

Ambulatory Clinic Policy and Procedure

Title: MANAGEMENT OF CONTROLLED SUBSTANCES	Policy Number: EP 4.4
Regulation: Joint Commission; United States Controlled Substances Act; Code of Federal Regulations; Texas Controlled Substances Act; Texas Higher Education Coordinating Board	Effective Date: 01/2026

Policy Statement:

This policy shall stand as a guide for qualified faculty, staff, and residents to appropriately acquire, maintain, and administer controlled substances in the clinical areas.

Scope and Distribution:

This policy applies to all Texas Tech Physicians of El Paso (TTP-EP) ambulatory clinics that stock-controlled substances.

Procedure:

Decisions regarding availability of Schedule II-V controlled substances made available in each clinic will be made by the Clinic Medical Director and/or Chair based on clinical need with input from the Pharmacy and Therapeutics (P&T) Committee, Office of Claims Management, and the Office of Quality Improvement.

1. Obtaining Medications
 - a. The Clinic designee is responsible for ordering necessary drugs, biologicals, and/or controlled substances for the clinical areas.
 - b. These will be ordered as needed by the clinic purchasing designee through approved vendors.
 - c. Required order forms will be completed, including completion of DEA Form 222 when appropriate.
2. List of Controlled Medication
 - a. Each clinic will maintain a list of all stock medications and biologicals to include strength and dosage for in-clinic dispensing and administration.
 - b. Each clinic will maintain a separate list that identifies all stock-controlled substances.
 - c. The P&T Committee will review and approve the list throughout the clinics annually and have a full list readily available.
 - d. To add a new controlled substance to the organization's list, a Request for Addition or Revision of Medication Formulary Form (EP 4.1A) must be completed. The P&T Committee will review the medication for approval.
3. Access
 - a. Only individuals licensed to administer the drugs may have access to controlled substances.
 - b. If licensed individuals are unavailable, reconciliation, removal, and wastage of controlled substances may be witnessed by controlled substance clinic designee(s).
 - c. Each clinic will keep a list of these approved individuals using Controlled Substance Clinic Designees (EP 4.4B).
 - d. The Department of Quality Improvement will conduct quarterly reviews to ensure access is restricted to personnel with an operational need.
4. Reconciliation
 - a. Two licensed individuals and/or designee(s) must count and log controlled substances at the end of each day, using Controlled Substances Log (EP 4.4A).
 - b. Expiration dates will be checked during each count.

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- c. The licensed individuals and/or designee(s) counting the drugs must sign, date, and record time and date drugs are counted on the Controlled Substances Log (EP 4.4A).
- d. If a discrepancy is discovered, the head nurse, licensed individuals, or clinic designee(s) will research each situation on a case-by-case basis to resolve the discrepancy.
- e. If the discrepancy cannot be resolved, the Director of Nursing, Director of Claims Management, and Medical Director and/or Chair shall be notified and an occurrence report must be completed.
- f. TTUHSC El Paso will report abuses and losses of controlled substances, in accordance with law and regulation, to the Texas Tech Police Department.

5. Storage
 - a. Controlled substances will be stored in a secure location of the clinic away from patient treatment areas.
 - b. Controlled substances will be stored in a keyed lockbox, safe, or steel cabinet, and must have an inner and outer door with the locks for each door keyed differently.
 - c. If safe or steel cabinet is less than 750 lbs., the safe or steel cabinet must be mounted, secured, or bolted to a wall, the floor, or base imbedded in the concrete.
 - d. If stored in keyed lockboxes, keys must be stored separately from each other, away from lockbox, in a drawer or cabinet that is either part of a bench or cabinet that is mounted to the wall or floor, and secured at all times.
6. Documentation
 - a. When controlled substances are received, two licensed individuals and/or designee(s) will perform the following:
 - They will review and reconcile the order forms, actual controlled substances, quantities, and packing slips.
 - They will place the controlled substances in the locked controlled substance cabinet.
 - They will verify that the Controlled Substance Log (EP 4.4A) is updated and accurately reflects the new stock added.
 - Both designees will sign Controlled Substance Log (EP 4.4A).
 - b. Records, order forms, invoices, and any other documentation associated with controlled substance will be maintained for the current fiscal year plus two additional years.
7. Removal for Clinic Use
 - a. Only licensed individuals and/or designee(s) can remove controlled substances from cabinet for use.
 - Please note, controlled substances may only be administered by a licensed individual as per Medication in Clinic Administration and Documentation (EP 4.3).
 - b. Licensed individuals and/or designee(s) removing controlled substances from the locked cabinet will do the following:
 - Reconcile controlled substance doses physically present with the Controlled Substances Log (EP 4.4A).
 - Remove the needed medication.
 - Document the following in Controlled Substance Log (EP 4.4A):
 - Date
 - Time
 - Patient Name
 - Medical Record Number
 - Expiration Date
 - Amount Dispensed
 - Amount Given

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- Amount Wasted
- Balance
- Dispensed by
- Co-signature

8. Disposal of Controlled Substances

- a. If wastage of a partial dose or complete dose is required, the dose will be disposed of with neutralizing agent, and discarded appropriately as per Disposal of Expired Medications (HSCEP OP 75.17).
 - If unable to waste dosage with neutralizing agent, please contact Safety Services department for additional instruction.
- b. The wastage must be verified and signed by the licensed individuals and/or designee(s), and the controlled substance log will be updated to reflect such waste/disposal appropriately.

9. Recalled Medication

- a. Please refer to Storage and Disposal of Drugs and Biologicals (EP 4.1).

References:

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