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Approval Process

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Acronyms:

CD	Controlled Drugs
T.T.O	To Take Out
DGMS	Directorate General of Medical Supplies
DGQAC	Directorate General of Quality Assurance Center
DGNA	Directorate General of Nursing Affairs
DGPA&DC	Directorate General of Pharmaceutical Affairs & Drug Control
MoH	Ministry of Health
IV	Intravenous
CDR	Control Drug Register



Nursing Guidelines in the Management of Narcotics and Psychotropic Drugs

1. Introduction

Narcotics and Psychotropic Drugs are controlled drugs (CDs) medications or therapeutic agents that can affect the mind, emotions, and behavior, and level of consciousness. They are potentials for abuse or addiction, which need to be held under strict control. Therefore, they are subjected to 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. Staff nurse in health care institutions need to ensure appropriate access and convenience for patients who require them. This document is intended to guide nurses on safe and effective CDs management, including prescribing, collecting, storing, transporting, administering, recording, and disposing these drugs safely.

2. Scope

This document applies to nursing staff working in all healthcare institutions within the Ministry of Health, and private institutions.

3. Purpose

- 3.1 To provide clear, standardized procedures on safely handling Narcotics and Psychotropic drugs in health care institutions, including ordering, storing, supplying, recording, monitoring and disposing CDs safely.
- 3.2 To provide a clear picture on the roles and responsibilities of all levels of nursing in terms of training, and compliance on safe use of Narcotics and Psychotropic drugs.
- 3.3 To establish principles for safe practice in the management of Narcotics and Psychotropic drugs in both governmental and private health care institutions.
- 3.4 To explain the responsibilities of nursing team in regard to dispensing, administering, storing, and record-keeping of Narcotics and Psychotropic drugs.



4. Definitions

- 4.1 **Narcotics and Psychotropic drugs:** are medications or therapeutic agents that can affect the mind, emotions, and behavior, and level of consciousness; they are regulated by a government. Examples include Morphine, Pethidine, Tramal etc.
- 4.2 **Indent:** Order for goods (placed often through a local or foreign agent of a foreign supplier) under specified conditions of sale, the acceptance of which by the supplier (or the agent) constitutes a contract of sale.
- 4.3 **Incident Report:** It is a form that is completed with required information in order to record details of an unusual event that has occurred at the facility, such as an injury to a patient.
- 4.4 **Protocol:** A system of rules that explain the correct conduct and procedures to be followed in formal situations
- 4.5 **Negligence:** failure to do something that a reasonable person of ordinary prudence would do in a certain situation.
- 4.6 **Narcotics Register book:** A formal document for the purpose of recording all the purchase of Narcotics and Psychotropic drugs. Each category has its separate registry.
- 4.7 **Control drug Prescription Book Color:** Narcotics prescription is pink (for government & private), Psychotropic is green (for government & private).
- 4.8 **Supply:** The drugs ordered and stock given by the pharmacy to wards and departments.
- 4.9 **Requisition form:** an official form on which a request is made by an authorized staff based on department/unit demand.



5. Guidelines

- 5.1 It is the responsibility of the Ministry of Health to provide a detailed document pertaining to Narcotics and Psychotropic Drug procedures including; indenting, issue, administration, storage, receipt, transfer and reporting of incidents.
- 5.2 All information and procedures of this document are based on the National Guide to Management of Narcotics and Psychotropic Substances in Health Institutions and Pharmaceutical Establishments developed by the Inspection Team of Controlled Drugs. To abide with any future updates in this guidelines.
- 5.3 Nursing staff in an institution need to follow their institutional list of approved Narcotics and Psychotropic drugs to be used in their institution. The list needs to be modified if practices change as per patients' and service requirement, and subjected to regular review at agreed intervals.
- 5.4 Each health institution dealing with CDs is obligated to keep two separate registers: one for Narcotics and the other for Psychotropic drugs. Registers are stamped by the DGPA&DC.
- 5.5 All CDs are considered high alert medications where they need special consideration in collection, storing in special cupboards/drawers, registry and labeling.
- 5.6 All CDs are administered following the "Medication – Administration" policy.
- 5.7 Verbal or telephone orders for Narcotics and Psychotropic medications are not acceptable.
- 5.8 Borrowing CDs from any other unit/ward (within the institution) is limited to emergency, when pharmacy services are not available.
- 5.9 Injectable CDs are limited to inpatients and emergency room only, and not to be dispensed by outpatient pharmacy and not to be given to patients for use outside the hospital.
- 5.10 CDs prescription is only written by physician and never to be filled by a nurse. The nurse only signs at the signature column.
- 5.11 Ensure the compliance with CDs drugs prescription and administration guidelines during inter or intra-hospital transfer of patient.



6. Procedure

6.1 CDs Supply, collection, receiving from medical store, and record keeping.

6.1.1 Receiving From the Medical Store /Pharmacy to the Wards /Units/ Outpatient Clinics

- 6.1.1.1 Request for CDs is 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 requisition form (Appendix 1). In the absence of the Unit Nursing Officer the shift supervisor may sign the form. In primary and secondary healthcare institutions the request can be countersigned by the Head of the Institution.
- 6.1.1.2 The Requisition Form is carried to the medical store/ pharmacy by a staff nurse. The pink prescription pad and the ward narcotic drug register is carried along with the requisition form. The same is applied for the green prescription.
- 6.1.1.3 The Pharmacist in charge of the medical store/ pharmacy or his / her deputy checks the request and issue the CDs.
- 6.1.1.4 The Staff Nurse checks and receives the CDs issued and signs the request form along with the pharmacist in the appropriate section.
- 6.1.1.5 The original copy of the Requisition Form is reserved in the medical store/ the pharmacy, and a copy of the requisition is retained and filled by the staff nurse.
- 6.1.1.6 The nurse ensures that the pharmacist in charge of the medical store/ pharmacy makes the appropriate entry in the Narcotics and Psychotropic Drug Register (Appendix 2& 3) on the day of the transaction.
- 6.1.1.7 Where electronic system for the requisitioning of CDs is introduced, protections in the software is essential to be in place to ensure that:
 - 6.1.1.7.1 Only individuals who are authorized to requisition from the medical store/ Pharmacy can do so.
 - 6.1.1.7.2 Protections is incorporated in the software to ensure the author of each entry is identifiable.



6.1.1.7.3 Entries are not altered at a later date.

6.1.1.7.4 A log of all data entered is saved and can be recalled for audit purposes.

6.1.2 Receiving CDs from central and peripheral medical stores for the same governmental health care institutions:

Each institution has its own internal approved procedure for supplying CDs between the central and peripheral medical stores. The procedure includes the mode of request, receiving, transport, storage, and dispensing.

6.2 Narcotics and Psychotropic Drugs' (CDs) Stock, storage and count in ward/ unit/ outpatient clinic:

When CDs are delivered to a ward or department the in charge nurse:

- 6.2.1 Checks the CDs against the requisition, including the number ordered, intactness of the drug, and discoloration. If this is correct then the duplicate sheet in the CD requisition form is signed in the "received by" section.
- 6.2.2 Places the CDs in the appropriate cabinet.
- 6.2.3 Enters the CDs into the Ward Narcotics and Psychotropic Drug Register (WCDR) (Appendix 4& 5), checks that the current registered balance tallies with quantity that is physically present.
- 6.2.4 The ward/ clinic in charge nurse ensures that CDs are stored in a designated CD cabinet (sound and light alarm or security check system is required).
- 6.2.5 The CD cabinet is always locked when not in use.
- 6.2.6 The CD cabinet key is the responsibility of the nurse in charge or shift in charge.
- 6.2.7 The CD cabinet is only be used to store CDs.
- 6.2.8 The controlled drugs cabinet is placed in an area with acceptable room temperature e.g. not in direct sunlight and away from heat or warmer.
- 6.2.9 The ward in charge ensures the CDs containers are clearly labeled and printed as high alert medication. Printed labels is preferable always be used.
- 6.2.10 A logbook is maintained to register the timing of taking and returning the keys in between shifts (Appendix 6).



- 6.2.11 The CDs registers is always stored securely. The filled register will be returned to the pharmacy to be sent to the DGMS upon requesting new registers.
- 6.2.12 CDs counts/ Handing over:
- 6.2.12.1 The nurse needs to conduct ongoing drug count each time any controlled drug is removed.
- 6.2.12.2 If an inaccuracy is found, the nurse needs to initiate an immediate search, if the count is incorrect, notify the in-charge nurse immediately, and conduct and fill an Incident Report Form E (Appendix 8) recounting.
- 6.2.12.3 At each shift change, counting is done by the leaving and incoming in-charge nurses, record counting and ensuring all documentation are completed.
- 6.2.12.4 If the shift counts are not correct, or there are discrepancies/ or missing prescriptions, the incoming nurse will not sign the sheet until the incorrect count is rectified. The leaving charge nurse takes full responsibility in finding out the missing dose/ drug.
- 6.2.12.5 If the missing dose/ drug was not found, an incident report is written and nursing administration and Pharmacist in charge are notified.
- 6.2.12.6 In case the CDs key is missed, the concerned institution will have its own internal approved procedure for handling missed drugs or missed keys.

6.3 Prescription, Administration & documentation Narcotics or Psychotropic Drug.

- 6.3.1 CDs are dispensed to a patient in the ward/unit/clinic only with a written prescription by the physician.
- 6.3.2 Narcotic drugs prescription is written in a pink form (with carbonized copy) with a (blue or black) ink, signed, stamped and dated by the physician prescribing it. The psychotropic drugs prescription is written in a green form (with carbonized copy, which is also signed, stamped, and dated by the physician prescribing it.
- 6.3.3 The prescriptions contain date, the name of the patient, age, the dose, the dosage form and the strength of the preparation.
- 6.3.4 The Nurse in charge checks that the prescription is correct and clearly written.



- 6.3.5 Details of the narcotic or psychotropic prescribed (dose, route, duration) is entered in the medication chart by the treating physician.
- 6.3.6 Following the five rights of drug administration including (name of the patient, name of the drug, dose, strength, route and the forms liquid, injection, tablets etc. and drug expiry) by two nurses, and to document the needed information in the respective register.
- 6.3.7 The Staff Nurse (who administers the medication) makes the entry in the ward CDR and the second Staff Nurse ensures that:
 - 6.3.7.1 All patient and drug information entered is accurate
 - 6.3.7.2 The running balance tallies with quantity that is physically present.
 - 6.3.7.3 The remaining stock is returned to the CD cabinet.
 - 6.3.7.4 The dose wastage is documented.
 - 6.3.7.5 All prescribed Narcotic and Psychotropic is accurately and legibly entered in the Ward CDs Register by the administering nurses.
 - 6.3.7.6 Sign the patient's medication chart.
- 6.3.8 Each narcotic and psychotropic drug is used as a single prescription and single dose for a single patient.
- 6.3.9 It is prohibited to use the same ampule of a narcotic or psychotropic drug more than once, even for the same patient.
- 6.3.10 After administering the narcotic or psychotropic dose, the remaining balance is immediately discarded with another nurse witness.
- 6.3.11 In case of drugs issued as "to take out" medication (T.T.O), or if any patient is for discharge, a special prescription is filled out by the physician (Out-patient narcotic/control drug prescription-Appendix 7).
- 6.3.12 Treatment with Narcotic and Psychotropic drugs can only be discontinued by the treating doctor, with signature and date.
- 6.3.13 If a Narcotic or Psychotropic drug is prescribed for out-patients, it will be administered in the treatment room of the hospital/ health Institution.



6.3.14 In case the physician discontinues the medication, the nurses ensures a clear documentation in the patient's medical file, and in the prescription form, which makes it invalid for further doses.

6.4 Monitoring patients with Narcotics/ or Psychotropic Drug administration

- 6.4.1 Assess the patient's vital signs pre and post drug administration, to prevent any respiratory distress, hypotension, tachypnea, or any other physiological side effects.
- 6.4.2 Assess the patient for any adverse events. These side effects includes but not limited to: respiratory distress, tachypnea, urinary retention, constipation, nausea and vomiting.
- 6.4.3 Educate the patient about the drug side effects and assess patient frequently.
- 6.4.4 Assess level of alertness and drowsiness, confusion or agitation and/or sedation.
- 6.4.5 Evaluate patients' level of pain periodically and determine if the therapy is achieving the desired goals, and fill in the pain assessment chart and record the score.
- 6.4.6 Assess the patient's oxygen saturation, and take special attention for patients with co-morbidities e.g. cardio respiratory disease, prematurity, respiratory disease.
- 6.4.7 Make sure the bed side rails are up, to avoid risk of fall.
- 6.4.8 Put the bed call bell near the patient and instruct the patient to call the nurse for any assistance needed.
- 6.4.9 If the patient is on narcotic infusion:
 - 6.4.9.1 The nurse adjusts the dose according to level of drowsiness after consulting with the treating physician; assess the patient hourly for six hours.
 - 6.4.9.2 Check and adjust the Infusion pump settings at the beginning or end of each shift, at the time of patient transfer and when the syringe is changed.

6.5 CDs Wastage

- 6.5.1 After withdrawing the required dose, the administering nurses disposes the remaining excess of a CD ampoule in the sink of the ward at the same time, or before the end of that shift accompanied by a staff nurse as a witness.



6.5.2 The wastage is indicated in the "remarks" column of the ward CDR against the name of the patient. The two nurses write their names and sign in that column.

6.6 Outpatient Prescriptions

6.6.1 CDs prescriptions are entered in individual patient's medical file.

6.6.2 When there is a suspected risk from a patient to misuse the CD, the prescription are handed over to next of kin guardian who should supervise the patient's medication at home.

6.6.3 The prescriptions are endorsed by the pharmacist (The date, pharmacy stamp, quantity dispensed).

6.6.4 No IV CDs are dispensed to out-patients for administration at home.

6.6.5 All prescribed CDs are entered in the medical store/ pharmacy CDs Register.

6.7 Narcotics and Psychotropic drugs borrowing inside the health institution (Between units/wards)

6.7.1 For any emergency, the Nurse in charge or shift In-Charge of the ward borrowing inform the duty Nurse Officer on duty and obtain his/ her approval.

6.7.2 The Nurse in charge or shift In- Charge presents the filled CD Requisition Form and the ward CD register to the lending ward/ unit (from where the drug is to be borrowed).

6.7.3 The lending and borrowing Nurse in charges or shift In-Charges make proper entries in both ward CD registers (lending and receiving ward/unit), documenting the time, dose, and the updated count in appropriate column. Both wards in-charges sign for the edition.

6.7.4 The on call Pharmacist is to be informed in the process of CD transfer for spot supervision.

6.7.5 Inform the pharmacist in charge of the pharmacy/ medical store the next working day.

6.8 CDs breakage, or spillage

6.8.1 In case of accidental breakage, or spillage or if a CD was found broken in its original container, the nurse involved, and the nurse in charge notify the nursing officer, fill an Incident Report Form (Appendix 8).



6.8.2 The report along with the broken container is handed to the pharmacist in charge (within 48 hours) for completion of procedures.

6.8.3 The pharmacist in-charge forwards a copy of the investigation to the Hospital Director/ Head of the Institution, who will submit a copy of the report to the DGPA&DC.

6.9 Expired Narcotics and Psychotropic Drugs/ In the ward/Unit/ Outpatient Clinic

6.9.1 The nurse in charge regularly monitors the expiry dates of the available stocks on regular basis and ensures to inform the pharmacist if the available stock cannot be used within validity date.

6.9.2 If there is expired Narcotics or Psychotropic Drugs the Nurse in charge of the ward will hand over the drug to the Pharmacist in charge of the medical store/ pharmacy and it will be documented in the medical store/ pharmacy and ward CDR.

6.9.3 The Pharmacist in charge of the pharmacy or medical store will communicate with DGPA&DC in regards to all expired Narcotic and Psychotropic and concludes all other formalities.

6.10 Narcotics and Psychotropic Drugs brought in to the hospital by patients on admission

6.10.1 If a CD is brought by the patient on admission to the ward in the hospital the nurse calls the Pharmacist for collection.

6.10.2 The CD is kept under pharmacy custody while the patient utilizes ward stocks according to the National Guide o Management of Narcotics and Psychotropic.

6.10.3 If the ward does not have a stock of the required narcotics and psychotropic drugs, the ward will indent and use it as a non- stock narcotic item until the patient is either transferred or discharged.

6.10.4 In the event of discharge of patient without his/her narcotics and psychotropic drugs or patient death, the pharmacy is responsible for condemnation of the drug.

6.11 Discharging patient with CDs

6.11.1 When the patient is discharged with CDs, the nurse ensures that the patient gets his/her correct prescription filled by the treating physician. Quantity of



medication supply is according to the patient's medical requirement and the hospital's policy for discharge.

6.11.2 For Narcotic prescription there are two color-coded copies, stamped by the ward/clinic. The nurse ensures that the white copy is taken by the pharmacy after handing over the prescribed tablets to the patient, the pink copy is given to the patient.

6.11.3 Patients on psychotropic drugs receives the green form to hand it over to the pharmacy, and the white carbonized copy will be kept in the ward/clinic for record.

6.11.4 The nurse clearly documents all information in the patient file.

6.12 Transfer of patients with Narcotics and Psychotropic drugs

If the patient condition requires a continuous infusion that cannot be discontinued during the transfer time (as advised by the treating physician):

6.12.1 The registered nurse is responsible for: the proper close observation of the patient, the action required for any on-going intravenous infusion that are clearly stated in the Transfer Checklist (located within the nursing record).

6.12.2 The transfer of patient is done by a registered nurse.

6.12.3 Ensuring there is sufficient battery in the pump.

6.12.4 When reaching the receiving unit, make sure to close the patient IV line while exchanging the IV infusion pump, to avoid unnecessary drug push and over dose to patient.

6.13 Audit Tool

6.13.1 Use the available tool in every institution.

6.13.2 The audit should be conducted once in every three months

6.13.3 The audit team includes the pharmacy In charge, Representative from the Nursing Administration and the Nurse In charge of the specific area.

6.13.4 The report of the audit including recommendations will be sent to the Directorate of Nursing Services, Head of Pharmacy and Head of Quality Assurance.



7. Responsibilities

7.1 Directorate General of Nursing Affairs

- 7.1.1 It is the responsibility of the Head/ Director of Nursing Affairs at a central level to oversee the adherence to the guidelines and report to the concerned authority and do the needful in any of the situations mentioned above.

7.2 Directors/ Head of Nursing

- 7.2.1 Ensure that the guidelines are disseminated to all levels of nurses.
- 7.2.2 Ensure resources are available for proper compliance to the guidelines.
- 7.2.3 Create a mechanism to ensure that the guidelines are implemented effectively by all staff within healthcare Institution/Governorate.
- 7.2.4 Assign teams and internal taskforce for training and monitoring the compliance to the guidelines and reporting the incidences/ action plans.

7.3 Unit Head and Nursing In-Charges in Health Care Institutions

- 7.3.1 Assist nurses in the implementation of the guidelines.
- 7.3.2 Ensure all nursing staff have received training and awareness in relation to the guidelines.
- 7.3.3 Create a plan of overall monitoring the compliance to the guidelines and provide support to enable nurses to fulfil the role.
- 7.3.4 Conduct monthly audit and monitoring on the guidelines implementation and compliance, and submit a report to top management.
- 7.3.5 Ensure any incidences or near miss are reported and investigated as per hospital policy, conduct root cause analysis and develop action plans accordingly.
- 7.3.6 Share information and lessons learned from any incidence or near miss across clinical areas to prevent similar incidences in the future.
- 7.3.7 The nurse in-charge of each ward/unit/clinic/ health center is responsible and accountable for checking CDs in every shift, and maintaining proper documentation of drug counts.

7.4 Staff Nurses

- 7.4.1 Comply with the guidelines.
- 7.4.2 Attend the training and awareness sessions, related to safe medication handling.



7.4.3 Provide health education to patients and the care-givers about safe handling of these medications.

7.4.4 Report any incidence or near miss, or any improper handling of these drugs to superiors or top health institution management.

8. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	DGNA Team	June/ 2023
02			
03			
04			
05			
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DGNA Team	Director of Professional Practice	DG of NA	

9. Related Documents:

- 9.1 Guide to: Management of Narcotics and psychotropic substances in Health Institutions & Pharmaceutical establishments



10. References:

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Guide to : Management of Narcotics and Psychotropic Substances in Health Institutions & Pharmaceutical Establishments	Directorate General of Pharmaceutical Affairs & Drug Control	2016	
General Nursing Procedures- Policy on Narcotics and Psychotropic Drugs	DGNA	2004	
Narcotic Control: Documentation And Count At https://www.saskatoonhealthregion.ca/about/NursingManual/1127.pdf	Saskatoon Health Region	March 2014	
Guidelines for the Management of Opioid Infusions for Acute Pain. http://www.olchc.ie/Files-Uploaded/Nursing-Guidelines/Pain-Doc-Opioid-Infusion-2012.pdf	Division of Anesthesia/Acute Pain Management	November 2012	



11. Appendix 1: Requisition From

Requisition Form							
Sr No:							
Indent No:							
Requisition for: <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	

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.



12. Appendix 2: Narcotic Drugs Register

سجل المواد المخدرة Narcotic Drugs Register											
Trade Name:						الاسم التجاري					
Generic Name:						الاسم العلمي					
Manufacture:						المصنع					
Pack Size:						حجم العبوة					
Strength:						التركيز					
Agent/ Supplier:						الوكيل / المصدر					
Sr. No	الكمية المستلمة Quantity received	تاريخ الإستلام Date of Receiving	رقم التشغيل - 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 المعصوفة 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.



13. Appendix 3: Narcotic Drugs Register

سجل المؤثرات العقلية

Psychotropic Substances Register

Trade Name:
Generic Name:
Manufacture:
Pack Size:
Strength:
Agent/ Supplier:

اسم التجاري:
اسم العلمي:
المصنع:
حجم العبوة:
تركيز:
وكيل / المصدر:

Sr.No	الكمية المستلمة Quantity received	تاريخ الإستلام Date of Receiving	رقم التشغيل - 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 الميادة 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.



14. Appendix 4: Wards, Units, and Out-patient Clinics Narcotic Drugs Register

سجل المواد المخدرة بالأجنحة أو الأقسام أو العيادات الخارجية

Wards, Units, and Out-patient Clinics Narcotic Drugs Register

Ward/ unit/clinic:

الجنحة / الوحدة / العيادة الخارجية

Trade Name:

الاسم التجاري

Generic Name:

الاسم العلمي

Manufacturer:

المصنع

Pack Size:

حجم العبوة

Strength:

التركيز

Receipt Particulars							Administration Column								Balance	Remarks
Date	Ind. No	Qty Received	BN	Exp. Date	Received By/sign	Checked By/sign	Patient name	MRN	Rx No	Prescribed by	Qty given	Time	Given By/sign	Witnessed By/sign		



15. Appendix 5: Wards, Units, and Outpatient Clinics Psychotropic Substances Register

سجل المؤثرات العقلية بالأجنحة أو الأقسام أو العيادات الخارجية

Wards, Units, and Out-patient Clinics Psychotropic Substances Register

Ward/ unit/clinic:

الجنحة / الوحدة / العيادة

Trade Name:

الاسم التجاري

Generic Name:

الاسم العلمي

Manufacture:

المصنع

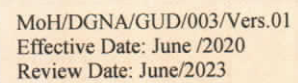
Pack Size:

حجم العبوة

Strength:

التركيز

Receipt Particulars							Administration Column								Balance	Remarks
Date	Ind. No	Qty Received	BN	Exp. Date	Received By/sign	Checked By/sign	Patient name	MRN	Rx No	Prescribed by	Qty given	Time	Given By/sign	Witnessed By/sign		





17. Appendix 7: Outpatient Narcotic Rx

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



18. Appendix 8: CDs Incident Report

CDs Incident Report				
Type of CD:		<input type="checkbox"/> Narcotic <input type="checkbox"/> Psychotropic		
Governorate:		Report No:		
Region:		Date: / / 20		
Health Unit:				
Unit/Ward:				
This is to inform that the following CDs had been : (tick the 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"/>				
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		Witness		Patient Sticker (Mandatory only for Point 4
Name:		Name:		
Designation:		Designation:		
Signature:		Signature:		
Ward/ Unit In-charge		NO/ANO		
Name:		Name:		
Designation:		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.				