



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Pharmaceutical Care Department		
Document:	Multidisciplinary Policy And Procedure (MPP)		
Title:	Narcotics, Psychotropic and controlled medications		
Applies To:	Pharmacists, Physicians & Nurses		
Preparation Date:	December 15, 2024	Index No:	MM-MPP-009
Approval Date:	December 29, 2024	Version :	2
Effective Date:	January 29, 2025	Replacement No.:	MM-MPP-009 (1)
Review Date:	January 29, 2028	No. of Pages:	09

1. PURPOSE:

- 1.1 To provide guidelines governing the adequate control of distribution, prescribing, dispensing, storage and disposal of Narcotic and Controlled Drugs in MCH, in accordance with MOH rules and regulations.
- 1.2 To define the responsibilities of hospital personnel with regard to prescribing, dispensing, administering, storing, and record-keeping of these drugs.

2. DEFINITONS:

- 2.1 Narcotic Drugs: are addictive drugs that reduce the user's perception of pain and induce euphoria (a feeling of exaggerated and unrealistic well-being). They are substances that lead to increasing tolerance and physiological dependence.
- 2.2 Controlled Drugs: any drug or therapeutic agent with a potential for abuse or addiction, which is held under strict control.
- 2.3 Psychotropic Drugs: any drug capable of affecting the mind, emotions, and behaviour.
- 2.4 Rageeb, system is A national electronic platform for the control of narcotic drugs and psychotropic substances, which is an advanced initiative to strengthen and develop the governance of prescribing and dispensing in health facilities throughout the Kingdom of Saudi Arabia

3. POLICY:

- 3.1 The Pharmacy Department has an effective and consistent policy on the proper handling of narcotic and sedative-hypnotic drugs for inpatients as well as outpatients, according to the rules and regulations of the MOH Standards.
- 3.2 Narcotic and controlled drugs must be prescribed for a valid medical indication and may only be written or countersigned by consultants or specialist.
- 3.3 The Pharmacist in-charge along with nursing heads of service will conduct periodic inspections regarding safe storage and appropriate record keeping of narcotics and controlled medications.
- 3.4 Telephone order for Narcotics and Controlled medications is not acceptable.
- 3.5 Injectable Narcotics and Controlled medicines are not to be dispensed through the out-patient pharmacy, nor are they given to ambulatory patients for use outside the hospital.
- 3.6 Physicians cannot prescribe Controlled Medications for self or family use. Instead, they must obtain such drugs from clinic utilizing routine system.
- 3.7 Only the pharmacy department will receive, store (behind a steel door with double lock), and dispense narcotic & controlled drugs to patients, and maintain proper documentation of drug count and accountability (including that of empty containers of narcotics).
- 3.8 No one is allowed inside the Narcotic and Controlled Drugs room (hospital staff, patients, visitors, etc.). except for the pharmacy staff, OR and Anaesthesia department technicians, and nursing staff assigned to replace and receive these medications.
- 3.9 Outpatients prescriptions are written via Rageeb system through Seha platform, if the system is down or the internet not working, a paper prescription can be used

4. PROCEDURE:

4.1 Receipt:

- 4.1.1 Requesting form accompanies all the Narcotic and Controlled Drug received from medical supplies.
- 4.1.2 Inventory all Narcotic and controlled medications upon receipt by verifying the name of the medication and the number or amount of medication received.
- 4.1.3 Notify the director of the pharmacy immediately
- 4.1.4 Record-Keeping:
 - 4.1.4.1 Log all controlled medications on to Narcotic Record form,
 - 4.1.4.2 Place controlled drugs received in a double-locked container immediately

4.2 General Considerations:

- 4.2.1 Only consultants within appropriate clinic system are authorized to write prescriptions for drugs that fall under their area of expertise. Narcotics are only to be prescribed by specialists and consultants Non-psychiatric consultants may only prescribe psychotropic drugs if the use of such drugs falls under their area of specialization or patient management
- 4.2.2 Fellows and residents may write prescriptions for regular drugs when working with consultants in their clinics. However, a consultant must countersign prescriptions for Narcotic & Controlled medication.
- 4.2.3 In the case of all Narcotic & Controlled medications, the following requirements are mandated.
 - 4.2.3.1 The strength and quantity of the medication to be dispensed should be written clearly and legible in words and figures.
 - 4.2.3.2 There should be no mistake, abbreviation or misspellings of the drug name, strength quantity
 - 4.2.3.3 ID. number should be written with physician's name.
- 4.2.4 Prescriptions for Narcotic and Controlled drugs will be dispensed for all hospital section, or by the pharmacist in-charge, according to an agreed schedule
- 4.2.5 The Narcotic & Controlled drugs pharmacist in-charge provides Narcotic & Controlled drugs to the Head Nurse as a floor stock in each ward to be kept in safety steel cabinet with double lock
- 4.2.6 The nurse in-charge will be responsible for auditing of narcotic and controlled drugs every shift in each nursing unit, and maintaining proper documentation of drug count and accountability
- 4.2.7 Prescriptions for narcotics and controlled medications may only be written or countersigned by consultants or a specialist.
- 4.2.8 Telephone order for Narcotics and Controlled medications is Not acceptable, attended physician can prescribe it and must be countersigned by consultant within 24 hours.
- 4.2.9 The psychotropic drugs are restricted to psychiatric clinic while other specialists are allowed to prescribe one month only of the psychotropic drugs, except during emergency situations in which a psychiatrist or specialist is not immediately available.

4.3 In-Patient, Out-patient:

4.3.1 Narcotic Drugs:

- 4.3.1.1 The pharmacist in-charge will supply narcotics as a floor stock to each ward (e.g. Pethidine, & Morphine), With regard to Fentanyl stock it is supplied only to ICU's
- 4.3.1.2 The narcotics floor stock should be kept in the ward in (a double-locked safe) the Head Nurse in each ward will be responsible for it
- 4.3.1.3 The treating physician should fill the narcotic prescription form for each ampoule used and the order is on daily basis otherwise an Automatic Stop Order will be applied.
- 4.3.1.4 The prescriptions designed as one original and two copies, one copy kept in the file of the patient, other copy given to the pt. (out pt. if the medicine as patch or tablets). and the original sent to the pharmacy with the empty ampules
- 4.3.1.5 All empty ampoules and vials Narcotic and Controlled drugs will be saved and returned to the pharmacy with the appropriate proof-of-use document (completed fed form) for replenishment.

- 4.3.1.6 The appropriate sized ampoule of the drug shall be used, Never use larger size ampoules for smaller doses of a drug for which a smaller size ampoule is available
- 4.3.1.7 For doses which fall between ampoules sizes, use the closest size ampoule (e.g. for 30 mg dose, use a 50 mg ampoule, not 100 mg ampoule and not two 25 mg ampoules). Contact pharmacy services to determine what size, ampoules are available whenever there is any doubt
- 4.3.1.8 The nurse will use the remaining of a used ampoule if needed for another patient within 24 hours from the breaking of the ampoule; otherwise, the remaining will be discarded according to procedure.
- 4.3.1.9 The pharmacist will check the prescription order carefully and make sure that all the information is complete, as well as the consumed amount in the ampoule, and the remaining balance is properly discarded, documented, signed and stamped (including witnesses of the discarding)
- 4.3.1.10 Controlled and narcotic drugs should not be kept in the patient area in the dispensing trolley
- 4.3.1.11 The Nurse should withdraw the solution from the ampoule near the safe cabinet and return the empty ampoule immediately to the cabinet to avoid misplacement of the empty ampoules.
- 4.3.1.12 The Pharmacist should inspect the ward stock periodically (weekly & monthly)
- 4.3.1.13 If there are any discrepancies, an OVR must be completed before end of shift and discrepancies should be resolved immediately.
- 4.3.1.14 Unresolved discrepancies are reported to the Director of pharmaceutical Services and Director of Nursing Services or deputy, immediately or before the end of the shift
- 4.3.1.15 At every nursing shift change, an audit is conducted by outgoing and incoming nursing team and inventory noted on the audit sheet.
- 4.3.1.16 The nurses should replace the used ampoules from the pharmacy within 3 days from the date of the prescription.
- 4.3.1.17 Telephone orders for narcotic and controlled medication is not acceptable, available physician can prescribe it and countersigned by another physician (of the same department) within 24hrs

4.3.2 Controlled Drugs:

- 4.3.2.1 The treating physician should fill the controlled drug prescription form.
- 4.3.2.2 The prescription for a controlled injectable drug is made daily and for each ampoule used, otherwise an ASO will be applied. For tablets (e.g. Lorazepam, Phenobarbital, Clonazepam, Tramadol, & Diazepam) the prescription is valid for one week, unless written for less than that and dispensed as a unit dose.
- 4.3.2.3 The pharmacist should check the prescription for completion and dispense the drugs as a unit-dose.
- 4.3.2.4 The head nurse is the one to receive the controlled drugs from the pharmacist.
- 4.3.2.5 The unused drugs, due to discontinuation as a result of discharge or expiration of the patient, must be returned to the pharmacist in-charge.
- 4.3.2.6 On discharge, the patient is issued a new prescription to be dispensed only to the Head Nurse, who will forward the medication to the patient.

4.3.3 A Complete Prescription should contain the following:

- 4.3.3.1 Patient's name, medical record number, Room number, Bed number, Age, Sex, Nationality, and ID NO
- 4.3.3.2 Diagnosis, allergy
- 4.3.3.3 Date
- 4.3.3.4 Drug name
- 4.3.3.5 Dose (written in figures and letters)
- 4.3.3.6 Route and frequency of administration
- 4.3.3.7 Amount discarded if any, countersigned by administering nurse & witnesses
- 4.3.3.8 Time drug given

- 4.3.3.9 Doctor's name, stamp I.D. number, and signature
- 4.3.3.10 Receiving nurse's name, ID, number
- 4.3.4 Discarding Unused Injectable Narcotic & Controlled Drugs:
 - 4.3.4.1 The narcotic prescription form should be prepared at the time of discarding.
 - 4.3.4.2 Record patient's dose from the medication log book
 - 4.3.4.3 Record balance to be discarded in the prescription form.
 - 4.3.4.4 One nurse and the Most Responsible Physician must witness the discarding of the unused portion of the diluted drug, or that remaining in the ampoule/syringe, into the sink
 - 4.3.4.5 The nurse should not carry the excess narcotic on a tray or in a pocket or place it in an unsecured medication drawer for later disposal because this increases the risk of diversion or errors in documentation
 - 4.3.4.6 Should immediately ask for a witness and dispose of the drug according to established protocol.
 - 4.3.4.7 nurse and a physician must sign the narcotic prescription when discarding any unused drug from an ampoule or from a continuous infusion, and return the empty ampoule with the prescription to the pharmacy for replenishment
 - 4.3.4.8 The narcotic prescription form should be properly filled, signed and stamped by the treating physician
- 4.3.5 Disposal methods:
 - 4.3.5.1 Flushing (all forms of drugs) should be done in a clean area in a sink or flushing unit designated specifically for this purpose. In a flushing unit, the nurse should verify that all solid narcotics (pills, tablets, capsules) have flushed. If disposed of under running water, the water should run for at least 30 seconds after the medications go down the drain to ensure that they have washed through the trap
 - 4.3.5.2 Placing in sharps containers (injectable only) Wasted injectable narcotics are often disposed of in sharps containers
- 4.3.6 Broken Ampoules Policy
 - 4.3.6.1 An OVR report, signed by two witnesses and the Head Nurse, should be made for any ampoule (filled with medicine) that's broken or lost by a nurse in the ward and the report should be submitted to the Q&PS department. The nurse should also give a written report about the incident to the pharmacy department so that it will be documented and replaced with a new one
 - 4.3.6.2 If an empty ampoule was broken or lost in the ward by a nurse, then the nurse will make a report (Explanation letter) signed by two witnesses and submitted to the pharmacy department.
 - 4.3.6.3 If an ampoule of a Narcotic or Controlled drug was found to be broken by the pharmacist in his pharmacy stock s/he should make a written report signed by two witnesses of the incident and recorded in the relevant documents (minutes of narcotic broken ampules)
 - 4.3.6.4 Change of shift verification-narcotic count:
 - 4.3.6.4.1 At the change of shift, the on-coming and out-going nurse jointly count all controlled medications, including discontinued or expired medications awaiting destruction.
 - 4.3.6.4.2 The out-going nurse will read the Individual Narcotic Record book pages while the on-coming nurse examines the containers of controlled medications
 - 4.3.6.4.3 The Shift-to-Shift Narcotic Count Verification form will be signed by both the out-going and the on-coming nurse at each change of shift
- 4.3.7 Discrepancies
 - 4.3.7.1 If a count discrepancy occurs in the change of shift verification, an investigation is made immediately to determine the error by the staff persons associated with the medication delivery system.

4.3.7.2 If the count cannot be reconciled

4.3.2.7.1 Anyone associated with the administration or assistance of medication may not leave the hospital. Only Director of pharmaceutical Services and Director of Nursing Services or deputy dismiss the staff persons involved in the controlled medication count if a count discrepancy occurs.

4.3.2.7.2 The Head nurse or Administrator is called.

4.3.2.7.3 The Head nurse or Administrator attempts to reconcile the count.

4.4 Out-Patient

4.4.1 Narcotic, Controlled & Psychotropic Drugs:

4.4.1.1 Tablet, syrup and Patch forms only of Narcotic and Controlled Drugs are allowed to be given to outpatient. Injectable form of Psychotropic Drugs is not allowed to be given to outpatient.

4.4.1.2 Consultants and specialists from different departments such as urology, medical, surgical, dental, and oncology can prescribe some Narcotic, Controlled Drugs and Psychotropic Drugs for only one month as per indication.

4.4.1.3 Psychiatrists can prescribe Psychotropic Drugs via Rageek platform, and END dispensed for as long as indicated by the physician (to the next appointment or less). For consultants and specialists of other departments the Psychotropic Drugs are dispensed for a maximum of one month only.

4.4.1.4 Psychiatrists, neurologists and neurosurgeons can prescribe Controlled Drugs for a maximum of 3 months.

4.4.1.5 All physicians in emergency department can prescribe the Narcotic and controlled substance for only one day.

4.4.1.6 The pharmacist in-charge should make sure that the prescription contains all data about the patient, the diagnosis, date, signature of the one who receives the drug (the SCI patient or one from his family), also all the data of the drug (name, strength, dose, quantity) and the physician writes his name, I.D. Number, signature and stamp.

4.4.1.7 Once the prescription is filled, it will be given to OPD Pharmacy window for 1 dispensing.

4.4.1.8 The pharmacist in-charge should write the instructions for use and expiration date on the plastic bag label.

4.4.1.9 A refill print-out is issued by the pharmacy which dispenses one month at time since the pharmacy supply will not be enough to cover the whole duration of treatment if > one month (i.e. maximum 3 months for Controlled Drugs, or up-to the next appointment for Psychotropic Drugs).

4.4.1.10 The patient or relative is received a code number on his registered phone to confirm receipt of the medication.

4.4.1.11 If the drug is not available in the pharmacy. Rageek prescription is showed in Seha platform and it can be dispensed in other pharmacies

4.4.1.12 All prescriptions must be dated at the time of writing and are valid for filling in the pharmacy as follows:

4.4.1.12.1 Within 24 hrs. if written in emergency room (ER prescriptions for Psychotropic & Controlled are dispensed for 3 days only).

4.4.1.12.2 Seven days if generated from clinics (OPD clinic prescriptions are dispensed as mentioned in previously for in-patient).

4.4.1.13 The pharmacist in charge will not dispense the prescription if:

4.4.1.13.1 The prescription is not completed.

4.4.1.13.2 The patient received the medication and still has amount for another 7 days.

4.4.1.13.3 Drug-drug interaction.

4.4.1.13.4 Any Suspicion of Fake (strikeover, erasure) in the prescription patient must be informed.

4.4.1.13.5 Misspellings of the drug name, strength or quantity.

4.5 Recording:

- 4.5.1 There is Narcotics' Log Book for daily recording
- 4.5.2 In the narcotics' log book, the pharmacist shall give the narcotic forms each a serial number, record all the required information in the book.
- 4.5.3 A monthly statistics of the consumed drugs is prepared by the pharmacist and sent to the "Health Directorate".
- 4.5.4 The inventory must check every 6 months by a committee formed by the director of the hospital, one of the members from Inventory control management in hospital.

4.6 Inspection :

- 4.6.1 The Pharmacist in-charge should check the ward stock regularly.
- 4.6.2 The Pharmacist in-charge should monthly check the expiration date of the narcotic and controlled drugs in the pharmacy. The Head Nurse should check the expiration date of the Narcotic and Controlled Drugs in their respective wards regularly.
- 4.6.3 If the drug is nearly expired and is not moving in a specific ward, it should be returned to pharmacy by the Head Nurse 3 month before the expiration date, and the Pharmacy will distribute it to those wards in which it may be used before it expires.

4.7 Pharmacist In-Charge of Narcotic & Controlled Drugs:

- 4.7.1 Has overall responsibility for the control, storage, handling, dispensing and record keeping of narcotics and controlled drugs.
- 4.7.2 Prepare & Signs quarterly reports to Ministry of Health as CUSTODIAN.
- 4.7.3 Maintains adequate stock of all narcotic and controlled drugs to meet user unit's requirements.
- 4.7.4 Has control of all narcotics and controlled drugs under his/her custody and is responsible and accountable for their safe storage, proper issuance and record keeping.
- 4.7.5 Has control of all narcotics and controlled drugs under his/her custody and is responsible and accountable for their safe storage, proper issuance and record keeping.
- 4.7.6 The pharmacy staff, OR and Anaesthesia department technicians, and nursing staff who assigned to replace and receive these medications allow only through secure window.
- 4.7.7 Maintains clear, legible and accurate perpetual inventory records of all narcotics and controlled drugs to meet hospital replenishment.
- 4.7.8 Maintains clear, legible and accurate perpetual inventory records of all narcotic and controlled drugs under his/her custody with no crossing-out erasures or overwriting.
- 4.7.9 Issues/replenishes narcotic and controlled drugs upon receipt of one of the following, properly prepared and signed, documents:
 - 4.7.9.1 Narcotic and controlled drugs used prescriptions.
 - 4.7.9.2 Reports of broken or lost ampoules, (replenishment of what has been lost or wasted)
 - 4.7.9.3 Narcotic or Controlled Drug prescription forms, (for discharged patients, outpatients).
- 4.7.10 Revises the above listed issue documents for accuracy and to ensure that they are properly completed, without crossing-out, erasures or over-writing, before dispensing/replenishing the drug.
- 4.7.11 Prepares documents for the destruction of empty ampoules/vial at the end of the month.
- 4.7.12 Prepares & ensures that original signed stock level lists for user units maintained in the pharmacy are up-to-date and accurate. Note: An original signed copy of stock level list is issued to the user unit for reference at exchange times
- 4.7.13 Takes immediate action to ensure that any change(s) is/are reflected on the stock level list, as follows:
 - 4.7.13.1 Change the list, item which is being added.
 - 4.7.13.2 Initial with date.
 - 4.7.13.3 Revises and update the list as required.
- 4.7.14 Keeps the following permanent, separate (Narcotic and controlled drugs) files in good order:
 - 4.7.14.1 Issue documents file, including:
 - 4.7.14.1.1 Narcotic and controlled drugs used prescriptions
 - 4.7.14.1.2 Report of Loss or Waste forms.
 - 4.7.14.2 File of nursing unit "up-to-date" stock level lists.

- 4.7.14.3 Required documents for Narcotic and controlled drugs purchasing and receiving
- 4.7.14.4 Required documents related to the destruction of empty ampoules and the expired Narcotic and
- 4.7.14.5 Any memo sent by MOH. To the hospital related to Narcotic & Controlled (Psychotropic) drugs.

4.8 Disposal of Un-Used Narcotic/Controlled, Empty Ampoules, Old Prescriptions and Used Narcotic Drug Booklets:

- 4.8.1 Un-used narcotics and controlled substances for disposal are stored in the Controlled room prior to destruction. They should be properly sealed in a box and labelled with the name, dosage form, dosage strength and quantity
- 4.8.2 Un-used narcotic and controlled substances must be destroyed within 6 months (not more).
- 4.8.3 Un-Used Controlled substances are disposed of for the following reasons:
 - 4.8.3.1 The medication can no longer be used.
 - 4.8.3.2 The Medication is expired.
 - 4.8.3.3 Expiration date is not indicated on the label of the drug returned.
 - 4.8.3.4 Returned medication by nurse, patient or his family.
- 4.8.4 Empty narcotic and controlled drugs ampoules are those injectable containers returned from the nursing units to the narcotic & controlled drugs room as a proof of use. The laws of Saudi Arabia require that they be returned to the Pharmacy for proper controlled destruction.
- 4.8.5 The N&C drug pharmacist prepares the official request to M.O.H. for witnessing the destruction of a specific quantity of empty narcotic/controlled ampoules and of used narcotic/controlled drug booklets, over a specific period of time.
- 4.8.6 The request is reviewed and signed by the Chief of pharmacy department, and then by the Hospital Director General.
- 4.8.7 The request is submitted to M.O.H. Chief N&C drug pharmacist, who, in turn, will determine the date on which the destruction will take place and s/he will assemble the assigned team for this task date on which the destruction will take place and s/he will assemble the assigned team for this task.
- 4.8.8 Members of this team include, but are not limited to, the following:
 - 4.8.8.1 N&C drug pharmacist.
 - 4.8.8.2 Director of Nursing Services
 - 4.8.8.3 Medical Director.
 - 4.8.8.4 M.O.H. N&C drug pharmacist.
 - 4.8.8.5 Inventory control management.
 - 4.8.8.6 Two other M.O.H. employees, considered the team checks and counts all empty ampoules as witnesses.
- 4.8.9 The team checks and counts all empty ampoules.
- 4.8.10 The N&C drug pharmacist prepares a Waste Documents file, including date, name and quantity of narcotic/controlled drug prescriptions and used booklets for the specific period of time since the last documents (These prescriptions are saved for 2 years for psychotropic & controlled drug, 3 years for the narcotic drugs, and 10 years for narcotic's Log book).
- 4.8.11 The waste Document file is signed by each member of the above team, and then stamped with the official hospital stamp. The original copy is retained by the M.O.H. N&C drug pharmacist and the copy is retained by the hospital N&C drug pharmacist.
- 4.8.12 When the hospital incinerator reaches the required temperature required for incineration, the whole prepared quantity of empty ampoules and prescriptions/booklets is placed in the incinerator, being witnessed by all members of this team.

5. MATERIAL AND EQUIPMENT:

5.1 Forms and Records:

- 5.1.1 Narcotic Prescription Form.
- 5.1.2 Controlled Drug Prescription Form.
- 5.1.3 The Narcotics' Log Book

- 5.1.4 Minutes of narcotic broken ampules.
- 5.1.5 OVR form.

5.2 Materials and Equipment:

- 5.2.1 Storage and Dispensing room
 - 5.2.1.1 The room shall be without windows and separated from the surrounding rooms by partitions extending up to the ceiling
 - 5.2.1.2 The room shall have a metal door, with a double-locked key.
 - 5.2.1.3 The room shall be equipped with a separate alarm system connected to the security centre.
 - 5.2.1.4 The room Temperature must be controlled (18°C to 25°C) by central air conditioner (with secure duct) or Split unit.
- 5.2.2 Steel locked Safes or cabinets
 - 5.2.2.1 Double-locking cabinets (requiring two keys on one door or two keys for double doors) used, especially in hospital wards.
 - 5.2.2.2 Only authorized personnel are allowed access to the keys, and this type of cabinet is usually especially in hospital wards. contained in a locked room to further limit access.
 - 5.2.2.3 All the prescription should kept in each time a drug is removed from the storage cabinet because this system requires a manual narcotics count.
 - 5.2.2.4 Narcotic or Controlled substances should not be placed in regular medicine drawers, as these drawers are not adequately secure.
 - 5.2.2.5 Narcotics count: With this type of storage, the traditional end-of-shift narcotics count with the oncoming nurse counting and the outgoing nurse verifying is usually conducted.
- 5.2.3 Refrigerator
 - 5.2.3.1 Some controlled substances will need to be stored in a securely locked refrigerator or refrigerated cabinet or container.
 - 5.2.3.2 Refrigerated controlled substances are usually kept in a central area under double-lock in some type of refrigerator or refrigerated container. Note: Personal belongings, such as a purse or billfold. should NEVER be kept in secure areas used for controlled substances, such as a medicine room or inside a medicine cart.
- 5.2.4 Computer.
- 5.2.5 Printer.

6. RESPONSIBILITIES:

- 6.1 Pharmacy department: Is responsible for receiving, storing and dispensing narcotic & controlled drugs to MOH Hospital patients, and maintain proper documentation of drug count and accountability.
- 6.2 The pharmacist in-charge: Is responsible for:
 - 6.2.1 Supplying narcotics as a floor stock to each ward.
 - 6.2.2 Checking the prescription order and making sure that all the information is complete, consumed amount in the ampoule is indicated, and the remaining balance is properly discarded. documented, signed and stamped.
 - 6.2.3 Inspecting the ward stock periodically (weekly & monthly).
 - 6.2.4 Preparing a monthly statistics of the consumed drugs.
- 6.3 The head nurse: Is responsible for
 - 6.3.1 Keeping and storing the narcotics floor stock in each ward.
 - 6.3.2 Regularly checking the expiration date of the Narcotic and Controlled Drugs in their respective wards.
- 6.4 Nurse in-charge: Is responsible for:
 - 6.4.1 Auditing of narcotic and controlled drugs every shift in each nursing unit.
 - 6.4.2 Maintaining proper documentation of drug count and accountability

6.5 Most Responsible Physician: Is responsible for

6.5.1 Witnessing the discarding of the unused portion of the diluted drug

6.5.2 Property filling in, signing and stamping the narcotic prescription form

7. APPENDICES:

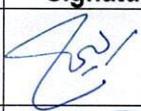
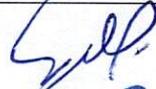
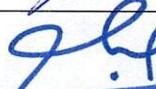
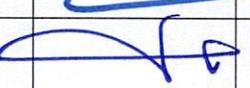
7.1 N/A

8. REFERENCES:

8.1 MOH, General administration of pharmaceutical care, 2014.

8.2 Procedures and Controls for Narcotic drugs and Psychotropic Substances | Saudi Food and Drug Authority (sfda.gov.sa)

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ph. Reem Al Dhafeeri	Medication Safety Officer		December 15, 2024
Reviewed by:	Ph. Mohamed Al Mutairi	Pharmacy QI Facilitator		December 16, 2024
Reviewed by:	Ph. Mutlaq Al Dhafeeri	Pharmaceutical Care Director		December 17, 2024
Reviewed by:	Mr. Sabah Turayhib Al Harbi	Nursing Director		December 18, 2024
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		December 19, 2024
Reviewed by:	Mr. Abdulelah Ayed Al Mutairi	QM & PS Director		December 22, 2024
Reviewed by:	Mr. Fahad Hazam Alshammari	Hospital Director		December 29, 2024