S4R (RESTRICTED SCHEDULE 4) MEDICATIONS: ADMINISTRATION, HANDLING AND DOCUMENTATION

AIMS

- Medications are given punctually and at the prescribed times, as ordered by a medical officer on the medication chart.

- The storage and recording requirements set out in the Operational Directive are followed for S4R medications.

KEY POINTS

1. S4R - There is a range of Schedule 4 medicines that are liable to abuse, such as the benzodiazepines and tramadol. For this group of medicines, the traditional storage and record keeping requirements for a Schedule 4 medicine are inadequate to provide the level of accountability required in the public health system.

2. Operational Directive OD 0528/14 and Operational Directive OD 0529/14 sets out the storage and recording requirements for these medicines in wards and pharmacies at a public hospital.

3. Operational Directive OD0492/14 sets out the management of Schedule 8 and Restricted Schedule 4 oral liquid medicines.

4. Where there is a discrepancy in S8 or S4R medicine balances, these must be reported per Reporting of medicine discrepancies in public hospitals and licenced private facilities which provide services to public patients in Western Australia: OD 0377/12.

AUTHORISED PERSON

- Persons permitted to obtain, possess or use a Schedule 4 medicine. This includes medical practitioners, nurse practitioners, registered nurses, registered midwives, medicines competent enrolled nurses, pharmacists and anaesthetic technicians.
SUPPLIES OF S4R MEDICATIONS TO WARDS AND DEPARTMENTS

Supplies of S4R medications may be obtained:

1. By entering requirements on the S4R Requisition Form and forwarding the book to the Pharmacy Department as necessary, usually once weekly. Supplies of Forms may be obtained from the Pharmacy.

2. By imprest system – Inventory in the ward is checked by pharmacy staff and a S4R Medication Imprest Form / order raised.

3. Requisitions will be signed by an authorised person when the medications are received in the ward / department.

4. Supplies will be delivered by the Pharmacist or the designated staff, who will check the balance with the authorise person receiving the medications and both will sign the register.

5. Outside Pharmacy hours or in an emergency, the wards may borrow medications from another area within the hospital by contacting the Hospital Clinical Manager who will obtain the medications, signing them out of the donor ward register with the authorised person supplying the medication and into the receiving ward register with the authorised person accepting the medication.

6. Entries in the Register will indicate the date, amount transferred, source or destination of medication, and the subsequent balance.

7. Such entries will relate solely to the movement of a quantity of medication from one area to another and will be separate from any entry required for administering the medication to the patient.

STORAGE

1. Storage of S4R medications in the pharmacy will comply with Operational Directive OD 0528/14.

2. Storage in other areas of the hospital will comply with Operational Directive OD 0528/14

   - In a separate cupboard or secure storage area apart from other Schedule 4 and Schedule 8 medicines securely attached to a wall or floor and kept locked when not in immediate use. Other goods, including keys, cash or documents should not be kept in this cupboard.
   - Any restricted Schedule 4 medicines brought in by a patient are to be stored in this cupboard.
• The cupboard where the restricted Schedule 4 medicine are stored should not provide access to cupboards where other Schedule 4 or Schedule 8 medicines are stored.

SECURITY

Controlled Medications (S4R) cupboard where access is via a swipe card:
- The staff member with approved access to the S4R drug cupboards will have current registration with the Australian Health Practitioner Regulation Agency (AHPRA) or hold a valid Poisons Permit as issued by the Department of Health; and
- Will inform the Clinical Nurse/Midwifery/Area Manager and Physical Resources Department immediately if the access control card is lost or stolen; and
- Will abide by the conditions set out by WNHS Policy 057 Identification of Staff; and
- Will know that each occasion of access to the S4R cupboards will be monitored and identification known.

RECORDING (S4R MEDICATION REGISTER)

• All inward and outward transactions of a S4R medicine are to be recorded in a Register.

• The Register of S4R medications will be kept in the area in which the medications are held and accurate records maintained in the Pharmacy by pharmacist or designated staff and in the ward/department by registered authorised person as delegates of the Chief Pharmacist.

• The Register shall be of a form approved by the hospital or chief pharmacist.

• The entries shall be made in ink at the time of the transaction. All entries must be clear, preferably printed and signatures legible.

4. Balances of all medications checked the register:

Daily checking:
- A daily stock check of each item is required with the names and signatures of two people.
- In areas unable to perform daily checks with two authorised individuals due to opening hours or staffing restrictions, additional oversight will be in place by other means to ensure usage and accountability of the area.
• The ward /department by two midwifery /nursing /anaesthetic technician staff at least daily, with an entry made in the Register(s) for each medication and signed by both staff.
• The ward pharmacist will check balances in ward /department with the ward nursing/ midwifery staff at least monthly and both will sign an appropriate entry in each Register.
• Discrepancies or irregularities in the Register are to be reported to the Clinical Manager and the Chief Pharmacist immediately upon detection. See WNHS Policy WO46 Medicines-Accountability Storage and Reporting Requirements.

5. Minimum requirements for a transaction
• For all transactions in clinical areas, an entry shall be made in ink in the Register of the area in which the patient / medication is held, showing the:
  o Date
  o Patient’s name
  o Amount ordered by the doctor
  o Amount used from stock
  o Balance in hand
  o Time medication was given
  o Name of medical practitioner who prescribed the medication
  o Requires two signatures in the register for persons involved in the transaction
  o In areas without two authorised persons working due to staffing makeup, additional oversight will be in place by other means to ensure usage and accountability of the area.

6. Errors in the Register
• The Medication Register is a legal document. Any mistake in an entry in the Register must be corrected by an entry on the next available line giving details explaining the mistake and show the current balance.

NO ENTRY IN THE REGISTER IS TO BE ALTERED OR OBLITERATED.

7. Patients Own Medications
• Patients Own Schedule 4 Recordable Medications must be placed into the ward Schedule 4 Recordable for custody while a patient is an inpatient.
• The receipt of a restricted Schedule 4 medicine including any patient’s own medicines is to be signed by two authorised persons.

8. Medication Discarded or Wasted:
• This applies to any medication inadvertently wasted (Broken, dropped etc). If any medication is wasted, a record must be made in the Register and require the signatures of two witnesses.
• Schedule 4 Recordable infusions, either IV or epidural, which are only partly used will have an excess portion discarded and appropriately noted on the infusion chart (Neonatal: MR725.01, PCIA: MR301, PCEA: MR280). Two staff members must document that they witness the disposal onto the relevant chart.

9. New Register:
• Transferring of records from an old register to a new register must be done by two staff. The entries shall contain the date, balance transferred and the signatures of staff involved.
• Registers shall at all times be available for inspection by an authorised person and all records shall be retained for seven years from the date of last entry. Registers no longer in use are to be returned to the Pharmacy.

10. Use and documentation in Theatre
• A medical practitioner is authorised to possess Schedule 4 Recordable medicines and an anaesthetist may request the issue of several ampoules of injectable Schedule 4 Recordable medicines at the start of each patient’s procedure.
• As possession and access to the safe is usually in the hands of the registered nursing staff, the Schedule 4 Recordable medicines are issued by the authorised person to the medical practitioner with both parties signing for the issue of drug in the Schedule 4 Recordable Register. This documents that the medical practitioner has received the Schedule 4 Recordable medicine. Documentation of discard volumes in the register are to defer to the anaesthetic record in this instance when the stock is issued.
• It is then the responsibility of the medical practitioner to document the administration of the Schedule 4 Recordable medicine to the individual patients he/she treats as well as ensure that two signatures of authorised individuals are obtained and documented for the destruction of any unused Schedule 4 Recordable medications.

ADMINISTRATION PROCEDURE

1. The Six Rights
When administering medication, regardless of the type of medications the six rights must be followed:
   1. Right individual
   2. Right medication
   3. Right dose
   4. Right time
   5. Right route
   6. Right documentation
Each time a medication is administered, the staff involved must systematically and conscientiously check the procedure against the six rights. This is essential every time a medication is administered – including any medications that an individual has been taking for a long time.

2. Read the label
   - before taking the container from the shelf;
   - before issuing the medication,
   - before returning the container to the trolley or discarding it.

3. Measure the dose accurately, using standard weights and measures.

4. Immediately prior to administration, check the name and number on the medication chart with the patient’s identification bracelet. Ensure that the patient receiving the dose is the one for whom it was prescribed. **Note:** The authorised person who prepares the medication must give it. See Clinical Guideline Checking and Administration of Intravenous Medications

5. Stay with the patient to ensure the medication is taken.

6. If the patient is absent, **do not** leave the medication on the locker.

7. When the medication has been taken, initial the medication chart.

8. If administering medications to the patient for the first time, print name in full and initial on the ‘Staff Initial / Signature Identification form (MR 810.12).

9. Any error in giving medications must be reported immediately to the shift coordinator and medical officer.

10. A CIMS form must be completed for each medication error

11. Medications must be stored and administered in accordance with the manufacturer’s and pharmacist’s recommendations regarding temperature, exposure to light and expiry dates.

REFERENCES (STANDARDS)
National Standards – 4: Medication Safety

Legislation
Poisons Regulation 1965
Operational Directive OD 0528/14
Storage and recording of Restricted Schedule 4 (S4R) medicines
Operational Directive OD 0529/14
Storage and recording of Propofol
Operational Directive OD 0492/14
Management of Schedule 8 and Restricted Schedule 4 oral liquid medicines
Operational Directive OD 0377/12
Reporting of medicine discrepancies in public hospitals and licensed private facilities which provide services to public patients in Western Australia

Related Policies
WNHS Policy O46 Medicines-Accountability Storage and Reporting Requirements
WNHS Policy 057 Identification of staff

Other related documents –
P 2.3.4 Checking and Administration of Intravenous Medications
A 4 Parenteral Therapy

**RESPONSIBILITY**

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For administration of intravenous medications, refer to Clinical Guideline Parenteral Therapy

Do not keep printed versions of guidelines as currency of information cannot be guaranteed. Access the current version from the WNHS website.