pharmacy, the involved staff must fill the **CDs Incident Report Form** (*Annex – 22, See Appendix 7*) – Narcotic Drugs loss or damage. (*Attached/available in the Hospital IT Local site – Pharmacy Forms*).
- 6.8.2 The **CDs Incident form** along with the broken containers/pack sealed in plastic envelopes will be handed over on the same day/or on the nearest working day to the HoD of Pharmacy and Medical stores for countersigning the mentioned and further dealings.



- 6.8.3 A summary of all incidents occurring during each quarter (including all the wards/units), shall be prepared by the CDs in charge/HoD of Pharmacy and Medical Stores and to be submitted to the Hospital Executive Director/Hospital Medical Director quarterly and a copy if necessary, will be given to the Nursing Officer.
- 6.8.4 In the event of suspicion of loss due to a criminal action from any staff, the person suspecting such action should immediately inform the HoD of Pharmacy and Medical Stores who in turn should inform the Hospital Executive Director. An investigation should be carried out chaired by the Hospital Executive Director or an assigned person from the Hospital Administration Section. The police authorities should be notified once a criminal intention is confirmed or strongly suspected.

#### **6.9 Incidents during Handing / Taking - over with Wards / Units: *In Medical Stores***

- 6.9.1 If the event of loss or breakage happened in the Pharmacy (*by the mistake of the Nursing Staff during the transaction*), the concerned incident form shall be filled as directed, but instead, will be countersigned by the designated CDs Staff Medical Stores/Pharmacy staff concerned/HoD of Pharmacy.
- 6.9.2 A summary of such incidents shall be prepared by the office of the Head of Pharmacy/Director of Pharmacy and to be submitted to the Hospital Executive Director quarterly and a copy be given to the Head of Nursing/Director of Nursing.
- 6.9.3 In the event of suspicion of loss due to a criminal action from any staff, the person suspecting such action should immediately inform the Nursing Supervisor/Head of Nursing if within nursing department, Head of Pharmacy if within Pharmacy department. If the Director/Head of Nursing is notified of such suspicion, he/she should immediately inform the Head of the Pharmacy department who should inform the Hospital Executive Director.
- 6.9.4 An investigation should be carried out chaired by the Hospital Executive Director



or an assigned person from the Hospital Administration Section. The police authorities should be notified once a criminal intention is confirmed or strongly suspected.

**6.10 Dealing with Incidents related to CDs: *Out-patient Pharmacies***

6.10.1 The involved staff and witness must fill the concerned form for CDs Incident Reporting. (See *CDs Incident Report Form (Annex – 22) Attached / available in the Hospital IT Local site – Pharmacy Forms*).

6.10.2 The duly filled form along with the broken containers/pack sealed in plastic envelopes will be handed over on the same day/the nearest working day to the CDs In-charge in Medical Store for further dealings.

**6.11 Prepared for dispensing but not issued to Patient: *Out-patient Pharmacies (DUE TO PATIENT'S REJECTION / OR OTHER REASONS)***

6.11.1 Revoke or do 'Medicine Return' option for the finalized prescription in the Al-Shifa 3+ system, enter the reason in the 'remarks' column and return it to the stock back or cancel/alter as per the issued quantity, save and finalize again.

6.11.2 If it's deducted from the register already, then fill the patient details in the register as 'received quantity', add the received quantity to the stock, verify and tally all the stock.

6.11.3 Call the Pharmacist In-charge/Pharmacy associate staff to witness the entry of the returned quantity with **red ink**, and both to sign in the 'remarks' column.

6.11.4 Return the stock to the CDs cabinet.

**6.12 Dealing with incidents related to CDs: *In Wards / Units***

(Breakage, or accidental spillage, or found broken in original pack, or due to negligence, or missing/lost).

6.12.1 The involved staff nurse and witness must fill the '***CDs Incident Report Form*** (Annex – 22, See Appendix 7). (*Attached/available in the Hospital IT Local site – Pharmacy Forms*).

6.12.2 The concerned form along with the broken containers/pack sealed in an



envelope will be handed over on the same day/or the nearest working day to the CDs In-charge in Medical store.

**6.13 Drawn-Up from the Cabinet but not administered to the patient:**

**6.13.1 For Tablet form:**

6.13.1.1 If it's already deducted from the register (*for loose tablets only*), then fill the patient details in the register back with **Red ink** as 'received quantity' and to be added to the balance stock.

6.13.1.2 The authorized Staff involved and witness staff will sign the entry of the returned quantity in the CDs register.

**6.13.2 For Injectable form:**

6.13.2.1 For the *Injectable*, proceed discarding procedures as per *CD incident reporting form (Annex – 22, See Appendix 7)*.

**6.14 CDs disposal of excess amount**

**6.14.1 For Injectable form**

6.14.1.1 Excess amount after withdrawal of the required dose should be disposed in the sink of the ward by the Nursing staff administering medication/handling the CDs issued at the time of that shift accompanied by the Nursing Supervisor (shift) as a witness.

6.14.1.2 Fill the assigned form for discarding excess amount of CDs. The discarded/wastage should be indicated in the 'remarks' column of the Ward CDs register against the name of the patient. Both the Nurse administering medication and Nursing Supervisor/the witness will countersign in the respective column.

6.14.1.3 A copy of the duly filled form for discarding excess amount of CDs will be submitted to the CDs section of the Medical Stores, in the case of injections.

**6.14.2 For Tablets / Pills form**

6.14.2.1 Considering the possible chances of degradation of the active



ingredient and effects on stability, it is recommended to dispose the split tablet/pills nearly after the prescribed duration over/change of medication/or the patient's discharge.

- 6.14.2.2 Fill the assigned form for discarding excess amount of CDs. The split tablet/pill for discarding along with the form is to be sent to the CDs section in-charge of Medical Stores on working hours of the same day or the nearest working day and it is to be indicated and also the stock is to be deducted in the Ward CDs register. The assigned nurse staff and CDs section In-charge of the Medical Stores will countersign in the respective column.

**6.15 CDs Room / Cabinet - Key Breakage: *Medical Stores / Pharmacies***

- 6.15.1 Inform the Head of the Department/Medical Stores In-charge.
- 6.15.2 Make an urgent maintenance request to the Hospital engineering through Al-Shifa 3+ system.
- 6.15.3 Obtain the reserve key from hospital engineering through the Head of Pharmacy and Medical Stores.
- 6.15.4 The incident should also be officially reported to the Head of Pharmacy and Medical Stores by the Medical Stores In-charge/Deputy In-charge.

**6.16 CDs Cabinet- Key Breakage: *Wards / Units***

- 6.16.1 Inform immediately the Nursing in-charge/Shift Nursing Supervisor.
- 6.16.2 The Nursing officer will then inform designated CDs in-charge Pharmacy Department/Pharmacy staff on duty for information.
- 6.16.3 Make an urgent maintenance request to hospital engineering by the Nursing Officer using Al-Shifa 3+ system 'work order' creation option and also inform the concerned through the telephone for an urgent action. The broken key must be taken by the Nursing officer into custody for further dealings.
- 6.16.4 Obtain the reserve key from Hospital Engineering and continue to use it.





- 6.16.5 The incident should be officially reported to the Head of Pharmacy and Medical Stores.
- 6.16.6 Urgent efforts will be made from the Engineering department to replace the lock.

**6.17 CDs Room/Cabinet- Key Loss: *Medical Stores/Pharmacies***

- 6.17.1 Inform the Head of the Department/Medical Store In-charge.
- 6.17.2 Make an urgent work order request to the hospital engineering through the Hospital IT, Al-Shifa 3+ system.
- 6.17.3 Obtain the reserve key from hospital engineering through the Head of Pharmacy and Medical Stores.
- 6.17.4 Shift the CDs to another CD cabinet or any safe location until the lock and key are replaced and in this case, it is mandatory.**
- 6.17.5 The incident should also be officially reported to the Head of Pharmacy and Medical Stores by the Medical Stores In-charge / Deputy In-charge.

**6.18 CDs Cabinet - Key Loss: *Wards/Units***

If the key is lost and all efforts have failed to locate it, the following shall be done at the earliest:

- 6.18.1 Inform immediately the Nursing Supervisor/Head of Nursing department.
- 6.18.2 The Nursing officer will then inform designated CDs In-charge Pharmacy Department/Pharmacy staff on duty for information.
- 6.18.3 Make an urgent maintenance request to hospital engineering by the Nursing officer using IT (Al-Shifa 3+) system 'work order' creation option and also to inform the concerned through the telephone for an urgent action.
- 6.18.4 Obtain the reserve key from Hospital Engineering.
- 6.18.5 The Nursing Supervisor/Nurse In-charge should open the cupboard in the presence of the CD In-charge Pharmacy Department/Pharmacy staff on duty and the stocks to be verified.



- 6.18.6 The CD In-charge Pharmacy Department/Pharmacy staff on duty present and the Nurse In-charge shall count and crosscheck the physical stock of each CD. The verified stocks are to be entered into the register and both the party must sign the register.
- 6.18.7 For practical reason, the lock cannot be changed immediately, and then shift the CDs to another CDs cabinet in the same ward or to the nearest ward/unit along with the register until the **replacement of lock and key** is **mandatory** in this case.
- 6.18.8 An incident report must be written in either case by the nurse who lost the key. This must be countersigned by the Nurse In-charge of the shift or the concerned Nursing Supervisor.
- 6.18.9 The incident should be officially reported to the Head of Pharmacy and Medical Stores.
- 6.18.10 Urgent efforts will be made by the Chief Engineer and the Head of Pharmacy to replace the lock.

### **6.19 Administration of CDs for In-Patient: *Wards/Units***

- 6.19.1 Who can administer CDs?
- 6.19.1.1 Licensed Physicians/Psychiatrists (Starting from Registered Medical Officers).
- 6.19.1.2 Registered Staff Nurses

### **6.20 Procedures for Administration of CDs for In-patients: *Wards/Units***

- 6.20.1 Except in unprecedented circumstances, the person prescribing the CDs should not personally undertake all of the following tasks: preparation, dispensing and administration etc. of the CDs.
- 6.20.2 A record of each administration should be documented/kept in the relevant patient clinical notes. This record should specify the date, time, strength, and form of administration, dose administered as well as the name and occupation of



the person administering it.

- 6.20.3 **Naloxone** injection, an **antidote** to opiate-induced respiratory depression, should be available in all the clinics, wards where morphine injections are stored and administered, including GPs.
- 6.20.4 CDs must be administered by an authorized staff nurse and must be checked by another registered staff nurse (witness). The witness is not a mere formal presence but to confirm that regulations are followed. Both these persons must remain present throughout the entire procedure.
- 6.20.5 Check the prescription is legible and valid. In the case of Narcotic prescription, confirm both the part is countersigned by the prescriber.
- 6.20.6 Prepare the medicine for administration and lock the remaining CDs away in the CD cabinet.
- 6.20.7 Confirm the identity of the patient before administering the medication with other supporting documents.
- 6.20.8 Documentation: it is necessary to put initial/sign the patient's prescription/chart by the designated/authorized nursing staff at the time of administration.
- 6.20.9 Authorized Staff Nurse administers medication, and witness must ensure the remaining details are recorded in the WCD Register and also to be documented in the Nursing Kardex/Hospital Information System (Al-Shifa 3+).
- 6.20.10 The Staff Nurse who administers the dose should sign the 'given by' column and the witness in the 'witness' column in the WCD Register.
- 6.20.11 Treatment with CDs to be discontinued only by the treating doctor over signature and should be dated.

**6.20.12 Special Remarks:**

*After the oral administration of the drugs has been confirmed, the patient must swallow the medication in the presence of the staff (especially dealing with the SMU Cases).*



- 6.20.13 Always remember and ensure ‘5 R’ while administration:
- 6.20.14.1 Right Patient.
  - 6.20.14.2 Right Drug.
  - 6.20.14.3 Right Dose.
  - 6.20.14.4 Right Route.
  - 6.20.14.5 Right Time.
- 6.20.15 **CAUTION: CDs MUST NEVER BE ADMINISTERED ON VERBAL INSTRUCTION.**
- “Hard copy of the Prescription is one of the official and main tools while performing any auditing”

## 6.21 Dispensing of CDs: *Out-patients*

- 6.21.1 The Psychotropic prescription must comply with all legal requirements.
- 6.21.2 A counter staff should check the quantity and strength of item being dispensed.
- 6.21.3 Ask for an ID card of prescription holder when:
  - 6.21.3.1 The prescription contains benzodiazepine for more than 30 days (if any ID (identification) documents are not available, confirm with the prescribing doctor).
  - 6.21.3.2 Under-care/Relatives’ care patient and in case of follow up.
- 6.21.4 If the patient or the relative came without the issued follow up sheet of the prescription.
- 6.21.5 If any patient missed their follow up sheet and came for the collection of balance sheet medication, enquire the reason first with the person who is asking for the medication and collect ID card/driving license and feed details in the ‘remarks’ column of Al-Shifa 3+ computer system.
- 6.21.6 Usually, one-month medication only need to be issued and a follow up sheet to be provided for the balance.
- 6.21.7 When dispensing medications, especially follow up sheet, check patient's future



appointment date and issue the quantity accordingly (If the prescription is submitted late, deduct the quantity).

- 6.21.8 Advise patients, their representatives or caregiver to include safe and secure storage at home, and return any unused quantity to pharmacy.
- 6.21.9 Record the green prescription number in the computer's 'remarks' column.
- 6.21.10 Fill the required details given in the prescription for Pharmacy use.
- 6.21.11 For the Drug Unit (SMU) Pharmacy:
  - 6.21.11.1 If any policeman comes to collect medication for the prisoner/convict, fill the name of local police station and the name of policeman who is collecting the medication in the 'remarks' column along with the ID card number.
  - 6.21.11.2 Not to issue medications for the prisoner who are imprisoned in the **Al Samail Jail like places**, as the ROP Hospital is assigned for providing medication for them.

## **6.22 Preservation of Records: *Medical Stores/Pharmacies/Wards/Units***

- 6.22.1 Maintain CDs records under lock and key when not in use.
- 6.22.2 Preserve records for 5 years from the date of last entry.
- 6.22.3 Completed records from the Wards/Units to be handed-over to the CDs section, Medical Stores.
- 6.22.4 They may be disposed of after this period only subsequent to the receipt of official authorization from the Hospital Executive Director.

## **6.23 Destruction of records**

- 6.23.1 Un-valid records should be treated as confidential waste (For proceeding condemnation process by the CDs section – Medical Stores).
- 6.23.2 Cancellation of CDs prescriptions must be made by the prescribing doctor only.



#### **6.24 Expired CDs: Medical Stores**

- 6.24.1 Expired CDs should be counted and cross-checked by two Pharmacy staff and returned to DGMS/or as per their administrative direction, with proper documentation signed by the HoD, Pharmacy and Medical Stores / ED or his / her deputy.
- 6.24.2 Expired Definition: Stock that is completed its validity period as per the packs. (In case the date is indicated by month and year only, confirm it with the DGMS issue voucher for clarification or the item is to be considered with effect from the 1<sup>st</sup> day of the respective month).

#### **6.25 CDs Expired: *Out-patient Pharmacies / Ward / Units***

- 6.25.1 If any CDs that are expired in the Pharmacies/wards/units should be returned to the CDs section, Medical Stores by submitting medical supplies return voucher form. The concerned CDs section In-charge will accept the quantity and sign the request form and the copy of the voucher is to be returned to the issuing party.
- 6.25.2 The voucher number is to be registered in the issuing locations/parties register by the designated staff and the balance is to be deducted accordingly.

#### **6.26 Statistics**

- 6.26.1 The CDs In-charge shall record the hospital's monthly consumption in the monthly consumption reporting form and to be submitted it to the HoD, Pharmacy and Medical Stores.
- 6.26.2 The HoD, Pharmacy and Medical Stores shall prepare the quarterly consumption report and to be submitted to the concerned sections of the Ministry of Health.



## **7. Responsibility**

### **7.1 Head of the Department- Pharmacy and Medical Stores Shall:**

- 7.1.1 Ensure appropriate implementation of CDs policy in the Health Institution to comply with CDs Legislation.
- 7.1.2 Distribute CDs responsibility among Pharmacy Staff.
- 7.1.3 Secure the safe management and use of CDs in particular.
- 7.1.4 Share intelligence on CD issues with other local and national agencies.
- 7.1.5 Ensure adequate and up to date Policy and Procedures are in place in relation to the management of CDs.
- 7.1.6 Ensure monitoring and auditing of the management and use of CDs.
- 7.1.7 Have the power to enter premises to inspect stocks and records of CDs in the entire health institution.
- 7.1.8 Ensure relevant individuals/staff receives appropriate training.
- 7.1.9 Ensure adequate destruction and disposal arrangements for CDs.

### **7.2 Nursing Officer/Administration level Shall:**

- 7.2.1 Ensure appropriate implementation of CDs policy in the designated wards/clinics.
- 7.2.2 Distribute CDs responsibility among nursing staff.
- 7.2.3 Share intelligence on CD issues with other local and national agencies.
- 7.2.4 Have the power to enter premises to inspect stocks and records of CDs in the wards/ clinics in the institution.

### **7.3 Controlled Drugs Section In-charge/Focal Point - Medical Stores Shall:**

- 7.3.1 Lead the institution for the accurate Implementation of National Controlled Drugs policies and setting for an audit at any time.
- 7.3.2 Be responsible for handling of keys, opening and closing of CD Stores.
- 7.3.3 Maintain special security storage arrangement for Narcotics and Psychotropic drugs.



- 7.3.4 Verify daily the CDs stocks and maintain inventory.
- 7.3.5 Prepare indents and its collection from the DGMS Stores.
- 7.3.6 Issue indents to all the wards/units in the hospital.
- 7.3.7 Perform audits at the user ends areas (Pharmacies/units/wards).
- 7.3.8 Maintain enough stock of CDs related stationery for the institution.
- 7.3.9 Manage Slow-moving/Non-moving/Short Expiry items.
- 7.3.10 Ensure rational utilization of CDs in the institution.
- 7.3.11 Ensure adequate destruction and disposal arrangements for CDs.
- 7.3.12 Assist counter staff for clearing any extra work.
- 7.3.13 Provide clarification of CDs policies to the associated department/other unit/ward staff if required.
- 7.3.14 Have the power to enter premises to inspect stocks and records of CDs in the entire Pharmacy sections/Wards/Units/Clinics.
- 7.3.15 Submit Narcotic/Psychotropic relevant reports to the higher authorities.
- 7.3.16 Share the intelligence on CD issues with other local and National agencies.
- 7.3.17 Perform any other related job given by the superior.

**7.4 Assigned CDs section staff: Out-patient Pharmacies Shall:**

- 7.4.1 Confirm all the Controlled Drugs transactions are performing as per the policy.
- 7.4.2 Do regular verification, stock tallying and maintaining handing and taking-over form.
- 7.4.3 Prepare Indents and the receipts of Psychotropic medications from the Medical Stores.
- 7.4.4 Arrange all Psychotropic medications in the proper locations appropriately (By following the method '**FIFO**' *First In First Out*).
- 7.4.5 Conduct random checking of Expiry and Batch for available stock of Psychotropic medications.
- 7.4.6 Maintain accurate Expiry date and Batch number for the stock.
- 7.4.7 Manage Slow-moving and Non-moving items.





- 7.4.8 Register all the received quantity in the register.
- 7.4.9 Screen Psychotropic prescriptions and confirm all the requirements are available.
- 7.4.10 Confirm Dose, Strength, Quantity, Duration etc. and clear any doubts with the associate staff.
- 7.4.11 Dispense Psychotropic medication/s as per the prescription.
- 7.4.12 Register dispensed quantity in the register.
- 7.4.13 Carryout audit and maintain the entire inventory of Psychotropic drugs accurately.
- 7.4.14 Maintain Psychotropic related records.
- 7.4.15 Assist CDs section In-charge (*Pharmacy & Medical Stores*) to furnish any related reports/justification etc.

**7.5 Assigned CDs section Nursing staff -Wards/Units Shall:**

- 7.5.1 Order, receive, and store CDs stocks.
- 7.5.2 Assure proper arrangements of CDs stocks.
- 7.5.3 Maintain CDs cabinet key.
- 7.5.4 Carryout auditing and maintains accurate inventory for CDs.
- 7.5.5 Label, randomly check Expiry and Batch number.
- 7.5.6 Ensure proper handing-taking over procedures during the shifts changes.

The following are the endorsement sheets.

**7.5.6.1** For Psychotropic: *Psychotropic Substances Endorsement sheet (Annex-21)*.

**7.5.6.2** For Narcotic Drugs: *Narcotic Drugs Endorsement sheet (Annex-20)*.

- 7.5.7 Hand over all CD issues to another Staff Nurse authorized by the section In-charge if the authorized Staff Nurse is required to move out of the ward/section or any kind of leave.
- 7.5.8 Maintain relevant documents/reports of CDs.
- 7.5.9 Notify about the Slow/Non-moving items to the CDs section, Medical Stores.
- 7.5.10 Screen the CDs prescription prior administration of medication and confirm all



the requirements are available.

- 7.5.11 Confirm the dose, strength, quantity, route of administration and clear if any doubts with the concerned prescriber.
- 7.5.12 Register dispensed quantity in the CDs register and maintain an accurate running balance in the register.
- 7.5.13 Cooperate with CDs section, Medical Stores for screening Narcotic prescriptions prior collecting new stocks.
- 7.5.14 Be vigilant and share the intelligence on CDs issues with the concerned superiors.
- 7.5.15 Assist auditing team from Nursing/Pharmacy admin level/National CDs committee at any time.

**7.6 Assigned CDs section Staff's routine/common responsibilities:**

- 7.6.1 The Authorized Staff shall be responsible to do procedures related to indents, receipts, issues, storing, auditing, and checking of expiries and documentation of CDs also the safe keeping of the key of DDA cupboard.
- 7.6.2 The authorized staff must check the stock of all CDs at beginning and end of each duty to confirm that physical stock is tallying with the register.
- 7.6.3 Staff should maintain a running balance of stock in their CD registers as a matter of good practice. The aim of maintaining running balance in CD registers is to ensure irregularities are identified as quickly as possible.
- 7.6.4 The running balance of drug remaining should be calculated and recorded after each transaction and balances should be checked with the physical amount of stock in every shift.



## 8. Document History and Version Control Table

<b>Document History and Version Control</b>			
<b>Version</b>	<b>Description of Amendment</b>	<b>Author</b>	<b>Review Date</b>
1	Initial Release	Policy and Procedure team (P&MS)	March 2021
2	Update and Review	Policy and Procedure team (P&MS)	July 2025
<b>Written by</b>	<b>Reviewed by</b>	<b>Approved by</b>	
Policy and Procedure team (P&MS)	Najla Al Zadjali	Dr. Bader Al Habsi	

## 9. Related Documents

- 9.1. Medication Management Policy and Procedures – Pharmacy Department, Al Masarra Hospital.
- 9.2. Medical Supplies Storage policy – Pharmacy Department, Al Masarra Hospital.
- 9.3. Medication Error Reporting Policy, Pharmacy Department, Al Masarra Hospital.
- 9.4. Preparation and Dispensing of Medications, Pharmacy Department, Al Masarra Hospital.
- 9.5. Pharmacy Environment Safety Policy, Pharmacy Department, Al Masarra Hospital.
- 9.6. National Controlled Drugs Policy, DGPA & DC, MoH, Muscat.



**10. References:**

<b>Title of book/Journal/Website</b>	<b>Author</b>	<b>Year of publication</b>	<b>Page</b>
Management of Narcotics & Psychotropic Substances in Health Institutions & Pharmaceutical Establishments. Guide Version: One, Aug / 2016	Directorate General of Pharmaceutical Affairs & Drug Control, MoH. (DGPA & DC)	2016	
Law of Combat of Narcotics and Psychotropic Substances. Issued by the Royal Decree No: 17/99 and its amendments and Ministerial Decision No: 98/2001	Government of the Sultanate of Oman.	98/2001	



## Appendices

### Appendix 1. Documents/Records related to Controlled Drugs

Description	Purpose	Remarks
FORM - A	For External request of Narcotics (By Pharmacy Department from DGMS)	
FORM – B	Requisition Form – for Narcotic and Psychotropic (By Wards / Clinics / Units from Medical Stores)	Annex - 5
FORM - C	Narcotic Register for Stores Use	
FORM - D	Narcotic Register for wards / clinics use	
CDs Incident Report	For the reporting purpose of CDs – All areas.	Annex -22
Pink Prescription	Form for prescribing Narcotics for In-patients	
Green Prescription	Form for prescribing Psychotropic Drugs for In-patients or Out-patients in MoH.	
Form for Borrowing CDs.	For borrowing CDs from other wards / clinics within the institution in case of <b>justified exigency</b> .	Annex - 5 As per its stock availability.
Narcotic Drugs Endorsement sheet	For handing and taking over procedures at the time of shift change.	Annex -20
Psychotropic Substances Endorsement sheet	For handing and taking over procedures at the time of shift change.	Annex -21



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Register for CDs returned by Patients	To be used during the collection of Patientsown medication.	Annex - 24
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**Appendix 2. List of approved CDs available at Al Masarra Hospital**

Sl. No.	Code	Description	Strength	Unit	Category
1	01PS0000021	Midazolam	15MG / 3 ml	Ampoule	Psychotropic
2	01PS0000037	Diazepam	10 MG/ 2 ml	Ampoule	Psychotropic
3	03PS0000016	Bromazepam	1.5 mg	Tablet	Psychotropic
4	03PS0000021	Midazolam	7.5 mg	Tablet	Psychotropic
5	03PS0000037	Phenobarbitone	30 mg	Tablet	Psychotropic
6	03PS0000042	Clonazepam	0.5 mg	Tablet	Psychotropic
7	03PS0000058	Clonazepam	2 mg	Tablet	Psychotropic
8	03PS0000079	Diazepam	5 mg	Tablet	Psychotropic
9	03PS0000860	Methylphenidate	18 mg	Tablet	Psychotropic
10	03PS0008759	Methylphenidate	10 mg	Tablet	Psychotropic
11	03ND0000409	Methadone HCL	5 mg	Tablet	Narcotic
12	01ND0000310	Morphine Sulphate	10 mg / ml	Ampoule	Narcotic
13	01ND0000414	Pethidine HCL	50 mg/ ml	Ampoule	Narcotic



### **Appendix 3. Distribution of CDs (Structure)**

#### **11.1.1 Out-Patient Pharmacies**

- Main Pharmacy
- Child / Adolescent Pharmacy
- Casualty Pharmacy

#### **11.1.2 Wards and Units**

- Out-patient department (OPD)
- Substance Misuse OPD (SMU)
- Casualty Department
- Male ECT
- Female ECT
- Male Ward – 1
- Male Ward – 2
- Male Ward – 3 (Rehab)
- Male Ward – 4 (Rehab)
- Male Ward – 5 (Detox)
- Male Ward – 6 (Rehab)
- Forensic Psychiatry ward
- Child & Adolescent Ward
- Female Ward – 1
- Female Ward – 2 (Rehab)





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**Appendix 4. Controlled Drugs (CDs) Requisition form**

**CDs Requisition Form**

Sl. No: \_\_\_\_\_  
Indent No : \_\_\_\_\_  
Request for :                       Narcotic                       Psychotropic

Sl. No	DESCRIPTION (Generic Name)	Dosage Form / Strength	Quantity Required		Quantity Received		Remarks
			In Figures	In Words	In Figures	In Words	

1. **Requested by:**  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Date : \_\_\_\_\_

2. **Approved by:**  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Date : \_\_\_\_\_

3. **Issued by:**  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Date : \_\_\_\_\_

4. **Received by:**  
Name : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Date : \_\_\_\_\_

**NB:** The original copy to be retained in the medical store / Pharmacy & the duplicate in the ward

Annex (5)



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**Appendix 5. Narcotic Drugs Endorsement sheet**

**NARCOTIC DRUGS ENDORSEMENT SHEET**

Ward / Unit/ Clinic: .....Month/Year .....

*Register and Physical stocks of all Narcotic Drugs in the ward / unit/clinic are verified and found it is correct and received the key.*

Date	End of Morning Shift			End of After Noon Shift			End of Night Shift		
	Time	Sign. of Incoming In-charge	Sign. of Outgoing In-charge	Time	Sign. of Incoming In-charge	Sign. of Outgoing In-charge	Time	Sign. of Incoming In-charge	Sign. of Outgoing In-charge

(Inspection Team of CDs) Annex | 20



### Appendix 6. Psychotropic Substances Endorsement sheet

## PSYCHOTROPIC SUBSTANCES ENDORSEMENT SHEET

Ward / Unit/ Clinic: ..... Month / Year: .....

*Register and Physical stocks of all Psychotropic Substances in the ward / unit/clinic are verified and found it is correct and received the key.*



Date	End of Morning Shift			End of After Noon Shift			End of Night Shift		
	Time	Sign. of Incoming In-charge	Sign. of Outgoing In-charge	Time	Sign. of Incoming In-charge	Sign. of Outgoing In-charge	Time	Sign. of Incoming In-charge	Sign. of Outgoing In-charge



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**Appendix 7. Controlled Drugs (CDs) Incident Reporting form**



<b><u>CDs Incident Report</u></b>				
Type of CD: <input type="checkbox"/> Narcotic		<input type="checkbox"/> Psychotropic		
Governor's Name: _____		Report No: _____		
Name of the Health Unit: _____		Date: ...../...../.....		
This is to inform that the following CDs had been: (Tick appropriate box)				
1. Damaged accidentally <input type="checkbox"/> 2. Missing / Lost <input type="checkbox"/> 3. Found broken in original packing <input type="checkbox"/>				
4. Contents withdrawn but not administered <input type="checkbox"/>				
Sl. No	Drug Name	Strength (mg/volume)	Unit (as per the medicine Strength / ml)	Quantity
The incident in details (to be filled by the Staff involved)				Patient Sticker (mandatory single Point 4)
.....				
.....				
.....				
<b>Staff Involved:</b>		<b>Witness:</b>		
Name: .....		Name: .....		
Designation: .....		Designation: .....		
Signature: .....		Signature: .....		
<b>Ward / Unit In-charge</b>		<b>Nursing Officer / Asst. Nursing Officer</b>		
Name: .....		Name: .....		
Designation: .....		Signature: .....		
Comments of Pharmacy/IC (if any).....				
.....				
.....				
<b>Pharmacist In-charge:</b>				
Name: .....				
Signature: .....				
MOHC Signature: .....				
<b>Director /Superintendent of Pharmacy &amp; Medical Stores in Government (For MH &amp; PH Pharmacy Establishments)</b>				
Name: .....				Signature: .....
<b>DCPA &amp; DC action:</b>				
.....				
Note: 1. Health Unit in each region should forward the report through the D/S of P & MS.				
2. The incident report should be serially numbered.				



**Appendix 8. Report on Controlled Drugs (CDs) Disposal of balance amount**

**Pharmacy and Medical Stores, Al Masarah Hospital, MoH**  
**Report on CDs Disposal of Balance Amount**

Ward / Unit: .....

SL No : ..... Date: ...../...../.....

This is to inform that the following CD medication had been:  
(Tick appropriate box)

A. Contents withdrawn and not used full (Procedure: In Ward)

B. Disposal of Split Tablets / Pills (Procedure: In CD section - Medical Store)

SL No	Drug Name	Strength (mg/volume)	Unit (As appropriate mention Strength / ml)	Quantity

Reason in details (to be filled by the Staff concerned)

.....

.....

.....

Concerned Staff Name: ..... Designation: ..... Signature: .....

Witness Name: ..... Designation: ..... Signature: .....

Patient Sticker  
(mandatory for Patient Sticker)

Nursing Supervisor / Ward / Unit In-charge  
Name: .....  
Signature: .....


Comments of Pharmacy I/C (if any).....

.....

.....

Pharmacist / Asst. Pharmacist  
Name: .....  
Signature: .....

CDs Section Head, Signature: .....



**Note:** 1. Ward/Unit should forward the report to the Medical Stores - CD to registration I/C in same day or the next working day.  
2. The form should be serially numbered by the Ward/ Unit, year wise.



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**Appendix 9. Narcotic Prescription for In-patients - Government sector**

Annex (10)	
Name of the Institution	إسم المؤسسة الصحية الحكومية
Address	عنوان المؤسسة
Logo of the Institution	شعار المؤسسة
<b><u>IN-PATIENT NARCOTIC Rx</u></b> <b><u>(Government Sector)</u></b>	
Sr. No:	
Name of Patient:	Date:
Address :	Time:
Department:	Age:
Name of the ward:	Sex:
Registration No:	Weight:
Rx:	
Prescribed by:	Prescriber Stamp:
Signature:	Date:
Given by:	
Signature:	
Date:	
Stamp of the Hospital/ Polyclinic	

PINK: dispensing, White: Book Copy



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Appendix 10. Psychotropic Prescription for In-patients - Government sector

Annex (11)	
Name of the Institution	إسم المؤسسة الصحية الحكومية
Address	عنوان المؤسسة
Logo of the Institution	شعار المؤسسة
<b><u>IN-PATIENT PSYCHOTROPIC Rx</u></b> <b><u>(Government Sector)</u></b>	
Sr. No:	
Name of Patient:	Date:
Address :	Time:
Department:	Age:
Name of the ward:	Sex:
Registration No:	Weight:
Rx:	
Prescribed by:	Prescriber Stamp:
Signature:	Date:
Given by:	
Signature:	
Date:	
Stamp of the Hospital/ Polyclinic	
Green: dispensing, White: Book Copy	



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Appendix 11. Psychotropic Prescription for Out-patients - Government sector

Annex (13)

Name of the Institution	إسم المؤسسة الصحية الحكومية				
Address	عنوان المؤسسة				
Logo of the Institution	شعار المؤسسة				
<b>OUT-PATIENT PSYCHOTROPIC Rx (GOVERNMENT SECTOR)</b>					
Sr. No:					
Name of Patient:	Age:				
Address:	Sex:				
Department:	Weight:				
Date:					
Rx					
Prescribed by: Signature: Stamp of the Hospital/ Polyclinic	Prescriber Stamp: Date:				
For Pharmacy Use Only					
<table border="1"><thead><tr><th>Name of Drug &amp; Strength</th><th>Quantity Dispensed</th></tr></thead><tbody><tr><td> </td><td> </td></tr></tbody></table>		Name of Drug & Strength	Quantity Dispensed		
Name of Drug & Strength	Quantity Dispensed				
Dispensed by: Signature: Name of Pharmacy/ Location	Stamp: Pharmacy Stamp				

Green: Dispensing, White: Book Copy





**Appendix 12. Controlled Drugs Prescription report – Missing or Stolen in the  
Government sector**

Annex (18)

**MISSING/ STOLEN  
CDs PRESCRIPTION REPORT**

Report No: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Health Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Fax: \_\_\_\_\_

1. Type of incident:     Missing     Stolen

2. Full details of the incident:

Date & time of the incident	
Place where the incident occurred (i.e. ward, pharmacy etc...)	
Type of prescription missing/stolen (Tick the appropriate box)	<input type="checkbox"/> Out-patient Narcotic Rx <input type="checkbox"/> Out-patient Psychotropic Rx <input type="checkbox"/> In-patient Narcotic Rx <input type="checkbox"/> In-patient Psychotropic Rx
Serial Numbers of the prescription missing/ stolen	

3. The incident reported by:

4. Name: \_\_\_\_\_

5. Designation: \_\_\_\_\_

6. Signature: \_\_\_\_\_

7. Pharmacist in-charge: \_\_\_\_\_

8. Name: \_\_\_\_\_

9. Signature: \_\_\_\_\_

Institution Stamp



**Appendix 13. Form for returning Not in Use Medications from Patients/Others**

**Pharmacy and Medical Stores, Al Masarrah Hospital**  
**Ministry of Health, Sultanate of Oman**

**Form for Returning Not in Use Medications from Patients / Others**

**Date:** .....

**Name of the Patient / Person / Others:** .....

.....  
.....

Sl No	Description	Dosage Form	Qty	B. No / Expiry	Date of Issue	Reasons for return

**Received by:**

**Name:** ..... **Signature:** .....

**Comments and recommendation of the department in-charge:**

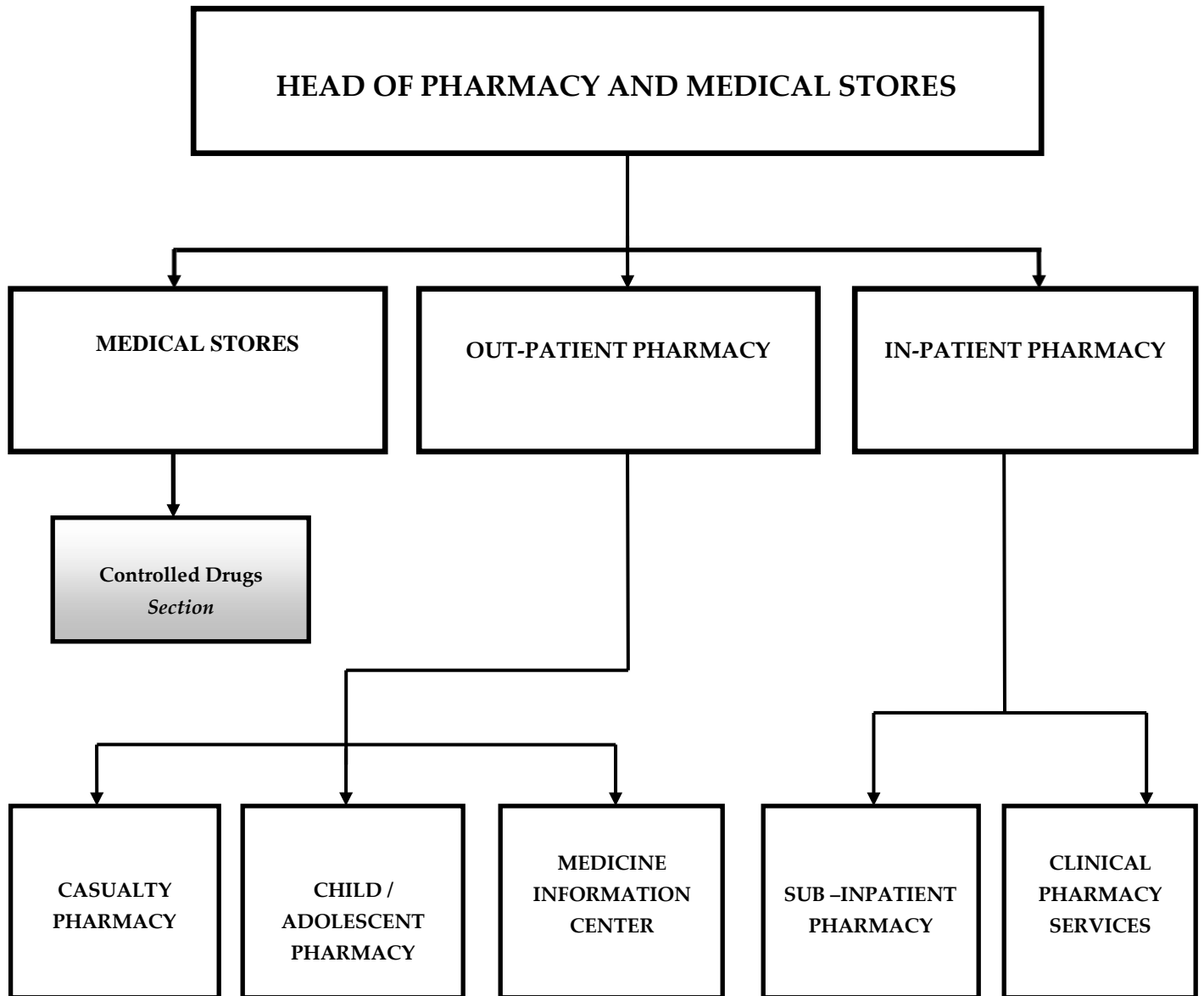
- Supplied by MoH Unit
- Supplied by others (Pvt. /Other than MoH / outside the country .....
- Brought by the patient from outside MoH Institutions
- To be destroyed at the Regional / Hospital level
- To be referred to DGMS (e.g.: Controlled Psychotropic Drugs)

**Name:** ..... **Signature:** .....

Copy: The Hospital Executive Director / 2024-2025



**Appendix 14. Organizational Structure (Pharmacy and Medical Stores Department)**





**Appendix 15. Audit Tool - Controlled Drug Substances**

<b>Pharmacy and Medical Stores, Al Masarra Hospital, MoH</b>							
<b>Controlled Drugs Substances - Audit Tool</b>							
<b>S.N.</b>	<b>Audit Process</b>	<b>Standard / Criteria</b>	<b>Yes</b>	<b>Partial</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
1	Observation	Is there a lockable safe/cabinet for the storage of CDs in place in the unit?					
2	Observation	Is the CDs safe/cabinet secured in accordance with the regulation?  (bolted to a solid wall/floor)					
3	Observation Document Review	Do the section/unit have a Controlled Drugs Register?					
4	Observation Document Review	Is there evidence of the Pharmacist/Staff concerned routinely reviewing and checking stock balances?  (A proper Handing –Taking over documents / Daily stock checking documents)					
5	Observation Document Review	Do the quantities of CDs recorded in the register match the quantities located in the CD safe/match physically?					
6	Document Review	Are the original prescriptions available for review?  (Recent narcotic/psychotropic prescriptions)					



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7	Document Review	Are Narcotic/psychotropic prescriptions have been entered correctly into the CD register? Are they valid and in date?					
---	-----------------	---	--	--	--	--	--

**Pharmacy and Medical Stores, Al Masarra Hospital, MoH**

**Controlled Drugs Substances - Audit Tool**

S.N.	Audit Process	Standard / Criteria	Yes	Partial	No	N/A	Comment
		(dispensed on the date of the prescription and not dispensed prior to the date on the prescription)					
8	Document Review	Are all CD registers holding an official stamp?					
9	Document Review	CDs incident management system is proper and its documentations are filed.					
10	Observation Interview	Are all CDs for disposal (expired, patient returned) sealed and handled in a secured way and stored in a designated part and appropriately labeled?					

**Checked by (Name and Signature):** ..... **Date:** .....



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Appendix 16. Document Request Form

Document Request Form			
<b>Section A: Completed by Document Requester</b>			
1. Requester Details			
Name	Najla Al Zadjali	Date of Request	July 2022
Institute	Al Masarra Hospital	Mobile	95885771
Department	QMPSD	Email	-
The Purpose of Request			
<input type="checkbox"/> Develop New Document	<input checked="" type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
2. Document Information			
Document Title	Policy and Procedure of Controlled Drug Substance		
Document Code	AMRH/PHARM/P&P/014/Vers.02		
<b>Section B: Completed by Document Controller</b>			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	July 2022
Signature		Stamp	





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**Appendix 17. Document Validation Checklist**

Document Validation Checklist					
Document Title: Policy and Procedure of Controlled Drug Substance			Document Code: AMRH/PHARM/P&P/014/Vers.02		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
<b>1.</b>	<b>Approved format used</b>				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
<b>2.</b>	<b>Document Content</b>				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
<b>3.</b>	<b>Well defined procedures and steps</b>				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart	✓			
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
<b>4.</b>	<b>General Criteria</b>				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ... For implementation ..... More revision ..... To be cancelled					
Reviewed by: <b>Kunooz Al Balushi</b>			Reviewed by: <b>Irwin S. Rio</b>		

