Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Ambulance Service (NAS) Policy

Management and Requisition of Controlled Drugs

Document reference number	***NASCG006***	**Document developed by**	**NAS Drugs and Therapeutics Committee**
Revision number	**1**	**Document approved by**	**Martin Dunne Director of NAS**
Revision date	**28th November 2017**	**Responsibility for implementation**	**Each Chief Ambulance Officer/Area Operations Manager**
Approval Date	**06th Decembe4r 2020**	**Responsibility for review and audit**	**NAS Drugs and Therapeutics Committee**

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1.0 POLICY STATEMENT

1.1 The National Ambulance Service (NAS) is committed to ensuring that Controlled Drugs (CDs) are managed safely and effectively, thus enhancing staff, patient and public safety. The NAS provides authorisation for individual practitioners to use controlled drugs.

2.0 PURPOSE

2.1 The purpose of this policy and procedure is to provide guidance on:

A. Requisitioning
B. Supply
C. Storage
D. Record keeping
E. Return
F. Disposal
G. Action in the event of loss

3.0 SCOPE

3.1 Applies to all staff members of the National Ambulance Service

4.0 LEGISLATION/OTHER RELATED POLICIES

A. Medicinal Products (prescription and control of supply) (amendment) regulations 2014 (SI no. 300 of 2014)
B. Medicinal Products (Prescription and Control of Supply) (amendment) Regulations 2008 (SI 512 of 2008)
C. Health Products Regulatory Authority , Group Authority Licence
D. The Misuse of Drugs (Amendment) Regulations 1993 (SI No. 342 of 1993)
E. Misuse of Drugs (Amendment) Regulations 1993 (SI 338 of 1993)
F. Misuse of Drugs Regulations 1988 (SI no. 328 of 1988)
G. Misuse of Drugs (Safe Custody) Regulations 1982 (SI no 321 of 1982)
H. Policy – NASCG005 – Medicines Management
I. Policy – OQR006 – Incident Management Procedure

5.0 GLOSSARY OF TERMS AND DEFINITIONS

5.1 Manager - Ambulance Officer grade

5.2 Supervisor – (Paramedic/Advanced Paramedic Supervisor)

5.3 Practitioner –Healthcare professionals who are registered with the Pre-Hospital Emergency Care Council (PHECC) and authorised to practice at EMT / Paramedic /Advanced Paramedic level.

5.4 NAS Advanced Paramedic – Practitioners registered with the Pre Hospital Emergency Care Council (PHECC) at the level of Advanced Paramedics (AP), and authorised to practice at the level of AP for the National Ambulance Service (NAS) by the NAS Medical Director.

5.5 NAS Paramedic – Practitioners registered with the Pre Hospital Emergency Care Council (PHECC) at the level of Paramedic and authorised to practice at the level of Paramedic for the National Ambulance Service (NAS) by the NAS Medical Director.

5.6 NAS Emergency Medical Technician - Practitioners registered with the Pre Hospital Emergency Care Council (PHECC) at the level of EMT, and authorised to practice at the level of EMT for the National Ambulance Service (NAS) by the NAS Medical Director

5.7 Group Authority Licence - The Health Products Regulatory Authority (HPRA) provides the Group Authority Licence (GAL) for the National Ambulance Service (NAS), the Misuse of drugs acts, 1977 and 1984 Misuse of drugs regulations, 1988 and associated amendments underpin the safe storage and management of Scheduled drugs. For the purposes of this Policy, a controlled drug (CD) is a drug named in the HPRA Group Authority Licence and also any drugs which it is considered necessary to control for risk management reasons.

6.0 ROLES AND RESPONSIBILITIES

6.1 The NAS Director in his/her role has overall statutory responsibility and accountability for the safe and secure handling of Controlled Drugs.

6.2 The NAS Medical Director in his/her role as chair of the drugs and therapeutics committee has oversight of all NAS processes and procedures described in this document.

6.3 The NAS Leadership Team has responsibility and accountability for ensuring the provision of the appropriate resources required to implement this policy.

6.4 The NAS Drugs and Therapeutics committee are responsible for the revision of this policy.

6.5 The Area Operations Manager in his/her role is responsible for the implementation of this policy within his/her own area.

6.6 The Area Operations Manager in his/her role is responsible for ensuring procedures are in place for ongoing audit of controlled drugs requisition and management.

6.7 It is the responsibility of the Area Operations Manager or designates to ensure that each Practitioner is aware of and understands this Procedure.

6.8 It is the responsibility of each Practitioner to adhere to this Procedure.

7.0 Procedures

7.1 Requisition

7.1.1 When the level of controlled drugs held in the Controlled Drug Safe reaches the minimum stock level, as specified by each area, an Advanced Paramedic or Supervisor/Manager will place an order with the agreed Pharmacy.

7.1.2 The *Controlled Drug Requisition Book* is a 3-part form in pads. Each form is number controlled. A register will be maintained by the Area Operations Manager or designate of all pads currently in use in the NAS, and to which Station they have been allocated to aid traceability.

7.1.3 A Controlled Drug may only be ordered on an official *Controlled Drug Requisition Form*, as appended to this procedure (Appendix 5)

7.1.4 All requisitions must be written clearly and legibly and should be printed in block capitals if necessary.

The AOM or designate shall provide each Pharmacy with a list of Managers / Supervisors / Practitioners who may requisition medications. This list should be updated annually and have a sample signature & PIN for each person requisitioning medications. (Appendix 12)

7.1.5 Information required on the requisition includes:

A. Ambulance Station
B. Signature and PIN of the AP requisitioning the drug
C. Date
D. Name of the Drug
E. Strength of the Drug (e.g. 10mg/ml)
F. Form of the drug (e.g. tablet/capsule/injection)
G. The total quantity, in both words and figures (e.g. 44 (forty four)

7.1.6 Only one drug should be included on each Requisition Form.

7.1.7 Quantities ordered should be appropriate for the packaging of the drug and the expected use by Advanced Paramedics. (Appendix 10)

7.1.8 Requisitions should be brought to the relevant Pharmacy by the designated A P / Supervisor / Manager.

7.1.9 When collecting controlled drugs from any Pharmacy, NAS staff should be in uniform and have an identity badge on their person.

7.1.10 Controlled drugs will be counted and checked by the relevant Pharmacy in the presence of the designated AP/Supervisor/Manager.

7.1.11 The designated A P / Supervisor / Manager must sign for accepting the drugs for delivery having witnessed the checking and counting of the drug(s) by the relevant Pharmacy.

7.1.12 Controlled Drug requisitions may not be faxed.

7.1.13 The top copy will be retained by the Pharmacy Service. The second copy should be forwarded to the Area Operations Manager or designates by the receiving designated Supervisor/Manager and the third copy left in the pad. When the pad is complete, it will be forwarded to the Area Operations Manager or designates. All controlled drug records and associated documentation should be kept for a minimum of **two years** from the date of the last entry on the record in accordance with regulation 22 of the Misuse of Drugs Regulations 2017.

7.1.14 The Area Operations Manager or designate will perform quarterly audits of all requisition and storage arrangements.

7.1.15 The Area Operations Manager or designate will ensure that a regional register of controlled drug books is maintained.

7.1.16 During transit from the Pharmacy to the Ambulance Station, controlled drugs must be kept with the designated AP/Supervisor/Manager until secured in the Station

7.1.17 Controlled Drugs will be carried in a secure cabinet on their vehicle (where vehicular transport is required) and must not be left unguarded at any time until secured in the Station controlled drug safe.

7.1.18 The designated AP /Supervisor/Manager will place the controlled drugs in the Station controlled drug safe. The order will be entered in the *Controlled Drug Station Record Book*, (Appendix 6), and the stock balance will be amended to reflect new levels.

7.1.19 Stocks of the *Controlled Drug Books* will be maintained by the HSE/NAS preferred supplier. The preferred supplier will seek authorisation from the Area Operations Manager or designates to release / deliver the books for distribution to the relevant station. When the book is complete, it will be forwarded to the Area Operations Manager or designate. All controlled drug records and associated documentation should be kept for a minimum of **two years** from the date of the last entry on the record in accordance with regulation 22 of the Misuse of Drugs Regulations 2017.

7.1.20 Routine Pharmacy Service services are not available out of hours. NAS staff must ensure that appropriate supplies of drugs are available for immediate use.

7.1.21 Where adequate supplies are unavailable, an authorised person must complete/submit a requisition in time to secure new stock.

7.2 Out of Date Stock / Returns to Pharmacy

7.2.1 It is the responsibility of Advanced Paramedics / supervisor to monitor the controlled drug stock so as to reduce the likelihood of stock exceeding it's expiry date.

7.2.2 Where an Advanced Paramedic identifies that stock is out of date, then the box must be clearly marked "out of date, do not use".

7.2.3 Out of date stock will remain stored in the Station's Controlled drug safe until returned to the pharmacy.

7.2.4 A designated AP / Supervisor/Manager will return the out of date stock to the issuing Pharmacy for safe destruction and record in the *Controlled Drug Return Stock to Pharmacy Book* (Appendix 7).

7.2.5 The designated A P / Supervisor/Manager will record return of the out of date drug in the *Controlled Drug Station Record Book* (Appendix 6) in red ink.

7.2.6 The designated Supervisor/Manager will complete the *Controlled Drug Return Stock to Pharmacy Book.* (Appendix 7)

7.2.7 The Pharmacist will acknowledge the receipt of the returned drug by signing the *Controlled Drug Return Stock to Pharmacy Book*. (Appendix 7)

7.2.8 A designated Supervisor/Manager should sign to acknowledge this transaction.

7.3 Controlled Drug Storage at each Ambulance Station

7.3.1 Controlled drugs will be held in a locked Controlled Drug Safe on each Ambulance Station.

7.3.2 The key to the Station Controlled Drug Safe will be held in a key safe. Access to the key safe will be by coded lock and will be limited to PHECC Registered Advanced Paramedics and designated Supervisors/Managers. The spare key for the Controlled Drug Safe will be held in a separate key safe located in or near to the Station Office.

7.3.3 The code to the key safe will be changed by the Area Operations Manager or designate on an annual basis or when it is felt that security has been compromised. All regional station key safes will use the same code to facilitate movement of Advanced Paramedics between Stations.

7.3.4 It is the responsibility of the Area Operations Manager or designate to advise Advanced Paramedics of the confidential code.

7.4 Issuing of controlled drugs

7.4.1 At the commencement of each shift, the Advanced Paramedic will access the Station controlled drug safe and obtain the appropriate number of controlled drugs as per Group Authority Licence (Appendix 11)

7.4.2 It is the responsibility of the Advanced Paramedic to ensure the Header for each page is correctly completed and that a stock check is completed prior to signing out controlled drugs.

7.4.3 If any discrepancy in the count of the controlled drugs is found, this must be reported immediately to the shift supervisor / manager where available, if there is no supervisor or manager available the discrepancy should be reported to the NEOC duty manager.

7.4.4 The withdrawal of controlled drugs will be recorded in the *Controlled Drug Station Record Book*. (Appendix 6) The *Controlled Drug Station Record Book* must be countersigned by another practitioner, to acknowledge the remaining running stock total.

7.4.5 If Each practitioner should make every effort to ensure that they are witnessed during the sign in and sign out process. If no witness is available, then the reason **must** be recorded in the *Controlled Drug Station Record Book* (e.g. NOPP **N**o **O**ther **P**erson **P**resent).

7.4.6 The Advanced Paramedic must check each ampoule to identify that each ampoule is correct and not a similar ampoule, which may have accidentally been placed in the box.

7.4.7 At the end of the shift, the controlled drugs must be signed back in by the Advanced Paramedic who booked it out. The *Controlled Drug Station Record Book* must be amended to reflect the running stock total.

7.4.8 The *Controlled Drug Station Record Book* should be countersigned by another practitioner to acknowledge the amended running stock total.

7.4.9 If no witness is available then the reason must be recorded in the *Controlled Drug Station Record Book* (e.g. NOPP).

7.4.10 Advanced Paramedics will draw controlled drugs from their base Station and at the end of their shift, will return any unused ampoules to the same stock. If there is a need to draw stock from another Station, then any unused stock at the end of shift must be returned to that Station's stock, and not back to their normal base Station's stock.

7.5 Storage on Vehicles / Person

7.5.1 The Advanced Paramedic who booked controlled drugs out of the Station controlled drug safe is responsible for ensuring that they are stored in the designated Controlled drug pouch to minimise the risk of breakages.

7.5.2 The Advanced Paramedic who booked controlled drugs out of the Station controlled drug safe is responsible for ensuring that they are stored in the vehicle security safe and that the access key to the vehicle storage safe is under their control throughout their operational shift.

7.5.3 The access key must be placed back in safe storage at end of shift.

7.5.4 The spare access key will be retained centrally in secure storage by the relevant designated Manager.

7.5.5 In exceptional circumstances where there is no vehicle safe available or Major events / remote access the Advanced Paramedic who booked the controlled drugs out of the Station controlled drug safe is responsible for ensuring that it is stored safely on their person in the appropriate controlled drug pouch and remains under their control throughout their operational shift**. At the earliest convenience all controlled drugs should be returned to and appropriate secure station controlled drug safe or vehicle safe**.

7.5.6 In cases where the Advanced Paramedic / NAS Physician is also in a management role and has access to a secure NAS vehicle and safe while off duty they may keep the controlled drugs secure in the vehicle to be available to respond to calls immediately. In these circumstances the keys of the vehicle and controlled drug safe should be kept in a secure location.

7.5.7 As per controlled drug policy all NAS Managers AP or Physician must sign in controlled drugs to the controlled drug safe while on Annual Leave. They must also complete all appropriate documentation upon controlled drug administration.

7.6 Recording usage of Controlled Drugs

7.6.1 Controlled drugs will only be administered as per the PHECC Clinical Practice Guidelines and/or NAS Medical Directive. Their use will be recorded on the Patient Care Report Form (PCR) / electronic patient (ePCR) care report following standard working practice.

7.6.2 Administration outside PHECC Clinical Practice Guidelines and/or NAS Medical Directive in association with Telemedical support must be documented clearly on the PCR/ePCR. The following details will be included:

- Incident number
- Date and time
- Staff PIN number
- Amount administered
- Amount disposed witnessed

7.6.3 The original copy of the PCR must be left in the safe with the controlled drugs for audit by the Area Operations manager or designate.

7.6.4 The controlled drug PCRs will be audited on a monthly basis by the Area Operations manager or designate.

7.6.5 As an interim measure staff using the ePCR will print a controlled drug report and leave the copy of the controlled drug report in the controlled drug safe.

7.6.6 The electronic / paper version of the Patient Care Report Form and the copy of the Controlled Drug Station Record Book will form the long term record of controlled drug usage by the NAS.

7.7 Disposal of Unused / Damaged Ampoules

7.7.1 In the event that any ampoules /vials are not completely used, then the remaining medication **must** be withdrawn from the ampoule and disposed of in a sharps disposal container. This action **must** be witnessed by another NAS practitioner and noted on the PCR with signatures and PIN of both staff concerned.

7.7.2 If any ampoules / vials are damaged and require disposal, must be disposed of in a sharps disposal container and the *Controlled Drug Station Record Book* (Appendix 6) must be completed, giving details on how the ampoule /vial was damaged and confirmation of disposal. The *Controlled Drug Station Record Book* must be witnessed to confirm disposal.

7.7.3 The Area Operations Manager or designate must be notified by phone / email, of the circumstances of the breakage. The written confirmation must be countersigned by any witness.

7.8 Action in the event of loss of controlled drugs while on duty or from Vehicle Stock

7.8.1 In the event that an Advanced Paramedic loses any controlled drug from the vehicle or while on duty, this should be reported immediately to the National Emergency Operations Centre (NEOC) Duty Control Manager and to the station supervisor on duty.

7.8.2 NEOC must advise An Garda Siochana and the relevant operations manager, as per area protocol.

7.8.3 The operations manager will liaise with the Advanced Paramedic and conduct a preliminary investigation. The operations manager or a nominated NAS Representative must be present during any Garda interview.

7.8.4 A National Incident Report Form (NIRF) must be completed at the earliest opportunity. The form must be completed prior to ending the shift in which the incident occurs.

7.8.5 The operations manager must advise Area Operations Manager and Medical Director.

7.8.6 Action in the event of loss of controlled drugs from Station Stock

7.8.7 It is the responsibility of Advanced Paramedics / supervisor to monitor the Station stock levels during each shift.

7.8.8 When an Advanced Paramedic withdraws controlled drugs the witness must confirm the remaining stock. For opened boxes, the Advanced Paramedic must check each ampoule within the opened box, to identify that each ampoule is the correct one and not a similar ampoule, which may have accidentally been placed in the box.

7.8.9 If there is a discrepancy between the running stock total and the remaining stock or on the content of the stock, the Supervisor or Manager (time dependent) must be informed. The Supervisor or Manager will carry out an initial investigation to confirm the discrepancy within 2 working days.

7.8.10 In the event of a discrepancy, the Manager will notify Area Operations Manager and Medical Director.

7.8.11 If the discrepancy is confirmed and the cause cannot be determined, the Area Operations Manager must inform An Garda Siochana and initiate a full investigation immediately.

7.9 Controlled Drug Records

7.9.1 The following NAS documentation will be used to administrate the Controlled Drugs Policy:

- *Controlled Drug Requisition Book* (Appendix 5)
- One copy on each Ambulance Station

- *Controlled Drug Station Record Book* (Appendix 6)
- One copy for each Station Controlled Drug cabinet

- *Controlled Drug Return Stock to Pharmacy Book* (Appendix 7)
- One copy for each Station Controlled Drug cabinet

- *Register of Controlled Drug Books*
- Held by the Area Operations Manager or designate.

7.9.2 In cases of any written error when using the above documents, the error should be scored through with a single line and the error initialed. Correction fluid must not be used.

7.9.3 All controlled drug books should be held in a secure locked cabinet.

7.10 Adverse Event Reporting

7.10.1 If an adverse clinical event or near miss / incident occurs through the use of controlled drugs, this must be reported using the National Incident Report Form (NIRF) and NAS Policy – NASCG005 – Medicines Management, Section.

7.11 Misconduct

7.11.1 If found guilty of serious misconduct with regards to the handling of controlled drugs following an internal investigation, staff may be subject to internal disciplinary action and reported to the Pre Hospital Emergency Care Council's Fitness to Practice Committee staff and may also be subject to criminal proceedings.

8.0 IMPLEMENTATION PLAN

8.1 This policy will be circulated electronically to all managers, all supervisors and staff.

8.2 This policy will be given electronically to each staff member where possible and must be confirmed in writing by each AP and manager and must also be placed in hardcopy in the policy manual in each ambulance station and ambulance control for ease of retrieval and reference.

8.3 Each designated supervisor/manager who is responsible for updating the policy and procedures manuals will return the confirmation form to ambulance headquarters.

9.0 REVISION AND AUDIT

9.1 This Policy will remain under constant review by the NAS Drugs and Therapeutics committee and may be subject to change to facilitate any changes/developments in service requirements, procedures and/or legislation.

9.2 The Area Operations Manager or designate will monitor compliance with this Policy on a quarterly basis at minimum in relation to the management of controlled drugs within the Ambulance Service and any deviation will be reported to the Medical Director or designate for remedial action**.**

9.3 The Area Operations Manager or designate is responsible for carrying out an internal audit of this policy.

9.4 The safe storage and handling of controlled drugs will be subject to annual audit by An Garda Siochana.

9.5 It is the responsibility of the NAS Area Operations Manager or designates to arrange the storage audit with An Garda Siochana.

9.6 It is the responsibility of the NAS Medical Director to arrange the external audit.

10.1 REFERENCES

A. Medicinal Products (prescription and control of supply) (amendment) regulations 2015 (S.I. No. 87 of 2015)
B. Medicinal Products (prescription and control of supply) (amendment) regulations 2014 (SI no. 300 of 2014)
C. Medicinal Products (Prescription and Control of Supply) (amendment) Regulations 2008 (SI 512 of 2008)
D. Health Products Regulatory Authority , Group Authority Licence
E. The Misuse of Drugs (Amendment) Regulations 2017 (S.I. No. 173 of 2017)
F. The Misuse of Drugs (Amendment) Regulations 1993 (SI No. 342 of 1993)
G. Misuse of Drugs (Amendment) Regulations 1993 (SI 338 of 1993)
H. Misuse of Drugs Regulations 1988 (SI no. 328 of 1988)
I. Misuse of Drugs (Safe Custody) Regulations 1982 (SI no 321 of 1982)
J. Policy – NASCG005 – Medicines Management
K. Policy – OQR006 – Incident Management Procedure
L. Pre Hospital Emergency Care council (PHECC) - Clinical Practice Guidelines

11.0 APPENDICES

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APPENDIX 1 – NAS Drugs & Therapeutics Committee Membership

Name:	**Title:**
Prof. Cathal O'Donnell	Medical Director – NAS
Prof Conor Deasy	Assistant Medical Director
Declan Lonergan	ECAT Manager
David Hennelly	Clinical Development Manager
Lawrence Kenna	ECAT Manager
Jennifer Brown	NAS Pharmacy Liaison
Paul Gallen	AOM South
Annmarie Oglesby	Quality & Patient Safety Manager
Mary O'Neill	QSRM South
Kevin Flannery	QSRM West
Ciaran McCullagh	QSRM East
Anthony Byrne	OPM South
Eoghan Connelly	Advanced Paramedic Staff Rep
Martin O'Reilly	Head of Education DFB
Peter O'Conner	Medical Director DFB

APPENDIX 2

Document Control No. 1 (to be attached to Master Copy)

Policy Governing Adherence to all SOP's, Policies and Procedures

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to a peer reviewer (internal or external), in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agreed the content and recommend the approval of the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

Policy Governing Adherence to all SOP's, Policies and Procedures

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

_____ _____ _____

Name Signature (Block Capitals) Date

Please return this completed form to:

Name: **Niamh Murphy**

Contact Details: **National Ambulance Service, Rivers Building, Tallaght Cross, Dublin 24 or email niamhf.murphy1@hse.ie**

APPENDIX 3

Document Control No. 2 (to be attached to Master Copy)

Key Stakeholders Review of Policy, Procedure, Protocol or Guidance Reviewer Statement

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to Managers of Employees who have a stake in the PPPG, in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have seen and agree to the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline:

Policy Governing Adherence to all SOP's, Policies and Procedures

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

_____ _____ _____

Name Signature (Block Capitals) Date

Please return this completed form to:

Name: **Niamh Murphy**

Contact Details: **National Ambulance Service, Rivers Building, Tallaght Cross, Dublin 24 or email niamhf.murphy1@hse.ie**

APPENDIX 4

Document Control No. 3 Signature Sheet:

(to be attached to Master Copy)

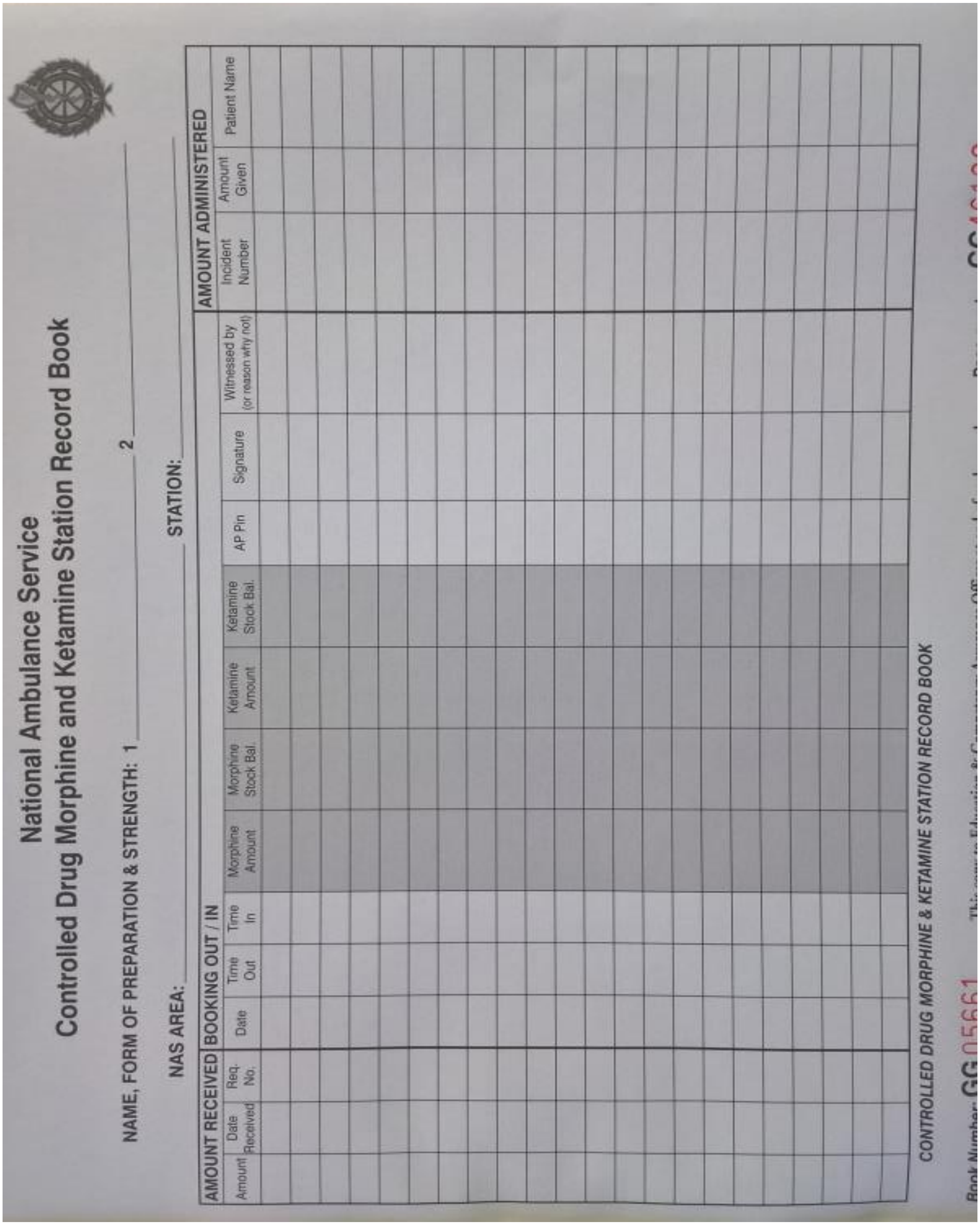
Policy, Procedure, Protocol or Guideline:

Policy Governing Adherence to all SOP's, Policies and Procedures

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline:

Print Name	Signature	Area of Work	Date

APPENDIX 5 Controlled Drug Station Record Book (Sample sheet)



National Ambulance Service

Controlled Drug Morphine and Ketamine Station Record Book

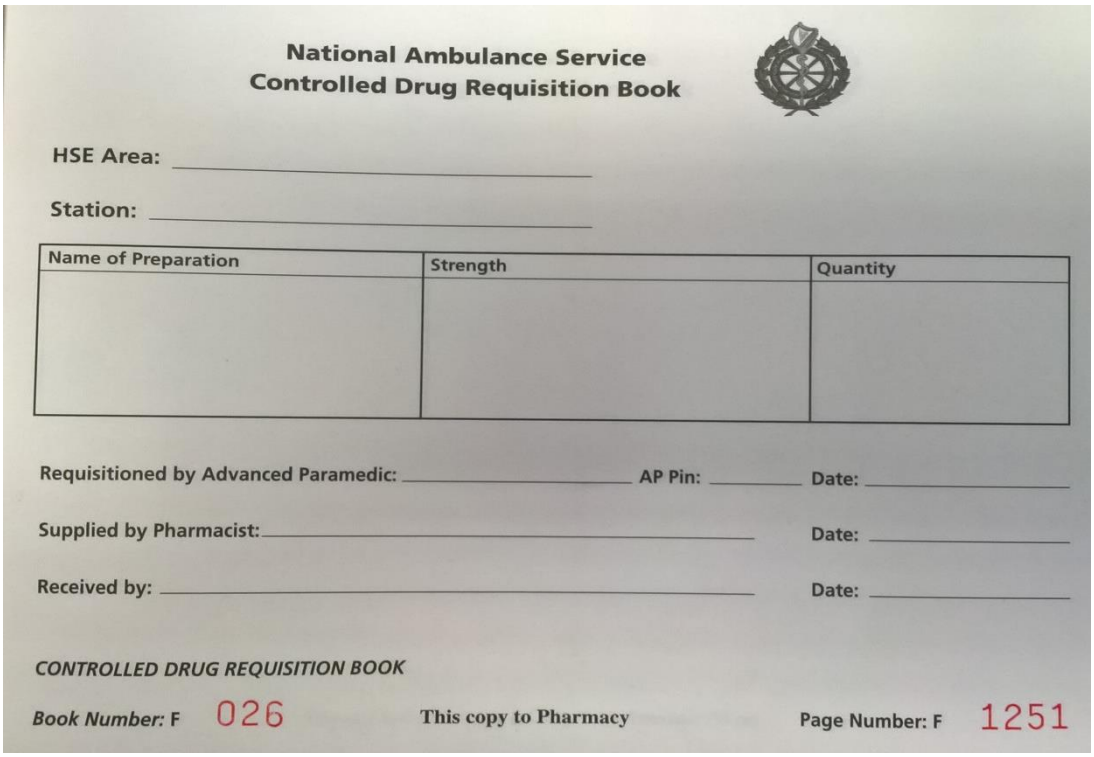
NAME, FORM OF PREPARATION & STRENGTH: 1 ______________ 2 ______________

NAS AREA: ______________ STATION: ______________

AMOUNT RECEIVED			BOOKING OUT / IN										AMOUNT ADMINISTERED		
Amount	Date Received	Req. No.	Date	Time Out	Time In	Morphine Amount	Morphine Stock Bal.	Ketamine Amount	Ketamine Stock Bal.	AP Pin	Signature	Witnessed by (or reason why not)	Incident Number	Amount Given	Patient Name

CONTROLLED DRUG MORPHINE & KETAMINE STATION RECORD BOOK

APPENDIX 6 Controlled Drug Requisition Book (Sample sheet)



National Ambulance Service
Controlled Drug Requisition Book

HSE Area: _____

Station: _____

Name of Preparation	Strength	Quantity

Requisitioned by Advanced Paramedic: _____ AP Pin: _____ Date: _____

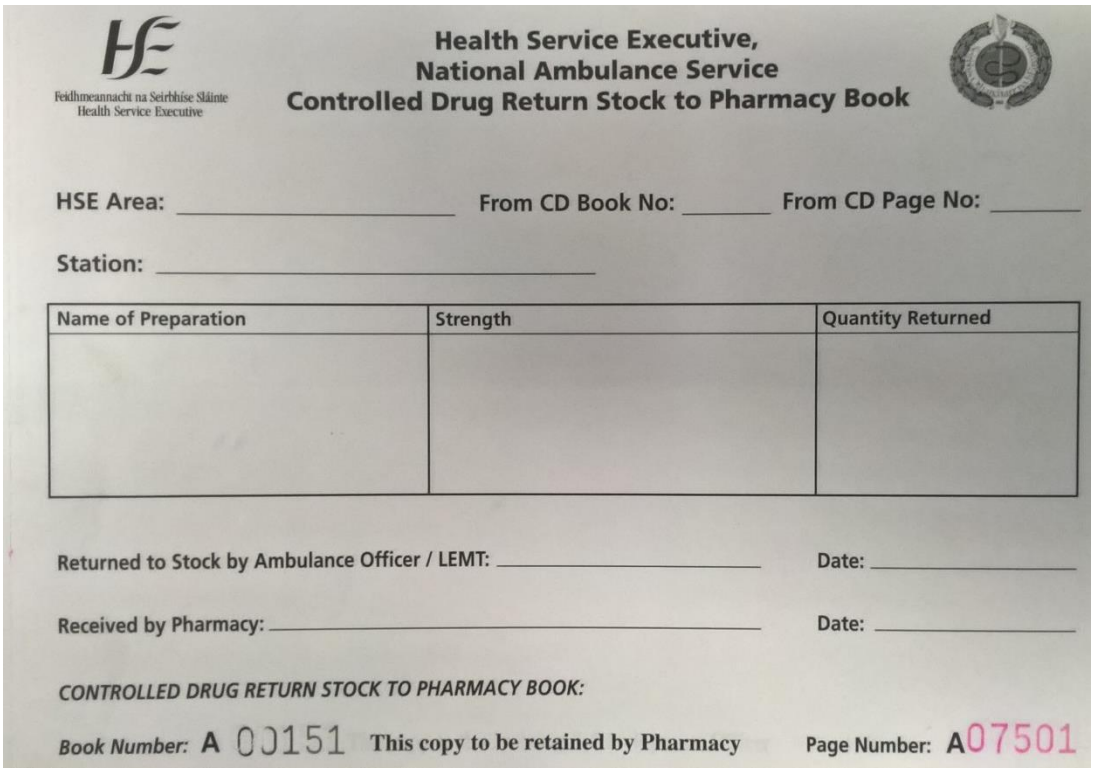
Supplied by Pharmacist: _____ Date: _____

Received by: _____ Date: _____

CONTROLLED DRUG REQUISITION BOOK

Book Number: F 026 This copy to Pharmacy Page Number: F 1251

APPENDIX 7 Controlled Drug Returned Stock to Pharmacy Book (Sample sheet)



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Health Service Executive

Health Service Executive,
National Ambulance Service
Controlled Drug Return Stock to Pharmacy Book

HSE Area: _____ From CD Book No: _____ From CD Page No: _____

Station: _____

Name of Preparation	Strength	Quantity Returned

Returned to Stock by Ambulance Officer / LEMT: _____ Date: _____

Received by Pharmacy: _____ Date: _____

CONTROLLED DRUG RETURN STOCK TO PHARMACY BOOK:

Book Number: A 00151 This copy to be retained by Pharmacy Page Number: A07501

APPENDIX 8 PHECC Skills Matrix

CLINICAL LEVEL	CFR-C	CFR-A	FAR/OFA	EFR	EMT	P	AP
Aspirin PO	✓	✓	✓	✓	✓	✓	✓
Oxygen		✓		✓	✓	✓	✓
Glucose gel Buccal				✓	✓	✓	✓
GTN SL				✓SA	✓	✓	✓
Epinephrine (1:1,000) auto injector				✓SA	✓	✓	✓
Salbutamol Aerosol				✓SA	✓	✓	✓
Chlorphenamine PO IM					✓	✓	✓
Epinephrine (1:1,000) IM					✓	✓	✓
Glucagon IM					✓	✓	✓
Ibuprofen PO					✓	✓	✓
Methoxyflurane INH					✓	✓	✓
Naloxone IN					✓	✓	✓
Nitrous Oxide & Oxygen (Entonox®)					✓	✓	✓
Paracetamol PO					✓	✓	✓
Salbutamol nebule					✓	✓	✓
Clopidogrel PO						✓	✓
Cyclizine IM						✓	✓
Hydrocortisone IM						✓	✓
Ipratropium Bromide nebule						✓	✓
Midazolam IM/Buccal/IN						✓	✓
Naloxone IM/SC						✓	✓
Ondansetron IM						✓	✓
Oxytocin IM						✓	✓
Ticagrelor						✓	✓
Sodium Chloride 0.9% IV/IO						✓SA	✓
Adenosine IV							✓
Amiodarone IV/IO							✓
Atropine IV/IO							✓
Ceftriaxone IV/IO/IM							✓
Chlorphenamine IV							✓
Cyclizine IV							✓
Dextrose 10% IV							✓
Dextrose 5% IV							✓
Diazepam IV/PR							✓
Epinephrine (1:10,000) IV/IO							✓
Fentanyl IN/IV							✓
Furosemide IV/IM							✓
Glycopyrronium Bromide SC							✓
Haloperidol SC PO							✓
Hartmann's Solution IV/IO							✓

Hydrocortisone IV							✓

Hyoscine Butylbromide SC							✓
Ketamine IV							✓
Lorazepam PO							✓
Magnesium Sulphate IV							✓
Midazolam IV							✓
Morphine IV/PO/IM							✓
Naloxone IV/IO							✓
Nifedipine PO							✓
Ondansetron IV							✓
Paracetamol IV/PR							✓
Sodium Bicarbonate IV/IO							✓
Tranexamic Acid							✓
Enoxaparin IV/SC							✓SA
Lidocaine IV							✓SA
Tenecteplase IV							✓SA

APPENDIX 9 Controlled drug list

For the purposes of administration by Practitioners within the NAS, The following medications are considered controlled drugs:

A. Morphine Sulphate 10mg in 1ml
B. Fentanyl 100mcg in 2ml
C. Ketamine 200mg in 20ml
D. Ketamine 500mg in 5ml

APPENDIX 10 Station Stock Limits

As per HPRA Group Authority Licence Station Stock Limits are as follows;

A. Morphine Sulphate 10mg in 1ml – MAX 500mg **(50 x 10mg Ampoules)**
B. Fentanyl 100mcg in 2ml – MAX 5000mcg **(50 x 100mcg Ampoules)**
C. Ketamine 200mg in 20ml – MAX 6000mg **(30 x 200mg Vials)**
D. Ketamine 500mg in 5ml – MAX 10000 mg **(20 x 500mg Vials)**

APPENDIX 11 Practitioner Stock Limits

As per HPRA Group Authority Licence Practitioner sign/in out limits are as follows;

A. Morphine Sulphate 10mg in 1ml – MAX 30mg **(3 x 10mg Ampoules)**
B. Fentanyl 100mcg in 2ml – MAX 300mcg **(3 x 100mcg Ampoules)**
C. Ketamine 200mg in 20ml – MAX 600mg **(3 x 200mg Vials)**
D. Ketamine 500mg in 5ml – MAX 1000 mg **(2 x 500mg Vials)**

APPENDIX 12 – Pharmacy Requisition- Practitioner List (sample)

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

To Whom It May Concern: (Pharmacy)

The National Ambulance Service is implementing a new standard process for the requisition and collection of medications from hospital pharmacy. All practitioners are asked to ensure they can provide identification to pharmacy upon collecting medications.

Please find below the list of the Management team responsible for the ongoing management of medications in your area.

NAME	POSITION	CONTACT NUMBER	EMAIL ADDRESS	PIN	SIGNATURE	PHOTO
John Doe	Area Operations Manager	087 1234567	John.doe@hse.ie	1234	John Doe	
Mary Kelly	Operational Resource Manager	087 1234567	Mary.kelly@hse.ie	4321	Mary Kelly	
John Smith	Education & Competency Assurance Manager	087 1234567	John.smith@hse.ie			

Please find below the list of Practitioners authorised to order and collect controlled and uncontrolled medications on behalf of the National Ambulance Service.

NAME	SIGNATURE	PHECC PIN	PHOTO ID
John Smith	John Smith	1423	
Mary Kelly	Mary Kelly	4321	

Yours Sincerely

John Doe
NAS Area Operations Manager