

Collection of Controlled Drug Prescriptions		
Reference	How To Guide 17	
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Review date		

1. Purpose

To improve safety and security of controlled drug prescriptions a signed, dated record must be kept. This serves as part of the audit trail and minimises the risk of missing prescriptions. The system should be robust and any missing prescriptions should be investigated and documented in an attempt to identify any common causes. The process should be audited regularly and all data should remain confidential.

2. Procedure

- When collecting a Controlled Drug prescription patients/representatives must complete their details in the Controlled Drug collection book as the example below.

Date collected	Date on script	Time Collected	Patient name	Number of pages	Name of C.D. item(s)	Relative or carer name	Pharmacy name & branch	Name PRINT clearly	Name SIGN
2.1.2019	31.12.2018	3.20	Donald Duck	1	Morphine tablets 10mg	Daisy Duck	N/A	DAISY DUCK	Daisy Duck

- To protect patient confidentiality reception staff must protect the names of the previous entries using the defined practice method.
- Collection may be coded as 8BPK (prescription collected) in the patients notes with free text to include CD prescription.

Completed sheets/books should be referred to in the event of a missing prescription. A separate record should be kept of all missing controlled drug prescriptions and audited regularly to identify the cause.

Missing controlled drug prescriptions should be documented in the patient record using code 8B3X (lost prescription) with text containing details and a replacement prescription should be re-issued if agreed by the prescriber. Controlled drug prescriptions should NOT be re-printed.

Completed sheets/books should be retained by the practice for 2 years (Good practice guidelines)

Lost prescriptions should be audited regularly following How To Guide 42

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