Controlled Medicines Register

Document control | PHM-FRM-002 | New

Field	Content
Title	Controlled Medicines Register
Document ID	{{facility.code}}-PHM-FRM-002
Version and status	1.0 | Approved by the ASF Expert Committee
Prepared by	{{roles.quality_lead.name}}, Quality lead
Reviewed by	{{roles.clinical_director.name}}, Clinical director date: _____
Approver and signature	{{roles.clinical_director.name}}, clinical director Signature: _____ Date: _____
Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months after effective date)
Supersedes	None (new document)
Standards and criteria supported	Standard 1, criterion 3.1
Evidence basis	E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

1. Purpose

Record of every receipt, supply and disposal of controlled medicines.

2. How to use

Complete one form per patient, per area or per period, as the purpose states. Tick Yes, No or N/A. Any No is actioned at once and reported to the person named in the procedure.

3. Items

#	Item to check	Standard [evidence]	Yes	No	N/A	Action if No
1	Date, product and strength	Recorded [EC]	[ ]	[ ]	[ ]	Action and who to tell
2	Quantity received, supplied and balance	Recorded [EC]	[ ]	[ ]	[ ]	Action and who to tell
3	Name of person supplying and receiving	Recorded [EC]	[ ]	[ ]	[ ]	Action and who to tell
4	Balance checked by second person weekly	Yes [EC]	[ ]	[ ]	[ ]	Action and who to tell
5	Disposal witnessed and recorded	Yes [EC]	[ ]	[ ]	[ ]	Action and who to tell

Completed by (name and role): _____ Date/time: _____ Signature: _____

Retention: {{facility.records_retention_years}} years, filed as set in the retention schedule (REC-POL-001).

4. Evidence

ID	Source	Link / status
E-009	ASF Expert Committee consensus. Align with national controlled-drug rules.	see source

EC = ASF Expert Committee consensus.