



Sultanate of Oman  
Ministry of Health  
Directorate General of Pharmaceutical Affairs & Drug Control  
*Committee for control & Inspection of Narcotics &  
Psychotropic Substances*

**Guide to:**

**Management of Narcotics & Psychotropic Substances  
in  
Health Institutions & Pharmaceutical Establishments**

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## 1. INTRODUCTION

Controlled Drugs (CDs) (Narcotics and Psychotropic Substances) have the ability to cause dependence and are likely to be misused. As such, strict control is very important at all levels in the process of handling these items.

The core of this guide is as per the 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.

## 2. AIMS

1. To establish principles for safe practice in the management of controlled drugs in both governmental and private health institutions.
2. To provide guidance on all relevant aspects of controlled drugs including ordering, storing, supplying, recording, monitoring and disposing CDs safely.
3. To ensure appropriate and convenient access for those patients who need them.
4. To ensure compliance with the law of combat of Narcotics and Psychotropic Substances.

## 3. SCOPE:

1. Governmental and Private Health Institutions.
2. Pharmacies and Medical Stores in Health Institutions.
3. Directorate General of Pharmaceutical Affairs & Drug Control (DGPA& DC)

## 4. CONTROLLED DRUGS STOCKS

1. Each institution should have its own list of approved Narcotics and Psychotropic substances to be used in their institution.
2. The list should be modified if practices change and should be subject to regular reviewe at agreed intervals.

## 5. IMPORT OF CONTROLLED DRUGS

- 1.The institutions, which deal with Narcotics and Psychotropic Substances, should obtain a license to deal with those items from the Directorate General of Pharmaceutical Affairs & Drug Control (DGPA&DC) according to **Annex 1 & 2**).
2. Each institution should provide to DGPA&DC an annual estimation of quantities needed of Narcotics and Psychotropic Substances by the **end of March** of each year for the next year according to **Annex (3)**.
3. Extra quantities / amendments in the estimates of the institution, if any, MUST be first approved by DGPA&DC.
4. Each governmental institution should submit its request/ order to DGPA&DC
5. Each private institution should submit its request/ order to DGPA&DC through a licensed medical store.

## 6. STORAGE OF CONTROLLED DRUGS

### 6A. In the Medical Store / Pharmacy:

- 6A.1 Controlled Drugs (CDs) should be stored in a cabinet locked with key or number lock or in a dedicated room.
- 6A.2 The locked cabinet should be made of metal and should not be portable (alarm or security check system is recommended).
- 6A.3 The cabinet keys, the codes or the room keys should be kept with pharmacist in-charge or his/ her deputy.
- 6A.4 The CDs cabinet/room should always be closed when not in use.
- 6A.5 The Cabinet should only be used to store CDs.
- 6A.6 The dedicated room should not normally be accessible to patients or other unauthorized personnel nor should the access keys. However, if patients or unauthorized personnel have to enter the area where the CDs are stored, they should be continuously supervised until they leave the room.

**6A.7** The CDs room should have a thermometer to monitor the room temperature.

**6A.8** A logbook should be maintained to register the timing of taking and returning the keys to the pharmacist in charge between shifts (**Annex 4**).

**6A.9** The CDs registers should always be stored securely and separately from CDs stock.

### **6B. In the Ward/ Unit/ Outpatient Clinics**

**6B.1** Controlled drugs should be stored inside a locked cabinet (alarm or security check system is recommended).

**6B.2** The CDs cabinet should always be closed when not in use.

**6B.3** The cabinet's key should be the responsibility of the Nurse in charge or Shift Head.

**6B.4** Cabinets should only be used to store CDs.

**6B.5** A logbook should be maintained to register the timing of taking and returning the keys to between shifts (**Annex 4**).

**6B.6** The CDs registers should always be stored securely and separately from CDs stock.

## **7. HANDLING OF LOST KEYS**

Each institution should have its own internal approved procedure for handling lost keys or forgotten password.

## **8. SUPPLY OF CONTROLLED DRUGS**

### **8A. From the Medical Store/ Pharmacy to the Wards/Units/ Outpatient Clinics**

**8A.1** Request for CDs should be made by the Nurse in charge of the ward, unit or clinic and counter signed by the Nursing Officer or his/ her deputy in the approved form (**Annex 5**).

**8A.2** The Requisition Form should be carried to the medical store/ pharmacy by a Staff Nurse.

**8A.3** The Pharmacist in charge of the medical store/ pharmacy or his / her deputy should check the request and issue the CDs.

**8A.4** The Staff Nurse should check and receive the CDs issued and sign the request form along with the pharmacist in the appropriate section.

**8A.5** The original copy of the Requisition Form should be retained in the medical store / the pharmacy, and a copy of the requisition should be retained by the Staff Nurse.

**8A.6** The Pharmacist in charge of the medical store/ pharmacy should make the appropriate entry in the Controlled Drug Register (**Annex 6 & 7**) on the day of the transaction.

**8A.7** Where electronic systems for the requisitioning of CDs are introduced, safeguards in the software should be put in place to ensure that:

- Only individuals who are authorized to requisition from the medical store/ pharmacy can do so.
- Safeguards should be incorporated in the software to ensure the author of each entry is identifiable.
- Entries cannot be altered at a later date.
- A log of all data entered is saved and can be recalled for audit purposes.

### **8B. Between central and peripheral medical stores for the same governmental health institutions**

Each institution should have its own internal approved procedure for supplying CDs between the central and peripheral medical stores. The procedure should include the mode of:

1. Request
2. Receiving
3. Transport
4. Storage
5. Dispensing

## **9. ADMINISTRATION OF CONTROLLED DRUGS IN WARDS/ UNITS/ OUTPATIENT CLINICS**

1. When CDs are delivered to a ward/ unit/ clinic the Staff nurse should receive and handed over to the Nurse in charge.

2. The Nurse in charge should then:

- Check the CDs against the requisition, including the number ordered and received. If this is correct then the duplicate sheet in the CD requisition form should be signed in the "received by" section.
- Place the CDs in the appropriate cupboard.
- Enter the CDs into the Ward Controlled Drug Register (WCDR) (**Annex 8 & 9**), check that the running balance tallies with quantity that is physically present.

3. Controlled Drugs should be issued to a patient in the ward/unit/clinic only against a valid written prescription.

5. The Nurse in charge should check that the prescription is appropriate and clearly written.

5. The Nurse in charge should ask a Staff Nurse to witness preparation and administration of the CD. The witness is not a mere formal presence but to confirm that regulations are followed. The Staff Nurse should witness:
  - a. The name of the drug, by checking the box and the individual ampoule/strip of tablets etc.
  - b. The name of the patient on the label.
  - c. The dose, strength and the form (liquid, injection, tablets etc) of the drug.
  - d. Expiry date.
6. The Staff Nurse (who administers the dose) should make the entry in the WCD Register and the Staff Nurse (The Witness) should witness:
  - a. that the running balance tallies with quantity that is physically present.
  - b. the remaining stock is returned to the CD cabinet.
7. The Staff Nurse (who administers the dose) should sign the 'given by' column and the Witness the 'witnessed column' in the WCD Register.
8. The Staff Nurse (who administers the dose) should sign the patient's prescription chart.
9. Treatment with CDs to be discontinued only by the treating doctor over signature and should be dated.
10. No CDs to be administered on verbal instruction.

## 10. PRESCRIBING CONTROLLED DRUGS

### 10A. General Requirements

- 10A.1** Pharmacists are only allowed to dispense CDs if a licensed physician who has a permit to deal with CDs issues the prescription.
- 10A.2** Licensed physicians in private health institutions can keep five ampoules of morphine or five ampoules diazepam for emergency use. They should be entered in a dedicated register (page numbered & stamped from DGPA & DC, CDs details).
- 10A.3** Physician must never sign a *blank prescription*.
- 10A.4** It is prohibited for a Physician to prescribe for him self any quantity of CDs under any circumstances.
- 10A.5** When in use, CDs prescriptions should be kept in a secure place.
- 10A.6** Used CDs Prescriptions should be kept with the pharmacist in charge of medical store/ pharmacy in a secured place for 3 years from the date of issue, and there should be an internal approved procedure for destructing CDs prescriptions.

## 10B. Conditions for CDs prescriptions

**10B.1** For CDs prescriptions issued from governmental health institutions, they should use the template in Annex (10, 11, 12 &13) and should be stamped from DGPA& DC.

**10B.2** For CDs prescriptions issued from private health institutions, the prescription pads should be purchased from DGPA& DC (Annexes: 14, 15, 16 &17).

**10B.3** CDs prescriptions should be written in ink (blue or black) and be signed stamped and dated by the physician issuing it.

**10B.4** CDs prescriptions should contain the name of the patient, age and address, direction of use, the dose, the dosage form and the strength of the preparation.

**10B.5** The total quantity to be supplied should be written in both words and numbers.

**10B.6** The validity of the prescription is only for three (3) days.

## 10C. Color of CDs Prescriptions:

Type of Prescription	Color of the prescription
Narcotics	Pink (from government & Private)
Psychotropics	Green (from government & private)

## 10D. In -Patient Prescriptions:

**10D.1** For **Private health institutions**, only licensed Physicians with a license to deal with CDs are allowed to prescribe CDs.

**10D.2** Only one **Narcotic** and Psychotropic drug per prescription is allowed.

**10D.3** If the CD is discontinued by the prescriber when the prescription is still valid, this should also be clearly recorded on the CD prescription which will make it invalid for any further doses, and should be clearly documented in the patient's medical file as well.

**10D.4** All prescribed CDs should be entered in the Ward Controlled Drugs Register.

## 10E. Outpatient CDs Prescriptions:

**10E.1** Licensed Physician should use CDs prescription for all requests of CDs for their patients.

**10E.2** CDs prescription should be entered in individual patient's medical file.

**10E.3** When there is a suspected risk from a patient to misuse the CD, the prescription should be handed over to a close relative who should supervise the patient's medication at home.

**10E.4** The prescription must be endorsed by the pharmacist (The date, pharmacy stamp, quantity dispensed).



**10E.5** Parenteral CDs **must not** be dispensed to patients to be administered at home.

**10E.6** All prescribed CDs should be entered in the medical store/ pharmacy Controlled Drugs Register.

### **10F. Cancelled, Missing and Stolen CDs Prescriptions:**

**10F.1** If the prescriber has written a prescription for a CD and then cancelled it, he/she should attach the cancelled prescription to the original pad and return it back to the medical store/pharmacy when changing the prescription pad.

**10F.2** Missing and stolen CDs prescriptions should be reported immediately to the Ward Nurse In Charge who should inform the Nursing Officer in order to inform the Pharmacist in charge of medical store/pharmacy and a Missing Prescription Report (**Annex 18**) should be sent to the DGPA&DC with 48 hours for further action.

## **11. BORROWING OF CONTROLLED DRUGS INSIDE THE HEALTH INSTITUTION**

1. Controlled Drugs may be only borrowed from another ward or unit outside the normal working hours. Borrowing of CD from other Ward/ Unit/ Clinics should be strictly avoided, except in emergency.
2. The Nurse in charge of the ward borrowing should inform the Nurse Officer on duty and obtain his/ her approval.
3. The Nurse in charge should present the filled CD Requisition Form and the ward CD Register to the ward/ unit from where the drug is to be borrowed.
4. The issuing and receiving Nurse in charge should make proper entries in the WCD register.
5. Inform the pharmacist in charge of the pharmacy/ medical store the next day.

## **12. EXCHANGE OF CONTROLLED DRUGS BETWEEN HEALTH INSTITUTIONS**

1. The requesting institution for CDs submit a request to the DGPA&DC, explaining the complete data for the required CDs and justifications for exchange, and the approval of the required need.
2. The Directorate General of Pharmaceuticals Affairs& Drug Control will study the request and gives its approval.
3. Both institution should make record of the exchange in CDs register (**Annex 19**) and inform DGPA&DC for the completion of the process.

## 13. HANDING OVER CONTROLLED DRUGS BETWEEN SHIFTS

1. The pharmacist or the Nurse in charge of the ward who is taking over the shift and the pharmacist or Nurse in charge of the previous shift will sign the CDs Endorsement Sheet (**Annex 20 & Annex 21**).
2. The pharmacist or the Nurse in charge of the shift will be responsible for the CDs and the cabinet's key until the next shift.

## 14. Controlled Drug's INCIDENT REPORT

In case of accidental breakage, or spillage or a CD was found broken in its original container:

1. The staff involved, a witness, the Nurse in charge and the Nursing officer should fill an Incident Report Form (**Annexes 22**).
2. The report along with the broken container should be taken to the Pharmacist in-charge (within 48) for the completion of the procedures.
3. The pharmacist in-charge should forward a copy of the investigation to the Hospital Director, who should submit a copy of the report to the DGPA&DC.

## 15. CONTROLLED DRUGS WASTAGE

After withdrawing the required dose, any remaining excess amount of a CD ampoule:

1. Should be disposed in the sink of the ward by the Nurse handling the CD s issue at the time of that shift accompanied by a staff nurse as a witness.
2. The wastage should be indicated in the "remarks" column of the WCD Register against the name of the patient. The two nurses should write their names and sign in that column.

## 16. EXPIRED CONTROLLED DRUGS

### 16A: In the Ward/ Unit/ Outpatient Clinics

**16A.1** The Nurse in charge of the ward should hand over the expired CD to the pharmacist in charge of the medical store/ pharmacy and it should be documented in the medical store/ pharmacy and Ward CD register.

**16A.2** The pharmacist in charge of the pharmacy or medical store should send an email to DGPA& DC (mohphar@omantel.net.om) with all expired CDs containing

the total quantities by weight (Grams/ kilograms). DGPA & DC will set a date for receiving the CDs (**Annex 23**).

### **16B: In the Medical Store / Pharmacy:**

**16B.1** The pharmacist in charge of the medical store/ pharmacy should document the expired CDs in the medical store/ pharmacy CD register.

**16B.2** The pharmacist in charge of the pharmacy or medical store should send an email to DGPA& DC (mohphar@omantel.net.om) with all CDs expired containing the total quantities in grams/ kilograms. DGPA & DC will set a date for receiving the CDs (**Annex 23**).

## **16. 'PATIENT-RETURNED' CONTROLLED DRUGS**

**1. In governmental health institution**, Patient-returned' CDs should be received by the pharmacist in charge of the medical store or the pharmacy, with proper documentation in the CD register and handled as Expired CD (**Annex 24**).

**2. In private health institutions**, Patient-returned' CDs should be should be sent to DGPA&DC labeled as 'Patient-returned CD' for destruction.

## **18. RECORDING OF CONTROLLED DRUGS**

**1.** Each health institution dealing with Controlled Drugs must keep two separate registers: one for Narcotics and the other for Psychotropic Substances.

**2.** The registers should be made according to the format stated in the law.

**3.** All registers must be stamped by the DGPA&DC.

**4.** The CD Register should be kept for 5 years from the last day of entry.

**5.** Each institution should have its own internal approved procedure for destructing CDs registers

**6.** The following points are very important in relation to the record of Controlled Drugs Registers.

- a) Entries must be made in chronological sequence
- b) A separate part of the register should be used for each drug and different strengths.

- c) The name of the drug with strength should be specified at the head of each page.
- d) Received quantity should be recorded preferably using a pen with red ink.
- e) Entries must be made on the day of the transaction itself.
- f) Any entry in the register once made should never be erased nor corrected. Any mistake done should be corrected in the Remarks column and the corrected version rewritten on the next line.
- g) Entries must be in ink (blue or black) or otherwise indelible.
- h) The register must not be used for other purposes.
- i) The register must be kept at the premise to which it is related and there should be separate register for each premise.
- j) The registers and other records should be maintained up-to-date and liable to be inspected at any time.

## 19. MONITORING OF CONTROLLED DRUGS

It is essential for the pharmacist in-charge of CDs/ ward pharmacist to review the CDs requirement/ consumption trends at least once a month.

## ***ANNEXES***

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- Annex 1:** Application for Controlled Drugs license
- Annex 2:** Required Documents to obtain a license for dealing / trading with CDs
- Annex 3:** Annual estimation of Narcotic Drugs / Psychotropic Substances
- Annex 4:** Logbook for Controlled Drug's key between shifts.
- Annex 5:** Requisition Form.
- Annex 6:** Narcotic Drugs Register
- Annex 7:** Psychotropic Substances Register
- Annex 8:** Ward Narcotic Drugs Register.
- Annex 9:** Ward Psychotropic Substances Register.
- Annex 10:** In-Patient Narcotic Drugs Prescription (government Sector).
- Annex 11:** In-Patient Psychotropic Substances Prescription (government Sector).
- Annex 12:** Out-Patient Narcotic Drugs Prescription (government Sector).
- Annex 13:** Out-Patient Psychotropic Substances Prescription (government Sector).
- Annex 14:** In-Patient Narcotic Drugs Prescription (private Sector).
- Annex 15:** In-Patient Psychotropic Substances Prescription (private Sector).
- Annex 16:** Out-Patient Narcotic Drugs Prescription (private Sector).
- Annex 17:** Out-Patient Psychotropic Substances Prescription (private Sector).
- Annex 18:** Missing/stolen Prescription Report
- Annex 19:** Exchanged narcotic and psychotropic register
- Annex 20:** Narcotic Drugs Endorsement Sheet.
- Annex 21:** Psychotropic Substances Endorsement Sheet. .
- Annex 22:** Incident Report Form for Narcotic Drugs.
- Annex 23:** Destruction of narcotic and psychotropic application
- Annex 24:** Patient returned controlled drugs

إستمارة طلب ترخيص  
License Application Form

Sultanate of Oman	سلطنة عمان
Ministry of Health	وزارة الصحة
Directorate General of Pharmaceutical Affairs & Drug Control Drug Department	المديرية العامة للصيدلة و الرقابة الدوائية
<b>Application for License to:</b>	<b>طلب ترخيص بـ:</b>
Cultivate ( )      Manufacture ( )	( )      صنع      ( )      الزراعة
Production ( )      Import ( )	( )      استيراد      ( )      إنتاج
Export ( )      Transport ( )	( )      نقل      ( )      تصدير
Trading ( )      Dealing ( )	( )      التعامل      ( )      الإتجار
Narcotic Substances ( )      Psychotropic Substances ( )	( )      مؤثرات عقلية      ( )      مواد مخدرة
Name of the institution & Legal status:	اسم الجهة طالبة الترخيص وشكلها القانوني:
Address:	مقر الجهة:
Name of Director of institution:	اسم المدير أو المسئول عن الجهة:
Designation:	الوظيفة:
Date of Birth:	تاريخ الميلاد:
Nationality:	الجنسية:
Address:	العنوان:-
Purpose of Licensing:	الغرض من الترخيص:-
Signature of Director of the institution:	توقيع المدير أو المسئول عن الجهة طالبة الترخيص:
Stamp of the institution:	ختم الجهة طالبة الترخيص:-
Date:-	التاريخ:-

## **Documents needed to obtain the license for dealing/ trading with Narcotics and Psychotropic Substances**

1. The *License Application Form* for Controlled Drugs (should be filled by the director of the institution).
2. Copy of the license issued by the MOH for doctor/ pharmacist.
3. Copy of the license issued by the MOH for the institution.
4. Copy of the labour card or passport for the director of the institution.
5. CLEARANCE Certificate issued by the Royal Oman Police (ROP) for the director of the institution.
6. Undertaking letter by the director that no penalty against him.







<b>Requisition Form</b>							
<b>Sr No:</b>							
<b>Indent No:</b>							
<b>Requisition for:</b> <input type="checkbox"/> Narcotic <input type="checkbox"/> Psychotropic							
Sr.No	Description (Trade & Generic Name)	Dosage Form/ Strength	Quantity Required		Quantity Received		Remarks
			figures	words	Figures	Words	

  

<p><b>1. Requested by:</b></p> <p>Name:</p> <p>Designation:</p> <p>Signature:</p> <p>Date:</p> <p><b>3. Issued by:</b></p> <p>Name:</p> <p>Designation:</p> <p>Signature:</p> <p>Date:</p>	<p><b>2. Approved by:</b></p> <p>Name:</p> <p>Designation:</p> <p>Signature:</p> <p>Date:</p> <p><b>4. Received by:</b></p> <p>Name:</p> <p>Designation:</p> <p>Signature:</p> <p>Date:</p>
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**NB: The original copy to be retained in the medical store/ pharmacy & the duplicate in the ward.**

Annex (6)

سجل المواد المخدرة  
Narcotic Drugs Register

Trade Name:

الأسم التجاري:

Generic Name:

الأسم العلمي:

Manufacturer:

المصنع:

Pack Size:

حجم العبوة:

Strength:

التركيز:

Agent/ Supplier:

الوكيل/ المصدر:

Sr.No	الكمية المستلمة Quantity received	تاريخ الإستلام Date of Receiving	رقم التشغيلة - تاريخ الإنتاج - تاريخ انتهاء الصلاحية Batch No/ Manufacturing & Expiry dates	رقم و تاريخ الفاتورة Invoice No & Date	اسم المريض Patient name	اسم الطبيب و اسم العيادة Doctor & Clinic names	الكمية المصروفة Quantity issued	تاريخ الصرف Date of issue	الرصيد المتبقي Balance stock	ملاحظات Remarks	التوقيع Signature

Quantities to be mentioned in figures as well as words.

يجب كتابة الكميات بالأرقام والحروف.

Each page of this register must be stamped by DGPA & DC before using it

يجب ختم كل صفحة من هذا السجل لدى المديرية العامة للصيدلة والرقابة الدوائية قبل بدأ استعماله.

Annex (7)

سجل المؤثرات العقلية  
Psychotropic Substances Register

Trade Name:

الاسم التجاري:

Generic Name:

الاسم العلمي:

Manufacturer:

المصنع:

Pack Size:

حجم العبوة:

Strength:

التركيز:

Agent/ Supplier:

الوكيل/ المصدر:

Sr.No	الكمية المستلمة Quantity received	تاريخ الإستلام Date of Receiving	رقم التشغيلة - تاريخ الإنتاج - تاريخ انتهاء الصلاحية Batch No/ Manufacturing & Expiry dates	رقم و تاريخ الفاتورة Invoice No & Date	اسم المريض Patient name	اسم الطبيب و اسم العيادة Doctor & Clinic names	الكمية المصرفة Quantity issued	تاريخ الصرف Date of issue	الرصيد المتبقي Balance stock	ملاحظات Remarks	التوقيع Signature

Quantities to be mentioned in figures as well as words.

يجب كتابة الكميات بالأرقام والحروف.

Each page of this register must be stamped by DGPA & DC before using it

يجب ختم كل صفحة من هذا السجل لدى المديرية العامة للصيدلة والرقابة الدوائية قبل بدأ  
إستعماله.





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>	
<b>Sr. No:</b>	
<b>Name of Patient:</b>	<b>Date:</b>
<b>Address :</b>	<b>Time:</b>
<b>Department:</b>	<b>Age:</b>
<b>Name of the ward:</b>	<b>Sex:</b>
<b>Registration No:</b>	<b>Weight:</b>
Rx:	
<b>Prescribed by:</b>	<b>Prescriber Stamp:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Given by:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Stamp of the Hospital/ Polyclinic</b>	

PINK: dispensing, White: Book Copy

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>	
<b>Sr. No:</b>	
<b>Name of Patient:</b>	<b>Date:</b>
<b>Address :</b>	<b>Time:</b>
<b>Department:</b>	<b>Age:</b>
<b>Name of the ward:</b>	<b>Sex:</b>
<b>Registration No:</b>	<b>Weight:</b>
Rx:	
<b>Prescribed by:</b>	<b>Prescriber Stamp:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Given by:</b>	
<b>Signature:</b>	
<b>Date:</b>	
<b>Stamp of the Hospital/ Polyclinic</b>	

Green: dispensing, White: Book Copy



Annex (12)

Name of the Institution	إسم المؤسسة الصحية الحكومية
Address	عنوان المؤسسة
Logo of the Institution	شعار المؤسسة
<b>Out-PATIENT NARCOTIC 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:
<b>For Pharmacy Use Only</b>	
Name of Drug & Strength	Quantity Dispensed
Dispensed by: Signature: Name of Pharmacy/ Location	Stamp: Pharmacy Stamp

PINK: Dispensing, White: Book Copy

Annex (13)

Name of the Institution	إسم المؤسسة الصحية الحكومية
Address	عنوان المؤسسة
Logo of the Institution	شعار المؤسسة
<b>OUT-PATIENT PSYCHTROPIC Rx (GOVERNMENT SECTOR)</b>	
<b>Sr. No:</b>	
<b>Name of Patient:</b>	<b>Age:</b>
<b>Address:</b>	<b>Sex:</b>
<b>Department:</b>	<b>Weight:</b>
<b>Date:</b>	
<b>Rx</b>	
<b>Prescribed by:</b>	<b>Prescriber Stamp:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Stamp of the Hospital/ Polyclinic</b>	
<b>For Pharmacy Use Only</b>	
Name of Drug & Strength	Quantity Dispensed
<b>Dispensed by:</b>	<b>Stamp:</b>
<b>Signature:</b>	<b>Pharmacy Stamp</b>
<b>Name of Pharmacy/ Location</b>	

Green: Dispensing, White: Book Copy

Annex (14)

Sultanate of Oman	سلطنة عمان
Directorate General of Pharmaceutical Affairs & Drug Control	وزارة الصحة
Drug Control Department	المديرية العامة للصيدلة و الرقابة الدوائية دائرة الرقابة الدوائية
<b>IN-PATIENT NARCOTIC DRUGS Rx (PRIVATE SECTOR)</b>	
<b>Sr. No:</b>	
<b>Name of Patient:</b>	<b>Date:</b>
<b>Address:</b>	<b>Time:</b>
<b>Department:</b>	<b>Age:</b>
<b>Name of the ward:</b>	<b>Sex:</b>
<b>Registration No:</b>	<b>Weight:</b>
Rx:	
<b>Prescribed by:</b>	<b>Stamp:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Given by:</b>	
<b>Signature:</b>	
<b>Stamp of the Hospital/ Polyclinic</b>	

PINK: dispensing, White: Book Copy

Annex (15)

Sultanate of Oman	سلطنة عمان
Directorate General of Pharmaceutical Affairs & Drug Control	وزارة الصحة
Drug Control Department	المديرية العامة للصيدلة و الرقابة الدوائية دائرة الرقابة الدوائية
<b>IN-PATIENT PSYCHOTROPIC Rx (PRIVATE SECTOR)</b>	
<b>Sr. No:</b>	
<b>Name of Patient:</b>	<b>Date:</b>
<b>Address:</b>	<b>Time:</b>
<b>Department:</b>	<b>Age:</b>
<b>Name of the ward:</b>	<b>Sex:</b>
<b>Registration No:</b>	<b>Weight:</b>
<b>Rx:</b>	
<b>Prescribed by:</b>	<b>Stamp:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Given by:</b>	
<b>Signature:</b>	
<b>Stamp of the Hospital/ Polyclinic</b>	

Green: dispensing, White: Book Copy

Sultanate of Oman	سلطنة عمان
Directorate General of Pharmaceutical Affairs & Drug Control	وزارة الصحة
Drug Control Department	المديرية العامة للصيدلة و الرقابة الدوائية دائرة الرقابة الدوائية
<b>Out-PATIENT NARCOTIC DRUGS Rx ( PRIVATE SECTOR)</b>	
<b>Sr. No:</b>	
<b>Name of Patient:</b>	<b>Age:</b>
<b>Address:</b>	<b>Sex:</b>
<b>Department:</b>	<b>Weight:</b>
<b>Date:</b>	
Rx	
<b>Prescribed by:</b>	<b>Stamp:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Stamp of the Hospital/ Polyclinic For Pharmacy Use Only</b>	
Name of Drug & Strength	Quantity Dispensed
<b>Dispensed by:</b>	<b>Stamp:</b>
<b>Signature:</b>	<b>Pharmacy Stamp</b>
<b>Name of Pharmacy/ Location</b>	

Sultanate of Oman	سلطنة عمان												
Directorate General of Pharmaceutical Affairs & Drug Control	وزارة الصحة												
Drug Control Department	المديرية العامة للصيدلة و الرقابة الدوائية دائرة الرقابة الدوائية												
<b>OUT-PATIENT PSYCHTROPIC SUBSTANCES Rx ( PRIVATE SECTOR)</b>													
<b>Sr. No:</b>													
<b>Name of Patient:</b>	<b>Age:</b>												
<b>Address:</b>	<b>Sex:</b>												
<b>Department:</b>	<b>Weight:</b>												
<b>Date:</b>													
<b>Rx</b>													
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; padding: 5px;"><b>Prescribed by:</b></td> <td style="width: 40%; padding: 5px;"><b>Stamp:</b></td> </tr> <tr> <td style="padding: 5px;"><b>Signature:</b></td> <td style="padding: 5px;"><b>Date:</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>Stamp of the Hospital/ Polyclinic</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>For Pharmacy Use Only</b></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 50%; padding: 5px;">Name of Drug &amp; Strength</th> <th style="width: 50%; padding: 5px;">Quantity Dispensed</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td></td> </tr> </tbody> </table>		<b>Prescribed by:</b>	<b>Stamp:</b>	<b>Signature:</b>	<b>Date:</b>	<b>Stamp of the Hospital/ Polyclinic</b>		<b>For Pharmacy Use Only</b>		Name of Drug & Strength	Quantity Dispensed		
<b>Prescribed by:</b>	<b>Stamp:</b>												
<b>Signature:</b>	<b>Date:</b>												
<b>Stamp of the Hospital/ Polyclinic</b>													
<b>For Pharmacy Use Only</b>													
Name of Drug & Strength	Quantity Dispensed												
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; padding: 5px;"><b>Dispensed by:</b></td> <td style="width: 40%; padding: 5px;"><b>Stamp:</b></td> </tr> <tr> <td style="padding: 5px;"><b>Signature:</b></td> <td style="padding: 5px;"><b>Pharmacy Stamp</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>Name of Pharmacy/ Location</b></td> </tr> </table>		<b>Dispensed by:</b>	<b>Stamp:</b>	<b>Signature:</b>	<b>Pharmacy Stamp</b>	<b>Name of Pharmacy/ Location</b>							
<b>Dispensed by:</b>	<b>Stamp:</b>												
<b>Signature:</b>	<b>Pharmacy Stamp</b>												
<b>Name of Pharmacy/ Location</b>													

## 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





## NARCOTIC DRUGS ENDORSMENT SHEET

Ward/ Unit/ Clinic:

Month/ Year:

Register & Physical stocks of all Narcotic Drugs in the ward/ unit/ clinic verified and found to be correct

End of Day shift				End of Night shift			
Date	Time	Signature of incoming in-charge	Signature of Outgoing in-charge	Date	Time	Signature of incoming in-charge	Signature of Outgoing in-charge
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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26							
27							
28							
29							
30							

**Please Check that Narcotic Drugs Register and Cabinet count are correct at the hand-over**

## PSYCHOTROPIC SUBSTANCES ENDORSMENT SHEET

Ward/ Unit/ Clinic:

Month/ Year:

Register & Physical stocks of all Psychotropic Substances in the ward/ unit/ clinic verified and found to be correct

End of Day shift				End of Night shift			
Date	Time	Signature of incoming in-charge	Signature of Outgoing in-charge	Date	Time	Signature of incoming in-charge	Signature of Outgoing in-charge
1							
2							
3							
4							
5							
6							
7							
8							
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27							
28							
29							
30							

**Please Check that Psychotropic Substances Register and Cabinet count are correct at the Hand-over**

## CDs Incident Report

Type of CD:                       Narcotic                      Psychotropic

Governorate: \_\_\_\_\_ Report No: \_\_\_\_\_  
 Region: \_\_\_\_\_  
 Health Unit: \_\_\_\_\_ Date:     /     / 20\_\_\_\_  
 Unit/Ward: \_\_\_\_\_

**This is to inform that the following CDs had been :**

( tick the appropriate box)

1. Damaged accidentally                       2. Missing/lost   
 3. Found broken in original packing                       4. Contents withdrawn but not administered

SR. No	Drug Name	Strength (Wt/volume)	Unit (for ampoule mention size in ml)	Quantity

**The incident in details** ( To be filled by the staff involved)

.....

.....

.....

**Staff involved**

Name:  
 Designation:  
 Signature:

**Witness**

Name:  
 Designation:  
 Signature:

**Patient Sticker**

( Mandatory only  
 for Point 4

**Ward/ Unit In-charge**

Name:  
 Designation:

**NO/ANO**

Name:  
 Signature:

**Comments of Pharmacy In-charge** ( if any)

.....

.....

**Pharmacist In-charge**

Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_                      MOIC signature: \_\_\_\_\_

Hospital  
Stamp

**Director/Superintendent of Pharmacy & Medical Stores in Governorates** ( For MOH & Private pharmacy Establishments )

Name: \_\_\_\_\_                      Signature: \_\_\_\_\_

**DGPA & DC action:**

.....

**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.

**Narcotic / Psychotropic Substances Waste Disposal Form**

<b>Applicant Details</b>	
Name (Agency):-	Address:
Name (Person filling in the form):	Phone:-
Name (Verifier):	
CERTIFICATION: - I hereby declare that the contents of this consignment are fully and accurately described.	
Signature & Stamp:-	Date:-

<b>Containers Details</b>					
<b>G E N E R A T O R</b>	Container No.		Phase L: Liquid, S: Solid, G: Gas	Total Unit Wt.: Kg, Vol:L	Remarks
	Grand Total Container No.			Kg    L	
<b>M O H</b>	Request No.				
	The delivered containers must be: 1) Opened to check & verify the contents. 2) Repacked before receiving.			Discrepancy, if any: Request No.....	
	Name:-	Signature:-	Date:-        /        / 20		
<b>I N C I N E R A T O R</b>	Delivered containers received:-	Sr. No.	CERTIFICATION:- I hereby declare that the whole contents of the delivered containers with the following serial numbers have been incinerated: Sr. No.:-		
	Intact, repacked			MOH Officer	Incinerator Officer
	Damaged				
	Name:		Name:		
	Signature:		Signature:		
Date:    /    / 20		Date:    /    / 20			

**Contents of Carton**  
**Carton Number (.....)**

<b>Sr. No</b>	<b>Trade Name</b>	<b>Chemical Name</b>	<b>Dosage Form</b>	<b>Strength</b>	<b>Batch No.</b>	<b>Total Quantity</b>

**(Filled by)**  
Name:  
Signature & Stamp

**(Verified by)**  
Name:  
Signature & Stamp

